

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

Date	Time	Venue
Friday, 30 June 2023	10:00	Remotely by MS Teams,

MARK CONAGHAN
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam: Councillor Fiona Airlie-Nicolson: Councillor Iain McMillan: Margaret Kerr: John Matthews: Frank Shennan: Ann Cameron Burns: Karen Jarvis: Paul Higgins: Lisa Cameron: Dr Shilpa Shivaprasad: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

John Matthews (Chair); and Councillor Jennifer Adam (Vice Chair)

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact committee services on democratic-services@renfrewshire.gov.uk

To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording

https://youtu.be/UpHiaRzI_pQ

Further Information - online meetings only

This meeting is on-line only but is a meeting which is open to members of the public by prior arrangement. A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at <http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx>

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Members of the Press and Public - contact details

Members of the press and public wishing to attend the meeting should contact democratic-services@renfrewshire.gov.uk to allow the necessary arrangements to be made.

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.

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|----------|---|------------------|
| 1 | Minute | 5 - 14 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 31 March 2023. | |
| 2 | IJB Action Log | 15 - 16 |
| | IJB action log. | |
| 3 | Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee | 17 - 20 |
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| 4 | Chief Officer's Report | 21 - 40 |
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| 5 | Financial Report 1 April 2022 to 31 March 2023 | 41 - 68 |
| | Report by Chief Finance Officer. | |
| 6 | 2023/24 Delegated Health and Social Care Update - Due Diligence report on Support Services Recharges | 69 - 74 |
| | Report by Chief Finance Officer. | |
| 7 | Unaudited Annual Accounts 2022/23 | 75 - 144 |
| | Report by Chief Finance Officer. | |
| 8 | Development of a Sustainable Futures Programme: Update | 145 - 156 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 9 | Draft Annual Performance Report 2022/23 | 157 - 236 |
| | Presentation and report by Head of Strategic Planning & Health Improvement. | |

- 10 Market Facilitation Plan 2023/25** **237 - 278**
Presentation and report by Chief Finance Officer.
- 11 Arrangements for Future Meetings** **279 - 282**
Report by Clerk.
- 12 Date of Next Meeting**
Note that the next meeting of the IJB will be held on 29 September 2023.



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

Date	Time	Venue
Friday, 31 March 2023	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam, Councillor Fiona Airlie-Nicolson and Councillor Iain McMillan (all Renfrewshire Council); Margaret Kerr, John Matthews, Frank Shennan and Ann Cameron Burns (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Paul Higgins (Health Board staff member involved in service provision); Dr Shilpa Shivaprasad (other Medical Practitioner (non-GP)); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

John Matthews, Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk), David Christie, Senior Communications Officer and Elaine Currie, Senior Committee Services officer (all Renfrewshire Council); Jackie Dougall, Head of Health & Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning & Health Improvement, Carron O'Byrne, Head of Health & Social Care (Paisley), Laura Howat, Interim Head of Mental Health, Alcohol and Drugs Recovery and Learning Disability Services, Sian Ramsay, Finance Business Partner, Fiona McLaren, Finance Operational Manager, Lorna Finnie, Finance Planning & Improvement Manager, James Higgins, Corporate Business Officer, John Millar, Communications Manager, David Fogg, Service Improvement Manager, Joseph Deary, Service Manager, John Sheridan, Day Services Manager, Jade Collins, Communications Officer and Lesley Nish, Interim Health Improvement and Inequalities Manager (all Renfrewshire Health and Social Care Partnership); Caroline Sinclair, Chief Officer, East Dunbartonshire IJB (for items 1 to 4 only) and Karen Lamb, Head of Children's Services (for items 1 to 4 only) (NHSGGC).

Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the IJB would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

Apologies

Lisa Cameron (Council staff member involved in service provision); Alan McNiven (third sector representative) and John Boylan (Trade Union representative for Council).

Declarations of Interest

There were no declarations of interest intimated prior to the commencement of the meeting.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 27 January 2023 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the updates to the rolling action log be noted.

3 Membership Update

The Clerk submitted a report providing an update on the membership of the IJB.

The report intimated that the NHS Board had clarified that John Matthews and Frank Shennan had both been reappointed as voting members on the IJB from 31 March 2023 for a further period of three years.

DECIDED: That the IJB confirm that John Matthews and Frank Shennan, both appointed by the NHS Board, be reappointed as voting members to the IJB with effect from 31 March 2023 for a further period of three years.

4 **NHSGGC Specialist Children's Services Hosting Arrangements**

Under reference to item 4 of the Minute of the meeting of the IJB held on 27 January 2023, the Chief Officer submitted a report providing an update on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS), which comprised Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services.

The report intimated that change would be guided by a project plan which would include a consultation and engagement plan and that the work would be inclusive of all key stakeholders and staff partnership colleagues. An oversight group had been established to support the work with representation from all HSCPs within the GGC area.

A briefing setting out the pre-established rationale for realignment of Children's Services formed Appendix 1 to the report and included detailed information in relation to current structures, the proposed process for implementation, the current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.

The report advised that the total budget and resource transferring as part of this realignment were subject to a due diligence exercise and the indicative annual budget to be realigned from Renfrewshire HSCP to East Dunbartonshire HSCP was detailed in the table in paragraph 4.2 of the report.

It was proposed that regular progress updates be submitted to future meetings of the IJB. This was agreed.

DECIDED:

(a) That the content of the report be noted;

(b) That the resource and budget transfer of Specialist Children's Services to East Dunbartonshire, related to the implementation of a single Specialist Children's Service alignment, as contained within the budget section of the report be approved; and

(c) That regular progress updates be submitted to future meetings of the IJB.

5 **Chief Officer's Report**

The Chief Officer submitted a report providing an update on key developments and operational activity since the last meeting of the IJB held on 27 January 2023 and additional policy developments which would be built into future workplans, strategies and action plans.

The report intimated that the report had been developed during an ongoing period of change and uncertainty, particularly with the financial circumstances faced by the IJB.

The report provided updates in relation to the development of the HSCP Property Strategy; compliance with the Public Sector Equality Duty; the review of the National Carers Strategy; the Scottish Government's cross government response to the Drugs Deaths Taskforce Changing Lives report; the Scottish Government Budget Bill 2023/24;

the NHS 2023/24 and NHS agenda for change review; the recent publication by the Scottish Government providing an analysis of the consultation to inform the development of a new Mental Health and Wellbeing Strategy for Scotland; a progress update of the National Care Service; the Audit Scotland NHS in Scotland 2022 report; the Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022; and the Scottish Government publication of Scotland's first Data Strategy for Health and Social Care.

DECIDED:

(a) That the development of a HSCP Property Strategy, as detailed in section 4 of the report, be noted;

(b) That the update on compliance with the Public Sector Equality Duty, as detailed in section 5 of the report be noted;

(c) That the local assessment of the National Carers Strategy, as detailed in section 6 of the report, be noted;

(d) That the Scottish Government Drugs Deaths Taskforce response: A cross Government approach and Renfrewshire's approach, as detailed in section 7 of the report, be noted;

(e) That the update on the Scottish Budget 2023/24, as detailed in section 8 of the report, be noted;

(f) That the NHS 2023/24 pay offer and the NHS Agenda for Change review, as detailed in section 9 of the report, be noted;

(g) That the consultation analysis results from the Mental Health and Wellbeing Strategy for Scotland Final Report, as detailed in section 10 of the report, be noted;

(h) That the progress update on the National Care Service (Scotland) Bill, as detailed in section 11 of the report, be noted;

(i) That the key messages and recommendations from the Audit Scotland NHS in Scotland 2022 Report, as detailed in section 12 of the report, be noted;

(j) That the update on prevention of homelessness duties for public bodies, as detailed in section 13 of the report, be noted; and

(k) That the publication of Scotland's first Data Strategy for Health and Social Care, as detailed in section 14 of the report, be noted.

6 Financial Report 1 April 2022 to 31 January 2023

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 January 2023 and the projected year-end position for the year ended 31 March 2023.

The report referred to the development session held on 12 August 2022 where the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis and the likelihood that this would have a negative impact on projections through the financial year as well as future years. In addition, it

was noted that there was still a delay in receiving a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities and it was therefore not clear how the in-year budget would be impacted.

The report advised that the in-year budget allocation from the Scottish Government to fund the increased pay settlement for health employees had not yet been received and that it should be noted that the projected year-end position assumed this was fully funded, therefore any shortfalls would have a detrimental impact on the current projected year-end position.

The report further advised that the IJB year to date position, including the impact of COVID-19 which was funded from the draw-down of COVID-19 earmarked reserves, was an underspend of £563,000 and the projected outturn for 2022/23 was an underspend of £652,000.

The report provided information on the key pressures; prescribing; responding to the COVID-19 pandemic; Scottish Government funding 2022/23; other delegated services and reserves.

Appendices 1 to 4 of the report detailed the revenue budget position of the HSCP, adult social care, health, and Renfrewshire Council other delegated services; Appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the Scottish Government funding streams and Appendix 8 to the report detailed the movement in reserves.

DECIDED:

- (a) That the in-year position at 31 January 2023 be noted;
- (b) That the projected year-end position for 2022/23 be noted; and
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2022/23 be noted.

7 **Delivering Sustainable Futures**

The Head of Strategic Planning & Health Improvement submitted a report relative to the HSCP's proposed approach to achieving Sustainable Futures in the next financial year and future years.

The report intimated that the IJB approved their Strategic Plan and Medium-term Financial Plan for 2022/25 in March 2022. These Plans were closely aligned and underpinned by five key themes, being Sustainable Futures; Healthier Futures; Connected Futures; Enabled Futures and Empowered Futures, which set out the IJB's objectives within a challenging financial context. It was noted that the Sustainable Futures theme was essential to the delivery of the IJB's wider objectives which focussed on prevention and early intervention where possible; supporting the people of Renfrewshire within their communities; ensuring services were safe and effective; and enabling choice and control. This theme was defined to ensure that available resources in health and social care systems were used effectively, whilst recognising that further reform of services would be required alongside an ongoing focus on the delivery of savings.

The report provided an overview of proposed savings and service reform in developing new ways of working to enable Sustainable Futures.

DECIDED:

(a) That the high-level financial context set out in section 3 of this report and the approach which had been adopted by the HSCP to address the budget gap in 2023/24 and the projected gap in future financial years, in alignment with the IJB's Strategic Plan and Medium-term Financial Plan, as detailed in sections 3 and 4 of the report, be noted;

(b) That the savings proposals set out within the context of the IJB's financial planning and budget setting for 2023/24, as detailed in section 5 of the report, be approved; and

(c) That the direction of travel set out for the definition and implementation of service reform at the scale required, as detailed in section 6 of the report, be approved and that it be noted that a further update on related activity would be submitted to the next meeting of the IJB to be held on 30 June 2023.

8 2023/24 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 2023/24 by Renfrewshire Council and NHS GGC, outlining the main financial pressures on health and adult social care services.

The report intimated that Renfrewshire IJB was a legal entity created by Parliamentary Order following ministerial approval of the Integration Scheme between Renfrewshire Council and NHS GGC. It was accountable for the stewardship of public funds and ensuring that its business was conducted under public sector best practice governance arrangements, including ensuring that public money was safeguarded, properly accounted for and used economically, efficiently and effectively. The budget delegated by the two partner organisations was used by the IJB to commission services which were delivered by Renfrewshire HSCP. The principles of the funding allocated by the two partner organisations were set out in the Integration Scheme, however, utilisation of this funding was delegated to the IJB.

The report further intimated that under the terms of the Integration Scheme, partner organisations should make appropriate arrangements to fund pay awards, contractual uplifts, the impact of demographic changes and determine efficiency targets as part of their respective budget setting processes. The role of the Section 95 Officer, Chief Finance Officer, for the IJB included both the adherence to professional standards as well as compliance with section 95 of The Local Government (Scotland) Act 1973 and for the IJB this included the requirement to ensure a balanced budget was set.

The report set out the IJB and the Chief Finance Officer's responsibility to set a balanced budget; the 2023/24 context; the implications of the Scottish Government budget for 2023/24, the Bill for which was passed on 21 February 2023; provided an overview of the IJB's budget allocation for 2022/23 and cost pressures and demand; the risks to be managed through reserves and the financial recovery plan.

The report noted that Renfrewshire Council, at its meeting on 2 March 2023, approved the delegated adult social care budget for 2023/24 and that this included an additional recharge for HSCP support costs of c£1.5 million. The Director of Finance & Resources for Renfrewshire Council had written to the Chief Finance Officer confirming the budget

for 2023/24 which was summarised in section 7.6 of the report. A copy of the letter dated 22 March 2023 formed Appendix 3 to the report. It was noted that the Chief Finance Officer would work with the Director of Finance & Resources to ensure that due diligence was completed in respect of the proposed additional recharge for support services provided by Renfrewshire Council.

The NHSGGC budget offer for 2023/24 was based on an uplift of 2% and the high-level summary of the offer was detailed in section 8.5 of the report with the letter from the Assistant Director of Finance-Financial Planning & Performance dated 9 March 2023 formed Appendix 4 the report.

The report noted that we were living in unprecedented times and that the war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, continuing and legacy COVID-19 impacts, were converging to create a hugely difficult funding scenario for the public sector across the UK. The financial impact of which was likely to continue over the medium-term and at least over the next few financial years. The continually changing landscape, along with the potential for future spikes in demand for services had and would continue to create additional delivery and financial pressures as well as impacting the IJB's Strategic and Workforce Plans.

The report highlighted that the 2023/24 budget proposals had been presented on a 'business as usual' basis and did not include any assumptions as regards any extraordinary costs which might be incurred in respect of any significant outbreak of COVID-19. For accounting purposes these costs would be recorded separately with the assumption that costs would be recovered by partners, and ultimately by government.

Concerns were expressed around (i) the additional recharge for HSCP support costs of c£1.5 million being charged by Renfrewshire Council and the lack of detail around these costs; (ii) not being comfortable approving the use of reserves, which included the spend of this additional c£1.5 million, without due diligence being carried out; (iii) the risks that not setting a balanced budget at this meeting could have on care packages and carers; and (iv) the consequences for the Chief Finance Officer and Chief Officer in relation to any future new spend if a balanced budget was not set at this meeting.

Councillor McMillan, seconded by Councillor Adam, moved that the delegated Adult Social Care Budget for 2023/24, as detailed in Appendix 3 to the report, be noted; that it be agreed that the Chief Finance Officer would work with the Director of Finance & Resources for Renfrewshire Council to ensure that due diligence was completed in respect of the proposed additional recharge for Support Services provided by Renfrewshire Council of c£1.5 million; that the delegated Health Budget for 2023/24, as detailed in Appendix 4 of the report, which was subject to any final adjustments in relation to recurring budget adjustments at month 12, the transfer of Specialist Children's Services budgets to East Dunbartonshire IJB on 1 April 2023, and any further funding allocated by the Scottish Government in respect of the impact of the 2023/24 pay award, be noted; that the balanced budget outlined in section 10 of the report including the drawdown of general and earmarked reserves be agreed in order to deliver a balanced budget for 2023/24; that the actions described at section 12 of the report be noted and that it be noted that a financial recovery plan would be brought to the June 2023 meeting of the IJB which would include a rolling programme of savings and reform proposals to the IJB throughout 2023/24 and into future years; and that the IJB also expresses concern that using high levels of reserves to help produce a balanced budget is not sustainable and that it is further agreed that the Board write to the new Health Minister expressing concern on how IJBs are financed in future years

given this year's savings and use of reserves.

Margaret Kerr, seconded by Ann Cameron Burns, moved as an amendment that the IJB is asked to note the delegated Adult Social Care Budget offer from Renfrewshire Council for 2023/24. With the exception of the new proposed service recharges of £1.476m (see below), the IJB is asked to note that this budget offer is in line with the conditions of the letter 15 December 2022 from John Swinney MSP, Deputy First Minister, and Cabinet Secretary for Covid Recovery; and that as no basis has been provided to substantiate the nature or value of additional service recharges of £1.476m proposed by Renfrewshire Council it is not appropriate for the IJB to accept this as a budget cost. Any recharge of this nature will require to be approved by the IJB at the June 2023 meeting of the IJB. This amendment was subsequently withdrawn by the mover and the seconder.

DECIDED:

(a) That the delegated Adult Social Care Budget for 2023/24, as detailed in Appendix 3 to the report, be noted;

(b) That it be agreed that the Chief Finance Officer would work with the Director of Finance & Resources for Renfrewshire Council to ensure that due diligence was completed in respect of the proposed additional recharge for Support Services provided by Renfrewshire Council of c£1.5 million;

(c) That the delegated Health Budget for 2023/24, as detailed in Appendix 4 of the report, which was subject to any final adjustments in relation to recurring budget adjustments at month 12; the transfer of Specialist Children's Services budgets to East Dunbartonshire IJB on 1 April 2023; any further funding allocated by the Scottish Government in respect of the impact of the 2023/24 pay award, be noted;

(d) That the balanced budget outlined in section 10 of the report including the drawdown of general and earmarked reserves be agreed in order to deliver a balanced budget for 2023/24;

(e) That the actions described at section 12 of the report be noted and that it be noted that a financial recovery plan would be brought to the June 2023 meeting of the IJB which would include a rolling programme of savings and reform proposals to the IJB throughout 2023/24 and into future years; and

(f) That the IJB also expresses concern that using high levels of reserves to help produce a balanced budget is not sustainable and that it be agreed that the Board write to the new Health Minister expressing concern on how IJBs are financed in future years given this year's savings and use of reserves.

9 **Unscheduled Care Performance 2022/23**

The Head of Health & Social Care submitted a report providing an update on the HSCP's Ministerial Strategic Group unscheduled care indicators.

The report intimated that so far, unscheduled care performance in the financial year 2022/23 had improved when compared with the pre-pandemic year in 2019/20 and that the HSCP was progressing a number of initiatives to reduce delayed discharges, emergency admissions and A&E attendances.

The report advised that progress on unscheduled care performance measures during 2022/23 was monitored as part of the HSCP overall performance management process. The report provided detail in relation to delayed discharges at census point (18+); bed days lost to delayed discharge (18+); the number of emergency admissions (18+); the number of unscheduled hospital bed days, acute specialities (18+); and A&E attendances (18+).

On behalf of the IJB, the Chair congratulated the team for the work undertaken with regards to delayed discharges.

DECIDED: That Renfrewshire HSCP's unscheduled care performance be noted.

10 **Renfrewshire Children's Services Partnership Plan**

The Chief Social Work Officer submitted a report relative to the Renfrewshire Children's Services Partnership Plan for the period 2023/26, a copy of which formed Appendix 1 to the report.

The report provided detail on the Council's and HSCP's statutory requirement to produce a Children's Services Partnership Plan and how the plan would be used to shape children's services planning over the coming years and guide associated reporting activity. It was further noted that, following approval, the Plan would be shared with the Scottish Government.

The Plan set out a single partnership vision - "Renfrewshire's children are happy, healthy, safe and thriving" along with four outcomes which partners wished to achieve - "our children and young people will enjoy good physical and mental health; our children and young people will be safe and loved; our children and young people will have rights protected and their voices heard; and our children and young people will achieve and make positive contributions to their community." It was noted that a detailed action plan and associated measures of success would be developed in the coming months.

On behalf of the IJB, the Chair thanked the team for the work undertaken in compiling this Plan.

DECIDED:

- (a) That the Renfrewshire Children's Services Partnership Plan 2023/26 be approved;
- (b) That it be noted that the Renfrewshire Children's Services Plan had been approved by the Council's Education & Children's Services Policy Board on 9 March 2023; and
- (c) That it be noted that the Renfrewshire Children's Services Plan would be submitted to the Scottish Government by June 2023.

11 **Proposed Dates of Meetings of the Integration Joint Board 2023/24**

The Clerk submitted a report relative to proposed dates of meetings of the IJB in 2023/24.

The report intimated that the next scheduled meeting of the IJB would be held at 10.00 am on 30 June 2023 and that this meeting would be held remotely on MS teams.

The suggested dates and times for future meetings were detailed in the report and it was noted that a further report would be submitted to the next meeting of the IJB in relation to arrangements for future meetings.

DECIDED:

(a) That it be noted that the next meeting of the IJB would be held at 10.00 am on 30 June 2023 and that this meeting would be held remotely on MS teams;

(b) That meetings of the IJB be held at 10.00 am on 29 September and 24 November 2023, and 26 January, 22 March and 28 June 2024; and

(c) That it be noted that a further report would be submitted to the IJB meeting on 30 June 2023 in relation to arrangements for future meetings.

12 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held remotely on MS teams at 10.00 am on 30 June 2023.

IJB Rolling Action Log – 30 June 2023

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
28/01/22	NHSGGC Specialist Children's Services Mental Health Recovery and Renewal – CAMHS Funding	Submit report to future meeting in relation to funding proposals for Phase 2 funding	Head of Health & Social Care		<p>Phase 2 funding not confirmed as yet. Will be brought to IJB when available.</p> <p>Note responsibility now with East Dunbartonshire IJB and no update will be submitted to Renfrewshire IJB</p> <p>Action complete</p>
24/06/22	NHSGGC Mental Health Strategy: Renfrewshire Implementation Update	Submit update, when available, on the funding allocations and evaluation of the activity within the 2018/23 Strategy and the refreshed Strategy to 2027	Interim Head of Mental Health, Alcohol and Drug Recovery and Learning Disability Services		<p>Funding allocations not confirmed as yet. Will be brought to the IJB when available</p>
25/11/22	Financial Report 1 April to 30 September 2022	Submit update report on the PCIP delivery plan following the change in the funding model	Chief Officer	30 June 2023	<p>Information contained in the Chief Officer's Report being considered at item 4 of this agenda</p> <p>Action complete</p>

27/01/23	Unscheduled Care Winter Update	Submit further report in summer 2023	Head of Health & Social Care	Summer 2023	
31/03/23	Delivering Sustainable Futures	Submit update report on related activity	Head of Strategic Planning & Health Improvement	30 June 2023	Report being considered at item 8 of this agenda Action complete
	2023/24 Delegated Health and Social Care Budget	(i) Submit report on outcome of due diligence exercise in relation to proposed additional recharge for Support Services; (ii) Submit financial recovery plan which would include a rolling programme of savings and reform proposals; and (iii) Write to Health Minister expressing concern on how IJBs were financed in future years given this year's savings and use of reserves	Chief Finance Officer Chief Finance Officer Clerk	30 June 2023	Report being considered at item 6 of this agenda Information contained in the Due Diligence Report being considered at item 6 of this agenda Letter issued to Health Minister on 31 March 2023 and reply received from Cabinet Secretary on 16 May 2023 was emailed to all members of the IJB Action complete
	Proposed dates of Meetings of the Integration Joint Board 2023/24	Submit report regarding future arrangements for meetings	Clerk	30 June 2023	Report being considered at item 11 of this agenda Action complete

To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Clerk

Heading: Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee

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

Integration Joint Board

1.1 The Integration Scheme between Renfrewshire Council and Glasgow and Clyde Health Board states that:

2.14 The Parties will take turns nominating the Chair and Vice Chair, with one nominating the Chair and the other nominating the Vice Chair. The first Chair will be nominated by the Council from its voting members and the first Vice Chair will be nominated by the Health Board from its voting members. Each appointment of Chair and Vice Chair shall be for a two year period at the end of which the Party which last nominated the Chair shall nominate the Vice Chair and vice versa.

1.2 The IJB Procedural Standing Orders state that:

3.1 The first Chair of the IJB shall be appointed at the first meeting of the IJB in accordance with the arrangements made in the approved Integration Scheme. The Chair and Vice Chair posts shall rotate every two years between the NHS Board and Council, with the Chair being from one body and the Vice Chair from the other.

- 1.3 In accordance with the above, members are asked to note that Councillor Adam will be appointed as Chair of the IJB from 15 September 2023 for a period of two years with John Matthews being appointed as Vice Chair of the IJB from 15 September until the end of June 2024, when his term as a non-executive director with NHSGGC is due to end. A further report will be submitted to the meeting of the IJB scheduled to be held on 28 June 2024 relative to both the replacement of John Matthews and the appointment of a Vice Chair to be nominated by the Health Board from its voting members.

Integration Joint Board Audit, Risk and Scrutiny Committee

- 1.5 The IJB established an Audit Committee which came into being on 1 April 2016, now known as the IJB Audit, Risk and Scrutiny Committee.
- 1.6 The IJB Audit, Risk and Scrutiny Committee Terms of Reference state:
- 4.1 The Chair of the IJB shall be a voting member chosen by the IJB. The Chair of the Committee must not be the Chair of the IJB or be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as Vice Chair of the Committee.
- 1.7 At the meeting of the IJB held on 17 September 2021 it was decided that Councillor Hughes be appointed as Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021 until the date of the next Local Government Election on 5 May 2022 and that Margaret Kerr be appointed as Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021 for a period of two years. At the meeting of the IJB held on 24 June 2022 it was decided that Councillor Cameron be appointed as Chair of the IJB Audit, Risk and Scrutiny Committee from that date until 15 September 2023.
- 1.9 There is a requirement to now consider the arrangements for the Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2023. Members are therefore invited to propose which of their respective nominations will be appointed Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from that date.

2. Recommendations

- 2.1 That it be noted that Councillor Adam will be appointed as Chair of the IJB from 15 September 2023 for a period of two years with John Matthews being appointed as Vice Chair of the IJB from 15 September 2023 until the end of June 2024, when his term as a non-executive director with NHSGGC is due to end;

- 2.2 That it be noted that a further report will be submitted to the meeting of the IJB scheduled to be held on 28 June 2024 relative to both the replacement of John Matthews and the appointment of a Vice Chair to be nominated by the Health Board from its voting members; and
- 2.3 That members consider and appoint the Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2023 for a period of two years.

Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.
4. **Legal** - none.
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 website.
8. **Health & Safety** - none.
9. **Procurement** - none.
10. **Risk** - none.
11. **Privacy Impact** - none.

List of Background Papers – none.

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To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Chief Officer

Heading: Chief Officer's Report

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 an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 31 March 2023 and additional policy developments that the HSCP is building into future workplans, strategies and action plans.
- 1.2. This paper has been developed during an ongoing period of change and uncertainty, particularly within the financial circumstances faced by the IJB. An update on our Primary Care Improvement Plan outlines the funding challenges that are impacting on the HSCP's ability to fully deliver on the objectives of the 2018 General Medical Services (GMS) Contract and supporting Memorandum of Understanding (MOU).
- 1.3. More widely, an Audit Scotland update is provided on the national operating context of IJBs and the significant financial and service challenges facing IJBs over the coming months, including level of transformation expected to be required to ensure the long-term sustainability of services.
- 1.4. Several policy updates are also provided for the IJB's awareness, alongside key operational policies relating to the seasonal flu immunisation programme and COVID-19 vaccination and guidance.

2. Recommendations

It is recommended that the IJB note:

Key HSCP updates, including:

- The updated Primary Care Improvement Plan and tracker provided to the Scottish Government (Section 4);
- The update on the development of Mental Health and Wellbeing in Primary Services (Section 5);
- The publication of the Scottish Government Adult Neurodevelopmental Pathways Report on Actions, Outcomes and Recommendations (Section 6);
- The withdrawal of the Scottish Government COVID-19 face-masks and face coverings guidance (Section 7);
- The update on the Scottish Government COVID-19 Programme for At-Risk Children 6 Months to 4 years of Age (Section 8);
- The update on the Scottish Government Seasonal Flu Immunisation Programme 2023/24: Confirmation of Adult Cohorts (Section 9).

National policy updates for the IJB’s awareness:

- The progress update on the National Care Service (Scotland) Bill (Section 10);
- The publication of the Audit Scotland Local Government in Scotland Overview 2023 (Section 11); and
- The publication of the Audit Scotland Integration Joint Boards Financial Analysis 2021/22 (Section 12)

3. Background

3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the impact of the pandemic on service demand and the ongoing cost of living crisis, which will continue to impact on local communities, providers, and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on the future operation of the IJB and HSCP.

3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

Key HSCP updates

4. Primary Care Improvement Plan (PCIP 6) and Tracker

4.1. Renfrewshire HSCP provides regular updates to the Scottish Government on progress made in the local implementation of Renfrewshire’s Primary Care Improvement Plan. In January 2023, an update was provided to the IJB – the update confirmed that tranche one funding allocation was received on 11 August 2022 for 2022-23 and followed by confirmation of tranche two funding allocation on 8 March 2023.

4.2. The PCIF tranche one allocation received locally comprised of baseline and initial assessment of local PCIF held reserves and allocated funding. The actual funding received was £581,470 and is set out in the table below.

Allocation by IA	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	PCIF initial allocation 2022-23 (£)
NHSGGC	Renfrewshire	3.37%	5,721,487	4,005,041	-261,903	-3,161,668	581,470

4.3. The funding received reflected the change in funding allocations for PCIP as highlighted in the Chief Finance Officer’s report of the 16 September 2022 whereby the allocation basis for 2022-23 differed from that in previous years and assumed that PCIP reserves were uncommitted, which for Renfrewshire was not the case.

4.4. Tranche two allocations have been calculated based on 30% of £170m allocated via NRAC less additional reserves as of March 2022. The additional reserve deductions reflect the difference between the October 2021 reserve position used to inform tranche one allocations and the final March 2022 reserve position. Confirmation of the local allocation for tranche two is set out below:

Allocation by IA	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less further funding held (£)	Final allocation 2022-23 (£)
NHSGGC	Renfrewshire	3.37%	5,721,487	4,005,041	1,185,000	1,736,802

4.5. On 12 May 2023, the HSCP submitted the PCIP Implementation Tracker 6 to the Scottish Government. This tracker is provided as Appendix. Given the formatting of the document it is best viewed online rather than print. The tracker includes financial and other data on the impact of PCIP services future resourcing requirements and detailed information on the capacity, workforce, funding, and MOU implementation profiles. Key highlights include:

- Planned workforce across all 6 workstreams by March 2023 is equal to 120.54 WTE.
- In line with GP Contract/PCIP all 28 GP practices in Renfrewshire have access to the Vaccination Transformation Programme, Community Treatment and Care Services and Pharmacotherapy Services. The 2018 GP contract began a progress of reform to enable Health Boards to centrally provide these services that were previously the responsibility of GP practices by 31 March 2023.
- Community Link Workers continue to be aligned to all GP practices.
- Urgent Care Service, mainly Care Home aligned ANPs, offering a proactive and reactive service.
- Musculoskeletal/Physiotherapy resource continues to be aligned to 14 GP practices locally.

- 4.6. To fully achieve delivery of the 2018 GMS and MOU objectives at a local level, it was previously estimated that it would cost around £12.23m. The Local Government Allocation of £5.72m therefore remains insufficient to fully implement every aspect of the GMS Contract and ensure equity of services/resource. Funding challenges will continue to be subject to ongoing review and discussed regularly at a local, board-wide, and national level through the various governance and joint reporting arrangements.

5. Mental Health and Wellbeing in Primary Services

- 5.1. An update was provided to the IJB in the September 2022 report and included an overview of key actions taken by the HSCP in response to the Scottish Governments Short Life Working Group on Mental Health and Wellbeing in Primary Care Services (MHWCPs) report. The report contained several recommendations relating to the development and implementation of multi-disciplinary teams within Primary Care settings. Planning Guidance was provided to support delivery and implementation.

- 5.2. In response, an action plan to develop a Renfrewshire MHWCPs was submitted to the Scottish Government in May 2022 and approved. The agreed action plan proposed to build on the work progressed in Renfrewshire through Action 15 funding of the National Mental Health Strategy and was reported to the IJB in June 2022. However, the Scottish Government has paused the programme with no further updates on whether the proposed indicative funding aligned with plans will be received. Locally, work continues to strengthen and develop more robust links and pathways in Mental Health and Primary Care Services.

6. The Scottish Government Adult Neurodevelopmental Pathways Report on Actions, Outcome and Recommendations from Pathfinder Sites in Scotland

- 6.1. In March 2023, the Scottish Government published the Adult Neurodevelopmental Pathways Report on Actions, Outcome and Recommendations from Pathfinder Sites in Scotland. The reports includes ten [recommendations](#) to support the development of services in Scotland locally and nationally to better meet the needs of neurodivergent people . This includes several short-term steps over the next 12-24 months alongside longer term work. The report highlights the need for:

- Neurodevelopmentally informed services developed with and for neurodivergent people.
- Neurodiversity affirming, proportionate, relevant support and information across services, communities, and society.
- Timely access to neurodevelopmental assessment, diagnosis and interventions or medical treatments where required.
- Better ways to understand and manage demand and capacity.
- Building workforce capacity including broadening cross sector and multi-disciplinary roles.

6.2. The recommendations recognise the need for neurodevelopmental pathways to replace single condition approaches with the aim of Autism and Attention Deficit Hyperactivity Disorder (ADHD) assessment and support being accessible in all 14 health board areas. It is recommended that an adult neurodevelopmental pathway strategy group is hosted in all HSCPs to support a Stepped Care approach and local action planning.

6.3. Additionally, local Stepped Care pathway models should be developed which will mean forming new teams and partnerships to meet a need not currently met. A four tier model is anticipated and is set out below:

- **Tier 1-2:** Third sector and community services, with access to self-help, peer support, psychoeducation, and a range of provision before, during and after diagnosis
- **Tier 3:** Primary care neurodevelopmental teams, with prescribing and differential diagnosis capability, as well as direct access interventions and supports
- **Tier 4:** Secondary care neurodevelopmentally informed teams

6.4. The HSCP is working collaboratively with other HSCPs across NHSGGC to review current pathways with a view to developing a new neurodevelopmental pathway and service. This will incorporate the report's recommendations and reflect local variation in local need and feedback from neurodivergent people.

7. Scottish Government COVID-19 face masks and face coverings guidance withdrawal

7.1. On 9 May 2023, the Scottish Government confirmed that with effect from 16 May 2023, the COVID-19 extended use of masks and face covering [guidance](#) across all health and social care settings is withdrawn. This includes the use of face coverings in social care settings including adult care homes, hospitals, primary care, and community healthcare settings.

7.2. In the absence of the extended use of face mask/face covering guidance; health and social care services are advised to follow the infection prevention and control (IPC) guidance on the appropriate use of personal protective equipment (PPE) for standard infection control precautions and transmission-based precautions as detailed in the National Prevention and Controls Manual and the Care Home National Infection Prevention and Controls Manual.

8. Scottish Government COVID-19 Programme 2023 for at-risk children 6 months to 4 years

8.1. On 11 May 2023, the Scottish Government Chief Medical Officer provided an [update](#) on the new COVID-19 vaccination programme that will begin during Spring/Summer 2023. The programme is available to all those at clinical risk aged 6 months as of 1 April 2023 and is open to those aged up to 4 years and 364 days as of 1 April 2023. The programme will start on 29 May 2023 and run for a period of 6 weeks to 7 July 2023. This cut off means that some of those 4 year olds identified as eligible will turn 5 during the programme, before receiving

vaccination. The Joint Committee on Vaccination & Immunisation (JCVI) eligibility criteria are available [here](#).

- 8.2. The NHSGGC Immunisation Group have reviewed the guidance and board-wide arrangements have been implemented to deliver the programme. Child Health, the NHSGGC Immunisation Team administering the vaccine, will contact all children 6 months to 4 years to arrange an appointment. To mitigate the risk of missing any children within the cohort, Health Visitors and GPs have been advised to check in with families when seen to enquire about the vaccination – a practice that will be adopted across all localities.

9. Scottish Government Seasonal Flu Immunisation Programme 2023/24: Confirmation of adult cohorts

- 9.1. On 18 April 2023, the Scottish Government confirmed the cohorts and [eligibility criteria](#) for the 2023/24 season flu immunisations programme. The programme continues to be a strategic and Ministerial priority and is designed to protect those most at risk of severe illness from flu and to support the resilience of the health and social care system during winter months. NHSGGC has lead responsibility for mass vaccination programmes.

- 9.2. The flu vaccines that have been centrally procured for the forthcoming flu season are in line with the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and set out [here](#). The adult cohort remains the extended cohort same as last year and will be operationally delivered using the same model:

- Planning for the programme will begin in July 2023 with delivery likely to run between September and December 2023 in line with previous programmes;
- There will be mass vaccination clinics for the majority;
- The HSCP Vaccination Team will continue to deliver Older Adult Care Homes and housebound; and
- Those of school age in school and pre-school will be delivered by the NHSGGC Board wide service

Wider national policy developments for awareness

10. National Care Service Progress Update

- 10.1. An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in March 2023. It was agreed that future progress updates would be provided to the IJB on key developments. On 17 April 2023, the Scottish Government formally requested and agreed an extension to the Stage 1 deadline beyond June 2023. In the meantime, the Scottish Government committed to focusing on continued engagement and co-design activities.

- 10.2. On 24 April 2023, the Finance and Public Administration Committee requested a new timetable for completion of Stage 1 and a revised Financial Memorandum (FM) by 12 May 2023. The revised FM should reflect the Committee's report recommendations dated 1 December 2023 and include a detailed breakdown

on National Care Service (NCS) spend to date with costs arising from the provisions of Bill and those of the wider programme.

10.3. On 9 May 2023, the Scottish Government advised that a proposed Stage 1 timetable would be submitted to Parliament in due course. An updated FM will be provided to the Committee prior to the Stage 1 debate (when date confirmed) and after planned engagement with key stakeholders/partners over the summer period.

10.4. On 23 May 2023, the Scottish Government announced that a range of regional co-design events are planned to take place between June and August 2023 and supplemented with additional local engagement activity. On 7 June 2023, Stage 1 of the Bill was further extended to 31 January 2024 through a motion agreed by Parliament. Given the further delays to timescales, it is not expected that the expected operational date of 2026 will be maintained and there is an increasing likelihood that the National Care Service proposals (once developed and agreed) will be delivered over the course of two Parliamentary terms. A further update will be provided to the IJB in November 2023.

11. **Audit Scotland Local Government in Scotland: Overview 2023**

11.1. On 17 May 2023, Audit Scotland Accounts Commission published the third and final overview report of the series which committed to reporting on the strategic medium-term approach on the impact of the COVID-19 pandemic over a three-year period. The report outlines how the pandemic has affected councils and their performance and how councils are best placed to deal with current and future challenges. In summary, key messages include:

- **Finance and Resources** - budget constraints and increasing cost pressures are putting councils' finances under severe strain, with the funding forecast to reduce in real terms.
- **Community needs and inequalities** – the pandemic has affected performance across all service areas and there are signs of growing backlogs and declining performance in some service areas. Changing demographics, pandemic and cost-of-living crisis increase pressure on council services and people already experiencing inequality are most affected
- **Collaboration** – the scale of the challenges ahead means radical change is needed.
- **National Policies** - councils are managing an increasing programme of national reform, including plans for a National Care Service, which comes with substantial funding implications and increased uncertainty.
- **Leadership** - leaders must think radically and make fundamental changes to how councils operate in future, building on the collaborative and innovative ways of working many demonstrated during the pandemic.
- **Workforce** - increasing workforce challenges, including a competitive labour market and high sickness absence levels, are putting councils under continued pressure.

11.2. Reflecting the breadth and scale of these challenges, Audit Scotland calls for urgent and radical change through greater collaboration to maintain services and sets out a range of [recommendations](#) for the Scottish Government, COSLA and Councils to achieve this. In summary, the recommendations seek to:

- Finalise the New Deal for Local Government and provide more detailed financial information to support long term financial planning.
- Increase public transparency about the scale of service demands, backlogs, and changes to eligibility criteria to ration access.
- Strengthen the use of data to understand needs, make decisions and direct resources.
- Maximise collaboration by working with partners, wider public sector and third sector to redesign and provide services, whilst including service users and local communities in this process.
- Invest time and capacity in thinking radically about future operation models by setting out a clear vision for long-term policy and performance priorities.
- Improve workforce planning to effectively and deploy their existing workforce to build capacity, skills, strategic thinking, and workforce data needed for effective workforce planning.

11.3. The report highlights that those financial pressures on Local Government funding continue to persist, and longer-term financial planning arrangements must be reviewed with the involvement of local partners and communities. In addition, the report highlights that an increasing programme of national policy initiatives and reform, including plans for a National Care Service, will result in substantial funding implications and increased uncertainty around service delivery, workforce, and budgets, including adult social care and those services delegated to the IJB.

12. Audit Scotland Integration Joint Boards Financial Analysis 2021/22

12.1. On 6 April 2023, Audit Scotland published the Integration Joint Boards (IJBs) Financial Analysis 2021/22 [report](#). The report sets out the 2012 - 2022 financial position and demonstrates how the pandemic continued to impact the delivery of IJB savings plans. In addition, it highlights the operating context of IJBs, their financial and service challenges, and the medium to longer term financial outlook of IJBs across Scotland.

12.2. The report highlights that IJBs face considerable challenges and immense pressure on their workforce, with the current health and social care workforce working under extreme pressure due to continued recruitment and retention challenges. Considering the financial uncertainties and workforce challenges, the report advises that IJBs have reached the point where significant transformation is needed to ensure the long-term capacity, financial sustainability and quality of services individuals receive.

12.3. With a projected funding gap of £124 million for 2022 - 2023 and the need for most IJBs to draw on reserves to bridge the gap, Audit Scotland recommends that the identification and delivery of recurring savings and reducing reliance on using reserves to fund revenue expenditure is key to ensuring long term

financial sustainability. Our Sustainable Futures Paper, aligned with our Medium-Term Financial Plan 2022-25, sets out the proposed programme approach to delivering this long term financial suitability for services through a package of reform and recurring savings.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Strategic Plan and Community Planning** – No implications from this report.
4. **Wider Strategic Alignment** – No specific implications from this report, however all activity referenced is undertaken in alignment with the IJBs Strategic Plan, Renfrewshire’s Community Plan, and relevant strategies of NHSGGC and Renfrewshire Council.
5. **Legal** – All updates in this report are consistent with the HSCPs statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – No implications from this report.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – No implications from this report.
9. **Fairer Duty Scotland** - No implications from this report
10. **Health & Safety** – No implications from this report.
11. **Procurement** – No implications from this report.
12. **Risk** – Risks arising from the contents of this report are managed on an ongoing basis and reported to the IJB Audit, Risk and Scrutiny Committee as appropriate.
13. **Privacy Impact** – None from this report.

List of Background Papers: None

Author: Debra Allen, Senior Planning and Policy Development Officer

Any enquiries regarding this paper should be directed to Christine Laverty, Chief Officer (christine.laverty@renfrewshire.gov.uk)

PCIP 6 - Local Implementation Tracker Guidance

Purpose of Tracker

We are collecting information about the primary care workforce funded through the Primary Care Improvement Fund (PCIF) and other funding streams, and the activity which is being delivered by these staff. We are also collecting financial information relating to your Primary Care Improvement Plan (PCIP). These trackers have been combined in order to simplify the process.

What information is mandatory/voluntary?

Please note that all information is mandatory at this time. We are using the following colour scheme:

Orange cells are required to be completed.

Grey cells are for guidance or are automatically populated

Returning the template

The template should be completed and returned via eRDM connect. Those requiring access to eRDM connect should email julia.vanaart@gov.scot and instructions will be provided on the site on how to download and return the template.

Trackers should be returned by **12th May**.

If you have any accessibility issues with filling out the tracker, please get in touch.

Guidance for completing the form - general

To help you fill out these trackers, we have scheduled support sessions on 13th April and 20th April. As part of these sessions we will talk you through the tracker, and you will be able to ask questions. We will circulate the slides for those who can't make it to these sessions.

Guidance for completing the form - definitions and detailed guidance

More detailed guidance is available in a word document also on eRDM connect. [Please read this document before completing the tracker.](#)

PCIP 6

Health Board Area:	NHS Greater Glasgow and Clyde
Health & Social Care Partnership:	Renfrewshire
Total number of practices (overwrite if necessary):	28

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with access to service by 31/3/23 (overwrite if necessary)
Level 1: Authorise/action acute prescribing requests	28
Level 1: Authorise/action repeat prescribing requests	28
Level 1: Authorise/action hospital discharge letters/outpatient requests	28
Level 1: Other	28
Level 2: Medication review (more than 5 medicines)	28
Level 2: other	28
Level 3: poly pharmacy reviews and specialist clinics	28
Level 3: other	28

What type of model are you running this service with? GP embedded or hub based etc.
Mixture of GP embedded and Hub

How many practices have no access to any of the subservices listed?
0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.
0

Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.
>75% - <100%

If responded "other model" being used to run this service, please provide more details here.

Brief commentary: This is an NHSGGC coordinated service model. See Workforce and MOU Implementation Profile tab for additional comments. Note: The current Pharmacy Provision within the HSCP does not meet all the demand for Pharmacotherapy within General Practice.

2.2 Community Treatment and Care Services	Practices with access to service by 31/3/23 (overwrite if necessary)	Total weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Total current number of appointments taken up (activity) in a typical week, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
General Practice phlebotomy	28	2032	1741	10
Chronic Disease Monitoring	28			12
CTAC treatment services including but not limited to ear syringing, suture removal etc	28	722	714	20

What type of model are you running this service with? GP embedded or hub based etc.
Mixture of GP embedded and Hub

How many practices have no access to any of the subservices listed?
0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.
0

Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.
>75% - <100%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)
22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

Brief commentary: This is an HSCP run service. Data Source is Manual Snapshot over a 4 week period - March 2023. Community Phlebotomy Data includes both GP clinics and domiciliary phlebotomy (domiciliary phlebotomy covers a large geographical area thus travel time allocated).

Further work is required to determine chronic disease monitoring numbers separately.

Note: Ear Care offering still awaits implementation across Renfrewshire, plan soon underway re mentoring & training.

Average appointment times may also differ for example, wound care 20-30 mins/injections 10 mins/leg ulcers 30-45 mins/dopplers 60 mins/suture removal 15-20 mins/Emergency appointments 15.

2.3 Vaccine Transformation Program	Practices with access to service by 31/3/23 (overwrite if necessary)
Pre School - Practices covered by service	28
School age - Practices covered by service	28
Out of Schedule - Practices covered by service	28
Adult imms - Practices covered by service	28
Adult flu - Practices covered by service	28
Pregnancy - Practices covered by service	28
Travel - Practices covered by service	28

What type of model are you running this service with? GP embedded or hub based etc.

GP embedded

How many practices have no access to any of the subservices listed?

0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.

0

Please provide a (rough) estimate of the percentage of the Vaccine Transformation Program that is funded through PCIP.

100%

If responded "other model" being used to run this service, please provide more details here.

Brief Commentary: This is an NHSGGC coordinated service. In NHSGGC we have a mixed model of service delivery and funding for the original VTP and for subsequent additional programmes covering the following: Adult Flu & Covid Immunisation community clinics, Adult Pneumococcal, Shingles, Housebound and Nursing Home residents delivered by a team in each HSCP, Adult Non Routine, Pre 5 Vaccinations, Primary and Secondary School (delivered by one team), Child Ad Hoc Vaccinations 0 -18 years, Prisons –Covid, Flu, Hepatitis B, Travel (contracted externally) and delivered by Maternity Services – Flu/Covid & Pertussis. The total cost of the children and adult programmes is £33.35m (including cost of vaccines) or £24.36m (delivery costs only and excluding cost of vaccinations). Total funding for the programme stands at approximately £28.31m (including funding for vaccinations) in 23-24, resulting in a deficit of £5m; savings are being made, however it is unclear whether financial balance can be achieved and this will be subject to further update as more information becomes available. This could require further funding to be identified to support delivery. Funding from PCIP amounts to approx. £5m (£3.1m adults and £1.9m children's) towards the overall funding package (excluding vaccinations) of £22.917m. The balance is drawn from non-recurring SG COVID 19 vaccination funding of £17.74m and NHSGG&C corporate funding of £0.174m. A share of the non-PCIP funding is used to deliver some of the programmes listed above as part of the mass clinics. Over the year, the programme recruits a large number of bank staff, which is much larger than the numbers shown in this tracker. For example, in 22-23 we recruited almost 1400 people from the bank over the year to work in the COVID and flu vaccination clinics. The use of non-recurring funding places the sustainability of this programme in doubt, and consideration needs to be given to how this programme is funded on a recurring basis moving forward.

2.4 Urgent Care Services	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
In-practice	1	52	52	15
External appointments e.g. house visits or care homes	28	127	103	25

What type of model are you running this service with? GP embedded or hub based etc.

Mixture of GP embedded and Hub

How many practices have no access to any of the subservices listed?

0

Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.

0

Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.

>75% - <100%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

Brief commentary: This is an HSCP run service and is mainly care home based and reduces care home contacts and visits for care homes. Data Source is Manual Snapshot over a 4 week period - March 2023 and data is based on activity for 8 ANPs. Note: Appointments vary between 20/30 minutes dependant on the complexity of the appointment, with average being 25 minutes. Capacity is also based on travel time and this can vary widely week to week.

Additional professional services

2.5 Physiotherapy / MSK	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing APP	14	225	209	20

What type of model are you running this service with? GP embedded or hub based etc.

GP embedded

Please provide an estimate of the percentage of the population that has no access to APP.

>25% - 50%

Please provide a (rough) estimate of the percentage of Physiotherapy/MSK that is funded through PCIP.

>75% - <100%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

Brief commentary: This is an NHSGCC coordinated service model. For 1wte (typical 7.5hr working day), 2hrs indirect daily clinical workload, 10% wte non-clinical, 10% wte funded through MSK Physio, with practitioner working in MSK Physio department (this 10% is not reported in the PCIP Tracker activity, as is not worked in primary care). No cover for leave provided ie sick leave, annual leave or maternity leave. Monthly CPD assigned to absence factor/non-clinical time. Calculations of anticipated Capacity based on Staff templates. Data Source: Actual Weekly Appt, gathered from staff activity reporting - manual count, Average taken for 1 week from February 2023. Actual capacity is/can be affected by Maternity Leave, Vacancies and reduced capacity during staff induction period.

2.6 Mental health workers	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing MH workers / support	13	114	114	45

What type of model are you running this service with? GP embedded or hub based etc.

Mixture of GP embedded and Hub

Please provide an estimate of the percentage of the population that has no access to MH workers / support through PCIP.

100%

Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.

0

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)

22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

Brief commentary: This service is funded direct through Action 15 Funding, Data Source is currently Manual - monthly spreadsheet collated. Coverage is partial coverage.

2.7 Community Links Workers	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing Link workers	28	270	270	60

What type of model are you running this service with? GP embedded or hub based etc.

Mixture of GP embedded and Hub

Please provide an estimate of the percentage of the population that has no access to Link workers.
0

Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.
>50% - 75%

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)
13.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

Brief commentary: This is a procured service therefore data has been provided direct from the service. Note: Current resource does not meet full demand within General Practice with temporary expansion of the service underway until end March 2024.

2.8 Other - please provide details in the description box below	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Other	3	36	30	60

Please provide a (rough) estimate of the percentage of Other services that are funded through PCIP.
0

What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)
22.5%

Please provide further details on the source and methodology used for capacity and activity data - see guidance document for more information.

Brief commentary: This service is funded direct through Action 15 funding, Data Source is currently Manual - monthly spreadsheet is collated. Snapshot has been taken forward from collation of an average of two months (February/March 2023) activity data with stable workforce and minimal absence.

Workforce profile

Health Board Area:	NHS Greater Glasgow and Clyde
Health & Social Care Partnership:	Renfrewshire

Table x: Workforce profile (WTE)

Funding category	Financial Year - Please overwrite data if necessary	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
		Pharmacist	Pharmacy Technician	Pharmacothe rapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
WTE staff funded through PCIF	In post at 31 March 2022	15.6	17.2	0		2.8		12	23.6	1	5.7	0	1	0	4.3	1	8.8
	In post at 31 March 2023	18.13	15.6	11.8		2.8		17.04	24.83	4.06	8.29	0	1	0	4.4	1	8.8
	FORECAST: In post at 31 March 2024 [b]	19.11	15.8	11.8	8.48	2.8	0.56	17.2	24.83	5	8.3	0	1	0	4.4	1	8.8
WTE staff not funded through PCIF	In post at 31 March 2022																
	In post at 31 March 2023	0	0	0							0	0	0	6.7	0	0	0
	FOPRECAST: In post at 31 March 2024 [b]						3.84										

[a] please specify workforce types in the comment field
 [b] If planned number cannot be estimated, add n/a
 [c] please provide more details in the comment field

Comments: Pharmacotherapy Services - 'In the above figures, consideration has been given to infrastructure/leadership posts related to PCIF which support the direct delivery but may not necessarily be based in practice (i.e. capturing PCIF funding for pharmacotherapy in its entirety). This ensures clarity around the total service required to both support, cover and deliver the service is captured.'
 Vaccinations - WTE staff forecast as at March 24 reflects current model of delivery including notional HSCP NRAC share of the boardwide elements of the programme split between PCIF and non PCIF
 CTAC - If national CTAC Guidance requires additional interventions/activity to be provided other than that currently provided this will require additional resource than reported above.

Key:

IAs need to input to all orange shaded cells
Grey cells are calculated cells - no input required

 These are Cells D17:E30, G17:G30, G36, F43:F56

Integration Authority:

Renfrewshire

NHS Board Area:

Greater Glasgow & Clyde

Total PCIF 2022-23 (£000):

£5,721

1. Expenditure Forecast 2022-23

All values are in £000s

PCIF programme:	Category	Actual YTD Spend £000s	Actual Spend to the year-end £000s	Total Spend 2022-23 £000s	PCIF AfC uplift costs agreed with Health Boards (3)	Brief Description of Funded Activities (4):
		at 31 October 2022	1 November 2022 to 31 March 2023			
		Total YTD costs (1)	Total Actual Costs (2) - Overwrite if necessary	Total Costs 2022-23		
Vaccination Transfer Programme	Staff costs	100	530	630	42	Nurses and pharmacists for immunisation programme
	Non-staff costs	77	-7	70		Contribution to boardwide vaccination programmes
Pharmacotherapy services	Staff costs	945	887	1,832	129	Pharmacists, technicians and support works
	Non-staff costs	47	24	71		Equipment, travel etc
Community Treatment and Care Services	Staff costs	875	789	1,664	156	HCSW, Admin staff + team lead
	Non-staff costs	80	78	158		Equipment, travel etc
Urgent care services	Staff costs	215	227	442	28	ANP
	Non-staff costs	13	23	36		Travel
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	161	118	279	20	Physiotherapists,
	Non-staff costs	0	0	0		0
Community Link Workers	Staff costs	0	0	0		0
	Non-staff costs	151	98	249		Wellbeing workers - 3rd party
Other - please provide detail in Description box	Staff costs	34	27	61	5	Support services
	Non-staff costs	35	-35	0		Equipment, other

Total Expenditure	2,734	2,759	5,493
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2. Legal commitments and reserve position	Value in £000s
Forecast PCIF reserve position at 31 March 2023 (5)	£1,514
Actual spend on legal commitments agreed with SG in 2022/23 (6)	£295
Forecast spend on legal commitments agreed with SG for future years (7)	£1,145

3. Three year spend summary

All figures in £000s

		2021-22 outturn	2022-23 outturn	2023-24 forecast (8)
PCIF programme:	Category	Total	Total	Total
Vaccination Transfer Programme	Staff costs	458	630	719
	Non-staff costs	70	70	70
Pharmacotherapy services	Staff costs	1,182	1,832	2,532
	Non-staff costs	31	71	25
Community Treatment and Care Services	Staff costs	1,058	1,664	2,014
	Non-staff costs	134	158	161
Urgent care services	Staff costs	386	442	679
	Non-staff costs	40	36	10
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	314	279	319
	Non-staff costs	0	0	0
Community Link Workers	Staff costs	259	0	0
	Non-staff costs	0	249	249
Other - please provide detail in Description box	Staff costs	N/A	61	63
	Non-staff costs	N/A	0	25
Total Expenditure		3,932	5,493	6,866

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your forecast 2023-24 spend below (9);

Legal commitments slightly increased to account for new pay award and minor adjustment in original submission.

Table x: Intended workforce (WTE)

Service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

Funding category	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care		
	Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]
WTE Service intentions funded through PCIF	52	41	16.8	8.48	2.8	4.4	17.2	35.83	1
WTE Service intentions <u>not funded through PCIF</u>									

[a] please specify workforce types in the comment field

Comment: Pharmacotherapy:
 In line with the Directors of Pharmacy letter of 6/4/23, it is not possible to advise on the workforce requirements as the draft directions as worded are not deliverable. Any new funding should be directed to a recurring Pre-Registration Pharmacy Technician pipeline and increased numbers of Trainee Pharmacist places. Investment in appropriate technology and infrastructure, eg Digital Prescribing Dispensing Programme will enable appropriate utilisation of current workforce and allow standardisation of processes to maximise efficiency gains

Cost to deliver service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

All figures in £000s

PCIF programme:	Category	Total - Overwrite if necessary
Vaccination Transfer Programme	Staff costs	792
	Non-staff costs	502
Pharmacotherapy services	Staff costs	6,363
	Non-staff costs	562
Community Treatment and Care Services	Staff costs	2,218
	Non-staff costs	100

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your service delivery spend below;

VTP includes central costs, outwith MOU, value is £0.552m.
 Pharmacotherapy Services - Additional recurring investment is required to deliver Pharmacotherapy Services as at local level the service is currently supported by a number of temporary posts being funded through PCIP reserves.

To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2022 to 31 March 2023

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 position for the financial year 2022/23 and to seek approval for the transfer of funds to reserves to allow completion of the IJB's accounts by the statutory deadline of 30 September 2023.
- 1.2. Members should note that the year-end position reflects changes to the health budget in relation to a non-recurring budget allocation from the Scottish Government to fund the increased pay settlement for Health employees in line with the agreed uplift for 2022/23.

2. Recommendations

It is recommended that the IJB:

- Note the year-end financial position for 2022/23;
- Approve the proposed transfers to Earmarked Reserves in Section 9.4.3 and 9.5 of this report; and
- Approve the proposed transfer of the year end underspend of £758k (section 9.4.3) to general reserves in line with the IJB's Reserves Policy.

3. Summary

- 3.1. Budget monitoring throughout 2022/23 has shown the IJB projecting an underspend, prior to the transfer of year-end balances to General and Earmarked Reserves at the financial year-end.
- 3.2. As detailed in the following table, the IJB final outturn is an underspend of £627k for 2022/23. These figures include the impact of COVID-19 funded from the draw-down of COVID-19 earmarked reserves, and, in line with Scottish Government funding arrangements assumes a transfer of any in-year underspend at 31 March 2023 to earmarked reserves in relation to:
- Winter pressures monies

- Action 15
- Primary Care Improvement Programme (PCIP)
- Alcohol and Drug Partnership (ADP).

3.3. Members should note that the final outturn position reflects the movement of the year end health underspend to fund the projected shortfall in the delivery of the PCIP programme which was approved by the IJB on 25 November 2022. This decision reflected the change in funding allocations for PCIP as highlighted in the Chief Finance Officer's report of the 16 September 2022 whereby the allocation basis for 2022/23 differed from that in previous years and assumed that PCIP reserves were uncommitted, which for Renfrewshire was not the case.

3.4. For members information the following table includes a summary of the position prior to the movement to reserves.

Division	Year-end Outturn (prior to the transfer of balances to Reserves)
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £2,257k
Other Delegated Services	Overspend (£131k)
TOTAL	Underspend £2,126k
Less: Movement to 'HSCP Funded PCIP Commitments Earmarked Reserve'	Health Underspend £1,499k
GRAND TOTAL	Underspend £627k

3.5. Whilst our financial position for 2022/23 delivered an underspend, this position masks the difficulties of the financial outlook for 2023/24 and beyond. This includes:

- an introduction of support recharges from Renfrewshire Council;
- the unknown impact of yet to be agreed pay awards for local authority staff;
- ongoing negotiations in relation to the National Care home Contract in respect of the 2023/24 rates and,
- the impact of non-recurring and ring-fenced funding streams which create a lack of flexibility in how the IJB can use their funding.

3.6. The IJB's financial planning arrangements will remain subject to active review to enable us to continue to plan for a range of potential outcomes and scenarios and to help us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

3.7. The following table provides a high-level summary of the main reasons why the IJB had an underspend of £2,126k against its budget in 2022/23 (prior to the transfer of balances to the 'HSCP Funded PCIP Commitments EMR').

Subjective Heading	Variance Prior to: Movement to PCIP EMR' £000's	Comments
Employee Costs	4,506	ongoing challenges in terms of recruitment and retention issues across all service areas due to the limited availability of the skills mix required within the workforce market. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
Property Costs	(187)	Overspend reflecting increase in cleaning costs due to infection control requirements
Supplies & Services	(519)	overspend mainly in relation to equipment, including costs of purchase of IT equipment across all areas of the service to augment flexible working as well as an increase in spend for the provision of community meals relating to volume and price increases.
Third Party Payments	(324)	Care at Home o/s (£2,396k): spend reflects the service continuing to support delayed discharges and demand. Care Home Placements u/s £928k: reflects greater numbers of clients choosing to remain at home for longer Adult Care Placements u/s £1,065k: reflective of the current client profile and the implementation of planned adult care placements over the financial year.
Purchase of Healthcare	(27)	Overspend reflects increased costs associated with LMC (local medical committee) invoices.
Transport	270	underspend reflective of services such as Day Care operating at a reduced capacity during 2022/23
FHS	(2,132)	Prescribing - reflects issues currently impacting on the price of drugs as well as a number of items being on short supply.
Support Services	13	underspend reflective of services operating at a reduced capacity during 2022/23
Transfer Payments	(145)	overspend within housing & adaptations delegated services.
Income	670	Over recovery mainly due to new charging orders registered and funds received and income for Women's Aid delegated budgets.
TOTAL	2,126	

3.8. Throughout the financial year, adjustments are 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 applied this current financial year.

3.9. Members are reminded that in support of the IJB's approved Reserves Policy, the net underspend from 2022/23 has been transferred to general reserves. This is in order to maintain the agreed optimum 2% of the net budget of the IJB, to ensure the IJB has the financial flexibility to draw on non-recurring balances

to support transformation and manage unanticipated pressures from year to year.

4. Pressures

Total Renfrewshire HSCP	Year-end Outturn (prior to the transfer of balances to Reserves)	Year-end Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £2,257k	Breakeven
Less: Movement to 'HSCP Funded PCIP Commitments Earmarked Reserve'	Health Underspend (£1,499k)	Breakeven
TOTAL	Underspend £758k	Breakeven

- 4.1. The year-end outturn at 31 March 2023 is an underspend of £627k. As highlighted in para 3.4 above, this position reflects the movement of the year-end health underspend of £1,499k to fund the estimated shortfall in the delivery of the PCIP programme which was approved by the IJB on 25 November 2022.
- 4.2. The year-end position reflects the movement of underspends in relation to: Winter Pressures monies; Action 15; PCIP; and ADP, to earmarked reserves in line with Scottish Government funding arrangements.
- 4.3. As previously highlighted to members, on 12 September 2022, Richard McCallum Director of Health Finance and Governance wrote to: HSCP Chief Officers / Chief Finance Officers / NHS Directors of Finance and LG Directors of Finance to highlight that due to the number of significant changes to Public Health policies in relation to Covid over the summer of 2022, the profile of Covid spend had reduced significantly compared to when funding was provided to IJBs for Covid purposes. In response to this, the Scottish Government would be reclaiming any surplus Covid reserves to be redistributed across the sector to fund Covid priorities. The letter also explained the mechanism for the funding to be reclaimed – which was through a negative allocation to the value of the agreed return from the relevant NHS Board.
- 4.4. Renfrewshire IJB returned their projected underspend to the SG – on 16 February, an invoice was raised for £13.3m and paid on 20 February.
- 4.5. In line with SG directions a final reconciliation was carried out at the year-end and an invoice was raised for £0.989m leaving a balance of £0.004m, for carer's PPE.

- 4.6. The year-end outturn includes a drawdown of £26,337k, from earmarked reserves as detailed in the following table and in Appendix 8.

HSCP Funded Earmarked Reserves	Amounts Drawn Down in 2022/23 £000's
Covid Funding	-16,449
Scottish Government Ring Fenced Monies carried forward:	
PCIP	-4,347
PCTF Monies Allocated for Tests of Change and GP Support	-109
GP Premises Improvement Fund	0
ADP Funding	-785
Mental Health Recovery and Renewal Funding	-517
Mental Health Action 15 (19/20) (20/21) (21/22)	-663
District Nurse Recruitment Programme	-145
Winter Planning Monies / Care Home Liaison Monies	-1,523
Health Visiting	-32
SG Pay Award and LW Health & Social Care (21/22)	-340
Mental Health Dementia Funding	-59
Public Health Improvement Monies	-15
Care Home Hub	-65
Community Living Change	0
Scottish Government Ring Fenced Monies carried forward	-8,599
Grant Funding carried forward	-70
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	-25,119
ICT / Systems Related	-330
Premises Related	-335
Prescribing	0
Other IJB Reserves	-553
HSCP Funded PCIP Commitments	
TOTAL EARMARKED RESERVES	-26,337

- 4.7. The main broad themes of the year-end outturn are in line with those previously reported to members and include:

Care Group	Year End Outturn £000's	Comments
Adults and Older People	113	<p>As reported to the IJB previously this position reflects:</p> <ul style="list-style-type: none"> • Continued pressures within the Care at Home service – o/s (£2,396k) due to impact of service continuing to support delayed discharges and demand. • Care Homes – u/s £928k reflecting the number of clients choosing to remain at home for longer. • Employee costs - Adult Social Care - u/s £512k reflecting ongoing difficulties recruiting to specialist posts across a number of areas, including homecare workers; social care assistants; team leaders. Where appropriate and where possible these are being covered through overtime and agency staff. • Employee costs – Health - Adult Community Services – u/s £724k reflecting ongoing turnover and recruitment and retention issues across services. • Transport costs - Adult Social Care - u/s £271k reflecting services currently operating at a reduced capacity.
Mental Health Services	732	<p>Underspend reflects vacancies due to recruitment issues throughout all mental health service areas. In order to maintain the recommended safe staffing and skill mix across these services, as well as the need to respond to increasing levels of demand and acute presentations, bank and agency staff are required to fill the current gaps due to vacancies – this position is likely to continue.</p> <p>These underspends offset an overspend on the special observations budget within adult in-patient wards.</p>
Learning Disabilities	1,399	<p>Underspend: due to vacancies £710k across all areas of the service, and adult care packages £589k reflective of the current client profile and the timescales for the implementation of planned adult care placements over the financial year.</p>
Children's Services	831	<p>Underspend mainly due to vacancies reflecting recruitment and retention issues across the service</p>
Health Improvement & Inequalities	325	<p>Underspend due to vacancies within the service.</p>
Resources	(62)	<p>Overspend mainly due to creation of EMR reserves for Bishopton / Dargavel Satellite Facility contribution to Art Funding and GP System replacement reserve creation.</p> <p>This is offset by an underspend in the Administration & Management service reflecting vacancies.</p>
Hosted Services	984	<p>Underspend mainly due to vacancies within Podiatry Services £751k and Primary Care £316k which offset and o/s on GP trainees of (£70k).</p>

5.

Prescribing	Year End Outturn
	Overspend (£2,066k)

5.1.

As previously reported, this overspend reflects prescribing volumes now being on par with those experienced prior to the pandemic, as well as an unprecedented number of items being on short supply and, a number of issues currently impacting on the price of drugs including:

- o limitations in manufacturing capacity due to COVID-19, War in Ukraine, lockdowns in Asia, staffing shortages
- o ongoing issues with availability and cost of card and cardboard packaging
- o ongoing issues with raw materials
- o manufacturing processes
- o increased testing for excipients in the manufacturing process
- o increased shipping costs (fuel and containers - delays and strikes at ports in England)

The following tables illustrate the impact of the above over the past few months both in terms of volume and average cost per item which has risen from £10.14 in April 2022 to £11.16 in February 2023.

		April	May	June	July	August	September	October	November	December	January	February	March	YTD Total
Actual 22/23	Schedule 4 Gic £'000	£ 2,916	£ 2,982	£ 3,133	£ 3,233	£ 3,250	£ 3,125	£ 3,385	£ 3,405	£ 3,525	£ 3,229	£ 3,115		£ 35,298
	Schedule 4 Items '000	288	293	300	306	302	292	308	311	317	295	279		£ 3,291
	Schedule 4 Gic Cost per liter	£ 10.14	£ 10.19	£ 10.43	£ 10.58	£ 10.75	£ 10.69	£ 11.00	£ 10.95	£ 11.12	£ 10.95	£ 11.16		£ 10.73

Top 10 price increases

top 10 price increases (mainly due to short supply)														
		April (£)	May (£)	June (£)	July (£)	Aug (£)	Sept (£)	Oct (£)	Nov (£)	Dec (£)	Jan (£)	Feb (£)	Mar (£)	Movement from April
name	Form STR													
Temazepam	Tab 20mg	1.18	1.18	1.18	22.50	22.99	28.03	31.75	34.93	33.00	33.00	33.00	25.00	2019%
Temazepam	Tab 10mg	1.20	1.20	1.20	22.50	22.99	27.00	31.00	31.00	31.00	31.00	28.79	24.44	1937%
Aripiprazole	Tab 10mg	1.50	1.50	1.50	5.00	79.99	34.99	78.00	57.57	29.95	29.95	29.95	29.95	1897%
Aripiprazole	Tab 5mg	1.25	1.25	1.25	1.25	45.00	19.95	37.55	37.78	37.78	24.29	22.22	17.99	1339%
Nebivolol	Tab 2.5mg	1.69	1.69	1.69	1.69	28.48	28.48	19.99	19.99	19.99	18.20	18.20	18.02	966%
Dutasteride and Tamsulosir Caps	500mcg/4l	1.93	1.93	1.93	3.90	4.16	19.80	19.80	19.80	19.80	19.80	19.80	19.80	926%
Aripiprazole	Tab 15mg	1.75	1.75	1.75	1.75	45.00	29.90	45.00	45.00	25.85	25.85	25.24	15.99	814%
Penicillin V BP Oral	Soln 125mg/5rn	1.28	1.28	1.28	1.28	1.28	1.28	1.28	1.28	6.63	6.63	8.50	9.99	680%
Zolmitriptan	Tab 2.5mg	1.86	1.86	1.86	1.86	1.86	1.86	2.34	11.01	12.52	12.52	13.75	13.75	639%
Zolmitriptan	Tab 2.5mg	3.72	3.72	3.72	3.72	3.72	3.72	4.68	22.01	25.04	25.04	27.50	27.50	639%

5.2.

Members should note the current pressures highlighted above are likely to continue for the foreseeable future, which will have a significant impact on the future financial position of the IJB.

6. Responding to the COVID-19 Pandemic

6.1. Throughout 2021/22 the Local Mobilisation Plan (LMP) Covid-19 financial tracker was submitted quarterly to the Scottish Government, however in 2022/23 this reverted to a monthly submission, to allow close monitoring of the impact of Covid Cost Improvement Programmes. Following the return of the final outstanding balance of COVID monies the final submission has now been made.

6.2. The following table summarises the expenditure which the HSCP incurred in 2022/23. As at the 31st of March 2023 £2,127k was spent in 2022/23 responding to COVID-19, of which £500k relates to health services and, £1,627k relates to adult social care services.

Total Costs at 31/03/23			
Description of Cost Type	Health	Adult Social Care	TOTAL
	Total Costs	Total Costs	
	£000's	£000's	
Additional Staff Costs	254	260	513
Provider Sustainability Costs		955	955
PPE	9		9
Community Hubs	13		13
Loss of Income		157	157
FHS costs	191		191
Other Costs	34	256	289
TOTAL	500	1,627	2,127

6.3. As highlighted earlier in this report a total of £14.322m has now been returned to the SG leaving a balance of £0.004m to fund PPE in line with SG directions.

7. Scottish Government Funding 2022/23

7.1. The 2022/23 allocations for: PCIP, Action 15 and ADP are summarised in Appendix 7.

7.2. 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.

7.3. On 8 March 2023, Richard McCallum, the Director of Health Finance and Governance wrote to NHS Chief Executives, NHS Directors of Finance, and Integration Authority CFOs to confirm that funding was being provided in 2022/23 to meet the additional costs of the Agenda for Change and Medical & Dental pay uplifts in 2022-23, which includes provision for staff funded through PCIP and Action 15. This funding was provided on a non-recurring basis for 2022/23.

7.4. Renfrewshire's share was received in March 2023 and is reflected in the year-end outturn.

8. Other Delegated Services

8.1. The following table 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.

8.2. The final outturn position to 31 March 2023 is an overspend of (£131k).

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	1,026	(197)
Women's Aid	249	190	59
Grant Funding for Women's Aid	5	(2)	7
NET EXPENDITURE	1,083	1,214	(131)

9. Reserves

9.1. It is essential for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.

9.2. The opening IJB reserves position for 2022/23 was £51,049k comprising:

- COVID-19 Funding £16,453k;
- Scottish Government Ring Fenced Monies £16,299k;
- Grant Funding £246k and
- IJB Earmarked Reserves £12,270k.

The remaining balance of £5,781k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.

9.3. As detailed in Appendix 8 and paragraph 4.6, the final outturn position for the HSCP included the drawdown of £26,377k during 2022/23 from earmarked reserves.

9.4. **Proposed Increases to Reserves**

9.4.1. It is important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, either in whole or in part, to allow for the spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes.

9.4.2. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This

includes Mental Health, Primary Care and Alcohol and Drugs services. These have been drawn down in line with the flexible funding approach agreed with the Scottish Government.

9.4.3. In closing the annual accounts and in line with the IJB's Reserves Policy, members are asked to approve: an increase to general reserves of £758k, and, the creation of an additional £8,164k of earmarked reserves detailed in the following tables which will be drawn down in line with their relevant spending profile reflecting the flexible funding approach agreed with the Scottish Government. This includes the year-end health underspend of £1,499k to fund the estimated shortfall in the delivery of the PCIP programme which was approved by the IJB on 25 November 2022.

9.4.4. The Reserves to be approved have been split over two distinct elements as detailed in the following paragraphs:

- Scottish Government Ring-fenced Monies: £5,723k
- Funding carried forward to deliver on specific projects: £2,441k

9.5. **Reserves to be Approved**

9.5.1. *Scottish Government Ring-fenced Monies*

HSCP Funded Earmarked Reserves	New Reserves 2022/23 Awaiting IJB Approval
	£000's
PCIP	1,514
ADP Funding	210
Mental Health Recovery and Renewal Funding	553
Mental Health Action 15	123
District Nurse Recruitment Programme	126
Winter Planning Monies / Care Home Liaison Monies	2,959
Mental Health Dementia Funding	82
Public Health Improvement Monies	23
Care Home Hub	133
Scottish Government Ring Fenced Monies	5,723

9.5.2. *Funding carried forward to deliver on specific projects*

HSCP Funded Earmarked Reserves	New Reserves 2022/23 Awaiting IJB Approval
	£000's
Cycle Grant	8
Cervical Screening	144
School Nursing	379
LD Health Checks	67
GP System replacement	303
Bishopton / Dargavel Satellite Facility contribution to Art Funding	40
HSCP Funded PCIP Commitments Staffing	308
HSCP Funded PCIP Commitments Infrastructure	1,191
Funding carried forward to deliver on specific projects	2,441

10. Adult Social Care Pay Uplift

- 10.1. In line with the conditions of the Scottish Government's funding allocation, £100 million was provided to Local Government to ensure the minimum hourly rate for workers providing direct adult social care within commissioned services would rise from at least £10.50 to at least £10.90 per hour from April 2023.
- 10.2. The HSCP is in the process of uplifting all providers of commissioned services including Option 1 service users who may employ personal assistants. The uplift payments are being made on the assumption that the conditions of the uplift would be met and that any non-compliance would result in the HSCP recovering the monies paid.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** - No specific implications from this report, however, there continues to be alignment and reference with the IJB's Strategic and Financial Plans where possible.
4. **Wider Strategic Alignment** – none
5. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
6. **Property/Assets** – none.
7. **Information Technology** – none
8. **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.
9. **Fairer Duty Scotland** - none
10. **Health & Safety** – none
11. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
12. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
13. **Privacy Impact** – none.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)

1.	Reference Number	300623-05
2.	Date Direction issued by IJB	30 June 2023
3.	Date from which Direction takes effect	30 June 2023
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	Yes, 310323-06
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2022-25), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	September 2023.

Appendix 1

HSCP Revenue Budget Position 1st April 2022 to 31st March 2023

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance	Adjustment to Move Earmarked Monies to Reserves	Variance (reflecting movement to earmarked reserves)	Adjustment to Move Monies to Reserves	Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	92,000	13,202	-	8,165	-	113,367	103,071	10,297	(5,790)	4,506	(1,499)	110,360	3,007	2.7%	underspend
Property Costs	453	15	-	249	-	717	904	(187)	-	(187)	-	904	(187)	-26.1%	overspend
Supplies and Services	19,481	1,268	(12,254)	1,004	-	9,499	9,987	(488)	(31)	(519)	-	10,018	(519)	-5.5%	overspend
Third Party Payments	75,414	8,419	-	136	-	83,969	84,293	(324)	-	(324)	(758)	85,051	(1,082)	-1.3%	overspend
Purchase Of Healthcare	2,960	183	-	(162)	-	2,981	3,008	(27)	-	(27)	-	3,008	(27)	-0.9%	overspend
Transport	843	-	-	-	-	843	573	270	-	270	-	573	270	32.0%	underspend
Family Health Services	94,668	4,601	-	-	-	99,269	101,401	(2,132)	-	(2,132)	-	101,401	(2,132)	-2.1%	overspend
Support Services	70	-	-	32	-	102	89	13	-	13	-	89	13	12.7%	underspend
Transfer Payments (PTOB)	7,403	(2,750)	-	465	-	5,118	4,420	698	(843)	(145)	-	5,263	(145)	-2.8%	overspend
Resource Transfer	23,209	4	(23,213)	-	-	-	-	-	-	-	-	-	-	0.0%	breakeven
Set Aside	63,579	3,679	-	-	-	67,258	67,258	-	-	-	-	67,258	-	0.0%	breakeven
COVID 19	-	(13,333)	-	16,449	(14,822)	(11,706)	(11,706)	-	-	-	-	(11,706)	-	0.0%	breakeven
Gross Expenditure	380,080	15,288	(35,467)	26,338	(14,822)	371,417	363,298	8,120	(6,664)	1,456	(2,257)	372,219	(801)	-0.2%	overspend
Income	(31,085)	(9,963)	-	-	(11,516)	(52,564)	(53,234)	670	-	670	-	(53,234)	670	-1.3%	underspend
NET EXPENDITURE	348,995	5,325	(35,467)	26,338	(26,338)	318,854	310,064	8,790	(6,664)	2,126	(2,257)	318,985	(131)	0.0%	overspend

HSCP Revenue Budget Position
1st April 2022 to 31st March 2023

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance	Adjustment to Move Earmarked Monies to Reserves	Variance (reflecting movement to earmarked reserves)	Adjustment to Move Monies to Reserves	Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	80,445	2,302	-	2,825	(2,825)	82,747	79,386	3,361	(3,248)	113	(275)	82,909	(162)	-0.2%	overspend
Mental Health	25,432	5,435	-	1,520	(1,520)	30,867	29,929	938	(206)	732	-	30,135	732	2.4%	underspend
Learning Disabilities	23,982	(437)	-	94	(94)	23,545	21,922	1,623	(224)	1,399	(483)	22,629	916	3.9%	underspend
Children's Services	6,372	1,966	-	671	(671)	8,338	6,575	1,763	(932)	831	-	7,507	831	10.0%	underspend
Prescribing	37,504	(209)	-	-	-	37,295	39,361	(2,066)	-	(2,066)	-	39,361	(2,066)	-5.5%	overspend
Health Improvement & Inequalities	973	314	-	30	(30)	1,287	954	333	(8)	325	-	962	325	25.3%	underspend
FHS	56,436	3,896	-	-	-	60,332	60,331	2	-	2	-	60,331	2	0.0%	underspend
Resources	6,154	632	-	4,728	(4,728)	6,786	4,946	1,840	(1,902)	(62)	(1,499)	8,348	(1,562)	-23.0%	overspend
Hosted Services	11,572	1,076	-	21	(21)	12,648	11,520	1,128	(144)	984	-	11,664	984	7.8%	underspend
Resource Transfer	23,209	4	(23,213)	-	-	-	-	-	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	-	-	-	-	-	0.0%	breakeven
Set Aside	63,579	3,679	-	-	-	67,258	67,258	-	-	-	-	67,258	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	347,912	18,658	(35,467)	9,889	(9,889)	331,103	322,182	8,921	(6,664)	2,257	(2,257)	331,104	(1)	0.0%	overspend
Other Delegated Services	1,083	-	-	-	-	1,083	1,214	(131)	-	(131)	-	1,214	(131)	-12.1%	overspend
NET EXPENDITURE before COVID	348,995	18,658	(35,467)	9,889	(9,889)	332,187	323,396	8,790	(6,664)	2,126	(2,257)	332,318	(131)	0.0%	overspend
COVID 19	-	(13,333)	-	16,449	(16,449)	(13,333)	(13,333)	-	-	-	-	(13,333)	-	0.0%	breakeven
NET EXPENDITURE	348,995	5,325	(35,467)	26,338	(26,338)	318,854	310,063	8,790	(6,664)	2,126	(2,257)	318,985	(131)	0.0%	overspend

Appendix 2

Adult Social Care Revenue Budget Position 1st April 2022 to 31st March 2023

Subjective Heading	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance	Adjustment to Move Earmarked Monies to Reserves	Variance (reflecting movement to earmarked reserves)	Adjustment to Move Monies to Reserves	Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	36,288	2,540	838	-	39,666	38,732	934	(423)	512	-	39,155	512	1.3%	underspend
Property Costs	352	83	57	-	492	603	(112)	-	(112)	-	603	(112)	-22.8%	overspend
Supplies and Services	1,979	(2)	473	-	2,450	2,668	(218)	-	(218)	-	2,668	(218)	-8.9%	overspend
Third Party Payments	75,414	8,419	136	-	83,969	84,293	(324)	-	(324)	(758)	85,051	(1,082)	-1.3%	overspend
Transport	840	-	-	-	840	569	271	-	271	-	569	271	32.3%	underspend
Support Services	70	-	32	-	102	89	13	-	13	-	89	13	12.7%	underspend
Transfer Payments (PTOB)	6,518	(2,750)	465	-	4,233	3,279	954	(843)	111	-	4,122	111	2.6%	underspend
COVID 19	-	-	2,616	-	2,616	2,616	-	-	-	-	2,616	-	0.0%	breakeven
Gross Expenditure	121,461	8,290	4,617	-	134,368	132,850	1,518	(1,265)	253	(758)	134,873	(505)	-0.4%	overspend
Income	(27,940)	(8,231)	-	(4,617)	(40,788)	(41,293)	505	-	505	-	(41,293)	505	-1.2%	underspend
NET EXPENDITURE	93,521	59	4,617	(4,617)	93,580	91,557	2,023	(1,265)	758	(758)	93,580	(0)	0.0%	

Care Group	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance	Adjustment to Move Earmarked Monies to Reserves	Variance (reflecting movement to earmarked reserves)	Adjustment to Move Monies to Reserves	Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	60,742	(7,042)	1,524	(1,524)	53,700	53,751	(50)	(1,265)	(1,315)	(275)	55,291	(1,468)	-2.7%	overspend
Physical or Sensory Difficulties	6,727	5,095	-	-	11,822	11,073	749	-	749	-	11,073	691	5.8%	underspend
Learning Difficulties	22,673	(777)	29	(29)	21,896	20,786	1,110	-	1,110	(483)	21,269	579	2.6%	underspend
Mental Health Needs	2,726	2,225	144	(144)	4,951	4,778	173	-	173	-	4,778	160	3.2%	underspend
Addiction Services	653	558	304	(304)	1,211	1,170	41	-	41	-	1,170	38	3.1%	underspend
COVID 19	-	-	2,616	(2,616)	-	-	-	-	-	-	-	-	0.0%	breakeven
NET EXPENDITURE	93,521	59	4,617	(4,617)	93,580	91,558	2,023	(1,265)	758	(758)	93,581	(0)	0.0%	

Appendix 3

Health Revenue Budget Position

1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend to Year End (before movements to reserves)	Variance	Adjustment to Move Earmarked Monies to Reserves	Variance (reflecting movement to earmarked reserves)	Adjustment to Move Monies to Reserves	Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	55,492	10,662	-	7,327	-	73,481	64,079	9,402	(5,368)	4,034	(1,499)	70,946	2,535	3.5%	underspend
Property Costs	101	(68)	-	192	-	225	300	(75)	-	(75)	-	300	(75)	-33.3%	overspend
Supplies and Services	17,494	1,270	(12,254)	531	-	7,041	7,311	(270)	(31)	(301)	-	7,342	(301)	-4.3%	overspend
Purchase Of Healthcare	2,960	183	-	(162)	-	2,981	3,008	(27)	-	(27)	-	3,008	(27)	-0.9%	overspend
Family Health Services	94,668	4,601	-	-	-	99,269	101,401	(2,132)	-	(2,132)	-	101,401	(2,132)	-2.1%	overspend
Set Aside	63,579	3,679	-	-	-	67,258	67,258	-	-	-	-	67,258	-	0.0%	breakeven
Resource Transfer	23,209	4	(23,213)	-	-	-	-	-	-	-	-	-	-	0.0%	breakeven
COVID 19	-	(13,333)	-	14,822	(14,822)	(13,333)	(13,333)	-	-	-	-	(13,333)	-	0.0%	breakeven
Gross Expenditure	257,503	6,998	(35,467)	22,710	(14,822)	236,922	230,024	6,898	(5,399)	1,499	(1,499)	236,922	0	0.0%	
Income	(3,112)	(1,732)	-	-	(7,888)	(12,732)	(12,732)	-	-	-	-	(12,732)	-	0.0%	
NET EXPENDITURE	254,391	5,266	(35,467)	22,710	(22,710)	224,190	217,292	6,898	(5,399)	1,499	(1,499)	224,190	0	0.0%	

Health Revenue Budget Position
1st April 2022 to 31st March 2023

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend to Year End (before movements to reserves)	Variance	Adjustment to Move Earmarked Monies to Reserves	Variance (reflecting movement to earmarked reserves)	Adjustment to Move Monies to Reserves	Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	393	35	-	-	-	428	428	-	-	-	-	428	-	0.0%	breakeven
Addiction Services - ADP	1,664	172	-	494	(494)	1,836	1,626	210	(210)	-	-	1,836	-	0.0%	breakeven
Adult Community Services	10,266	3,484	-	503	(503)	13,750	11,338	2,411	(1,773)	638	-	13,112	638	4.6%	underspend
Children's Services	6,372	1,966	-	671	(671)	8,338	6,575	1,763	(932)	831	-	7,507	831	10.0%	underspend
Learning Disabilities	1,309	340	-	65	(65)	1,649	1,136	513	(224)	289	-	1,360	289	17.5%	underspend
Mental Health	22,706	1,320	-	713	(713)	24,026	23,385	641	(82)	559	-	23,467	559	2.3%	underspend
Mental Health - Action 15	-	1,890	-	663	(663)	1,890	1,766	124	(124)	-	-	1,890	-	0.0%	breakeven
Hosted Services	11,572	1,076	-	21	(21)	12,648	11,520	1,128	(144)	984	-	11,664	984	7.8%	underspend
Prescribing	37,504	(209)	-	-	-	37,295	39,361	(2,066)	-	(2,066)	-	39,361	(2,066)	-5.5%	overspend
Gms	29,776	1,851	-	-	-	31,627	31,625	2	-	2	-	31,625	2	0.0%	underspend
FHS Other	26,660	2,045	-	-	-	28,705	28,705	-	-	-	-	28,705	-	0.0%	breakeven
Planning & Health Improvement	973	314	-	30	(30)	1,287	954	333	(8)	325	-	962	325	25.3%	underspend
Primary Care Improvement Prog	-	2,956	-	4,347	(4,347)	2,956	1,442	1,514	(1,514)	-	-	2,956	-	0.0%	breakeven
Resources	6,154	(2,324)	-	381	(381)	3,830	3,504	326	(388)	(62)	(1,499)	5,392	(1,562)	-40.8%	overspend
Set Aside	63,579	3,679	-	-	-	67,258	67,258	-	-	-	-	67,258	-	0.0%	breakeven
Resource Transfer	23,209	4	(23,213)	-	-	-	-	-	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	-	-	-	-	-	0.0%	breakeven
Covid 19	-	(13,333)	-	14,822	(14,822)	(13,333)	(13,333)	-	-	-	-	(13,333)	-	0.0%	breakeven
NET EXPENDITURE	254,391	5,266	(35,467)	22,710	(22,710)	224,190	217,292	6,898	(5,399)	1,499	(1,499)	224,190	(0)	0.0%	

**Renfrewshire Council 'Other Delegated Services'
1st April 2022 to 31st March 2023**

Subjective Heading	Year to Date Budget £000's	Spend to Year End £000's	Variance £000's
Employee Costs	220	259	(39)
Property Costs	0	-	0
Supplies and Services	8	8	-
Transport	3	4	(1)
Transfer Payments (PTOB)	885	1,141	(256)
Gross Expenditure	1,116	1,412	(296)
Income	(33)	(198)	165
NET EXPENDITURE	1,083	1,214	(131)

Client Group	Year to Date Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	1,026	(197)
Women's Aid	249	190	59
Grant Funding for Women's Aid	5	(2)	7
NET EXPENDITURE	1,083	1,214	(131)

2022/23 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2022/23 Renfrewshire HSCP Opening Budget:	93,521
Adult Social Care Budget as reported @ 27th May 2022	93,521
<u>Budget Adjustment posted in month 3</u>	
<u>Recurring:</u>	
Transfer of WAN connection to ICT for the CIRCLE	-3
Transfer of Winter Monies from Health for Additional Posts	88
Adult Social Care Budget as reported @ 6th January 2023	93,606
<u>Budget Adjustment posted in month 11</u>	
CIRCLE cleaning budget to Environment & Infrastructure	-8
Adult Social Care Budget as reported @ 31st January 2023	93,598
<u>Budget Adjustment posted in month 12</u>	
Promise Manager 22/23	-18
Adult Social Care Budget as reported @ 31st January 2023	93,580

Appendix 6

2022/23 Health Financial Allocation to Renfrewshire HSCP		£k
2022/23 Renfrewshire HSCP Financial Allocation		190,812
Add: Set Aside		63,579
less: Budget Adjustments		
Social Care Fund		-12,254
Resource Transfer		-23,209
	= base budget rolled over	218,928
RT Adjustments		1,192
Budget allocated as per 2022/23 Financial Allocation 31st May 2022		220,120
<u>Budget Adjustments posted in month 3</u>		
Adjustment to Prescribing		42
Budget allocated as per 2022/23 Financial Allocation 30th June 2022		220,162
<u>Budget Adjustments posted in month 4</u>		
General Dental Services (NCL) incentive workload payments		1,687
FHS Prescribing		52
Budget allocated as per 2022/23 Financial Allocation 31st July 2022		221,901
<u>Budget Adjustments posted in month 5</u>		
Renf Sesp Funding		207
Renf Sesp Funding Smoke Ces		13
Sesp Practice Nurse		45
Apremilast Cam Acute M5 June22		41
Budget allocated as per 2022/23 Financial Allocation 31st August 2022.		222,207
<u>Budget Adjustments posted in month 6</u>		
Camchp29 Pcip Baseline Ni		3
Camchp47 Pcip Tranche 1		581
Camchp60 Phi Smoke Cess		35
Apremilast		32
Budget allocated as per 2022/23 Financial Allocation 30th September 2022.		222,858
<u>Budget Adjustments posted in month 7</u>		
Aprem Acute Oct22 Accr Mvmt		8
Apremilast Acute Oct22 Actual		58
Camchp76 Mdt		996
Camchp77 Hcsw Band 2-4		1,012
Ldl Team From Ld To Hscps		23
Tariff Swap Adj 22/23 Ren		-505
Budget allocated as per 2022/23 Financial Allocation 31st October 2022.		224,450
<u>Budget Adjustments posted in month 8</u>		
OU Student Cam		15
RT Adjustment		-1,150
Camchp 88 District Nursing		292
Gvp22090 Apremilast Sept 22		40
Gw Tariff Swap Adj 22/23 Gso		-17
Budget allocated as per 2022/23 Financial Allocation 30th November 2022.		223,630
<u>Budget Adjustments posted in month 9</u>		
Apremilast Acute Adj Dec Accr		-2
Apremilast Acute Oct22 Actual		45
Camchp100 Band 8c 0.5wte Care Home Lead Nurse		54
Ncl Forecast Update 2022-09		856
RT Adjustment		-18
Budget allocated as per 2022/23 Financial Allocation 31st December 2022		224,565
<u>Budget Adjustments posted in month 10</u>		
Contr To Cps Global Sum 22/23		-155
Gms 17j Uplift Recur		1,520
Apremilast Acute Nov22 Actual		47
Camchp 107 Pc Screening		144
Camchp 110 School Nursing		349
Camchp 117 Covid		-13,333
Gms Nr - Gp Sustainability		314
Budget allocated as per 2022/23 Financial Allocation 31st January 2023		213,452

<u>Budget Adjustments posted in month 11</u>	
Apremilast Acute Dec22 Actual	49
Camchp 125 Capital Minor Works	-54
Camchp 127 Dementia	88
Camchp 128 Adp Nat Mission	141
Camchp 129 Action 15	958
Camchp 130 Mh R&r	446
Camchp 131 Pcip Tranche 2	1,737
Camchp77 Hcsw Band 2-4	-5
Budget Realign	0
Gms X Chg Hscps Shingles Etc	15
Budget allocated as per 2022/23 Financial Allocation 28th February 2023	216,828
<u>Budget Adjustments posted in month 12</u>	
Add Cen Gic Bud To Hscp's Ren	3
Apremilast Acute Jan23 Actual	47
Apremilast Jan23 Accr Adj	6
Audit Fees	-16
Camchp 123 Ou Student	5
Camchp 130 Mh R&r	372
Camchp 133 Inclusion Ha	13
Camchp 149 Action 15	142
Camchp 154 Pay Award	3,346
Camchp 157 Navigator Post	37
Camchp 160 Capital To Revenue	-8
Camchp 167 Care Home Liaison	75
Earmarked Reserve Mar 23 Action 15 retrun	10
Gms Fhs Bud To Hscp's 2022-12	3
Hscp Gps Ncl 22-23 Fyb Adj	-706
Hscp Ncl 22-23 Fyb Final	208
Ld Health Checks To Renf	67
Mdt Dn Winter Planning Posts	178
Mdt Winter Plan Bus (hq)	26
Mdt Winter Plan Outreach Model	208
Mdt Winter Plan Unschled Care	275
Mgt - Co/cfo/mgt/lead	-10
Mgt/sesp	-4
Mh - Mgt Jmcl	2
Mh Camhs Waiting List	7
Mh R&r Phase 1	53
Mh R&r Phase 2	3
Mh R&r Reserve	28
Winter Funds Mdt Social Care	-686
Adjustment to Set Aside	3,679
	224,190

Scottish Government Funding Streams

Funding Description	2022/23		
	Budget £000's	Expenditure £000's	Movement to Reserves Awaiting IJB Approval £000's
PCIP	7,302	5,788	1,514
Action 15	1,890	1,767	123
ADP (includes all ADP Related Funding Streams)	2,263	2,053	210
TOTAL	11,455	9,608	1,847

Appendix 8

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	New Reserves 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23
	£000's	£000's	£000's	£000's	£000's
Covid Carers PPE Funding	16,453	-16,449	0	4	-16,449
Scottish Government Ring Fenced Monies carried forward:					
PCIP	4,347	-4,347	1,514	1,514	-2,833
PCTF Monies Allocated for Tests of Change and GP Support	216	-109	0	107	-109
GP Premises Improvement Fund	462	0	0	462	0
ADP Funding	2,551	-785	210	1,976	-575
Mental Health Recovery and Renewal Funding	1,560	-517	553	1,596	36
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663	-663	123	123	-540
District Nurse Recruitment Programme	312	-145	126	293	-19
Winter Planning Monies / Care Home Liaison Monies	4,740	-1,523	2,959	6,176	1,436
Health Visiting	32	-32	0	0	-32
SG Pay Award and LW Health & Social Care (21/22)	340	-340	0	0	-340
Mental Health Dementia Funding	119	-59	82	142	23
Public Health Improvement Monies	168	-15	23	176	8
Care Home Hub	92	-65	133	160	68
Community Living Change	697	0	0	697	0
Scottish Government Ring Fenced Monies carried forward	16,299	-8,599	5,723	13,422	-2,877
Grant Funding carried forward	246	-70	0	176	-70
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	32,998	-25,119	5,723	13,602	-19,396
ICT / Systems Related	643	-330	0	313	-330
Premises Related	5,594	-335	0	5,259	-335
Prescribing	2,000	0	0	2,000	0
Other IJB Reserves	4,033	-553	942	4,422	389
HSCP Funded PCIP Commitments			1,499	1,499	1,499
TOTAL EARMARKED RESERVES	45,268	-26,337	8,164	27,095	-18,173
GENERAL RESERVES	5,781		758	6,538	758
TOTAL RESERVES	51,049	-26,337	8,922	33,633	-17,415

To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Chief Finance Officer

Heading: 2023-24 Delegated Health and Social Care Budget - Due Diligence report on Support Service Recharges

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. Purpose

- 1.1 This report provides the Integration Joint Board (IJB) with an update on the outcome of the due diligence process carried out by the Chief Finance Officer in respect of the proposed additional recharge for Support Services delivered by Renfrewshire Council of c£1.5m for the financial year 2023/24. As agreed by members at the meeting of 31 March 2023 this work has been undertaken to support the 2023-24 Delegated Health and Social Care Budget report approved on 31 March 2023.

2. Recommendation

It is recommended that the IJB:

- Note the financial due diligence work completed by the Chief Finance Officer in relation to the proposed additional recharge for Support Services delivered by Renfrewshire Council of c£1.5m for the financial year 2023/24;
- Approve the increased recharge in respect of Property related costs totalling £358k
- Approve the increased recharge in respect of Business Support related costs totalling £153k
- Approve the increased recharge in respect of Transport related costs totalling £284k
- Approve the increased recharge in respect of Soft Facilities Management (Soft FM) related costs totalling £543k
- Approve the CFO's recommendation per Section 6.6.4 that the Head of Health and Social Care (HSCP) work with the Head of Facilities and Property Services Environment, Housing, and Infrastructure (Renfrewshire Council) to review Soft FM services currently delivered to identify where efficiencies can be made in order that these services remain financially sustainable or identify alternative routes for delivery.

3. Introduction

3.1. At its meeting of 2 March 2023, Renfrewshire Council, following the Director of Finance and Resources recommendations, approved the delegated Adult Social Care budget for 2023/24. As highlighted by the Chief Finance Officer in the “2023-24 Delegated Health and Social Care Budget” report approved on 31 March 2023, the delegated Adult Social Care budget for 2023/24 included an additional recharge for HSCP support costs of c£1.5m.

3.2. As agreed by the IJB at the meeting of 31 March 2023, in order to provide the IJB with assurance that the proposed recharges for 2023/24 are supported by robust financial back up / supporting documentation, a detailed due diligence exercise has now been completed for each of the proposed additional recharges. A summary of the outcome of this exercise is included in Section 6 of this report along with associated recommendations.

4. Context

4.1. The CIPFA document ‘The Role of the Chief Finance Officer in Local Government’ sets out the requirements and professional standards which should be fulfilled by the Chief Finance Officer (CFO) in carrying out their role as well as the role of the organisation in meeting these requirements.

Included in the key responsibilities of the CFO’s role is:

- ***Providing professional advice and objective financial analysis enabling decision makers to take timely and informed business decisions.***

Financial due diligence is one means of providing an organisation with the above.

4.2. Due diligence is an investigation, audit, or review performed to confirm facts or details of a matter under consideration. For example, in terms of financial transactions, due diligence requires an examination of financial records / supporting documentation ensuring that all members are aware of the details before agreeing to it. It is also a systematic way to analyse and mitigate risk.

4.3. Every public sector entity has a duty to manage resources responsibly and achieve value for money. Due diligence should not be seen as a ‘tick-box exercise,’ but a key decision-making process. It is fundamental when considering proposals from external parties and should be proportionate to the risk and value of the transaction.

5. 2023-24 Delegated Health and Social Care Budget - Requirement for Financial Due Diligence on Proposed Support Service Recharges

5.1. As previously highlighted in the CFO’s “IJB Financial Sustainability and Outlook 2023/24” report which was approved by the IJB on 25 November 2022, in addition to the ongoing and legacy impact of COVID-19 across all service areas, similar to 2021/22, demographic and socio-economic factors will continue to drive significant demand and cost pressures for 2023/24. This includes the impact of Future funding allocations from Partner Organisations: Similar to 2022/23, the Scottish Government 2023/24 budget was for one year only. The core local government revenue settlement for 2023/24 reflected a flat cash position, and therefore a real terms reduction meaning their ability to further support the HSCP is limited. Questions remain regarding the expected funding and governance arrangements for the National Care Service, and the impact of

this on future funding allocations from partners remains unclear. It follows then, that the continuation of single-year settlements at this time is challenging for the IJB and continues the uncertainty for our future medium-term financial planning, as well as that of our partner organisations.

5.2. In addition, it remains clear from Renfrewshire Council's Revenue Budget and Council Tax 2023/24 report of 2 March 2023 that it continues to anticipate significant financial pressure over the medium term with a risk of ongoing constraint and reduction in core funding for local governments in Scotland. In recent years, the IJB has noted an increasing risk that any future uplifts in funding to the IJB, similar to that provided in previous years, may not be deliverable; this risk has now materialised with increased support charges from Renfrewshire Council in 2023/24 of £1,476k as highlighted in Section 3 of this report.

5.3. In order to provide the IJB with assurance that the proposed recharges for 2023/24 are supported by robust financial back up / supporting documentation, a detailed due diligence exercise has now been completed for each of the proposed additional recharges.

6. 2023/24 Financial Due Diligence Process

6.1. This section provides a summary of the process adopted for the review of each strand of the proposed recharge.

6.2. The due diligence process has been informed by a comprehensive review of actual expenditure extrapolated from the financial ledger along with a comparison of the current budget and budgets originally transferred from the Adult Social Care budget to the relevant departments.

6.3. *Review of Proposed Property Costs Recharge*

6.3.1. The proposed property cost recharge from Renfrewshire Council of £502k was based on the projection at period 6 2022/23 (September 2022) versus the baseline budget for 2022/23. An inflationary increase was added on to the projected gas and electricity charges and non-domestic rate charges for 2023/24.

6.3.2. In order to verify the proposed recharge, the following checks were undertaken as summarised in the following table:

Check	Differences Found	Value of Difference £000's
All property recharges were checked to our internal property register and with relevant service managers to ensure the costs related to Adult Social Care premises.	A few properties were identified as not being Adult Social Care and have therefore been removed from the calculation	(12)
Gas & Electricity inflationary increases for 2023/24 were reviewed and checked with the Council Energy Management Unit to confirm the % increase	The council energy management unit have now revised their inflationary uplifts for 2023/24 with electricity increasing from the original figure of 50% to 58%, and gas reducing from 17% to 1%.	(36)
Identification in the ledger of relevant budget applied to each property.	The budget reconciliation exercise identified that the actual budgets to be applied are higher than those originally used to quantify the recharge.	(27)

The projection for property costs used in the recharge calculation were in line with the final outturn.	The outturn for 2022/23 was significantly lower than originally projected	(67)
Non-domestic rate inflationary increases were checked against the relevant non-domestic rate letter issued for 2023/24.	The NDR notices issued for 2023/24 were lower than the original recharge.	(2)
TOTAL		(144)

6.3.2 Following the checks undertaken the recharge should be reduced by £144k from £502k to £358k.

6.4. **Review of Proposed Business Support Costs Recharge**

6.4.1. The proposed recharge for Business Support services from Renfrewshire Council of £117k was based on the projection at period 6 2022/23 (September 2022) versus the baseline budget for 2022/23.

6.4.2. In order to verify the proposed recharge, the following checks were undertaken as summarised in the following table:

Check	Differences Found	Value of Difference £000's
Details of those employees (grades / location / role) being recharged reviewed to ensure the costs relate to Adult Social Care.	A small number of employees were identified where their roles were not in Adult Social Care and have therefore been removed from the calculation.	(29)
Review of the projection at P6 22/23 used by the Council compared to the actual costs of providing the service.	The budget reconciliation exercise carried out showed that the Council's original projection of £117k did not take account of the full year costs of vacancies to be filled in 23/24.	65
TOTAL		36

6.4.3. Following the checks undertaken the recharge should increase by £36k from £117k to £153k.

6.5. **Review of Proposed Transport Costs Recharge**

6.5.1. The proposed recharge of £314k for Transport costs from Renfrewshire Council was based on recharging the running costs associated with 22 vehicles for Adult Social Care Day Centres at an annual cost of £14k per vehicle.

6.5.2. In order to verify the proposed recharge, the following checks were undertaken as summarised in the following table:

Check	Differences Found	Value of Difference £000's
Breakdown of all costs included in the recharge were reviewed to understand what was included and how the recharge per vehicle was calculated.	A breakdown of the service charge for vehicles confirmed that the charge should be £13.5k per vehicle and not £14k.	(17)
Day Centre managers were contacted to confirm the number and type of vehicles being used to ensure only those currently in use were included.	The number of vehicles being used was identified as 21 and not 22 (this reflects the current operational activity).	(13)

Identification in the ledger of relevant budget applied.	The budget reconciliation exercise carried out showed that with the above adjustments the budget applied is correct.	0
Confirmation that the vehicles being recharged are solely for the HSCP's use.	The Fleet & Transport Manager within Environment & Infrastructure confirmed that the vehicles were solely for the HSCP's use.	0
TOTAL		(30)

6.5.3 Following the checks undertaken the recharge should be reduced by £30k from £314k to £284k.

6.6. **Review of Proposed Soft FM (Facilities Management) Recharge**

6.6.1. The proposed recharge of £543k for Soft FM Care Home and Extra Care Housing from Renfrewshire Council was based on the budgeted number of fte payroll costs versus the 2022/23 baseline budget.

6.6.2. In order to verify the proposed recharge, the following checks were undertaken as summarised in the following table:

Check	Differences Found	Value of Difference £000's
Details of those employees (grades / location / role) being recharged reviewed to ensure the costs relate to Adult Social Care delivering soft FM services to our care homes and extra care housing units).	Environment & Infrastructure operational management confirmed all posts were required to operate Adult Social Care facilities.	0
That any temporarily funded posts to support the service during the pandemic and funded from the COVID-19 monies have been removed from the recharge as at 31st March 2023 as previously agreed.	Environment & Infrastructure operational management confirmed all COVID funded posts had ceased.	0
The actual outturn for Soft FM costs for 2022/23 was checked for each care home and extra care facility.	All costs were related to Soft FM and the Adult Services Care Homes and Extra Care Facilities	0
TOTAL		0

6.6.3. Following the checks undertaken the recharge remains at £543k.

6.6.4. Given the significant increase in costs and the resulting impact on the IJB's ability to continue to sustain these increases, the CFO is proposing an urgent review of these services to ensure the current model remains appropriate. It is therefore recommended that over the next few months the Head of Health and Social Care (HSCP) works with the Head of Facilities and Property Services Environment, Housing and Infrastructure (Renfrewshire Council) to carry out a detailed review of Soft FM services currently delivered to identify where efficiencies can be made in order that these services remain financially sustainable or identify alternative routes for delivery.

7. Summary Recharge Following Due Diligence Review

- 7.1. A summary of adjustments to the proposed Support Service Recharges identified in Section 6 of this report is included in the following table. Overall, the revised total which has been agreed with the Director of Finance and Resources (Renfrewshire Council) is £1,338k a reduction of £139k.
- 7.2. Members are however reminded that in his budget report to the (Renfrewshire) Council on 2 March 2023 the Director of Finance and Resources highlighted that these costs would be updated annually to reflect inflationary cost pressures and any service level changes requested by the HSCP.

Recharge Area	Renfrewshire Council Proposed Recharge	HSCP Outcome of Due Diligence Exercise	Variance
Property Costs	£502,200	£358,105	£144,095
Finance and Resources Staffing Costs	£116,816	£152,583	(£35,767)
Transport	£314,000	£283,500	£30,500
Soft FM	£543,344	£543,344	£0
TOTAL	£1,476,360	£1,337,532	£138,828

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** – none
4. **Wider Strategic Alignment** – none
5. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
6. **Property/Assets** – none.
7. **Information Technology** – none
8. **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.
9. **Fairer Duty Scotland** - none
10. **Health & Safety** – none
11. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package
12. **Risk** – Delays in setting the budget may impact on the IJBs ability to achieve financial balance in 2023/24. In addition, as highlighted in Section 10 of this report, the 2023/24 budget proposals assume "business as usual". The potential financial and economic impacts of COVID-19 represent a significant additional risk to the IJB, and the wider public sector going forward.
13. **Privacy Impact** – none.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (sarah.lavers@renfrewshire.gov.uk / 0141 618 6824)

To: Renfrewshire Integration Joint Board
On: 30 June 2023

Report by: Chief Finance Officer

Heading: Unaudited Annual Accounts 2022/23

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 2022/23 will be submitted for audit by the statutory deadline of 30 June 2023. A copy of the IJB's Unaudited Accounts is attached for approval. The 2022/23 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information.
- 1.2 Once approved, the Unaudited Accounts and associated working papers will be passed to the External Auditor (Ernst & Young) 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 in September 2023, in line with the statutory deadline.
-

2. Recommendations

It is recommended that the IJB:

- Approve, subject to Audit, the Annual Accounts for 2022/23 (Appendix 1); and
 - Note that Ernst & Young will endeavour to complete the audit of the Annual Accounts in line with the timescales indicated in section 5 of this report.
-

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 2022/23**

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 2023.

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. **Overview of Annual Accounts Process**

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 includes audit & governance). This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. For Renfrewshire IJB, the Annual Governance Statement was submitted to the IJB Audit, Risk & Scrutiny Committee for approval on 23 June 2023.
- **Unaudited Accounts:** Regulations 8(7) and 8(8) of The Local Authority Accounts (Scotland) Regulations 2014 (the accounts regulations) require the unaudited accounts to be submitted to the External Auditor no later than 30 June immediately following the financial year to which they relate. However, as was the case with 2020/21, flexibility in terms of this timescale has been provided under Schedule 6 of the Coronavirus (Scotland) Act 2020 which allows this date to be postponed. Where this is the case, IJB’s are expected to publish a statement explaining the postponement. For Renfrewshire IJB, this will not be required as the Unaudited Annual Accounts for the year ended 31 March 2023 will be considered at the IJB meeting of 30 June 2023.
- **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 include 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 include audit & governance). The External Audit report on the Accounts 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 for approval in September 2023. The sequence of events to approve the IJB's Annual Accounts is set out in Section 7 of this paper

- **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.

6. External Auditors Report and Audit Certificate

- 6.1 The IJB Audit, Risk & Scrutiny Committee will consider the External Auditor's report and proposed audit certificate (ISA 260 report) prior to inclusion in the Audited Annual Accounts. Subsequently, the External Auditor's 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 & Scrutiny Committee: 23 June 2023	Approve Annual Governance statement and associated reports for inclusion in the statutory accounts
IJB: 30 June 2023	Approve the submission of the Unaudited Annual Accounts to Ernst & Young
IJB Audit, Risk and Scrutiny Committee: 18 September 2022	Consider the Report of the External Auditors, the Board Members' Report and the Audited Annual Accounts
IJB: 29 September 2022	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 2022/23. Subject to approval by the IJB, the Accounts will be released for audit by the statutory deadline of 30 June 2023.
2. **HR & Organisational Development** – None.
3. **Strategic Plan and Community Planning** – None.
4. **Wider Strategic Alignment** – None.
5. **Legal** – The Unaudited Annual Accounts form part of the Local Authority Accounts (Scotland) Regulations 2014.
6. **Property/Assets** – None.
7. **Information Technology** – None.
8. **Equality & Human Rights** – None.
9. **Fairer Duty Scotland** – None.
10. **Health & Safety** – None.
11. **Procurement** – None.
12. **Risk** – None.
13. **Privacy Impact** – None.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)

Direction from the Integration Joint Board

1.	Reference Number	300623-07
2.	Date Direction issued by IJB	30 June 2023
3.	Date from which Direction takes effect	30 June 2023
4.	Direction to	Renfrewshire Council
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	Yes, 240622-09
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 £33,633,000 (of which £8,922,000 are new reserves) on behalf of the IJB as outlined in the Report.
8.	Budget allocated by IJB to carry out Direction.	£33,633,000 in reserves carried forward.
9.	Outcomes	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	June 2024.

Renfrewshire Integration Joint Board Annual Accounts 2022/2023



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Management Commentary

Purpose

This publication contains the Financial Statements of Renfrewshire Integration Joint Board (IJB) for the year ending 31 March 2023.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2022/23 and how this has supported delivery of the IJB's strategic priorities. As in previous years, this commentary also looks forward, outlining our future plans for the IJB and the challenges and risks which may impact upon our finances in the future, as we continue to support the health and wellbeing of communities in Renfrewshire.

2022/23 marked an important milestone as the IJB took further steps to progress recovery and remobilisation from the COVID-19 pandemic. In March 2022, it agreed both its new [Strategic Plan 2022-25](#) and [Medium Term Financial Plan 2022-25](#), which focus on the development of our services this year and beyond, reflecting both the 'new normal' of living with COVID-19, and the potential for significant future change in how health and social care services are delivered across Scotland. A number of wider statutory and key supporting plans were also approved over the course of 2022/23, including the IJB's [Workforce Plan 2022-25](#), its [Palliative and End of Life Care Strategy 2022-25](#) and its [Unpaid Adult Carers' Strategy 2022-25](#), which also set direction for the coming years.

Also highlighted in this document is the increasingly challenging financial climate facing public services nationally, and commentary on the impact this is having - and will continue to have - on the IJB and the communities we serve.

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: www.renfrewshire.hscp.scot/IJB

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. On 19 February 2020, Renfrewshire Council's Leadership Board approved a revised version of the Integration Scheme for consultation. However, in light of the pandemic and associated disruption, further work on the progression of an updated Integration Scheme was paused.

Work to update the Scheme has now resumed, and timescales for consultation and subsequent approval are pending.

The Vision for the IJB is:

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

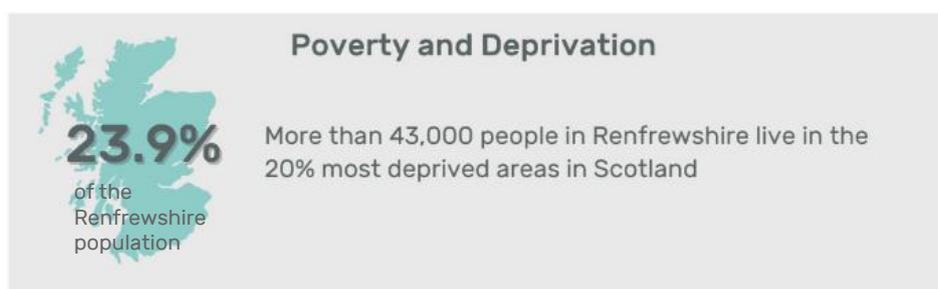
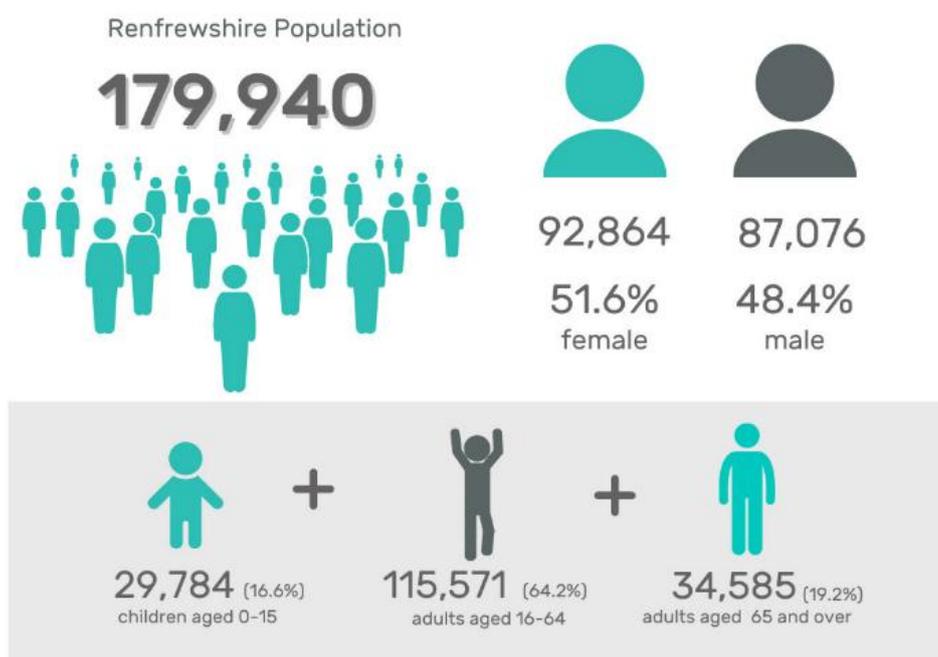
The IJB sets the strategic direction for delegated functions through its Strategic Plan.

The IJB comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHS Greater Glasgow and Clyde. Non-voting members include the Chief Officer (CO), Chief Finance Officer (CFO), Chief Social Work Officer (CSWO), service professionals, third sector, carer and staff-side representatives. [Full membership details are available on the HSCP website](#) and also within Appendix 1.

There was one change in IJB membership during 2022/23. Dr Shilpa Shivaprasad resumed the non-voting position of other Medical Practitioner (non-GP) with effect from 17 January 2023 for a period of three years.

A Profile of Renfrewshire

A full profile of Renfrewshire is set out in our Medium Term Financial Plan (MTFP) and our Strategic Plan. Some of the key population characteristics include the following:



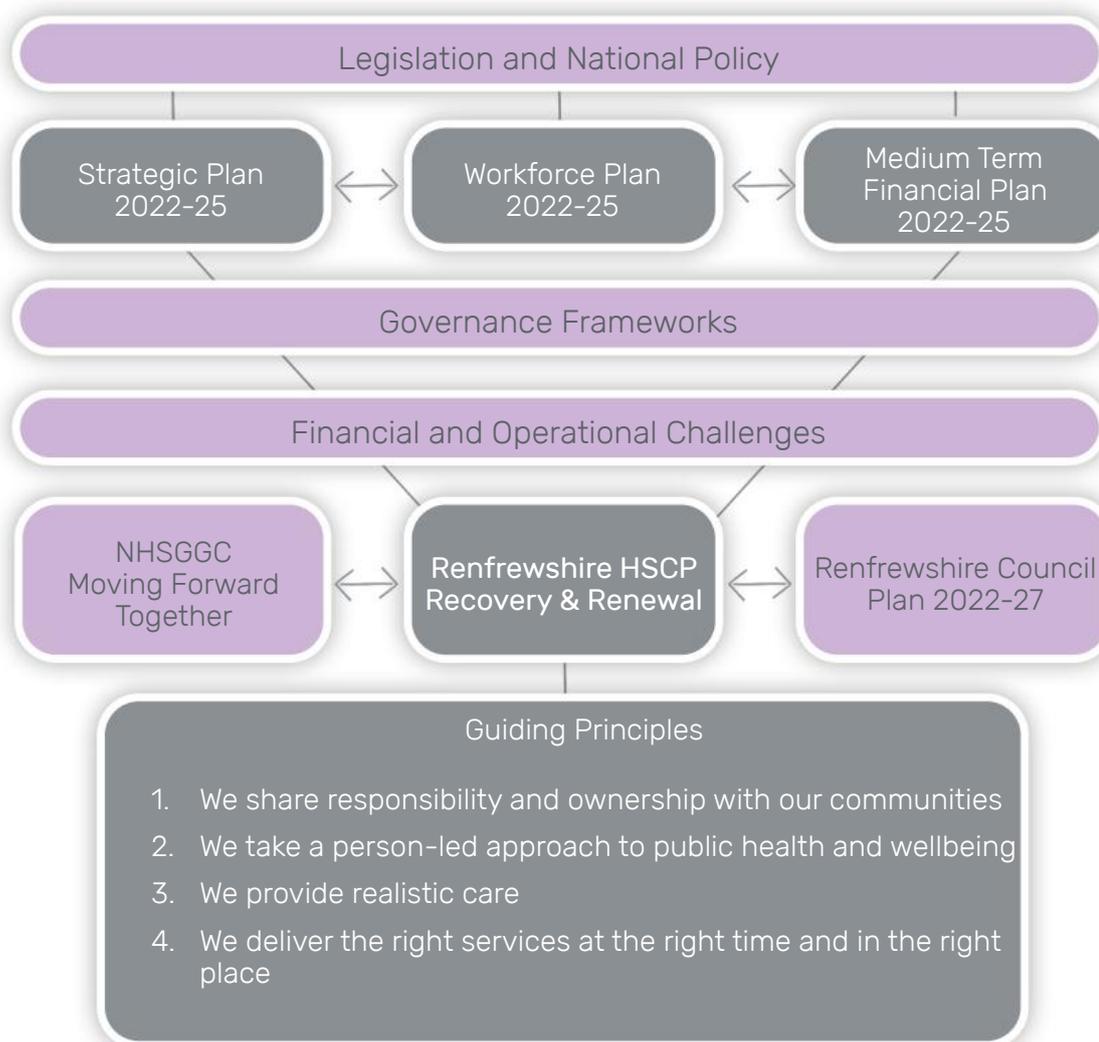
* Healthy Life Expectancy is the average number of years of life that people spend in good health. Good health is based on how people rate their own health in the Office for National Statistics Annual Population Survey.

Note: Ethnicity breakdown unavailable at the time of publishing these Accounts. Data from the 2022 Census is due to be published in the Autumn of 2023.

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

IJB operations for the year 2022/23 were governed by our Strategic, Financial and Workforce Plans. These plans, as set out in the diagram below, provide the overall strategic direction for the delivery of health and social care services within Renfrewshire, embedding national legislation and policy within Renfrewshire's local context.

These plans also reflect, interact with, and support the delivery of a number of key NHS Board and Local Council policies and strategies.



Overview of our Services

Renfrewshire HSCP delivers adult social care services, and all community health services for adults and children in the Renfrewshire area. Our 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 IJB's Strategic Plan, which in turn aims to deliver the [nine national health and wellbeing outcomes](#) as identified by the Scottish Government.

During 2022/23, the HSCP delivered the following services:

Adult and Older People Services - Including building-based and remote supports, Care at Home, residential Care Homes and extra care services, adult support and protection, physical disability, sensory impairment, district nursing and rehabilitation services.

Example: Disability Resource Centre



Following a fire shortly after reopening in late 2021, the HSCP were delighted to be able to open the refurbished Disability Resource Centre on 24 October 2022. Access to the Centre allows a broader range of activities and support to be provided to service users, alongside community outreach activities which remain very popular across our client group.

Learning Disability Services - A range of services for adults with a learning disability including assessment and care management and specialist day care, respite and supported living opportunities.

Example: Supporting Young People into Adult Services



A new role of Senior Resource Officer for Transitions has been created within Renfrewshire Learning Disability Service (RLDS). This will help to identify young people who need ongoing and specialist support from RLDS as they transition into young adulthood, ensure partnership working with supported individuals, families, education and other agencies, and enable access to community-based supports / services at the right time and place.

Children's Services - Including Health Visiting, Family Nurse Partnership, childhood immunisations, breastfeeding support, Home Start, Health 4 All, as well as Specialist Children's Services including; Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapy (SLT), Occupational Therapy (OT) and Physiotherapy, and supporting children with disabilities.

Example: Youth Health and Wellbeing Service



In September 2022 the HSCP launched the Youth Health and Wellbeing Service, providing a drop-in service one evening a week for young people aged 12-17 to come along and speak to health professionals about anything from mental health to drug and alcohol risks. The service provides a safe, supportive, informative, fun space for young people to learn about their health and wellbeing.

Mental Health Services - A range of community based services 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.

Family Health Services - General Medical Practice, Community Pharmacy, Prescribing, General Dental Practitioners and Optometrists. As well as services which have been created through the Primary Care Improvement Plan (PCIP) such as Care Home Liaison and Advanced Nurse Practitioners (ANPs).

Alcohol and Drug Recovery Services - Focus on supporting and enabling recovery for individuals through a range of interventions and therapies.

Example: Recovery Walk 2022



On 24 September 2022, alongside partners, Renfrewshire HSCP was honoured to support the Recovery Walk, an annual event organised by the Scottish Recovery Consortium, helping to shine a light on the work that partners are doing locally to change how people with lived and living experience of alcohol and drugs are supported. More than 4,000 people from across Scotland walked through Paisley. At the event, roses were placed into the White Cart river as part of a remembrance ceremony for friends and family lost to addiction.

Example: Harm Reduction Response Team (HaRRT)

In November 2022 a mobile Harm Reduction Response Team (HaRRT) unit was launched in a bid to bring down drug-related deaths.



“Every drug death within our communities is one too many and NHS Greater Glasgow & Clyde continues to work in conjunction with Renfrewshire HSCP, Renfrewshire Council and Renfrewshire Alcohol and Drug Partnership to reduce the harm that substances can have...HaRRT provides a safe and confidential environment within the community and will help signpost users to treatment programmes that can assist with addiction issues. Having this service available in Renfrewshire will be a welcome addition to the services already in place across the area.” - Joanna Campbell, Injecting Equipment Provision Manager for Alcohol and Drug Recovery Services, NHSGGC.

Health Improvement and Health Inequalities - Working with partners and our communities to improve health and wellbeing in Renfrewshire and to reduce inequalities.

Hosted Services - On behalf of NHSGGC, Renfrewshire is the host partnership for Podiatry services and Primary Care Support and Development. From September 2022, Renfrewshire HSCP also assumed lead responsibility for the management of GP Out of Hours services, on an interim basis.

Unscheduled Care ('Set Aside') - Functions delegated by the Health Board carried out in a hospital setting. The IJB is responsible for the strategic planning of these, but not their operational delivery.

Example: Intermediate Care Beds



In early 2023 Renfrewshire HSCP launched the Interim and Intermediate Beds 12-month test of change project aiming to help maximise the rehabilitation potential of individuals and slow their decline into frailty. It also aims to reduce pressure on acute front door services and use of unplanned beds, and provide a better experience for older people moving through our care and support systems. This service aligns with our commitment to deliver services related to the Greater Glasgow and Clyde Unscheduled Care Design and Delivery Plan, and the Renfrewshire HSCP Strategic Plan.

COVID-19 Response - Renfrewshire HSCP continued to deliver a number of vital COVID-19 response services throughout this year, including: the provision of COVID-19 vaccinations within Care Homes and to the local housebound group, continued use of 'Near Me' consultations across a range of service settings and continuation of the Renfrewshire Bereavement Network.

A week in the life of Renfrewshire HSCP



1,756 hours

Day Service for older people and people with a learning disability



845 health

visiting home visits made by Children's Services



283 referrals

to District Nursing service through Single Point of Access



14,000 hours

Care at home



132 attendances

to the Disability Resource Centre



4,500

Community meals delivered



1,000 calls

handled by Single Point of Access service



1,741 appointments

to phlebotomy



108 visits

to CIRCLE Recovery Hub



499 visits

to Treatment Rooms



709 hours

care provided by unpaid carers



484 referrals

via Adult Services Referral Team (ASeRT)



136 referrals

to Rehabilitation & Enablement Service

Strategic Plan for 2022-25

The IJB's Strategic Plan was approved in March 2022. The Plan aligns our strategic objectives with the nine national health and wellbeing outcomes to ensure a clear link to national policy and priorities.

Our current Strategic Plan takes a different approach to identifying our objectives compared with our previous Strategic Plan; focusing on a range of themes which underpin how we deliver services, rather than looking at individual service areas themselves. Each of the themes, set out in the diagram below, has a set of strategic objectives identified to be delivered over the three-year lifetime of the Plan.



Healthier futures

People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.



Connected futures

People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.



Enabled futures

Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.



Empowered futures

People access the right care at the right time and place and are empowered to shape their support at every stage of life.



Sustainable futures

We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

Delivering the Strategic Plan

In June 2022 the IJB approved its plan to [deliver the objectives of the Strategic Plan](#). This overarching plan helps inform action plans for each Care Planning Group. The visual provided below shows how these levels of planning support one another.



A summary of highlights achieved in Year 1 together with examples of areas that are behind schedule or have been paused, is included in our Performance overview on pages 19 to 22, alongside our Performance Scorecard update. A full progress update against the Strategic Plan's objectives and deliverables will be reported in our Annual Performance Report, published on 31 July 2023.

Our Commitment to Net Zero

Renfrewshire IJB is fully committed to, and actively participates in, tackling the climate emergency in association with its two parent organisations and our wider Community Planning Partners.

It is cognisant of the material and financial risks presented by climate change and recognises that the most vulnerable will be affected disproportionately by climate change, which is likely to increase health inequalities and demand on health and social care services.

The Strategic Plan 2022-25 reflects and supports the delivery of both local and national plans for Net Zero.

Public Bodies Climate Change Duties (PBCCD) reporting is submitted annually by the IJB as well as by both parent organisations. These statutory reports are published by the Scottish Sustainable Network (along with previous years' submissions).

Our [most recent report](#) was issued in November 2022 and highlighted the work undertaken with parent organisations to date to tackle the climate emergency, including:



Joint management alongside Renfrewshire Council of the Renfrewshire Growing Grounds Forum. Representing more than 50 voluntary and community sector bodies, the Forum has created a valuable support and guidance network for members, including assistance in securing leases, funding advice and specialist growing advice.



Partnership-wide sustainable travel planning to reduce the impact we have on the environment, through increased use of electric vehicles and promotion of active travel planning.

Sustainable Construction - Bishopton and Dargavel Health Centre Satellite Facility

During 2022/23 parent organisations including Renfrewshire HSCP, Renfrewshire Council and NHSGGC progressed with improvement works to the existing health centre in Bishopton and took forward proposals to develop a new-build satellite site within Dargavel village. Sustainable design and construction has been placed at the heart of the design brief, with consideration of passive standards, increased insulation, solar gain, optimum ventilation, use of low volatile organic compound materials, renewable heat sources and embodied carbon mitigation measures.

Renfrewshire's Medium Term Financial Plan

The [Medium-Term Financial Plan 2022-25](#) (MTFP), approved by the IJB in March 2022 was developed concurrently with the Strategic Plan, so that the linkages and dependencies between the IJB's strategic objectives and available resources were clearly set out and considered.

The MTFP projected a range of scenarios over a ten-year period from 2022/23 to 2031/32. The reliability of projections decreases over time, with projections being less reliable in periods of rapid change, nonetheless the movement in the last year compared to our projections is considerable. At the close of 2022/23, the estimated impact of cost and demand pressures, prior to mitigation, exceeded the worst-case scenario projected just 12 months ago.

Further consideration has been given to how, we assess opportunities to deliver efficiencies which has resulted in a refined approach and the use of the undernoted categorisation, building on the two-tier model used in previous years:



Protect: identifying statutory services which must be delivered, alongside continuing to meet the needs of the most vulnerable in Renfrewshire, whilst recognising that there may be opportunities to implement new service models and make these services more efficient.



Reform: focusing on areas where service delivery models can be adapted and developed to meet changing demand and expectations arising from policy and the impact of the pandemic. In doing so it may be possible to deliver financial efficiencies; and



Deliver savings: focusing on non-statutory activity and considering whether existing provision is still financially sustainable and where levels of provision can be safely reduced. This includes seeking efficiencies through process improvement, vacancy/post management, contract management and day-to-day overhead costs.

As was the case prior to the COVID-19 pandemic, the IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

"IJBs face considerable financial uncertainties and workforce challenges.

Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements.

The social care sector cannot wait for a National Care Service to deal with financial, workforce and service demand challenges—action is needed now if we are to improve the outcomes for people who rely on health and social care services."

Audit Scotland, IJB Financial Analysis 2021/22, Published April 2023

Workforce Plan 2022-25

A key enabler to delivering on our Strategic Plan is workforce and organisational development.

In November 2022 the IJB published its [Workforce Plan 2022-25](#) which was developed through engagement with staff and parent organisations over a significant period of time, and reflects the Scottish Government's tripartite ambition to deliver Workforce Recovery, Growth and Transformation.

The Plan sets out how the IJB aims to make sure we have the right workforce to meet the current and future needs of those who rely upon our services. It also seeks to reflect the importance of the wider health and social care system in Renfrewshire in supporting local citizens, setting the foundations for future closer working on workforce planning and development.

The Plan is underpinned by the Scottish Government's five pillars to guide workforce development. It sets out steps which the IJB and partners will take to anticipate future workforce needs, based on legislative requirements, changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community-based health and care services.

The Five Pillars of the Workforce Journey:

Plan

The keystone of our workforce journey is **Plan**. The HSCP's Workforce and Organisational Development Planning Group, which includes membership from the HSCP, Renfrewshire Council, NHSGGC and staff side, were central to the planning phase of our workforce journey, which in turn has informed the remaining four pillars, as set out below.

Attract

Outcome: People are attracted to health and social care in Renfrewshire. We are inclusive employers who offer career opportunities for people of all backgrounds. Applicants have a positive experience and feel valued throughout the recruitment process.

Example of activity undertaken this year:

- Recruitment methods widened to include online events; recruitment days and alternative advertising.

"It was great to see so many people turning up to find out more about a career in Adult Social Care at our Jobs Fair...Throughout the day we had a steady stream of potential candidates chatting to our staff on the HSCP stand. We were also able to make use of the event set up to interview a number of potential candidates, many of which we hope will be able to join our team in the coming months."

Christine Laverty, Renfrewshire HSCP Chief Officer

Employ

Outcome: Our recruitment and retention of staff is enhanced and we are seen as employers of choice, where staff feel valued and supported. This will enable sustainable health and social care services across Renfrewshire.

Examples of activity undertaken this year:

- Utilisation of Winter Planning Monies / Care Home Liaison Monies to enhance recruitment.
- Identification of opportunities for jointly funded posts between organisations e.g. third sector and public / third sector and consideration of possible 'hosting' arrangements

Train

Outcome: Health and social care staff are appropriately trained for their role and have access to wider opportunities for personal and career development within their own organisation and through collaboration with partners.

Example of activity undertaken this year:

- Renfrewshire HSCP's Staff Development Programme opened in November 2022 and is open to all staff within Renfrewshire HSCP who are employed by Renfrewshire Council or NHS Greater Glasgow & Clyde.

"The application process was really easy to follow. I would definitely recommend applying to the staff development programme. I hope when I finish my degree I'll be able to progress in my career and move into a more senior management role and I'm really excited about my future career journey with Renfrewshire HSCP."

Tracey Smith, Admin Team Lead, Children's Services,
studying BA (Hons) Business Management

Nurture

Our organisational culture(s) prioritise the health and wellbeing of our staff so that they feel supported with their physical, emotional and professional needs.

Examples of activity undertaken this year:

- Working with partners to deliver wellbeing initiatives, e.g. mental health and menopause policies.
- Continuing to deliver a range of online and face-to-face training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias.

Other Supporting Plans and Strategies

Renfrewshire Palliative and End of Life Care Strategy 2022-25

In September 2022 the IJB published its three-year strategy setting out the vision and future direction for palliative and end of life care in Renfrewshire.

The [Palliative and End of Life Care Strategy](#) describes how we will endeavour to improve the quality of life of patients and their families in Renfrewshire who are living and dealing with a life limiting illness, ensuring everyone receives person-centred, dignified and compassionate care which reflects individual choices. It has been developed with the national priorities in mind and is complementary to the Strategic Plan 2022-25.



Renfrewshire will be a place where people live and die well.

Our staff and volunteers will have reliable access to appropriate palliative care education and training and to the emotional wellbeing support they need.

Renfrewshire Unpaid Adult Carers' Strategy 2022-25

Also in September 2022 the IJB published its three-year [Unpaid Adult Carers' Strategy](#) which reaffirms the value we place on unpaid carers and the contribution they make to the wider community of Renfrewshire and sets out our commitment to unpaid carers, by prioritising a preventative approach to supporting them.



Our Carers Vision - Renfrewshire is a caring place where unpaid carers are supported to live well and continue to care in good health.

Service Performance 2022/23

The HSCP produced its seventh [Annual Performance Report](#) on 25 November 2022 covering the period 2021/22. The eighth report for the period 2022/23 will be published on 31 July 2023.

This year's report has been structured to align with our Strategic Plan 2022-25. Along with our Performance Scorecard, we provide an update on Year 1 progress across the deliverables contained in the Plan's five key themes: Healthier, Connected, Enabled, Empowered and Sustainable Futures. We also review progress against our enabling functions, the Housing Contribution Statement, and Renfrewshire HSCP's Lead Partnership Services across NHS Greater Glasgow and Clyde. You can read the full [Annual Performance Report](#) on the HSCP website.

Our 2022/23 performance overview is split over our Performance Scorecard progress, followed by an update on Year 1 progress across the objectives set out in our Strategic Plan, where we highlight key achievements from Year 1 along with deliverables that are behind schedule or have been paused.

2022/23 has been another challenging year with continued recruitment and retention challenges, as well as absences due to ongoing waves of COVID-19 and winter flu. However, at 31 March 2023 the Performance Scorecard showed an overall improved position compared to 2021/22

Performance Indicator Status	Direction of Travel
● Target achieved	↑ Improvement
● Warning	↓ Deterioration
● Alert	— Same as previous reporting period

1,027

direction of
travel



Number of new adult carers supported

Local Target: 913

Performance has increased from 963 at March 2022 to 1,027 at March 2023, above the target of 913.

Child and Adolescent Mental Health Service (CAMHS)

- % of patients seen within 18 weeks

National Target: 80%

Performance has increased from 58.8% at March 2022 to 100% at March 2023, above the target of 80%.

100%

direction of
travel



94%

direction of
travel



Percentage of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire

NHSGGC Target: 90%

Performance has increased from 41.4% at March 2022 to 94.0% at March 2023, above the target of 90%.

28%direction of
travel

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

Performance has decreased slightly from 29% in March 2022 to 28% at March 2023, just below the target.

80%direction of
travel

Percentage of clients accessing out of hours home care services (65+)
Local Target: 85%

Performance has decreased from 93% at March 2022 to 80% at March 2023.

59%direction of
travel

Improve the overall iMatter staff response rate
NHSGGC Target: 60%

Performance has increased from 58% in 2021-22 to 59% in 2022-23, just below the target.

Percentage of patients who started treatment within 18 weeks of
referral to Psychological Therapies
National Target: 90%

Performance has decreased from 90.9% at March 2022 to 77.0% at March 2023, below the target.

77%direction of
travel**35.7%**direction of
travel

The percentage of children seen within 18 weeks for paediatric
Speech and Language Therapy assessment to appointment
NHSGGC Target: 95%

Performance has decreased from 52.7% at March 2022 to 35.7% at March 2023 and remains below the target.

76.3% (Q3)direction of
travel

Alcohol and Drugs waiting times for referral to treatment
% seen within 3 weeks

Local Target: 91.5%

Performance has decreased from 90.8% at March 2022 to 76.3% at December 2022 (Q3), below the target.

Strategic Delivery Plan Year 1 – Performance Overview

Strategic Plan progress will be monitored using Annual Delivery Plans. Year 1 showed strong performance across the strategic objectives set out in the plan, and Table 1 below illustrates RAG (Red, Amber, Green) status for the 120 Year 1 deliverables:

Strategic Plan Deliverables	Red	Amber	Green
Total	6	10	104

We have highlighted key achievements from Year 1 and noted some of the deliverables not on schedule or paused. A full progress update on all Year 1 objectives and deliverables can be found in our [2022/23 Annual Performance Report](#).

Key achievements for Year 1 include:



An increase in referrals to the Healthier Wealthier Children programme from families from ethnic minority backgrounds.



The number of new carers supported by Renfrewshire Carers Centre increased from 963 at March 2022 to 1,027 at March 2023 against a target of 913.



Developed a Market Facilitation Plan to help existing partners, and prospective provider organisations, to make informed business decisions about future service delivery.



All GP practices in Renfrewshire now have an aligned Community Link Worker.



A Culture, Arts, Health and Social Care (CAHSC) Co-ordinator has been recruited to increase opportunities for people to take part in arts and cultural activity.



Agreement of a pathway for the Home First Response Service across Acute and Community Services.



13 new Treatment Rooms have been opened in Renfrewshire to enable residents to receive the right care at the right time and in the right place.



Alcohol, Drugs and Mental Health Recovery Hub, CIRCLE officially opened and is fully operational receiving over 200 referrals since its launch.

Deliverables behind schedule or paused

Of the 16 deliverables that are not on track for completion by the end of Year 1, eight are being monitored as we move towards Year 2 of the plan, seven have been paused mainly due to resource constraints or the requirement to reflect national strategies that have not yet been published, and one is being revisited. Examples of those deliverables behind schedule or paused are included below.



Due to the delay in the national strategy, Renfrewshire's Dementia Strategy will now be progressed in Year 2.



HSCP Governance and Resourcing Plan to respond to National Care Service proposals will be developed once next steps are confirmed by the Scottish Government.



Transition from CAMHS to Adult Mental Health Services. Monthly meetings in place.



Reduce podiatry pressure ulcers and avoidable pressure damage. An Improvement Plan and Learning Health Systems Network is in place.



Agree next phase of Health and Wellbeing initiatives. Priorities under consideration by SPG.



HSCP Digital Vision, objectives and priorities agreed with parent organisations.



Increase the number and % of social rented lets to homeless people – relevant data to be confirmed as currently provisional.

Financial Performance 2022/23

As noted from the outset within the Management Commentary, and highlighted in recent financial years, we are living in unprecedented times. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing and legacy COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK. The financial impact of which is likely to continue over the medium-term and at least over the next few financial years.

This continually changing landscape, along with the potential for future spikes in demand for services has and will continue to create additional delivery and financial pressures, as well as impacting the delivery of the IJB's Strategic and Workforce Plans.

Through regular updates to the IJB from the CFO, members have been kept apprised of the rapidly changing situation, with a detailed analysis of significant variances and reserves activity. This ensures that where required, early decisions are taken to support medium and long-term financial sustainability.

Resources Available to the IJB 2022/23

Renfrewshire IJB delivers and commissions a range of health and 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 2022/23 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £358,623k.



Resources available 2022/23
£358,623k



Set Aside budget
£67,258k

Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £67,258k.

This budget is in respect of those functions carried out in a hospital within the Health Board area. The Set Aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year.

Included within the Set Aside total costs are £14,000k for COVID-19 compared with £37,000k for 2021/22. These costs were fully funded by the Scottish Government. The overall Set Aside figure across NHSGGC increased due to a rise in activity levels.

Summary of Financial Position

Throughout 2022/23, the CFO's budget monitoring reports to the IJB projected an underspend position, prior to the transfer of year-end balances to General and Earmarked Reserves at the financial year-end.

Whilst the financial outturn position for 2022/23 delivered an underspend, this masks the difficulties of the financial outlook for 2023/24 and beyond. In areas such as:

- An introduction of support recharges from Renfrewshire Council;
- The unknown impact of yet to be agreed pay awards for Local Authority staff;
- Ongoing negotiations in relation to the National Care Home Contract in respect of the 2023/24 rates and;
- The impact of non-recurring and ring-fenced funding streams which create a lack of flexibility in how the IJB can use their funding.

As detailed in the following tables the final outturn position for 2022/23 was an underspend of £8,790k, (prior to the transfer of year-end balances to Earmarked and General Reserves) including the costs of delivering additional services as part of the IJB's response to COVID-19, for which additional funding was provided by the Scottish Government.

Once all ring-fenced balances have been transferred to the relevant Earmarked Reserves, in line with Scottish Government guidance, the revised outturn position for the IJB is an underspend of £2,126k. As approved by the IJB on 25 November 2022, the year-end health underspend of £1,499k has been moved to Earmarked Reserves, to fund the projected shortfall in the delivery of the Primary Care Improvement Plan (PCIP) deliverables, leaving a remaining underspend for the IJB of £627k.

Division	Year-end Outturn (prior to the transfer of balances to Reserves)	Year-end Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £8,921k	Underspend £2,257k
Other Delegated Services	Overspend (£131k)	Overspend (£131k)
Subtotal	Underspend £8,790k	Underspend £2,126k
<u>less:</u>		
Movement to 'HSCP Funded PCIP Commitments Earmarked Reserve'	-	Health Underspend £1,499k
GRAND TOTAL	Underspend £8,790k	Underspend £627k

Final HSCP Outturn Position 2022/23

Care Group	Final Budget	Spend to Year-end (before movement to reserves)	Variance	Movement to Reserves	Revised Variance
	£000's				
Adults and Older People	82,747	79,386	3,361	(3,248)	113
Mental Health	30,867	29,929	938	(206)	732
Learning Disabilities	23,545	21,922	1,623	(224)	1,399
Children's Services	8,338	6,575	1,763	(932)	831
Prescribing	37,295	39,361	(2,066)	-	(2,066)
Health Improvement and Inequalities	1,287	954	333	(8)	325
Family Health Services	60,332	60,331	1	-	1
Resources	6,786	4,946	1,840	(1,902)	(62)
Hosted Services	12,648	11,520	1,128	(144)	984
Resource Transfer	-	-	-	-	-
Social Care Fund	-	-	-	-	-
Set Aside	67,258	67,258	-	-	-
NET EXPENDITURE (before delegated services)	331,103	322,182	8,921	(6,664)	2,257
Other Delegated Services	1,083	1,214	(131)	-	(131)
NET EXPENDITURE before COVID-19	332,186	323,396	8,790	(6,664)	2,126
COVID-19	(13,333)	(13,333)	-	-	-
NET EXPENDITURE	318,853	310,063	8,790	(6,664)	2,126

Note: The net expenditure figure differs to that of the Comprehensive Income Expenditure Statement (CIES) due to differences in the presentation of earmarked reserves; resource transfer and social care adjustments.

The year-end outturn position includes a drawdown of £26,337k from Earmarked Reserves, including the return of £13,333k of COVID-19 monies in February 2023 in line with the Scottish Government direction issued in September 2022. As requested by the Scottish Government, a final reconciliation was carried out at the financial year-end and an invoice was raised for £989k leaving a balance of £4k, to meet and support assumed costs for carers PPE in future years. As a result, the total COVID-19 monies returned to the Scottish Government in 2022/23 was £14,322k.

There are a number of reasons for the HSCP operational underspend of £2,126k this year, as outlined below both in terms of the respective over and underspends.



Employee costs: underspend of £4,506k

Ongoing challenges in terms of recruitment and retention issues reflecting national position.



Property Costs: overspend of (£187k)

Increase in cleaning costs due to infection, prevention and control requirements across a number of our sites where we have seen increased occupancy through remobilisation of service provision.



Supplies & Services: overspend of (£519k)

Increased expenditure on equipment, including IT equipment across all areas, as well as increased costs for our Community Meals provision due to both volume and price increases.



Care at Home: overspend of (£2,316k)

Reflects the significant increased demand for service provision as well as the focussed efforts to support timely and appropriate discharge and prevent delays.



Care Home Placements: underspend of £928k

Reflects greater numbers of clients choosing to remain at home for longer.



Adult Care Placements: underspend of £1,065k

Reflective of the current client profile and the timing of planned adult care placements over the financial year.



Purchase of Healthcare: overspend of (£27k)

Increased costs reflecting activity within this area.



Transport: underspend of £270k

Reflective of services operating at a reduced capacity during 2022/23.



Family Health Services including Prescribing: overspend of (£2,132k)

Reflects issues currently impacting on the price of drugs as well as a number of items being on short supply.



Support Services: underspend of £13k

Reflective of some services operating at a reduced capacity during 2022/23.



Transfer Payments: overspend of (£145k)

Overspend within housing & adaptations delegated services.



Income: underspend of £670k

Increased income reflecting current client profile and demand for services.

In respect of care groups, the main broad themes of the year-end outturn include:



Adults and Older People: underspend £112k

Reflecting overspends in Care at Home as the service continues to support delayed discharges and demand, and underspends in Care Home placements, employee costs and transport costs due to clients choosing to remain at home for longer, recruitment and retention challenges, and services operating at reduced capacity.



Mental Health Services: underspend £732k

Number of vacancies due to recruitment issues throughout all mental health service areas which offset an overspend on the special observations budget within adult in-patient wards.



Learning Disabilities Services: underspend £1,399k

Vacancies across all areas of the service, and an underspend on adult care packages, reflective of the current client profile and timing of planned adult care placements.



Children's Services: underspend £831k

Reflects recruitment and retention issues across our universal and specialist children's services teams.



Health Improvement & Inequalities: underspend £325k

Vacancies within the service.



Resources: overspend (£62k)

Overspend due to creation of earmarked reserves offset by an underspend in the Administration & Management service reflecting vacancies.



Hosted Services: underspend £984k

Vacancies within Podiatry Services, and Primary Care which offset an overspend on GP trainees.



Family Health / Prescribing Services: overspend (£2,064k)

Mainly in relation to increased prescribing costs due to short supply and external factors impacting the price of drugs including: COVID-19, war in Ukraine, issues with raw materials and increased shipping costs.



Other Delegated Services: overspend (£131k)

Relating to an overspend in Housing Adaptions reflecting increased demand, partially offset by an underspend in Women's Aid and grant funding for Women's Aid.

The Comprehensive Income and Expenditure Statement (CIES) (on page 48) summarises income and expenditure by client group across the HSCP. The Financial Statements (pages 48 to 60) are prepared in accordance with the Code of Practice on Local Authority Accounting supported by International Financial Reporting Standards (IFRS). These figures, therefore, differ from the figures in the tables contained within the Management Commentary which have been prepared using the year-end position recorded in both the Health and Social Care financial ledgers.

The CIES is required to show the surplus or deficit on services and the impact on both General and Earmarked Reserves. The final position for 2022/23 was an overall reduction to reserves of £17,416k.

The table below summarises how the £17,416k movement in reserves in 2022/23 was realised:

	£000's
2022/23 Final Outturn variance	8,790
less:	
Other Delegated Services	(131)
= 2022/23 underspend transferred to reserves at year-end	8,921
less:	
Total reserves drawdown in 2022/23	(26,337)
= Movement in reserves 2022/23	(17,416)

Responding to the COVID-19 Pandemic

Throughout 2021/22 the Local Mobilisation Plan (LMP) COVID-19 Financial Tracker was submitted quarterly to the Scottish Government, however in 2022/23 this reverted to a monthly submission, to allow closer monitoring of the impact of COVID-19 Cost Improvement Programmes. Following the return of the final outstanding balance of COVID-19 monies the final submission has now been made.

The following table summarises the expenditure which the HSCP incurred in 2022/23. As at 31 March 2023, £2,127k was spent in 2022/23 responding to COVID-19, of which £500k relates to Health services and, £1,627k relates to Adult Social Care services and is detailed further in the following table.

Total Costs at 31 March 2023			
Description of Cost Type	Health	Adult Social Care	TOTAL
	£000's		
Additional Staff Costs	253	260	513
Provider Sustainability Costs		955	955
PPE	9		9
Community Hubs	13		13
Loss of Income		157	157
FHS Costs	191		191
Other Costs	34	255	289
TOTAL	500	1,627	2,127

As highlighted earlier a total of £14,322k has now been returned to the Scottish Government leaving a balance of £4k to fund PPE in line with Scottish Government directions.

The IJB's Annual Accounts can only include expenditure which is undertaken on a principal basis. The IJB acts as principal when it controls the transaction and has responsibility for making decisions in relation to how it is enacted. The 2022/23 IJB Annual Accounts therefore only includes £2,127k of additional costs as a result of COVID-19. This has been fully funded by the Scottish Government. The total Set Aside costs for NHS GGC also include £14,000k of COVID-19 costs, which have been fully funded by the Scottish Government.

Reserves

It is important for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 Public Bodies do not over-commit themselves financially.

General Reserves

In line with national guidance and good financial governance, the IJB's Reserves Policy (revised in June 2020) proposes 2% as an optimum level of reserves to drive transformation and, if required, to ensure the IJB has the financial flexibility to draw on non-recurring support to balance the annual revenue budget position each year over the medium-term. At the close of 2022/23 the IJB held £6,538k, equating to circa 2% of the IJB's net budget (including Set Aside) in General Reserves.

Maintaining sufficient unallocated reserves provides a degree of financial protection and immediate financial resilience moving forward, guided by the risk profile faced by the IJB. Audit Scotland continues to closely monitor the position across IJBs in Scotland in respect of unallocated reserves as part of their wider assessment of the IJBs' financial stability and resilience, and to ensure unallocated reserves remain at an appropriately prudent level.

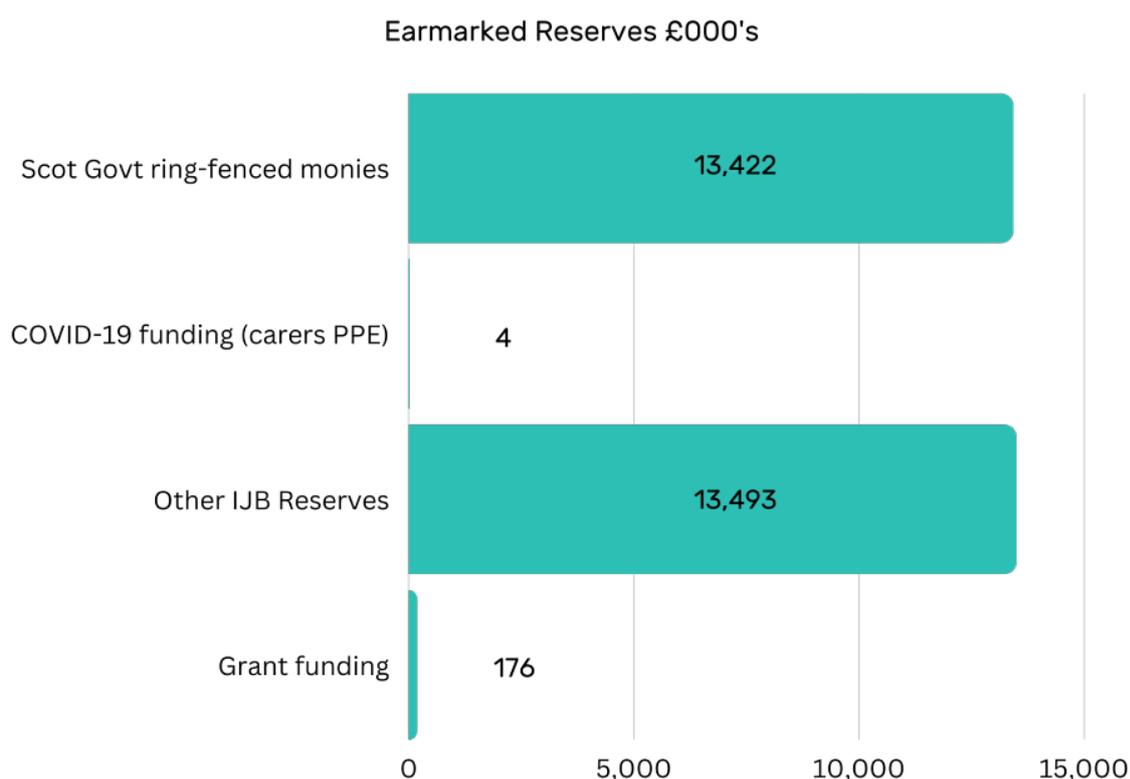
In managing its budget for 2023/24 it is likely that the IJB will require to draw down a substantial amount of reserves to provide non-recurring support to balance the annual revenue budget and deliver a balanced budget for 2023/24. In doing so the financial resilience of the IJB in future years will be comprised. The use of non-recurring support to balance the 2023/24 budget also means the IJB's budget is no longer in recurring balance.

Earmarked Reserves

It is also important that in-year funding available for specific projects and Scottish Government priorities are able to be earmarked and carried forward into the following financial year, to allow spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes. Examples of this include, Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. The Scottish Government have agreed a flexible funding approach for these priorities whereby these reserves are utilised in the first instance, prior to any further funding being released in future years.

As these ring-fenced funding allocations are to meet specific commitments, they must be carried forward to meet the conditions attached to their receipt.

During 2022/23 in line with the IJB's Reserves Policy, the IJB approved the creation of Earmarked Reserves totalling £8,164k. These will be drawn down in line with their relevant spending profiles and where appropriate in line with the flexible funding approach agreed with the Scottish Government.



The graph above provides a high-level summary of how the Earmarked Reserves are categorised.

Risk Management Framework

The IJB's [Risk Management Framework](#) sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This Framework forms a key strand of the IJB's overall governance mechanisms. It sets out how risks and issues should be identified, managed and reported. The current Framework was revised in March 2021 in recognition of the impact of COVID-19 on all aspects of the IJB's responsibilities. The Framework will be reviewed again during 2023/24 to reflect further developments in the last two years.

Key activities completed across the year to embed the Framework within HSCP processes include:



Continued reviews to assist the Risk Network and services to follow risk management processes, supporting risk and issue reviews with service management teams.

Continued operational risk and issue reporting to Senior Management Team by exception.



Launch of an online risk training module for staff in August 2022.

Completion of winter planning activity for 2022/23 period and ongoing work to address resilience risks associated with any planned or unplanned power outages.



Representation on, and participation in, the committee for the ALARM UK National Health and Social Care risk group, providing additional opportunity to identify and consider further examples of 'best practice.'

Inclusion of the Risk Framework on the internal audit schedule, commencing March 2023. Following completion of the audit, any identified recommendations will be reflected in a planned review and update (as appropriate) of the Risk Management Framework. This review will also ensure ongoing alignment with NHSGGC's recently approved risk management strategy.



The Framework provides a consistent approach for identifying and managing key risks and issues. In particular, there are a number of challenges facing the IJB which have the potential to affect the financial sustainability of the IJB, with consequent impact to service delivery. Amongst these challenges are:



The difficulties faced by providers in maintaining their operations and delivering quality services in the light of rising costs, workforce shortages, demand pressures and funding constraints. Should this continue or worsen, there is an increasing risk of providers ceasing operations with responsibility for continued delivery falling back to the HSCP;



The impact of future pay settlements. With employee costs representing c34% of the IJB's net budget, any increase in pay awards impacts directly on cost pressures for the IJB;



Inflation and contractual commitments. Planning assumptions regarding annual increases to third parties for contracts such as the National Care Home Contract and Supported Living Framework having been overridden by the ongoing impact of the cost-of-living crisis.

Without the aid of significant reserves to support a balanced budget, or a marked increase in funding and/or decrease in costs, the above risks are likely to have an impact on our ability to fully deliver on our Strategic Plan objectives and may require the IJB to reprioritise decisions for investment and disinvestment in order to deliver on our priority of a sustainable future.

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 HSCP for their continued hard work and support.

Cllr Jennifer Adam

Chair, Renfrewshire Integration Joint Board

Date:



Christine Laverty

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 30th June 2023.

Signed on behalf of Renfrewshire IJB

Cllr Jennifer Adam

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 2023 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 NHSGGC. The voting members of the Renfrewshire IJB were appointed through nomination by Renfrewshire Council and NHSGGC.

Voting 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 parent 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 2022/23, no voting members received any form or remuneration from the IJB.

There were no exit packages payable during the financial year.

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 must be appointed and the employing parent organisation has to formally second the officer to the IJB. 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:

Salary, fees & allowances 2021/22 £	Total remuneration 2021/22 £	Name and Post Title	Salary, fees & allowances 2022/23 £	Total remuneration 2022/23 £
90,090 (*FYC 116,864 restated)	90,090 (*FYC 116,864 restated)	C Laverty Chief Officer, Renfrewshire IJB	127,806	127,806
36,250	36,250	S Strachan Interim Chief Officer, Renfrewshire IJB (1 April 2021 – 27 June 2021)	-	-
95,672	95,672	S Lavers Chief Finance Officer, Renfrewshire IJB	100,035	100,035

*FYC: (Full Year Cost) includes full year salary to 31 March 2022 for Christine Laverty who took up the Chief Officer post on 28 June 2021. Prior years costs were understated.

Pension Benefits

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing parent 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 31/03/22 £	For Year to 31/03/23 £		As at 31/03/22 £	As at 31/03/23 £
C Laverty Chief Officer, Renfrewshire IJB	17,387 (*FYE 22,555 restated)	24,666	Pension	8,340	10,600
			Lump sum	-	-
S Lavers Chief Finance Officer, Renfrewshire IJB	18,368	19,307	Pension	45,417	48,789
			Lump sum	66,821	70,162

* C Laverty started post of Interim Chief Officer on 28 June 2021; S Strachan, Interim Chief Officer was employed as a consultant and therefore not part of the current pension scheme.

**FYE - Full Year Estimate includes an estimate of the full year pension contributions to 31 March 2022 for C Laverty who took up the Chief Officer post on 28 June 2021. Prior years costs were understated.

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. In 2022/23 there were no employees in the range £50,000 to £94,999.

Number of Employees (restated*) 31 March 2022	Remuneration Band	Number of Employees 31 March 2023
1	£95,000 - £99,999	-
-	£100,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
1*	£115,000 - £119,999	-
-	£120,000 - £124,999	-
-	£125,000 - £129,999	1

CLlr Jennifer Adam

Chair, Renfrewshire Integration Joint Board

Date:

Christine Laverty

Chief Officer

Date:

Annual Governance Statement 2022/23

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 delivery 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 Renfrewshire Council and NHSGGC systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives.

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

The IJB has adopted governance arrangements consistent, where appropriate, with the principles of CIPFA¹ and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government" and the CIPFA Financial Management Code 2019 (FM Code). 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 is 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 IJB comprises the Chair and seven other voting members. Overall, four are Elected Members nominated by Renfrewshire Council, and four are non-executive members of NHSGGC Board. There are also a number of non-voting professional and stakeholder members on the IJB including representatives from the third and independent sector bodies, carers, service users and trade unions. Professional members include the Chief Officer, Chief Finance Officer and the Chief Social Work Officer. The IJB, via a process of delegation from Renfrewshire Council and NHSGGC, and its Chief Officer, has responsibility for the planning, resourcing and operational delivery of all delegated health and social care services within its geographical area.

¹ CIPFA – The Chartered Institute of Public Finance and Accountancy

The main features of the governance framework in existence during 2022/23 were:

Principles

- 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.

Formal Frameworks

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC as 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; Contract Standing Orders; Scheme of Delegation, and Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance and Sources of Assurance was approved by the IJB early in 2017 which is subject to ongoing updates as required. In addition, Internal Audit reviews a sample of the elements of the Local Code annually and reports on the adequacy of compliance to the IJB Audit, Risk and Scrutiny Committee.
- At its meeting of 24 June 2022 Board members approved a revised Code of Conduct, based on the revised Model Code for Members of Devolved Public Bodies as approved by the Scottish Parliament in October 2021. The revised Code highlights the need for Board members to take personal responsibility for their behaviour and to have an awareness of the policies and guidance in relation to a number of areas including social media, equality, diversity and bullying and harassment. The revised Code was approved by the Scottish Government on 29 June 2022.
- Board members are supported by induction and ongoing training and development. Staff 'Personal Development Plan' (PDP) schemes are also in place, the aim of which is to focus on performance and development that contributes towards achieving service objectives.
- 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 most recent report – covering the period April 2021 to March 2022 – was reviewed by the IJB in September 2022. It noted that governance arrangements are in place to support enhanced multidisciplinary arrangements to support Care Home and Care at Home settings. This aims to provide granular scrutiny, support and oversight of Care Home and Care at Home services.

Strategic Planning

- The overarching strategic planning vision and objectives of the IJB are detailed in the IJB's Strategic Plan 2022-25 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 (such as the development of the IJB's Strategic Plan) is undertaken with this group which includes stakeholders from NHSGGC, Renfrewshire Council, Renfrewshire Carers Centre and third sector organisations. Further engagement with the IJB's parent organisations Renfrewshire Council and NHSGGC is through agreed governance structures. As part of the strategic planning approach, services also utilise Care Planning Groups to support engagement with stakeholders. The IJB also considers and publishes information about its performance regularly as part of its public performance reporting. This information is available through the IJB's published papers.
- The Medium-Term Financial Plan 2022-25 is aligned to and complements the Strategic Plan 2022-25 and highlights the key financial challenges the IJB faces, as well as the strategic aims that it aspires to deliver and the community priorities that it strives to meet.
- The IJB published its Workforce Plan 2022-25 in November 2022, in line with Scottish Government timescales. The Plan aligns with the IJB's Strategic Plan and Medium-Term Financial Plan covering the same period. It reflects national ambitions to deliver the recovery, growth, and transformation of our workforce in coming years, and is underpinned by the Scottish Government's five pillars to guide workforce development actions: (i) Plan; (ii) Attract; (iii) Employ; (iv) Train; and (v) Nurture. A supporting delivery plan has been developed and is monitored through the HSCP's Workforce Planning and Organisational Development group.
- In September 2022, the IJB published its Palliative and End of Life Care Strategy 2022-25. The Strategy, complementary to the Strategic Plan 2022-2025, describes how we will endeavour to improve the quality of life of patients and their families in Renfrewshire who are living and dealing with a life limiting illness, ensuring everyone receives person-centred, dignified, and compassionate care which reflects individual choices.
- Also, in September 2022 the IJB published its Unpaid Adult Carers' Strategy 2022-25, Short Breaks Services Statement for Adult Carers 2022, and Adult Carer Eligibility Criteria 2022. These publications reaffirm the value we place on unpaid carers and the contribution they make to the wider community of Renfrewshire and reflect the feedback received in consultation with carers, staff, and partners.

Oversight

- 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 HSCP's SMT, the IJB and the IJB's Audit, Risk and Scrutiny Committee as appropriate.
- 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 HSCP website.

Risk Management

- The IJB's risk management processes are well developed. The Risk Management Framework was last reviewed in early 2021 and was approved by the Audit, Risk and Scrutiny Committee in March 2021.
- The framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation and forms a key strand of the IJB's overall governance mechanisms. This Risk Framework is reviewed every two years. At the time of writing an internal audit review on the IJB's Risk strategy, policy and framework is scheduled for March 2023, following which the bi-annual review by the HSCP will be undertaken, allowing for the inclusion of any pertinent audit recommendations.
- The IJB's approach to managing its obligations with regards public records as set out in the Public Records (Scotland) Act 2011 is outlined in the IJB Records Management Plan.
- Staff are made aware of their obligations to protect client, patient, and staff data. The NHS Scotland Code of Practice on Protecting Patient Confidentiality has been issued to all staff.
- Staff are also required to undertake annual mandatory training on information security.

Financial Control

- 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 Renfrewshire Council and NHSGGC in relation to the operational delivery of health and social care services.

Recovery and Renewal

- Ensuring we can continue to deliver sustainable, safe, and effective services which meet the needs of our communities remains a central principle of the HSCP. Accordingly, the HSCP continues to progress with its Recovery and Renewal programme, established in the summer of 2020, with a focus on new ways of working and transforming how we deliver services in order to mitigate the risk of financial instability. 2022/23 has seen further refinement of the HSCP's approach to recovery and renewal, building on the previously established two-tier process of delivering in-year savings and longer-term reform, and aligning to the Strategic Plan theme of Sustainable Futures.

COVID-19 Supplementary Governance Arrangements

During the first two years of the pandemic a number of key meetings were established to enable regular dialogue on key and emerging issues, in response to the significant public health challenge presented by COVID-19. At Board level, this included the Strategic Executive Group (SEG) and Chief Officers (HSCP) Tactical Group to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area. At a local level, an Emergency Management Team (EMT) was established by Renfrewshire Council and a Local Response Management Team (LRMT) was established by the HSCP.

Three years after the initial outbreak the majority of these supplementary fora have now been stood down, with their associated actions and oversight having been embedded into 'business as usual' service delivery recognising the benefits that they present. At the time of writing, the SEG and Chief Officers Tactical Group remain operational.

Renfrewshire IJB continues to work with partners to participate in the wider response to the pandemic at Health Board and national level and is a key participant in both the Renfrewshire Council and NHSGGC governance structures, working with other HSCPs to manage the impact of the pandemic.

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for the HSCP's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The purpose, authority and responsibility of Internal Audit has been formally defined in an internal audit charter.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit, Risk and Scrutiny Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Committee's core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

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 SMT (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 Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017" which require the Chief Internal Auditor to deliver an annual opinion and report to inform the IJB's governance statement.

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 SMT 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 parent organisations place reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no internal control issues identified by the review. In addition, the Chief Officer and Chief Finance Officer are satisfied that the organisation has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.

Internal Audit undertakes an annual programme of reviews following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit, Risk and Scrutiny 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 membership, a conflict of interest can arise between an IJB member's 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 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 arrangements continue to be regarded as fit for purpose in accordance with the governance framework and the FM Code.

Internal Audit Opinion

No system of internal control, nor Internal Audit, can provide absolute assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the parent 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 as evidenced in the Internal Audit Annual Report for 2022/23.

Certification

On the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and the following action plan is in place to identify areas for improvement.

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. Two previous outstanding actions have been consolidated into business-as-usual activity and consequently removed from our outstanding actions. These are i) updates to the Audit, Risk and Scrutiny Committee on our Recovery and Renewal programme, and ii) the rolling review of key IJB governance documents.

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

Agreed Action	Responsible Person	Date
Working with our partners, explore and implement new ways of working to effect change and reform in HSCP service delivery, to assist in addressing the budget gap projected in the medium term and to ensure financial sustainability.	Chief Officer	Ongoing
Develop and implement the Strategic Delivery Plan for Year 2 of the Strategic Plan - informed by relevant Care Planning Groups – setting out success measures and milestones, to evidence how the agreed strategic objectives will be progressed each year.	Head of Strategic Planning and Health Improvement	September 2023

Actions Completed in 2022/23

Agreed Action	Responsible Person	Date
Develop the Strategic Delivery Plan for Year 1 of the Strategic Plan - informed by relevant Care Planning Groups – setting out success measures and milestones, to evidence how the agreed strategic objectives will be progressed each year.	Head of Strategic Planning and Health Improvement	Complete
Develop a new three-year Workforce Plan to help address challenges in recruitment and retention, providing detail on how the IJB will endeavour to ensure that the workforce is adequately resourced and has the qualifications, knowledge, skills and resilience required to deliver safe, fit for purpose services that deliver real improvements to the health and wellbeing of Renfrewshire's population.	Head of Strategic Planning and Health Improvement	Complete
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	Complete

Outstanding Actions

Agreed Action	Progress	Responsible Person	Date
Assess the implications of agreed recommendations taken forward following the Independent Review of Adult Social Care (Feeley Review), with a particular focus on implications for IJB governance, and provide regular assessments to the IJB.	Draft legislation on the creation of the National Care Service was published by the Scottish Parliament in June 2022 and at the time of writing, the Bill remains at Stage 1 of the parliamentary process. This action remains on hold pending further updates from the Scottish Government.	Chief Officer	Ongoing
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014.	At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC Board to confirm the timescales for consultation, and subsequent approval of, Integration Schemes. The existing Integration Scheme will remain in place until this time.	Chief Officer	Ongoing

Conclusion and Opinion on Assurance

While recognising the importance of continuous improvement, 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.

Cllr Jennifer Adam
Chair, Renfrewshire Integration Joint Board

Date:

Christine Laverty
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.

2021/22 Gross Exp. £000's	2021/22 Gross Income £000's	2021/22 Net Exp. £000's	Renfrewshire Integration Joint Board	Note	2022/23 Gross Exp. £000's	2022/23 Gross Income £000's	2022/23 Net Exp. £000's
157,401	(13,073)	144,328	Adults and Older People		180,221	(13,662)	166,559
6,696	(371)	6,325	Children's Services		7,757	(511)	7,246
100,444	(2,444)	98,000	Primary Care		108,448	(3,543)	104,905
6,919	(196)	6,723	Resources		9,871	(198)	9,673
6,951	-	6,951	COVID-19		1,769	-	1,769
63,579	-	63,579	Set Aside for Delegated Services Provided in Large Hospitals	5	67,258	-	67,258
1,218	(123)	1,095	Services Delegated to Social Care	8	1,412	(199)	1,213
343,208	(16,207)	327,001	Total Costs of Services		376,736	(18,113)	358,623
-	(351,044)	(351,044)	Taxation and Non-Specific Grant Income	6	-	(341,207)	(341,207)
343,208	(367,251)	(24,043)	(Surplus) or deficit on Provisions of Services (movements in Reserves)		376,736	(359,320)	17,416

*Figures shown in brackets represent income or gains and figures without brackets represent expenditure or loss.

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from parent organisations. 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 2021 – 2022:			
Opening Balance at 1 April 2021	(5,781)	(21,225)	(27,006)
Total Comprehensive Income and Expenditure			
(Increase) in 2021/22		(24,043)	(24,043)
Closing Balance at 31 March 2022	(5,781)	(45,268)	(51,049)
Movement in Reserves during 2022 – 2023:			
Opening Balance at 1 April 2022	(5,781)	(45,268)	(51,049)
Total Comprehensive Income and Expenditure			
(Increase) / Decrease in 2022/23	(757)	18,173	17,416
Closing Balance at 31 March 2023	(6,538)	(27,095)	(33,633)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2023. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022 £000's		Notes	31 March 2023 £000's
51,049	Short Term Debtors	7	33,633
51,049	Current Assets		33,633
-	Short Term Creditors	7	-
-	Current Liabilities		-
51,049	Net Assets		33,633
(5,781)	Usable Reserves: General Fund	8	(6,538)
(45,268)	Usable Reserves: Earmarked	8	(27,095)
(51,049)	Total Reserves		(33,633)

The Statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2023 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 30 June 2023.

Balance Sheet signed by:

Sarah Lavers CPFA
Chief Finance Officer

Date:

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The IJB Financial Statements for 2022/23 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's funding from and commissioning of services to partners has been confirmed for 2023/24 and a Medium term Financial Plan has previously been prepared through to 2025. The IJB considers there are no material uncertainties around its going concern status.

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.

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 means there is 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.

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 parent organisation bodies that was not utilised in-year.

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.

Events After the Balance Sheet Date

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

Two types of events may be identified:

- Those that provide evidence of the conditions that existed at the end of the reporting period – the Financial Statements are adjusted to reflect such events, and;
- Those that are indicative of conditions that arose after the reporting period – the Financial Statements are not adjusted to reflect such events, but where this would have a material effect, the nature and estimated financial impact of such events is disclosed in the notes.

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 across the Greater Glasgow & Clyde area and for services which are delivered under Hosted arrangements.

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. Renfrewshire Council and NHSGGC 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.

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 only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. Within Usable Reserves the IJB holds earmarked funds to meet specific service commitments and a contingency reserve which is held to assist the IJB to deal with unforeseen events or emergencies. The IJB's Reserves Policy recommends the holding of contingency reserves at 2% of expenditure.

VAT

VAT payable is included as an expense only to the extent that it is not recoverable from His Majesty's Revenue & Customs. VAT receivable is excluded from income.

Note 2: Critical Judgements in Applying Accounting Policies

In preparing the 2022/23 Financial Statements, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJBs. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks 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 and is based on the Code of Practice.

Note 3: Assumptions Made About the Future and Other Major Sources of Uncertainty

The Annual Accounts contain estimated figures that are based on assumptions made by Renfrewshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made.

Note 4: Events after the Balance Sheet Date

The Draft Annual Accounts were authorised for issue by the Chief Finance Officer on 30 June 2023. Events taking place after this date are not reflected in the Financial Statements or notes.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2023, the figures in the Financial Statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Note 5: Expenditure and Income Analysis by Nature

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

2021/22 £000's	Expenditure and Income Analysis by Nature	2022/23 £000's
91,699	Employee Costs	103,824
839	Property Costs	961
440	Transport	574
10,071	Supplies and Services	10,005
74,654	Third Party Payments	67,588
4,200	Transfer Payments	22,044
75	Support Services	89
3,214	Purchase of Healthcare	3,008
94,437	Family Health Service	101,385
63,579	Set Aside	67,258
(16,207)	Fees, charges & other service income	(18,113)
327,001	Total Cost of Services	358,623
(351,044)	Partners Funding Contributions and Non-Specific Grant Income	(341,207)
(24,043)	(Surplus) / Deficit on Provision of Services	17,416

Note 6: Taxation and Non-Specific Grant Income

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

2021/22 £000's	Taxation and Non-Specific Grant Income	2022/23 £000's
240,591	NHS Greater Glasgow and Clyde Health Board	223,982
110,453	Renfrewshire Council	117,225
351,044	TOTAL	341,207

The funding contribution from NHSGGC shown above includes £67,258k in respect of 'Set Aside' resources relating to hospital services. These are provided by NHSGGC who retain 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 7: Short Term Debtors and Creditors

At 31 March 2023, Renfrewshire IJB had short term debtors of £33,633k relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

2021/22 £000's	Short Term Debtors	2022/23 £000's
-	NHS Greater Glasgow and Clyde Health Board	-
51,049	Renfrewshire Council	33,633
51,049	TOTAL	33,633

Note 8: Usable Reserves

As at 31 March 2023 the IJB had created Earmarked Reserves in order to fund expenditure in respect of specific projects. In addition, the General Reserve 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	Balance at 1 April 2022	Reallocations	Transfers out	Transfers in	Balance at 31 March 2023
	£000's				
GENERAL RESERVES	5,781			757	6,538

HSCP Funded Earmarked Reserves	Balance at 1 April 2022	Reallocations	Transfers out	Transfers in	Balance at 31 March 2023
	£000's				
COVID-19 Funding	17,242	(789)	(16,449)	0	4
Scottish Government Ring-Fenced Monies carried forward:					
Primary Care Improvement Programme (PCIP)	4,347		(4,347)	1,514	1,514
PTCF Monies Allocated for Tests of Change and GP Support	216		(109)		107
GP Premises Improvement Fund	462				462
Alcohol and Drug Partnership (ADP) Funding	2,551		(785)	210	1,976
Mental Health Recovery and Renewal Funding	1,560		(517)	553	1,596
Mental Health Action 15	663		(663)	123	123
District Nursing Recruitment Programme	802	(490)	(145)	126	293
Winter Planning Monies / Care Home Liaison Monies	4,250	490	(1,523)	2,959	6,176
Health Visiting	32		(32)		0
Scottish Government Pay Award and Living Wage Health and Social Care	340		(340)		0
Mental Health Dementia Funding	119		(59)	82	142
Public Health Improvement Monies	168		(15)	23	176
Care Home Hub		92	(65)	133	160
Community Living Change Fund		697			697
Scottish Government Ring-Fenced Monies carried forward	15,510	789	(8,600)	5,723	13,422
Grant Funding carried forward	534	(288)	(70)	0	176
TOTAL RING-FENCED MONIES TO BE CARRIED FORWARD	33,286	(288)	(25,119)	5,723	13,602
ICT / Systems Related	1,077	(434)	(330)		313
Premises Related	692	4,902	(335)		5,259
Prescribing	2,000				2,000
Other IJB Reserves	8,213	(4,180)	(553)	942	4,422
HSCP PCIP Funded Commitments				1,499	1,499
TOTAL EARMARKED RESERVES	45,268	0	(26,337)	8,164	27,095
OVERALL RESERVES POSITION	51,049	0	(26,337)	8,921	33,633

Note 9: 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. The HSCP monitor the delivery of these services on behalf of the IJB.

2021/22 £000's	Additional Council Services Delegated to the IJB	2022/23 £000's
876	Housing Adaptations	1,026
342	Women's Aid	386
(123)	Grant Funding for Women's Aid	(199)
1,095	NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	1,213

Note 10: Related Party Transactions

The IJB is required to disclose material transactions with related bodies – i.e. bodies or individuals that have the potential to control or influence the IJB, or to be controlled or influenced by the IJB.

Members of the IJB

Members of the IJB are required to declare an interest if they believe that there may be a perception that their decision making may be influenced in any way by a personal interest. Should this arise, the relevant person does not take part in any discussion or decision related to that interest. The Register of Interests are available on the HSCP's website at www.renfrewshire.hscp.scot/IJB

Other Public Bodies

The IJB has related party relationships with Renfrewshire Council and NHSGGC. 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 Annual Accounts are presented to provide additional information on the relationships. The following tables monitors the funding which has been received from Renfrewshire Council and NHSGGC, the value of services which were provided by Renfrewshire Council and NHSGGC. This includes resource transfer funding.

2021/22 £000's	Transactions with NHS Greater Glasgow & Clyde	2022/23 £000's
240,591	Funding Contributions received from NHSGGC	223,982
(221,597)	Expenditure on Services provided by NHSGGC	(239,013)
18,994	Net Transactions with NHSGGC	(15,031)

2021/22 £000's	Balance with NHS Greater Glasgow & Clyde	2022/23 £000's
0	Debtor balances: amounts due from NHSGGC	0
0	Net Balance with NHSGGC	0

2021/22 £000's	Transactions with Renfrewshire Council	2022/23 £000's
110,453	Funding Contributions received from Renfrewshire Council	117,225
(105,404)	Expenditure on Services provided by Renfrewshire Council	(119,610)
5,049	Net Transactions with Renfrewshire Council	(2,385)

2021/22 £000's	Balance with Renfrewshire Council	2022/23 £000's
51,049	Debtor balances: amounts due from Renfrewshire Council	33,633
51,049	Net Balance with Renfrewshire Council	33,633

Note 11: IJB Operational Costs

Renfrewshire Council and NHSGGC provide a range of support services for the IJB including: business support; human resources; planning; audit; payroll 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:

2021/22 £000's	IJB Operational Costs	2022/23 £000's
282	Staff Costs	303
28	Audit Fees	31
310	TOTAL	334

Note 12: Services Hosted by other HSCPs

The services hosted by Renfrewshire HSCP are identified in the following table. This also shows expenditure for 2022/23 and the value consumed by other IJBs within NHSGGC.

2021/22				2022/23	
Actual Expenditure to Date £000's	Consumed by other IJBs £000's	Host	Service	Actual Expenditure to Date £000's	Consumed by other IJBs £000's
6,788	5,881	Renfrewshire	Podiatry	7,312	6,027
3,925	3,377		Primary Care Support and Development	4,138	3,565
10,713	9,258	TOTAL		11,450	9,592

The services which are hosted by the other five Greater Glasgow and Clyde IJBs, on behalf of the other IJBs including Renfrewshire, are detailed in the following tables for information (these figures are not included in Renfrewshire IJB's Annual Accounts). The tables include expenditure incurred in 2022/23 and the value consumed by Renfrewshire IJB.

Actual Expenditure £000's	Consumed by Renfrewshire IJB £000's	Host	Service	Actual Expenditure £000's	Consumed by Renfrewshire IJB £000's
2021/22				2022/23	
10,382	1,495	East Dunbartonshire	Oral Health	13,457	1,834
10,382	1,495	TOTAL		13,457	1,834
8,823	386	East Renfrewshire	Learning Disability In-Patient Services	9,591	304
211	22		Augmentative & Alternative Communications	265	27
9,034	408	TOTAL		9,856	331
4,261	633	Glasgow	Continence	5,031	758
10,842	1,398		Sexual Health	11,442	1,429
9,730	1,775		MH Central Services	9,650	1,679
13,264	2,162		MH Specialist Services	14,973	2,040
16,043	1,605		Alcohol & Drugs Hosted	15,730	1,603
7,875	1,073		Prison Healthcare	8,729	1,189
2,384	364		HC in Police Custody	2,193	333
46,571	456		General Psychiatry	53,744	900
15,344	43		Old Age Psychiatry	16,903	26
126,314	9,509		TOTAL		138,395
6,954	1,087	Inverclyde	General Psychiatry	7,503	1,099
3,734	0		Old Age Psychiatry	4,341	0
10,688	1,087	TOTAL		11,844	1,099
9,756	9,485	Renfrewshire	General Psychiatry	10,342	9,997
8,154	6,304		Old Age Psychiatry	8,220	6,140
17,910	15,789	TOTAL		18,562	16,137
6,527	947	West Dunbartonshire	MSK Physio	7,374	1,074
720	111		Retinal Screening	846	131
1,102	0		Old Age Psychiatry	1,916	4
8,349	1,058	TOTAL		10,136	1,209

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.

Independent Auditors' Report

Appendix 1: Renfrewshire Integration Joint Board Membership

The tables below detail the membership of Renfrewshire IJB as of June 2023.

Voting members	
Elected Members from Renfrewshire Council	Cllr Jennifer Adam (Vice Chair) ¹
	Cllr Jacqueline Cameron
	Cllr Fiona Airlie-Nicolson
	Cllr Iain McMillan
Non-Executives of NHS Greater Glasgow & Clyde Board	Rev John Matthews (Chair) ¹
	Margaret Kerr
	Francis Shennan
	Ann Cameron-Burns

Non-Voting members	
Chief Officer	Christine Laverty
Chief Finance Officer	Sarah Lavers
Chief Social Work Officer	John Trainer
A Registered Nurse representative	Karen Jarvis
A registered medical practitioner representing GPs	Dr Stuart Sutton
A registered medical practitioner representing other medical interests	Dr Shilpa Shivaprasad
A member of staff from social work, representing front-line delivery	Lisa Cameron
A member of staff from the NHS, representing front-line delivery	Paul Higgins
A third sector representative, representing front-line delivery	Alan McNiven
A service user representative	Stephen Cruikshank
A carer representative	Fiona Milne
Trade union representative (Council)	John Boylan
Trade union representative (NHS)	Annie Hair

¹. Note that Councillor Adam will be appointed as Chair of the IJB from 15 September 2023 for a period of two years with John Matthews being appointed as Vice Chair of the IJB from 15 September 2023 for a period of two years.

Appendix 2: Glossary

While much of the terminology used in this document is intended to be self-explanatory, the following additional definitions and interpretation of terms may be of assistance.

Term	
Accruals	The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.
Assets	An asset is categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non current asset will provide benefit for a period of more than one year. The IJB is not allowed to hold non current assets.
Balance Sheet	This represents the overall financial position of the IJB at the end of the year. All inter-company balances between the Board and its constituent bodies have been eliminated in preparation of the balance sheet.
CIPFA	The Chartered Institute of Public Finance and Accountancy.
Comprehensive Income & Expenditure Statement (CIES)	This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices (IFRS).
Constituent Authorities	Renfrewshire Integration Joint Board has two constituent authorities which both fund the Board's activities and provide services to the Board. These are Renfrewshire Council and NHS Greater Glasgow and Clyde.
Creditor	Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.
Debtor	Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.
General Fund	The General Fund encompasses all services areas and is funded mainly by the constituent bodies or the Scottish Government.
Gross Expenditure	This includes all expenditure attributable to the service and activity including employee costs, expenditure relating to premises and transport, supplies and services, third party payments, support services and capital charges.
Gross Income	This includes grant income and all charges to individuals and organisations for the direct use of the Board's services.
IFRS	International Financial Reporting Standards.
LASAAC	Local Authority (Scotland) Accounts Advisory Committee.

Liability	A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors. A long term liability is an amount which by arrangement is payable beyond the next year at some point in the future or to be paid off by an annual sum over a period of time.
Movement in Reserves Statement	This statement shows the movement in the year on the different reserves held by the Board, analysed into usable reserves (i.e. those that can be applied to fund expenditure) and unusable reserves.
Net Expenditure	This relates to gross expenditure less gross income and is the amount that needs to be funded by the constituent bodies and the Scottish Government.
Notes to the Financial Statements	These are intended to give the reader further information which is not separately detailed in the Financial Statements.
Provision	An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates or when they will arise are uncertain.
Remuneration	All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the money value of any other benefits received other than in cash.
Reserves	The accumulation of surpluses, deficits and appropriations over past years. Reserves can be either usable or unusable. Usable reserves can be used to fund expenditure. Unusable reserves are accounting adjustments which enable a true and fair view to be determined. Unusable reserves cannot be used to fund expenditure. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the Board.
Revenue Expenditure	The day-to-day running costs associated with the provision of services.
SOLACE	Society of Local Authority Chief Executives.



To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Head of Strategic Planning & Health Improvement

Heading: Development of a Sustainable Futures Programme: Update

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 focus on Sustainable Futures is a core overarching theme within the IJB's Strategic Plan for 2022-25. This theme is focused on ensuring that available resources within the Health and Social Care Partnership (HSCP) are used effectively, whilst recognising that service reform and financial savings would be required to achieve this. This paper provides further detail on the HSCP's proposed approach to delivering a Sustainable Futures programme in the next financial year and future years within an extremely challenging financial context.

2. Recommendations

2.1. It is recommended that the IJB:

- Approve the proposed programme management approach and scope for the implementation of a Sustainable Futures programme, as set out in Sections 5 and 6.
- Note the considerations set out relating to stakeholder engagement and the identification of future savings options, as set out in Sections 7 and 8.

3. Background

3.1. At its previous meeting in March 2023, the IJB considered a 'Delivering Sustainable Futures' paper, and approved its supporting recommendations. This paper, alongside the Chief Finance Officer's '2023-24 Delegated Health and Social Care Budget', set out the significant financial challenges facing the IJB, similar to those being faced by IJBs across Scotland.

3.2. In summary, a budget gap of approximately £9.45m was projected for the 2023/24 financial year. Within this context a range of savings proposals to a

combined value of £3.45m (with £2.49m to be delivered in 2023-24) were outlined to, and approved by, the IJB. It was also agreed that due diligence would be carried out on the proposed additional recharge of circa £1.5m by Renfrewshire Council.

3.3. At the time of writing, there is a current gap of £6.962m to be covered by existing IJB reserves to deliver a balanced budget (subject to further variances resulting from the due diligence exercise which will be built into future forecasting updates). In addition, considering a medium case scenario which projects a funding gap of £7.755m for 2024-25, an overall cumulative gap for this and the next financial year is approximately £14.7m. Further substantial savings will therefore be required to deliver financial balance in future financial years.

3.4. As part of the approach to addressing this challenge, the IJB agreed a proposed direction of travel for identifying future opportunities for savings and reform activity. This activity will align with the Sustainable Futures theme of the IJB's Strategic Plan, and consideration will initially be given to a number of core areas. These are:

- Reviewing what accommodation we use, and how we use it.
- Reviewing existing eligibility criteria.
- Focusing on the provision of statutory services.
- Assessing all elements of 'support' services, such as 'Soft' FM.

3.5. These areas are necessarily very broad and require further investigation. While this is expected to identify a range of projects to be taken forward to support the delivery of the required savings, no associated decisions have been made at this time.

3.6. Recognising the financial challenges set out above, the IJB also agreed an action for a Financial Recovery Plan to be brought forward for consideration. This paper seeks to address this requirement by setting out the proposed approach to developing a Sustainable Futures programme, which will aim to deliver the savings required to achieve financial balance. The paper also articulates how investigation of the areas above will be progressed and provides a proposed scope of initial projects for the IJB's approval.

4. Track record of financial planning, savings and efficiencies

4.1. The HSCP has a long-standing approach of delivering savings and efficiencies for our delegated adult social care and health services, to ensure the IJB delivers a balanced budget year on year. Since its establishment, the HSCP has successfully managed to take forward a number of programmes intended to deliver more efficient ways of working, ensure a Best Value approach and dampen/mitigate the impact of demand led growth – with a continuous focus on protecting frontline services and the outcomes of those who need our services most. This work to date includes:

- Review of all management structures and of all grades and roles across the organisation
- Robust vacancy management procedures, reflecting the ongoing implementation of our Workforce Plan to address recruitment and retention challenges, consolidation/realignment of posts where opportunities arise.
- Investment in additional capacity to ensure that the commissioning of care is carried out in line with appropriate governance and delivers Best Value, including the expansion of service review and transformational change activities which will be crucial in the coming years in light of existing budgetary pressures.
- Implementation of a number of major digital projects including the Eclipse Care Management system and Totalmobile scheduling system, alongside the wider adoption of tools such as Near Me Video Consultation, to support new ways of working.
- Demonstrated track record in continuous improvement, supported by our Change and Improvement Team – including improvement work within CAMHS (Child and Adolescent Mental Health Service) and RES (Rehabilitation and Enablement Service) to support efficiency of frontline services, streamlining business process and to align information systems and reporting frameworks.

4.2. The scope to deliver additional recurring savings without impacting frontline service delivery is increasingly limited. This is reiterated within Audit Scotland’s IJB Financial Analysis 2021/22 which was published in April 2023:

“IJBs face considerable financial uncertainties and workforce challenges. Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements.”

4.3. Additionally, the Scottish Government’s Medium Term Financial Strategy, published on 25 May 2023 projects that all public bodies will be considering all options for delivering efficiency. This will focus on five areas of Digital, Shared Services, Public Sector Estates, Procurement and Grant Management as well as Revenue Raising, Managing Pay Sustainability and Service Model Transformation.

5. Development of a programme approach to Sustainable Futures

5.1. Recognising the breadth and complexity of the work which will be required to progress the core areas of investigation set out in Section 3, and to develop robust costed savings proposals, it is proposed that a Sustainable Futures programme is implemented. This will adopt good practice in programme management and governance to provide oversight of the savings development and reform process. Approval is sought from the IJB for the approach detailed in this section.

5.2. The Sustainable Futures programme will aim to deliver best value by modernising our services and reducing the financial gap in a sustainable way

with the least possible impact. This will be enabled by adopting a number of key principles, so that the programme:

- **Promotes equity and fairness:** We apply consistency and equity as part of a person-centred approach to service access and delivery.
- **Maximises the impact of our people and available resources:** We support our staff's health and wellbeing and skills development, ensuring we have an appropriately skilled and resilient workforce, and we make best use of the resources available to us within local services and our communities.
- **Maintains safe services and delivers on statutory requirements:** We continue to ensure that services provided are clinically safe and meet legislative and statutory requirements, whilst protecting the most vulnerable in Renfrewshire.
- **Is evidence-based:** We prioritise robust data and an evidence-based approach to future planning, decision making and evaluation.
- **Reflects ongoing engagement:** We continue to engage with partners, communities and all other relevant stakeholders to determine the broader impact of proposals and obtain feedback.
- **Enables innovation and improvement:** We develop an organisational culture which embraces further innovation and continuous improvement through digital technology, maximising the impact of existing tools and systems, and emerging opportunities.

5.3. A consistently applied approach to programme governance will support delivery of these principles. This is set out in a visual representation in the appendix to this paper, with the key elements including:

- A **Sustainable Futures Programme Board**, meeting monthly and chaired by the HSCP's Chief Officer with support from the Chief Finance Officer and Head of Strategic Planning and Health Improvement. The programme board will be responsible for the overall strategic oversight, approval and direction of the programme, including managing and coordinating resources, dependencies and high-level risks. In doing so, specialist input on HR, Clinical considerations and Equalities will be sought at regular intervals. The Board will also ensure regular reporting to the IJB on progress.
- A **Programme Management Office (PMO)**, to coordinate and manage consistent standards across the programme including quality assurance, risk management, progress tracking, board reporting and change control. Reporting to the Programme Board will be enabled by the PMO.
- **Three project areas** within the initial scope of the programme. Each of these areas will be led by a Head of Service and will be overseen by a Project Board. These Boards will be responsible for managing individual projects within the Sustainable Futures programme and will oversee progress of these, reporting on any risks or issues that require escalation. The Project Boards will provide monthly project updates to the Programme Board.

- A supporting **Business Change** stream will also be implemented to ensure that each newly proposed project within the programme is robustly appraised and that decision makers at project and programme level are informed by supporting evidence. This will include the completion of project appraisals and project briefs, and tracking of all savings delivered.

The Business Change team will play a key role in driving the proposed programme principles, supporting continuous improvement and innovation. This will include exploring opportunities around digital solutions, data utilisation, improving and streamlining processes and skills development, with a focus on where these areas could drive more efficient ways of working and cost-effective service delivery models.

6. Developing costed savings proposals and supporting timelines

6.1. As Section 4 highlights, this paper proposes three initial areas within scope of the Sustainable Futures programme. These have been developed to reflect the direction of travel agreed by the IJB in March 2023 and have been informed by an assessment of changing local demand and a desktop review of savings proposals outlined by other IJBs in recent months.

6.2. The table below summarises the areas proposed to form the initial scope of the programme, and the elements which will be considered through this work. As is outlined in Section 3 of this paper, the specific proposals and savings which may arise from this activity have not yet been defined and will be subject to the development of robust business cases over coming months. Additional areas for review will be defined on an ongoing basis and will continue to reflect local insight and the outputs from the benchmarking activity which has been undertaken.

Proposed initial project areas		
Programme Strand	Responsible Head of Service	Projects
1. Savings and Best Value <i>Identification of potential savings through operational efficiencies and ongoing review of value for money.</i>	Chief Finance Officer	<ul style="list-style-type: none"> • Review of current charging and contributions arrangements • Contract management efficiencies
2. Consistency in service access and delivery <i>Ensuring equity of access to services across service user groups and</i>	Head of Learning Disabilities, Mental Health and Addictions	<ul style="list-style-type: none"> • Review of eligibility criteria (for access to funded adult social care support) • Review of processes for access to Self-directed

<p><i>consistency in the definition and application of eligibility criteria.</i></p>		<p>Support and the approval of care packages</p> <ul style="list-style-type: none"> • Review of models of day care across all service areas (Older People, Learning Disabilities, Mental Health and Addictions) • Review of the existing residential respite models • Identify service improvements across the above areas through more efficient and innovative ways of working
<p>3. Responding to changing demand in Older People's Services</p> <p><i>Developing existing service models to reflect changes in local demand and the aims of the IJB's Strategic Plan 2022-25.</i></p>	<p>Head of Health and Social Care</p>	<ul style="list-style-type: none"> • Review of Older People's Residential Care and Care at Home provision in context of local demand • Options appraisal of support services across Older People services, such as Soft FM • Identify service improvements through more efficient and innovative ways of working
<p>Business Change</p> <p><i>Providing analytical and research support to inform the development of the programme's scope in future phases.</i></p>	<p>Head of Strategic Planning and Health Improvement</p>	<ul style="list-style-type: none"> • Review of non-statutory requirements • Options appraisal of Soft FM and other support services as identified • Scoping opportunity for continuous improvement through digital solutions, data utilisation and improving processes

6.3. The potential scale of work encompassed within the above project areas and project elements is significant. The HSCP will adopt a consistent approach to developing these business cases, as set out in the Partnership's Service Design Methodology. This will provide assurance to the IJB that each project

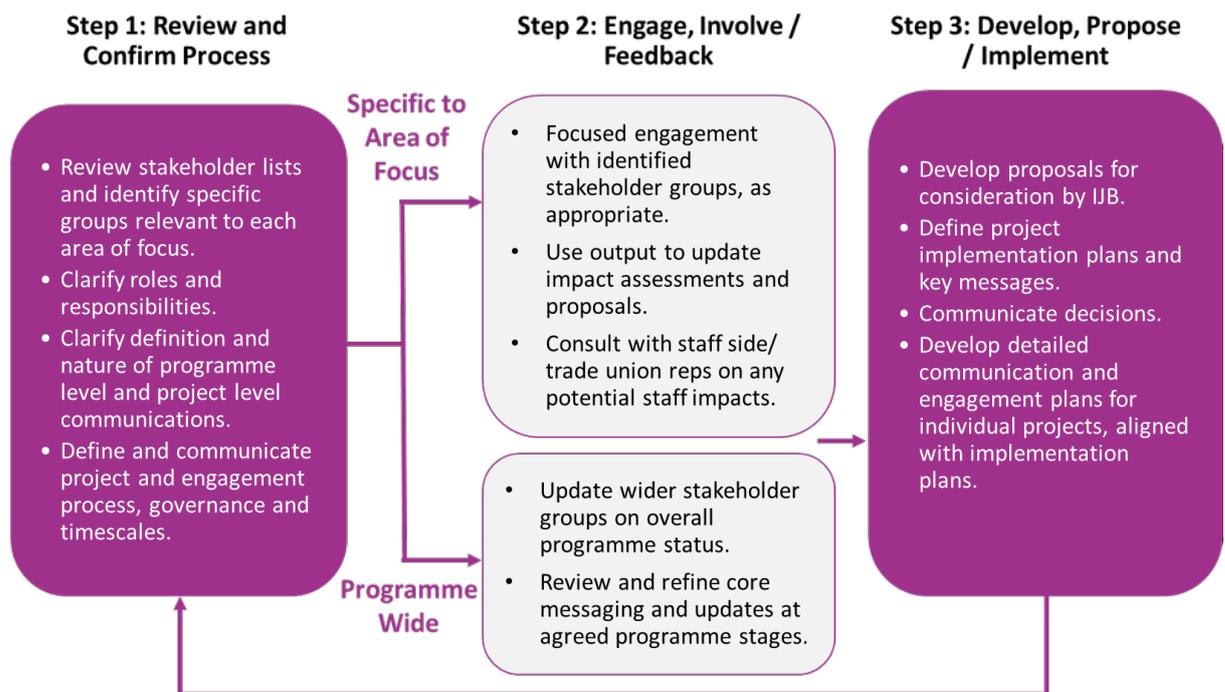
has followed the appropriate steps, including engagement with stakeholders (set out in further detail in Section 7) and the completion of Equality Impact Assessments (EQIAs).

6.4. Given the level of complexity involved in this work, it is essential that the appropriate amount of time is taken to assess potential areas of saving and service reform and to develop robust business cases to inform IJB decision making. This also needs to reflect the ongoing capacity constraints faced by the HSCP across service areas within the proposed scope. Taking these considerations into account, an updated position on costed savings will be brought to the IJB in November 2023. This update will also outline for the IJB's consideration next steps and further work required.

7. Communicating and engaging with stakeholders

7.1. Given the extremely challenging financial situation, summarised in Section 3 of this paper, it is highly unlikely that consensus on savings options across all stakeholders will be possible. This is understandable and reflects the range of expectations, wants and needs of different individuals and groups. A generalised consultative approach to developing savings options would therefore be ineffective.

7.2. Consequently, it is proposed that specific engagement plans are developed for each savings project once the scope has been confirmed. This will be undertaken alongside ongoing, programme-wide communication providing core updates on the programme's status to key stakeholders. The development of these communication strands will follow a three-step, iterative, process:



7.3. This approach will focus on *engaging with* rather than *consulting* relevant stakeholders to understand perspectives and the potential impact of savings proposals. This includes the IJB's Strategic Planning Group (SPG) and service-level Care Planning Groups (CPGs) which will have an important role

in wider discussion of developing savings proposals. The Terms of References and membership of these groups will be reviewed to ensure that they are complementary and include the right stakeholders. It should be noted, however, that these groups provide a mechanism for engagement but do not hold a decision-making function.

7.4. This reflects the complexity and challenge associated with confirming savings to bridge the projected financial gap and the difficult decisions which will need to be made throughout this process. Approval of savings will ultimately reside with the IJB.

7.5. A range of considerations will also be taken into account in the development of engagement plans. These will include, but not be limited to:

- **Reflecting, where appropriate, Planning for People guidance** to inform the nature and methods of engagement. However, it should be noted that there are limitations to this guidance and the level of detail it provides. In particular references to service changes being intended to deliver improvements will not necessarily reflect the challenging position facing the IJB;
- **Contextualising proposals** within the overall budget available to the IJB and associated implications for service provision;
- **Linking to national policy and good practice** to evidence that proposals are developed in line with national requirements;
- **Benchmarking proposals** against those being progressed by other IJBs to understand areas of commonality; and
- **Undertaking Equality Impact Assessments (EQIAs)** to assess the impact of proposals and mitigate negative impacts where possible.

7.6. A range of methods will be used to support engagement during the development of proposals. This will include the use of existing forums and additional workshops and focus groups where required, and stakeholders will have an opportunity to engage through face to face and online means.

7.7. Due to the expected nature of the proposals which will be developed, the HSCP envisages an increase in the number of enquiries that will be received, including from local Elected Members, MSPs and MPs. Engagement plans will consider a framework for responding to these enquiries effectively.

8. Identifying further savings in future alongside delivery of the IJB's Strategic and Workforce Plans

8.1. It is unlikely that the areas identified within the scope of the next phase of savings development will deliver a degree of savings sufficient to bridge the IJB's projected budget gap in future years. Consequently, further tranches of savings proposals are expected to be required.

8.2. The Business Change stream, described in Section 4 of this paper, will be responsible for developing project briefs for additional savings opportunities as they are identified, through which the potential viability and impact of

options will be assessed. Further updates will be provided to the IJB at regular intervals.

- 8.3. The increasingly challenging financial environment which the IJB is operating in is likely to have an impact on the HSCP's ability to deliver all of the commitments set out in the IJB's Strategic and Workforce Plans for 2022-25. An update on Year 1 of the Strategic Plan has been provided for the IJB's consideration at this meeting and the ambitions and deliverables for Year 2 will be reviewed and reflected within a Strategic Delivery Plan brought forward to the IJB in September 2023, and targets set within the 2023/24 Performance Scorecard.

Implications of the Report

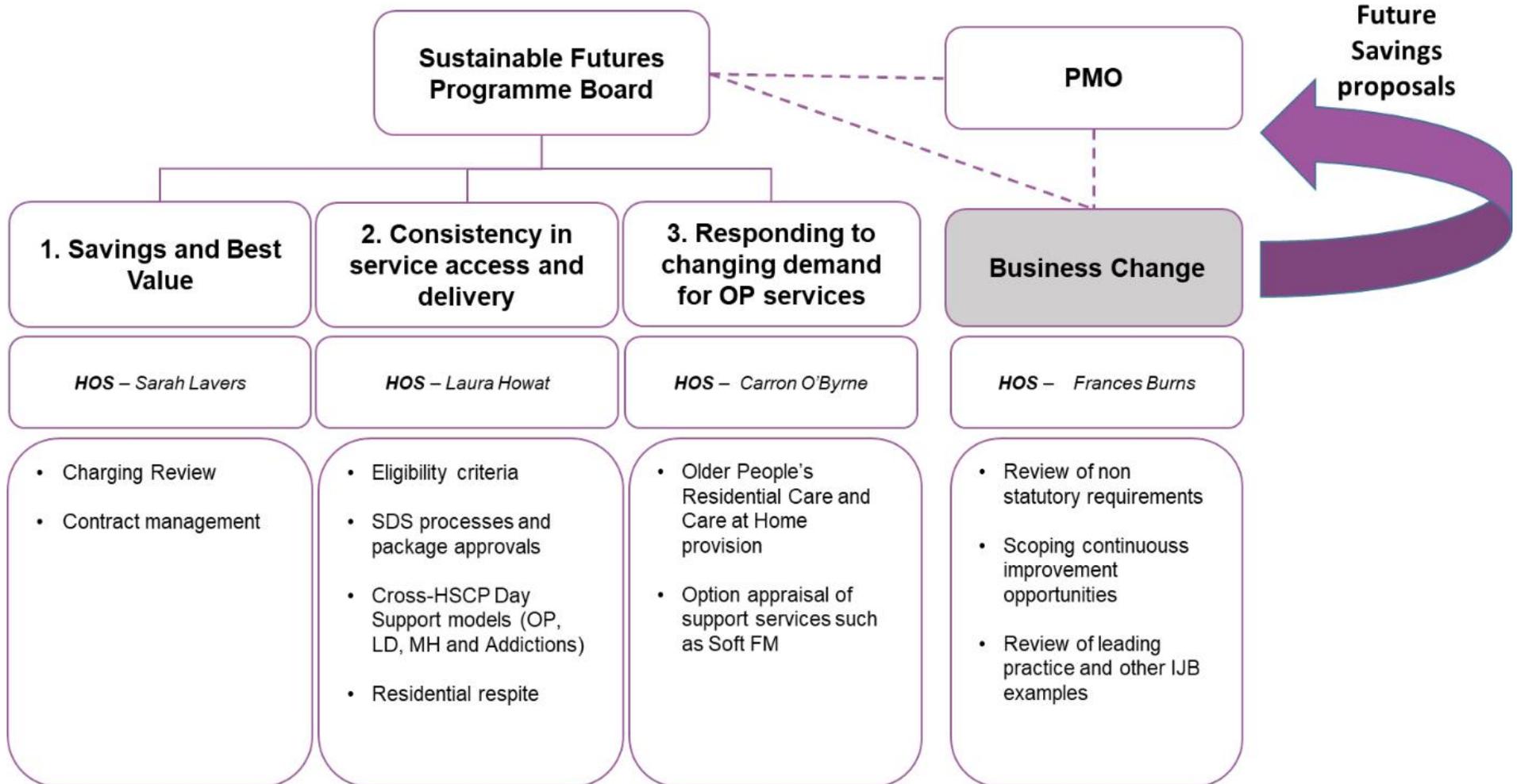
1. **Financial** – No immediate implications from this paper. However, the identification of savings opportunities within the areas identified in this paper is expected to contribute to a reduction in the IJB's projected budget gap in future years.
2. **HR & Organisational Development** – No immediate implications from this paper. However, some savings proposals are expected to have HR and OD implications, and advice from colleagues will be sought at appropriate points in the development of proposals.
3. **Strategic Plan and Community Planning** – This paper aligns with the key themes set out within the IJB's Strategic Plan 2022-25.
4. **Wider Strategic Alignment** – This paper also aligns with the IJB's Medium Term Financial Plan 2022-25.
5. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – No implications from this report.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – No implications from this report.
9. **Fairer Scotland Duty** - No implications from this report.
10. **Health & Safety** – No implications from this report.
11. **Procurement** – No implications from this report.
12. **Risk** – Risks and issues arising from the contents of this report are tracked and managed on an ongoing basis and incorporated into reports to the IJB Audit, Risk and Scrutiny Committee as appropriate.
13. **Privacy Impact** – None from this report.

List of Background Papers: None

Author: David Fogg, Strategic Lead 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)
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Appendix 1: Programme Management Approach



To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Head of Strategic Planning and Health Improvement

Subject: Draft Annual Performance Report 2022/23

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 Public Bodies (Joint Working) (Scotland) Act 2014 obliges all Health and Social Care Partnerships (HSCPs) to publish a report covering performance for the financial reporting year. The draft Annual Performance Report 2022/23 is appended to this paper for review and approval. The report also includes the Performance Scorecard as Appendix 1, the National Core Suite of Integration Indicators as Appendix 2, and the HSCP Inspection of Services Report as Appendix 3.
- 1.2 Previously, the extension of the Coronavirus Scotland Act (2020) allowed HSCPs to publish their Annual Performance Reports (APRs) by 30 November, however the Scottish Government advised in a recent communication to Integration Authorities that the relevant provisions in the Act have now come to an end. This means the reporting deadline reverts to that defined in the Public Bodies (Joint Working) (Scotland) Act 2014, and Annual Performance Reports for the period 2022-23 should be published by 31 July 2023.
- 1.3 Please note that while this report is for the period April 2022 to March 2023, data is not yet available for all performance measures to March 2023. Information provided in the report is the most up to date available at this point. We will continue to update data where possible until the Annual Report's publication date of 31 July 2023 and report any significant variation at the IJB meeting on 29 September 2023.

2. Recommendations

2.1 It is recommended the IJB:

- Approve the draft Annual Performance Report 2022/23;
- Note that the updated draft Scorecard for 2023/24 and the draft Year 2 Strategic Delivery Plan will be presented for approval at the IJB meeting in September 2023.

3. Annual Performance Report Structure 2022/23

3.1 Previous Annual Performance Reports have presented performance by service area. However, this year we have structured our report to align with the five key themes within our Strategic Plan for 2022-25: Healthier, Connected, Enabled, Empowered and Sustainable Futures. The report also updates on the delivery of the Strategic Plan's overarching 'enabling' functions, the Housing Contribution Statement, and Renfrewshire HSCP's Lead Partnership Services across NHS Greater Glasgow and Clyde.

3.2 The report provides an overview of both our Year 1 Strategic Plan delivery and overall performance in 2022/23, highlighting key areas of achievement as well as areas for improvement. Our full 2022/23 Performance Scorecard is provided as Appendix 1 and measures our performance against the nine National Health and Wellbeing Outcomes. It also includes Ministerial Strategic Group indicators, local key performance indicators and provides a five-year comparison of Renfrewshire's performance against the National Core Integration Indicators.

3.3 Within each key section of the report we have included:

- Strategic Plan deliverable progress using a RAG status summary: red – delayed or postponed; amber – underway but behind schedule; and green – complete or on track;
- Detailed tables showing our progress against each Year 1 Strategic Plan deliverable;
- Examples from care groups, relevant case studies and service user feedback;
- Scorecard key performance indicators – with the full Scorecard provided at Appendix 1;

- A table to show the linkage to the nine National Health and Wellbeing Outcomes.

3.4 Please note the annual timeline for our Strategic Delivery Plan does not fully align with the APR timeline, therefore there will be some differences in assessment of progress between these two periods of review. The timeline will be adjusted for 2023/24 to ensure full alignment for next year’s report.

3.5 Subject to IJB approval, the final Annual Performance Report 2022/23 will be published online on 31 July 2023 at the following link <https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>

4. **Performance Overview**

4.1 While 2022/23 has been another challenging year, overall performance has improved when compared with 2021/22. Taking into account continued staffing challenges due to recruitment and retention, and absence levels due to winter waves of flu and COVID, staff have worked hard to maintain, and where possible improve the quality of our services.

4.2 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. At the financial year end 2022/23, the HSCP Performance Scorecard showed an improved position compared to 2021/22: indicators with red status reduced by one, amber reduced by four and green increased from 16 to 22. The full Scorecard is included at Appendix 1 within the Annual Performance Report.

Performance Indicator Status	2022/23	2021/22
	Alert: 12	Alert: 13
	Warning: 6	Warning: 10
	Target achieved: 22	Target achieved: 16
	No targets: 11	No targets: 18

5. **2022/23 Performance Highlights**

Some key performance improvements during 2022/23 highlighted within the report include:

5.1 A significant improvement in waiting times for our CAMHS (Child and Adolescent Mental Health Service). The percentage of patients seen within 18 weeks increased from 58.8% at March 2022 to 100% at March 2023 against a target of 80%.

- 5.2 The number of new carers supported increased from 963 at March 2022 to 1,027 at March 2023 against a target of 913.
- 5.3 The percentage of routine referrals on the Adult Social Work Occupational Therapy waiting list allocated within 9 weeks increased from 68% at March 2022 to 92% at March 2023 against a target of 45%.
- 5.4 The percentage of new referrals to the Podiatry Service seen within four weeks in Renfrewshire (Clyde) increased from 41.4% at March 2022 to 94% at March 2023 against a target of 90%.

6. Areas for Improvement

- 6.1 Whilst progress has been made over the last year, work is ongoing to continuously improve performance across services. Service waiting times and a return to unscheduled care numbers comparable to pre-pandemic levels have proven particularly challenging. However services are committed to addressing underlying issues and actions are in place to improve performance in these areas.

Service Waiting Times

- 6.2 Waiting times for a number of service areas continue to be challenging, namely: Paediatric Speech and Language Therapy, Alcohol and Drugs, Primary Care Mental Health, Psychological Therapies and some Podiatry Services.
- 6.3 Referrals have continued to increase for these services and actions are in place to manage the growing demand and staffing challenges accordingly. The demand for urgent care continues to remain high and must be prioritised.
- 6.4 However, encouraging progress has been made in reducing waiting times in a number of services and 2022/23 performance has evidenced an improved picture in relation to CAMHS, Adult Social Work Occupational Therapy, and Podiatry referral to treatment indicators.

Unscheduled Care

- 6.5 As at December 2022, Unscheduled Care performance (A&E attendances; emergency admissions; delayed discharges etc.) is on track to show an improvement in performance across all indicators compared with 2021/22. The number of delayed discharge bed days lost was 7,006 for 2022/23 compared with 9,177 for 2021/22, and 9,122 in 2019/20. In 2020/21, the number reduced to 8,759. Reducing delayed discharges is a key priority for the HSCP and we continue to closely monitor our performance.

- 6.6 Within a national context, Renfrewshire was the highest performing HSCP area in Scotland at March 2023 for standard delays with 137 bed days lost. This equated to a rate of 93 per 100,000 population. The national average rate at March 2023 was 874 and the Greater Glasgow and Clyde average was 676.6 per 100,000 population.
- 6.7 Renfrewshire HSCP's Chief Officer, Christine Laverty, leads on the NHSGGC Discharge without Delay Project Plan, on behalf of NHSGGC. Our Local Unscheduled Care Delivery Group is currently progressing several actions including Delayed Discharge improvement activity to ensure a strategic approach to the management of the delayed discharge agenda.
- 6.8 Our local Unscheduled Care Action Plan includes a number of initiatives to reduce reliance on Acute Services. These include:
- Community Falls and Nursing/Care Home Falls pathways to help avoid unnecessary attendances at A&E;
 - An Anticipatory Care Plan Group to help standardise and increase ACP recording across NHSGGC;
 - A test of change implemented by the Renfrewshire Community Respiratory Team to maintain patients with COPD (Chronic Obstructive Pulmonary Disease) at home, with a phased roll out planned for 2023;
 - An Interim/Intermediate Care Bed test of change began in February 2023. This caters for people awaiting a care package or a care home placement, or those well enough to be discharged from hospital but who require short term intensive rehabilitation.

Prescribing

- 6.9 The 2022-23 year-end position sees prescribing variance performance at 5.52% over budget and current budgetary challenges around prescribing were reported to the IJB in March. This overspend reflects prescribing volumes now on a par with pre-pandemic levels; an unprecedented number of items on short supply; and a range of external factor issues impacting on the price of drugs. These pressures are expected to continue for the foreseeable future, which is likely to significantly impact performance moving forward.

7. Strategic Plan 2022-25

- 7.1 As mentioned in section 3, we will measure the success of our Strategic Plan activity across five key themes, which include a range of targets and milestones aligned to National, NHSGGC and local priorities.

7.2 The Strategic Planning Group plays a key role in developing and finalising the Strategic Plan and in reviewing and measuring progress. Progress against the year one Strategic Delivery Plan was presented at the Strategic Planning Group Meeting on 27 April 2023. Around 50 members attended the meeting and were presented with some of the achievements under each of the themes and enablers. The group was also updated on actions that have had to be postponed for reasons including staffing issues and waiting on national strategies to be developed. As we continue implementation, we will monitor and measure our success against the key themes and develop a realistic year two Delivery Plan.

7.3 Taking account of both the financial and staffing challenges in 2022/23, there has still been positive progress made on the year one Delivery Plan. Of the 120 deliverables, six (5%) are red, eight (7%) are amber and 106 are green (88%).

Strategic Plan Deliverables	Red	Amber	Green
Total	6	8	106

The detail of the year one RAG (Red/Amber/Green) status of the strategic objectives and deliverables can be found on the individual theme performance tables within the report.

7.4 Key achievements for year one include:

- An increase in referrals to the Healthier Wealthier Children programme from families from ethnic minority backgrounds;
- Agreement of a pathway for the Home First Response Service across acute and community services;
- All GP Practices in Renfrewshire now have an aligned Community Link Worker;
- A Culture, Arts, Health and Social Care (CAHSC) Co-ordinator has been recruited to increase opportunities for people to take part in arts and cultural activity;
- 13 new treatment rooms have been opened in Renfrewshire to enable independent residents to receive the right care, at the right time and in the right place;
- Alcohol and Drugs and Mental Health Recovery Hub, CIRCLE officially opened and is fully operational receiving over 200 referrals since its launch.

Furthermore, some service highlights for 2022/23 include:

- 7.5 Renfrewshire and Glasgow City HSCPs launched phase one of the Home First Response Service in November 2022. The multi-disciplinary team operates at the Emergency Department front door of the Royal Alexandra and Queen Elizabeth University hospitals to review frail patients and avoid admissions through community care provision. Early results have proved promising with a number of patients referred to Community Rehabilitation rather than being admitted unnecessarily. Full data will be gathered once the service is deemed fully operational.
- 7.6 The formal launch of the Partnership's CIRCLE (Continuing in Recovery Changes Lives Entirely) Recovery Hub took place in October 2022. The Hub was developed to provide enhanced support to local people on a recovery journey from issues relating to mental health and drug or alcohol addiction. Paisley was also the first town to welcome the national Recovery Walk Scotland in September 2022. There was a fantastic turnout with over 4,000 people from across the country who walked through Paisley to help change perceptions of people in recovery from alcohol or drug addiction.
- 7.7 Recruitment to the Adult Social Care sector has been a national challenge in recent years, putting seamless service delivery at risk. In response, we have worked in collaboration with partners from across Renfrewshire to tackle this issue locally. The first joint Jobs Fair event was held in March 2023. More than 300 people came along on the day and all partners reported an exceptionally positive outcome with over 25% of vacancies filled as a result. Our first in-person Staff Awards ceremony since 2019 also took place in March 2023. Held in St Mirren Stadium, we were able to take the time to appreciate and recognise the continuing efforts our colleagues make every day across HSCP services.
- 7.8 We are pleased to report that our Workforce Plan 2022-25 was approved by the IJB in November 2022. Developed in collaboration with our staff and partner organisations, the plan links to the National Workforce Strategy for Health and Social Care and sets out the Partnership's ambitions over the three-year period. Annual delivery plans and progress updates on deliverables will be brought to the IJB for approval.

8. Next Steps

- 8.1 In March 2023, the IJB considered the extremely challenging financial context for 2023/24 and beyond and was required to make difficult decisions on a number of proposals for reform, savings, and options to

bridge the projected funding gap in this new financial year. Looking forward to future Annual Performance Reports, it is expected these financial challenges will impact on the breadth of activity the HSCP is able to carry out, and in some cases on key performance indicators in the IJB's Scorecard.

- 8.2 While the ambitions of the IJB and HSCP remain the same and are centred on delivering the objectives set out in the Strategic Plan for 2022-25, there will be an impact on what can be delivered and when. All future activity will continue to be assessed within the funding envelope available to ensure commitments made are realistic and achievable, with an increased focus on the delivery of actions aligned with the Sustainable Futures theme.
- 8.3 We will bring the draft Year Two Strategic Delivery Plan and draft Performance Scorecard with revised indicators for 2023/24 to the IJB meeting on 29 September 2023 for approval. In addition, the next Performance Scorecard data update will be the 2023/24 mid-year results which will be presented to the IJB at the January 2024 meeting, with the year-end update presented at the June 2024 meeting.

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** – No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

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Annual Performance Report 2022/23



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Foreword

Welcome to Renfrewshire Health and Social Care Partnership's (HSCP) Annual Performance Report.

This, like each of our recent reports, reflects the HSCP's performance in an operating environment, which continues to be impacted by significantly challenging circumstances.

Despite this, in collaboration with our partners, the HSCP has continued to deliver essential services for those who need them most. We continue to encourage innovation and flexibility to establish new and different ways of working in response to a changing environment. This is informed by listening to and acting upon feedback from those closest to our services.

Aligning with our Strategic Plan

Previous performance reports have focused on the performance of each of our individual service areas. This year, we have structured our report to align with our Strategic Plan for 2022-25.

Our Strategic Plan was approved by our Integration Joint Board (IJB) in March 2022. It highlights how we aim to shape our services around individuals, unpaid carers and communities to support people in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. It demonstrates how we will do this through a focus on activity within [five key themes](#).

As we implement our Strategic Plan, we will measure our success against these key themes. Our change of approach is reflected in this year's performance report and this will continue for future reports.

As in previous years, we will continue to demonstrate how our performance compares against the nine National Health and Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group Indicators and local Key Performance Indicators.

We would like to sincerely thank people with lived and living experience and unpaid carers for their support and patience over the last year. We would also like to acknowledge the dedication and hard work of the staff teams across the HSCP, Renfrewshire Council, NHS Greater Glasgow and Clyde (NHSGGC), providers of services and the amazing network of volunteers within local communities who have all contributed to the delivery of services.

Thank you all for your unrelenting hard work and for going that extra mile - it really is making a positive difference to people's lives.



John Matthews MBE
Chair, Renfrewshire
Integration Joint Board



Christine Laverty
Chief Officer,
Renfrewshire HSCP

Report Framework

The format of our 2022-23 Annual Performance Report is a little different this year. We have structured it to align with our Performance Scorecard and Strategic Plan 2022-25 and its five key themes, which are outlined below. The report includes content from our overarching enabling functions, the Housing Contribution Statement and Renfrewshire HSCP's Lead Partnership Services across NHS GGC. There are also three appendices included at the end of the report: 1) Performance Scorecard; 2) National Core Integration Indicators; 3) Inspection of Services.



Healthier futures

We reduce inequalities and improve health and wellbeing through early action and prevention.



Connected futures

People are supported to recover and manage their disabilities or long-term conditions within their communities and to stay at home.



Enabled futures

We provide clinically safe services, within the community wherever possible, and people are able to access the appropriate specialist support to aid them in their recovery.



Empowered futures

People access the right care at the right time and in the right place and are empowered to shape their support at every stage of life.



Sustainable futures

We work collaboratively to make sure Renfrewshire's resources are used to have the greatest impact on health and care.



Enablers



Housing Contribution Statement



Lead Partnership Working

Report Framework

New format for 2022-23

Within each key theme section, we have included an update on our Year 1 Strategic Plan deliverables, but we have also included detail of how this activity has impacted our 2022-23 Performance Scorecard. This approach provides a holistic summary of our service delivery and performance across the period. Our Executive Summary over pages 7-11 provides an overview of our Strategic Plan delivery and overall performance in 2022-23, highlighting key areas of achievement as well as areas for improvement.

Organised by theme, the main features of each section are detailed below:

 Strategic Plan deliverable progress overview using a RAG status summary: green – complete or on track; amber – underway but behind schedule; and red – delayed or postponed.



 Detailed tables showing our progress against each Year 1 Strategic Plan deliverable.

 Examples from care groups, relevant case studies and service user feedback.

 Scorecard key performance indicators – with the full Scorecard at Appendix 1.

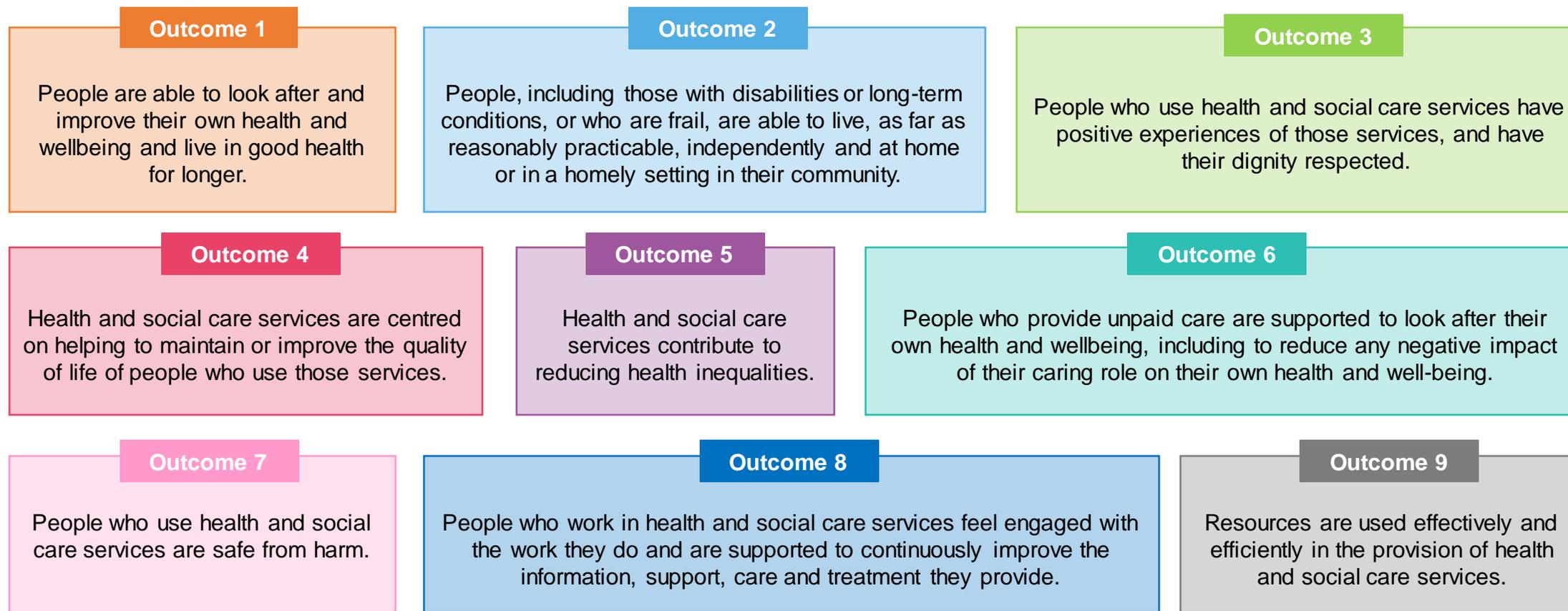
 A table to show the linkage to the nine National Health and Wellbeing Outcomes, detailed on slide six and an example shown below:

Work aligns with the following National Health and Wellbeing Outcomes								
1	2	3	4	5	6	7	8	9
✓	✓	✓	✓	✓	✓	✓	✓	✓

Report Framework

National Health and Wellbeing Outcomes

As mentioned, we have linked our themes to Scotland's national health and wellbeing outcomes. These are detailed below and aim to ensure JBs (and HSCPs), Local Authorities and Health Boards are clear about their shared priorities by bringing together responsibility and accountability for their delivery. They provide a framework for planning health and social care services.



Executive Summary: Strategic Delivery Plan Year 1

Progress Overview

The Executive Summary outlines our two key areas our performance: our Strategic Delivery Plan Year 1 progress and our 2022-23 Performance Scorecard. This page begins by detailing our progress against our Year 1 deliverables.

The success of our activity will be measured across the five key themes, which include a range of targets and milestones aligned to National, NHS Greater Glasgow and Clyde (NHSGGC) and local priorities. We will also measure progress for our Enablers, Housing Contribution Statement, Equalities and the areas for which we have Lead Partnership responsibility for the NHSGGC Board area: Podiatry and Primary Care Support.

Progress will be monitored through annual Strategic Delivery Plans, with Year 1 showing strong progress across the strategic objectives set out in the plan. Table 1 below illustrates progress on the 120 Year 1 deliverables:

Strategic Plan Deliverables	Red	Amber	Green
Total	5	10	105

Of the 15 deliverables that are not on track for completion by the end of Year 1 are being monitored as we move towards Year 2 of the plan, while seven have been paused mainly due to resource constraints or the requirement to reflect national strategies that have not yet been published.

Please note the annual timelines for our Strategic Delivery Plan do not fully align with our APR timelines, therefore there will be some differences in assessment of progress between these two periods of review.

Executive Summary: Strategic Delivery Plan Year 1

Key achievements

Key achievements for Year 1 include:



An increase in referrals to the Healthier Wealthier Children programme from families from ethnic minority backgrounds.



Agreement of a pathway for the Home First Response Service across acute and community services.



All GP practices in Renfrewshire now have an aligned Community Link Worker.



The number of new carers supported by the Carers Centre increased from 963 at March 2022 to 1,027 at March 2023 against a target of 913.



We developed a Market Facilitation Plan to help existing partners, and prospective provider organisations, to make informed business decisions about future service delivery.



A Culture, Arts, Health and Social Care (CAHSC) Co-ordinator has been recruited to increase opportunities for people to take part in arts and cultural activity.



13 new treatment rooms have been opened in Renfrewshire to enable residents to receive the right care at the right time and in the right place.



Alcohol, Drugs and Mental Health Recovery Hub, CIRCLE officially opened and is fully operational receiving over 200 referrals since its launch.



We developed a Climate Change Action Plan to support Renfrewshire's Plan for Net Zero.



We launched the pilot phase of the Home First Response Service, taking a NHSGGC whole system approach to the management and assessment of frailty – see page 24 for more information.

Executive Summary - Strategic Delivery Plan Year 1

Deliverables behind schedule or paused

Delayed due to external factors:



Due to the delay in the national strategy, Renfrewshire's Dementia Strategy will now be progressed in Year 2.



HSCP governance and resourcing plan to respond to National Care Service proposals will be developed once next steps are confirmed by the Scottish Government.



Housing: 1) Increase the number and % of social rented lets to homeless people – relevant data to be confirmed as currently provisional.

Housing: 2) undertake a review of advice services across Renfrewshire; 3) evaluate the social prescribing model of housing support. These are both subject to Council review. See notes HC5.1 and 5.2 on page 46.

Behind schedule due to capacity or resource constraints:



Transition from CAMHS to Adult Mental Health Services. Monthly meetings in place but pilot paused due to resource issues. See note ENF6.2 on page 29.



Reduce podiatry pressure ulcers and avoidable pressure damage. An Improvement Plan and Learning Health Systems Network is in place. See Note LP3.2 on page 49.



Agree next phase of Health and Wellbeing initiatives. SPG is considering our priorities in light of financial pressures. See Note SF4.2 on page 38.



HSCP Digital Vision, objectives and priorities agreed with partners. Work underway but behind schedule. See Note EN2.2 on page 42.



LGBTQ+ Charter delayed due to resource prioritisation.

Other deliverables not on schedule:



Winter Funding: 45.84 WTE posts have been filled from winter monies. Some posts have been reallocated to other projects and the remaining are being recruited to.



Refresh the HSCP's Participation, Engagement and Communication (PEC) Strategy and implement a supporting PEC group. Delayed due to resource prioritisation.



Deliver Sensitive Routine Enquiry training as part of our commitment to tackling Gender Based Violence (GBV). Embedded in Children and Families teams but resource prioritisation has paused further rollout. See Note HF3.1 on page 15.



Increase short break hours for unpaid carers. Efficient self-directed support process has reduced requirement for Carers' Centre respite. See Note SF6.2 on page 39.

Executive Summary – Performance Scorecard

Progress Overview: Scorecard Highlights

Alongside Year 1 performance against our Strategic Plan objectives, our financial year-end 2022-23 Performance Scorecard (Appendix 1) highlights Renfrewshire’s performance against national, NHS Board and local key performance indicators, and the National Core Integration Indicator set at Appendix 2.

While 2022-23 has been another challenging year, services have improved, and largely maintained performance against a number of key performance indicators.

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. At financial year end, the Performance Scorecard showed an overall improved position compared to 2021-22. Red status indicators were reduced by one, amber reduced by four, and those with green status increased from 16 to 22.

We continued to experience recruitment and staff retention challenges, as well as absences due to ongoing waves of COVID-19 and winter flu. However, staff have worked hard to maintain and improve the quality of our services.

Performance Indicator Status	2022/23	2021/22
	Alert: 12	Alert: 13
	Warning: 6	Warning: 10
	Target achieved: 22	Target achieved: 16
	No targets: 11	No targets: 18

Some examples where improvement was evident include:



A significant improvement in waiting times for our CAMHS (Child and Adolescent Mental Health) Service. Performance has increased from 58.8% at March 2022 to 100% at March 2023 for the percentage of patients seen within 18 weeks.



The number of Homecare hours provided (rate per 1,000 population 65+), has increased from 411 at March 2022 to 444 at March 2023 against a target of 420.



The percentage of new referrals to the Podiatry Service in Renfrewshire, seen within 4 weeks, has seen a substantial increase - from 41.4% at March 22 to 94% at March 2023 against a target of 90%.



The percentage of routine Occupational Therapy referrals allocated within 9 weeks has increased from 68% at March 2022 to 92% at March 2023 against a target of 45%.



The number of adult support plans completed for carers (18+) by the Carers Centre has increased from 148 at March 2022 to 203 against a target of 145.



The percentage of complaints we responded to within 20 days has been maintained at 90% at March 2023 against a target of 70%.

Executive Summary – Performance Scorecard

Progress Overview

Unscheduled Care

Unscheduled care performance in 2022-23 is on track to see an improvement across all indicators (A&E attendances, emergency admissions, delayed discharges etc.) compared with 2021-22. The number of delayed discharge bed days lost in 2022-23 decreased by 23% to 7,066, compared with 9,177 for 2021-22. 9,122 were recorded for 2019-20. In 2020/21, during the peak of the pandemic, the number reduced to 8,759.

Delayed Discharges

Within a national context, Renfrewshire was once again the highest performing HSCP area in Scotland at March 2023 for standard delays, with 137 bed days lost. This equated to a rate of 93 per 100,000 population. The national average rate at March 2023 was 874 and the Greater Glasgow and Clyde average was 676.6 per 100,000 population.



Areas for Improvement:

2022 / 23 has been another challenging year for performance and the areas below will continue to be closely monitored as we move into the 2023 / 24 reporting year.



Service Waiting Times

Despite a significant improvement in CAMHS waiting times, challenges remain in Community Mental Health Services, Paediatric Speech and Language Therapy, and in some areas of Podiatry Services. Referrals continue to increase for these services, however actions are in place to manage the growing demand as urgent care remains a priority.



Sickness Absence

Plans are in place to address the ongoing sickness absence challenges within the HSCP. These include HR support for services to offer training and identify areas that require additional support. Health improvement activities and support through Healthy Working Lives (HWL) is also ongoing to help raise employee awareness of health issues.



Anticipatory Care Planning

Renfrewshire's Anticipatory Care Group is leading on performance improvement, with an action plan in place and a rolling programme of staff training underway across the Partnership. Linked to NHSGGC Board-wide improvement work, this aims to improve performance, staff confidence and the quality of ACP conversations. Plans will be recorded on Clinical Portal, so they are visible to all services.

Healthier Futures: Prevention and Early Intervention

For every care group, and our wider population, we promote healthier lifestyles by encouraging things that can help prevent physical and mental ill-health. These can also enable people to remain at home for longer, delay the need for medical intervention and ultimately, achieve better outcomes for people.

Healthier Futures: An Overview

Prevention and Early Intervention



Early intervention can include providing people with information about services and resources in their local areas - and promoting active and healthy lifestyles. We can also make an impact early in life, supporting our children to have the best start possible.

Community-led support and joint working with our partners, the third sector and community groups is vital. We want to build on the skills and experience of people in Renfrewshire to create capacity within our communities and help people maintain their health and independence.

Healthier Futures - Progress Overview:

Red	Amber	Green
0	1	27

Some Examples of Progress:



Our Community Link Team continues to work with people living and working in Renfrewshire's communities to find information and add it to 'A Local Information System for Scotland' (ALISS). There are over 550 up-to-date Renfrewshire resources on the site.



Nine HSCP staff members are trained as 'Promise Keepers' to support the priorities identified in 'The Promise Scotland' Plan. We continue to work in partnership with Renfrewshire Council's Children's Services.



Case Study: Youth Health and Wellbeing Service

The Youth Health and Wellbeing Service provides confidential advice and information to young people aged 12-17 in Renfrewshire.

- Operating a drop-in service one evening per week, young people can ask health questions and have them answered by health professionals.
- Staff can refer the young person to another service or signpost to appropriate supports within the community.
- The service plans further promotion within schools and the development of a digital resource for young people to access the service.

Healthier Futures

Highlights and additional case studies



Case Study: Healthier Wealthier Children (HWC)

HWC aims to help reduce child poverty and offers income maximisation advice for impacted families. It also aims to prevent families from falling into child poverty by working with services to identify families at risk at an early stage. The number of HWC referrals from families from ethnic minority backgrounds has almost doubled from 11 in 2021 / 2022 to 20 in 2022 / 23, and referrals are currently being appointed on the day of receipt.

During 2022 / 23, 183 referrals were made, achieving a total of £531,782.62 in financial gains. This equates to an average of £2,905.91 in gains per family referred. The service provided support for 539 different cases involving benefits checks and applications, access to grants, and support with food, energy and fuel, providing invaluable support for families in Renfrewshire.



183
referrals to
HWC

Case Study: Lived Experience Forum

Established in December 2022, the lived experience forum is for people with, or have a family member who has experience of using alcohol and drug services. The group meets monthly to share their experiences and help inform the work of the Alcohol and Drug Partnership.

"The Lived Experience Forum is fantastic! It's a very relaxed informal space where people in addiction recovery come together to chat and help each other. They've got a great set-up, bringing in all the right folks and really listening to what everyone has to say. It's like they're totally open to new ideas and ways to improve things. I think it's a fantastic group. They're doing an amazing job of supporting each other and figuring out what works in the fight against addiction. Keep up the awesome work!"

Performance indicators:

The following two Performance Scorecard indicators show mixed performance. Alcohol related hospital stays is well within target and the target will be reviewed in 2023 / 24. Work is ongoing to improve Alcohol and Drug Waiting times to increase performance in this area.

Alcohol Related Hospital Stays

At Q3 December 2022, the rate of alcohol related hospital stays per 1,000 population (rolling year data) was 6.3 and below the target of 8.9 - green status.

Alcohol and Drug Waiting Times

At Q3 December 2022, Alcohol and Drug waiting times for referral to treatment within three weeks was 76.3% against a local target of 91.5% – red status.

Healthier Futures

Priority Activities



Objective		Year One Deliverables		RA G
HF1	Implement a local Strategic Group for suicide prevention and collaboratively develop a Renfrewshire suicide prevention strategy.	HF1.1	Establish a local Suicide Prevention Strategic Group and develop an initial plan for a Renfrewshire Strategy.	G
HF2	Work collaboratively to tackle stigma and encourage early engagement with services and support recovery.	HF2.1	Establish an ADP lived experience forum. Note: see also CF5.1	G
		HF2.2	Establish a Mental Health & Wellbeing lived experience and service user reference group.	G
		HF2.3	Embed peer support and volunteers across Mental Health, and Alcohol and Drugs Recovery Service (ADRS) and Continuing In Recovery Changes Lives Entirely (CIRCLE).	G
HF3	As part of our commitment to tackling Gender Based Violence (GBV), ensure that Sensitive Routine Enquiry is embedded in key HSCP services (or settings).	HF3.1	Embedded within Children and Families teams. Note: there has been a lack of capacity to roll out audit processes within Community Mental Health and Alcohol and Drug Recovery Services.	A
HF4	Work with partners within the ADP to prevent alcohol & drug related deaths across Renfrewshire.	HF4.1	Drug Death prevention action plan to be developed.	G
		HF4.2	Develop business case to create a dedicated Alcohol-related Deaths Post.	G

Healthier Futures work aligns with the following National Health and Wellbeing Outcomes

1	2	3	4	5	6	7	8	9
✓	✓	✓	✓	✓	✓	✓		✓

Healthier Futures

Priority Activities



Objective		Year One Deliverables		RAG
HF5	Work with partners to review existing information and advice sources for people in Renfrewshire, such as ALISS.	HF5.1	Revised baseline of Renfrewshire information sources on ALISS.	G
		HF5.2	Phased review plan agreed with timelines and owner.	G
		HF5.3	Website feedback mechanism established and monitored.	G
		HF5.4	Monthly e-bulletins produced and circulated via Chief Officer updates, Leadership Network and Engage Updates.	G
HF6	Continue to work with partners to support the health and wellbeing of young people and contribute to the Scottish Government's mission to end child poverty.	HF6.1	Increase referrals to Healthier Wealthier Children programme from ethnically diverse families by 50%.	G
		HF6.2	All referrals to have appointment set within 5 days of receipt.	G
HF7	Work collaboratively to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.	HF7.1	Children's Health Services to engage with Renfrewshire Council 'The Promise' Ambassador and agree relevant HSCP Actions.	G
		HF7.2	Agree local delivery plan with Renfrewshire Council to support delivery of the Whole Family Support Framework, as per Scottish Government requirement.	G
HF8	Through our CAHSC group, we will lead work with colleagues and partners involved in the Future Paisley programme.	HF8.1	Recruit CAHSC coordinator.	G
		HF8.2	Agree programme evaluation model.	G

Healthier Futures

Priority Activities



Objective		Year One Deliverables	RAG
HF9	Address teenage pregnancy and Sexually Transmitted Infection (STI) rates in Renfrewshire and focus on helping children and young people have positive, healthy and mutually respectful relationships.	HF9.1 Complete the review of relationships and Sexual Health (RSHP) policy for education establishments. Note: Education are developing guidance rather than a policy which will be complete by summer.	G
		HF9.2 Evaluate the Early Protective Messages (EPM) Programme in early years settings.	G
		HF9.3 Share key findings from EPM evaluation with key partners.	G
		HF9.4 Work with key partners to identify priorities and action plan for planning group. Note: Workshops arranged for June 2023.	G
		HF9.5 Complete co-produced development of online practice guidance on relationships and sexual health for staff and carers of Care Experience Young People (CEYP).	G
HF10	Work collaboratively to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.	HF10.1 Children's Health Services to engage with Renfrewshire Council 'The Promise' Ambassador and agree relevant HSCP Actions.	G
		HF10.2 Agree local delivery plan with Renfrewshire Council to support delivery of the Whole Family Support Framework, as per Scottish Government requirement.	G
HF11	Develop our joint approach to frailty and falls prevention pathways within communities and acute settings.	HF11.1 Agree pathway for Home First Response Service across acute and community services.	G
		HF11.2 Implement use of frailty ID tool with acute and community.	G
		HF11.3 Agree job description to progress recruitment of service manager.	G
		HF11.4 Establish the team within acute (hub) and spoke (community).	G

Connected Futures

Supporting people to manage long-term conditions - including physical and mental health. Enabling them to live as independently as possible, for as long as possible, is central to how we provide care and support.

Connected Futures: An Overview

Community Support



A vibrant community-led approach to supporting people, alongside the services provided by the HSCP and partners, can make a significant contribution to prevention and early intervention and improve the health and wellbeing of our communities.

The benefits of community-led support were clear throughout the COVID-19 response. As we move through recovery and further transform our services, the HSCP and partners will continue to strengthen the thriving network of advice, support and care already provided in our local communities.

Connected Futures: Progress Overview:

Red	Amber	Green
1	0	8

Some Progress Examples:



We aligned Community Wellbeing Workers to three GP Practices.



We provided grants to voluntary organisations under Section 10 of the Social Work Scotland Act. (see examples on page 20).



240
referrals to
CIRCLE
since launch

Case Study: CIRCLE Recovery Hub

CIRCLE (Continuing in Recovery Changes Lives Forever) was developed to provide enhanced support to local people on a recovery journey from issues relating to mental health and drug or alcohol addiction.

- The hub was designed to address a gap within Renfrewshire's mental health and alcohol and drug services.
- Major decisions are considered and taken in partnership with local people who have lived or living experience.
- Improved recovery opportunities and links to other services.

Connected Futures

Highlights and additional case studies



Case Study: Culture, Arts, Health and Social Care Co-ordinator

It is widely recognised that creativity can positively impact on health and wellbeing, The Community Partnerships' Team has developed an innovative role with funding from Future Paisley to increase opportunities for people to take part in arts and cultural activity. Our new Co-ordinator has been developing relationships with groups and organisations, including HSCP based services that support people living with the impact of inequalities, and local artists keen to improve wellbeing. The first round of funding benefited a number of services, including those supporting older people, people with a learning disability and people with physical disabilities.

A poem from a patient from Ward 3B, Dykebar Hospital:

“To all the staff, thank you very much,
For your TLC and tender touch.
Ward B you are great,
And had a hand in my fate.
So, cheers! Hopefully we don't meet
again, but you never know,
All my love do I show.
Thanks. Miss you.”

Case Study: National Recovery Walk

Paisley was the first ever town to welcome the national Recovery Walk Scotland in September 2022. There was a fantastic turnout with over 4,000 people from across the country who walked through Paisley to help change perceptions of people in recovery from alcohol or drugs.



Performance indicator:

CAMHS (Child and Adolescent Mental Health) Service
Performance has increased from 58.8% at March 2022 to 100% at March 2023 for the percentage of patients seen within 18 weeks.

S10 Grant Funding

The HSCP provides grants to voluntary organisations under Section 10 of the Social Work Scotland Act. Examples of organisations who have benefited from S10 grant awards in 2022 / 23 include:

Shopmobility Paisley and District

Shopmobility Paisley and District primarily provide and support people with disabilities and mobility issues (long term or temporary), by providing the hire of mobility scooters and wheelchairs. They also offer a small repairs and maintenance service. While their location base is Paisley, they cover the whole of Renfrewshire and currently have a membership base of 415 people.

*“This investment has helped us support some of the most vulnerable people in Renfrewshire, helping over 500 people to date. We would like to thank the Health and Social Care Partnership for this grant, it is very much appreciated indeed.” - **Karen Miller, Shopmobility***

I Am Me Scotland

Established for over eight years, I Am Me Scotland aims to promote equality and diversity by raising awareness of disability related harassment and abuse (hate crime), encouraging reporting of incidents and working with partners to create safer and stronger communities for people who are disabled and / or vulnerable. Located in the heart of Paisley, the service covers the whole of Renfrewshire and Scotland.

*“The S10 funding enabled us to work with partners to develop an amazing ADHD animation, narrated by Molly, a young girl who has experience of living with ADHD and design a lesson to accompany the animation. Once complete, this lesson will be available on the education platform for use in all schools in Scotland. Creating awareness and understanding will help to tackle stigma and encourage inclusion.” - **Carol Burt, I Am Me Scotland***

Connected Futures

Priority Activities



Objective		Year One Deliverables		RAG
CF1	Develop and implement a Renfrewshire Dementia Strategy, reflecting the objectives and priorities of the forthcoming National Dementia Strategy.	CF1.1	A Renfrewshire Dementia Strategy will be progressed in Year 2 of the Strategic Plan to align with the National Dementia Strategy once published. Note: <i>paused due to delay of the National Strategy.</i>	R
CF2	Support people to live well by strengthening links between community resources and primary care, through testing and evaluation of new roles in several GP Practices.	CF2.1	Increase Community Link Worker resource within Renfrewshire. Target to increase this by three WTE, subject to recruitment.	G
		CF2.2	Align Community Wellbeing Workers to a further three GP Practices.	G
CF3	Help children and young people and their families get appropriate and timely support to improve their mental wellbeing through a multi-agency community-based family support service.	CF3.1	Develop a shared local delivery plan, ensuring service specification integrated into CAMHS by March 2023.	G
CF4	Build unpaid carer-friendly communities across Renfrewshire so that unpaid carers can access the support they need to continue to care.	CF4.1	Design and deliver a programme of unpaid carer awareness and engagement sessions.	G
		CF4.2	Run campaigns targeting communities of unpaid carers less well known to us. Achieve increased performance target for new unpaid carers.	G
CF5	Embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services (ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support.	CF5.1	Establish an ADP Lived Experience Forum. (see also HF2.1).	G
		CF5.2	Re-establish a Renfrewshire Recovery Forum / Group.	G
		CF5.3	Evaluate the impact of CIRCLE, and Peer Recovery Worker development.	G

Connected Futures work aligns with the following National Health and Wellbeing Outcomes

1	2	3	4	5	6	7	8	9
✓	✓	✓	✓	✓	✓			

Enabled Futures

Sometimes, we all need to access specialist support to help us recover from illness, to manage long-term conditions, and to keep us safe. This could include access to primary care services, support with our mental health, or support to recover from alcohol or drug-related addictions. Helping people get back on their feet and supported at home and in their community is essential.

Enabled Futures: An Overview

Clinically Safe and Specialist Services



We will help people access appropriate specialist support in the most suitable setting. Ideally, we want to provide care as close to home as possible and avoid any unnecessary or preventable attendances or admissions to hospital. We will also continuously improve service quality, supported by Clinical and Care Governance. Working with partners, we will build on individuals' strengths, skills and abilities to aid their recovery.

Enabled Futures: Progress Overview:

Red	Amber	Green
0	2	13

Some examples of Progress:



Agreement of a pathway for the Home First Response Service across acute and community services.



As at March 2023, the longest wait for CAMHS referral to assessment was 18 weeks against a target of 18 weeks.



The number of Homecare hours provided has increased since the previous reporting year.

Case Study: Home First Response Service (HFRS)

The Home First Response service, which was launched in November 2022, sees patients who would otherwise potentially spend long periods in hospital receive a tailored care plan, which can be delivered in a home or community environment.

The service is particularly helpful to elderly patients, where treatment at home provides significant benefits – increasing recovery time, preserving mobility and reducing the chance of delirium.

Specially trained HSCP staff have been embedded alongside acute frailty teams at the Royal Alexandra Hospital to help limit admissions, improve early discharges and support anticipatory care planning.



Enabled Futures

Highlights and additional case studies



Case Study: Care Home Collaborative

The care home service in Renfrewshire has been developed to provide a multi-skilled nursing team, inclusive of Care Home Liaison Nurses, Trainee and Advanced Nurse Practitioners, a Care Home Practice Development Nurse and Staff Nurses. The evolution of this team, has meant that every care home in Renfrewshire now has access to a weekly ANP clinic that allows for proactive assessment, care and guidance as well as an unscheduled care service for when residents become unwell.

The team has effectively moved work away from GP practices and provided a holistic specialist nursing service to the care homes. This service has benefited and improved the health of residents. The team continues to work closely with homes to identify areas for improvement and opportunities to collaborate.

Performance indicator:

Emergency admissions from Care Homes

Performance for 2022/23 was 433 against a target of 450. There are a number of initiatives underway to prevent avoidable hospital admissions.

Case Study: Respiratory Ambulatory Pilot

Renfrewshire began this test of change in 2022, part of board-wide Unscheduled Care activity. The team target those patients with exacerbation of COPD who might otherwise be admitted to hospital and utilise a 'virtual ward' approach to ensure consultant overview, whilst working with patients and families at home to manage their exacerbation safely.

Currently, 14 Renfrewshire GP practices are enrolled, and most admissions have been avoided.



Care at Home Service-User Feedback

"I would like to take this opportunity to thank the Care at Home team who visit and care for me daily. I was apprehensive at first to accept home care, but it has made such a difference to my quality of life and mental health and wellbeing. I have the upmost appreciation for the high standards of care these awesome people provide, so please accept my sincere thanks to all. Keep up the awesome work you do!"

"I would like to commend the service provided to my father. The community meals staff have always been professional and friendly, however the actions taken by staff attending my father were lifesaving. The member of staff delivering my father's lunch noticed he appeared unwell. Despite my father saying he didn't want his community alarm to be raised, the member of staff reported his concerns. Due to their actions, I attended my dad and called an ambulance. On arrival, A&E reported he had sepsis. There is no doubt that the actions of the community meals team allowed him to receive urgent and essential treatment for what is a very serious illness." - Compliment received about Community Meals service

Unscheduled Care

Ministerial Strategic Group Performance Indicators



The table below shows the data for these performance indicators for the four-year period April 2019 – Q3 December 2022. Performance is on target to show an improvement across all indicators in 2022-23. Please note that performance for 2020-21 is reflective of the pandemic's relative impact on services.

Ministerial Strategic Group Indicators	2019-20	2020-21	2021-22	2022-23	Direction of travel
Number of emergency admissions	18,173	14,399	17,372	11,059p Q3	↑
Number of unscheduled hospital bed days (acute specialties)	126,904	112,609	129,987	93,525p Q3	↑
A&E attendances (18+)	47,297	31,892	40,601	29,852 Q3	↑
Acute Bed Days Lost to Delayed Discharge	9,122	8,759	9,117	7,006	↑
Percentage of last six months of life spent in Community setting	87.3%	89.5%	88.4%p	Data Unavailable	—
Balance of care: Percentage of 65+ population living at home (unsupported)	90.7%	91.6%	Data Unavailable	Under Development	—

No.1 in Scotland at March 2023

Comparison to previous year:	Improved performance	↑	Decline in performance	↓	*p: provisional data
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Enabled Futures

Inspection of Services Summary



The Partnership provides services subject to a rolling programme of independent inspection from the Care Inspectorate.

Inspection assures us that services are working well and highlights areas for improvement. Inspectors examine the overall quality of care and support, the staffing, the management and leadership, and the environment in which the care is provided.

During 2022-23 inspections were carried out at the following HSCP operated services using the 'Six Point Quality Scale'.

Montrose Care Home

Score: 4 overall for supporting people's wellbeing

Score: 4 for leadership

Renfrew Care Home

Score: 4 overall for supporting people's wellbeing

Score: 4 for leadership.

Care at Home Services:

The initial inspection highlighted some areas of concern, however the service acted upon those immediately and received the following scores at the return visit:

Score: 4 overall for supporting people's wellbeing

Score: 3 for leadership

Full Inspection results can be viewed at Appendix 3.

Six Point Scale

The six-point quality scale is used when evaluating the quality of performance across quality indicators:

- 6 Excellent, Outstanding or sector leading
- 5 Very Good Major strengths
- 4 Good Important strengths, with some areas for improvement
- 3 Adequate Strengths just outweigh weaknesses
- 2 Weak Important weaknesses – priority action required
- 1 Unsatisfactory Major weaknesses – urgent remedial action required

Inspectors will look at a selection of the quality indicators. Which and how many quality indicators will depend on the type of inspection, the quality of the service, the intelligence they hold about the service, and risk factors they may identify.



Enabled Futures: An Overview

Priority Activities



Objective		Year One Deliverables		RAG
EnF1	Work collaboratively, continuing activity to reduce unnecessary attendance at A&E, reduce hospital admissions and lengths of stay in hospital.	EnF1.1	Launch the pilot phase of the Home First Response Service, taking a NHSGGC whole system approach to the management and assessment of frailty in line with an integrated primary and secondary care frailty pathway.	G
EnF2	Build on and further coordinate the positive developments achieved in reforming urgent care during the pandemic.	EnF2.1	This strategic objective will be delivered through the Reform of Urgent Care and Unscheduled Care Commissioning Planning governance structures. Note: this work will continue to be built on in years 2 and 3, as a commitment to continuous improvement	G
EnF3	Deliver the Strategic Pharmacy Framework.	EnF3.1	The objectives of the Strategic Pharmacy Framework have been agreed through NHSGGC-wide governance. Delivery against agreed actions will be monitored through this process. Local updates will be brought to the IJB as appropriate.	G
EnF4	Continue to embed multidisciplinary team working across HSCP services to enhance person-centred care.	EnF4.1	Primary Care Improvement Plan: <ul style="list-style-type: none"> Roll out four pharmacy hubs across Renfrewshire. Note: originally four planned but using initial learning from Renfrew, only one was required in Paisley rather than two. Treatment room access rolled out across Renfrewshire in line with PCIP targets (11 treatment rooms in total). 	G
		EnF4.2	Care Home Hub model: <ul style="list-style-type: none"> Formal launch of the Care Home Hub (working with partners across NHSGGC). 	G
		EnF4.3	Winter Funding: <ul style="list-style-type: none"> Deliver 76.8 WTE additional posts identified through winter funding proposals (subject to availability of candidates and recruitment). Note: 45.84 posts have been filled. Some posts have been reallocated to other projects and the remaining are being recruited to. 	A

Enabled Futures work aligns with the following National Health and Wellbeing Outcomes

1	2	3	4	5	6	7	8	9
✓	✓	✓	✓			✓	✓	✓

Enabled Futures: An Overview

Priority Activities



Objective		Year One Deliverables		RAG
EnF5	Seek to minimise delayed discharges through the HSCP's programme of work to support prompt discharge from hospital.	EnF5.1	Continue to meet local delayed discharge targets as agreed through NHSGGC delayed discharge planning discussions.	G
		EnF5.2	Seek to maintain Renfrewshire's positive position and remain within the Top 3 nationally for the Standard DD bed days rate.	G
EnF6	Work in partnership with Renfrewshire Council's Children's Services to implement the National Neurodevelopmental Pathway (NDP) and ensure linkages are developed to support transition across services.	EnF6.1	Develop a local shared Delivery Plan.	G
		EnF6.2	Effective planning and identification of children aged 17 ½ years who will require transition from CAMHS to Adult Mental Health Services. Note: <i>Monthly transition meetings underway providing forum for early identification and planning. Joint pilot with Adult Mental Health paused due to unfilled vacancy.</i>	A
EnF7	Improve patient experience of our services by reducing the waiting times for access to CAMHS.	EnF7.1	Make incremental progress towards 90% of children and young people beginning treatment within 18 weeks of referral, in line with national target by March 2023 (baseline as of March 22 was 58.8% of patients of seen within the 18-week target).	G
EnF8	Continue to modernise the (i) nursing, midwifery and (ii) allied health professions (AHP) workforce to be fit for the future and maximise their contribution to shifting the balance of care to community and primary care settings.	EnF8.1	Continue to modernise the nursing and midwifery workforce: <ul style="list-style-type: none"> Develop Band 5 roles within the Care Home Advanced Nurse Practitioner Team to support succession planning. 	G
		EnF8.2	Implement and evaluate the enhanced MDT Respiratory Team.	G
		EnF8.3	Modernise the AHP workforce: <ul style="list-style-type: none"> Implement the AHP Learning & Development Plan. 	G
		EnF8.4	Children's Health Services: <ul style="list-style-type: none"> Confirm ANP role requirements Recruit additional ANPs in line with requirements (subject to candidate availability). 	G

Empowered Futures: Choice, Control and Flexibility

We want to ensure the support provided by the HSCP, and in communities, gives people more choice and flexibility in terms of when and where they access services. Support will be built around individuals' needs and where appropriate, provide options which move beyond more traditional, often building-based, service models.

Empowered Futures: An Overview

Choice, Control and Flexibility



As we shape our services, we will ensure support provided by the HSCP and in communities gives people more choice, so they can access the right care at the right time and in the right place and are empowered to shape their support at every stage of life.

Empowered Futures: Progress Overview:

Red	Amber	Green
1	0	20

Some Examples of Progress:



The HSCP developed an 'Autism Action Plan' and recruited a Senior Resource Officer post for Autism.



The number of new carers supported by the Carers Centre has increased from 963 at March 2022 to 1,027 at March 2023.



Our [Palliative & End of Life Care Strategy](#) was published in September 2022, following extensive consultation and engagement to ensure the final Strategy is as informed and insightful as possible.



Anticipatory Care Planning was a key area of focus in 2022 / 23, and although we have delivered on our actions, we have yet to see an improvement in performance. We are hopeful the picture will improve by mid-year 2023 / 24.

6
Referrals to RLDS every week



Case Study: Supporting Young People into Adult Services.

A new role of Senior Resource Officer for Transitions, based in Renfrewshire Learning Disability Service (RLDS)...

- Identifies young people who need ongoing and specialist support from RLDS as they transition into young adulthood.
- Ensures partnership working with supported individuals, families, education and other agencies.
- Access to community-based supports / services at the right time and place.

Empowered Futures

Highlights and Additional Case Studies



Case Study: Unpaid Carers' Support

We published our new co-produced [Unpaid Carers' Strategy 2022-25](#) this year and a Carers Partnership Officer has been recruited to help identify carers and promote a wide-reaching awareness and development programme. This links with services, acute and community health partners, the voluntary sector and communities so unpaid carers can access the support they need. As we deliver our new Carers Strategy and reflect on Year 1 of the Strategic Plan, we continue to see positive performance results with 1,027 new carers identified in 2022 / 23.

Case Study: The Right Care at the Right Time in the Right Place

The 2018 GP contract began a process of reform that would see health boards centrally provide some services that were previously the responsibility of GP practices. In 2022 / 23, Renfrewshire HSCP opened 13 new treatment rooms to help streamline care and enable independent residents to receive the right care at the right time and in the right place. This service is provided by Renfrewshire HSCP's Community Treatment and Care (CTAC) team and clinics offer interventions such as wound care, suture removal, dressings, injections and leg ulcer clinics. In addition, a Phlebotomy service is also provided within individual GP practices.

1,027
new unpaid
carers
identified

"I cannot say enough about the help I received since I was put in touch with Renfrewshire Carers Centre, not just emotionally but financially. With their help, I have managed to get a new sofa and cooker. This wouldn't have been possible without their help."

Performance indicators:

Carers performance measures in 2022 / 23 all have green status. We continue to support carers in their caring roles so they can manage their own life alongside their caring responsibilities.

Carers accessing training

In 2022 / 23, 271 carers accessed training via Renfrewshire Carers Centre, above the target of 257 - green status.

Number of Adult Support Plans completed by the Carers Centre for carers 18+

In 2022 / 23, 203 Adult Support Plans were completed by Renfrewshire Carers Centre for carers aged 18+, above the target of 145 - green status.



Empowered Futures: An Overview

Priority Activities



Objective		Year One Deliverables		RA G
EmpF1	Recover and develop day opportunities and explore wider flexible community-based models which, where appropriate for each person, provide additional choice beyond existing services and support innovative use of our buildings.	EmpF1.1	Maintain continued delivery of day and respite services.	G
		EmpF1.2	Explore and document other service models across Scotland to inform and shape future service delivery locally.	G
		EmpF1.3	Establish and progress a rolling programme of care package reviews.	G
EmpF2	Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support.	EmpF2.1	Confirm strategic care planning groups for LD and autism, including representatives for people with lived experience and unpaid carers.	G
		EmpF2.2	Establish lived experience reference groups for people with LD and Autism.	G
		EmpF2.3	Establish lived experience reference groups for carers, supported by The Carers Centre.	G
EmpF3	Improve the experience of young people with autism or with a learning disability making the transition to adult services.	EmpF3.1	Review existing pathways for young people and agree opportunities for improvement.	G
		EmpF3.2	Confirm partnership working arrangements with key stakeholders in education, housing, and employment.	G
		EmpF3.3	Review and develop pathways with key partners in relation to complex cases and delayed hospital discharge.	G

Empowered Futures work aligns with the following National Health and Wellbeing Outcomes

1	2	3	4	5	6	7	8	9
	✓	✓	✓	✓	✓	✓	✓	✓

Empowered Futures: An Overview

Priority Activities



Objective		Year One Deliverables		RAG
EmpF4	Deliver a Renfrewshire autism action plan to improve opportunities and outcomes for people with autism.	EmpF4.1	Develop and agree autism action plan. Note: the action plan and associated priorities by their very nature are very fluid, cyclical and ongoing, but overall progress is being made in all areas.	G
		EmpF4.2	Prioritise and develop clear care pathways to support and / or signpost autistic adults to services inclusive of life skills, benefits, employment, housing, social isolation.	G
EmpF5	Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support.	EmpF5.1	Establish a short life working group to develop and publish a Communication Toolkit for all staff.	G
EmpF6	Develop an LGBTQ+ charter, continue to co-fund the IN-Ren Network Officer post hosted by our partner Engage and deliver training for our staff.	EmpF6.1	Progress LGBT Charter Award. Note: paused due to resource prioritisation.	R
		EmpF6.2	Develop and publish a Race Equality Toolkit.	G
		EmpF6.3	Provide Race Equality Champions Training.	G
EmpF7	Anticipatory Care Planning (ACP) is a priority. We will work with staff groups to have the competence and skill to have sensitive discussions with patients.	EmpF7.1	Develop an ACP evaluation tool.	G
		EmpF7.2	Develop ACP training programme for staff.	G
		EmpF7.3	Deliver Anticipatory Care Plan target in line with 21 / 22 objectives.	G
		EmpF7.4	Develop a quality audit approach and apply this to a sample of ACPs.	G
EmpF8	Deliver Renfrewshire's updated Palliative Care and End of Life Care Strategy.	EmpF8.1	Agree Palliative Care Strategy with IJB.	G
		EmpF8.2	Deliver actions for Year 1 in Palliative Care Strategy (note: year 1 of the Strategy will cover approximately 6 months of Year 2 of the IJB's Strategic Plan).	G

Sustainable Futures

Ensuring available resources in the health and social care system across Renfrewshire are used effectively within a challenging financial environment.

Sustainable Futures: An Overview

Effective Use of Renfrewshire's Resources



Sustainable Futures is a core overarching theme within the IJB's Strategic Plan for 2022-25. It focuses on ensuring Renfrewshire HSCP's available resources are used effectively, while recognising service reform and financial savings will be required to achieve this.

Sustainable Futures: Progress Overview:

Red	Amber	Green
1	2	11

Some Examples of Progress :



We published our Workforce Plan 2022-25 in November 2022, see page 37 for more details.



We launched our Staff Development Programme, allowing staff to apply for funding to develop their skills and enhance their careers.



Renfrewshire HSCP's Climate Change Net Zero plan was approved in August 2022.



We Developed a new Market Facilitation Plan 2023-25



Case Study: Collaborating on Recruitment Challenges Locally

Recruitment to the adult social care sector has been a national challenge in recent years, putting seamless service delivery at risk. In response, we have worked in collaboration with partners from across Renfrewshire to tackle this issue locally.

By taking a strategic approach and working with a broad range of partners, we developed a local recruitment campaign. This featured a wider spectrum of roles than any individual organisation could offer and highlighted the benefits of working in the sector.

The first joint 'jobs fair' event was held in March 2023. More than 300 people came along on the day and all partners reported an exceptionally positive outcome from this collaborative approach.

Sustainable Futures

Highlights and Additional Case Studies



Case Study: Workforce Plan

Published in November 2022, our [Workforce Plan](#) sets out how we aim to ensure the Partnership has a workforce fit for purpose and enabled to deliver the current and future needs of those who rely on our services. Aligned with our Strategic Plan 2022-25, the National Workforce Strategy for Health and Social Care is set in the context of our [Medium Term Financial Plan](#).



Staff Development Programme

"I would recommend applying to the staff development programme. The application process was easy to follow I hope when I finish my degree, I'll be able to progress in my career and move into a more senior management role and I'm really excited about my future career journey with Renfrewshire HSCP."

Tracey Smith, Admin Team Lead, Children's Services, studying BA (Hons) Business Management

Case Study: Staff Awards 2022

Each year, our staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership.



49
nominations
for 2022 staff
awards

Performance Indicators

Plans are in place to address ongoing sickness absence challenges. These include HR support for services to offer training and identification of areas that require additional support.

Sickness Absence NHS HSCP Staff

In 2022-23, the sickness absence rate for NHS HSCP staff was 6.73%, above the target of 4% - red status.

Sickness Absence Renfrewshire Council HSCP Staff

In 2022-23, the sickness absence rate for Council staff was 22.59 work-days lost per Full Time Equivalent (FTE) - red status.

Sustainable Futures

Priority Activities



Objective		Year One Deliverables		RAG
SF1	Prioritise recovery from COVID at a consistent pace and develop transformation plans to reflect a range of criteria.	SF1.1	Confirm and prioritise scope for HSCP transformation programme, incorporating recovery objectives.	G
		SF1.2	Workforce Plan for 2022-25 approved by IJB with supporting actions, including those with a focus on staff health and wellbeing.	G
		SF1.3	HSCP governance and resourcing plan to respond to National Care Service proposals. Note: a further period of engagement and consultation is taking place during summer 2023.	R
SF2	Gather available data on health and social care demand and provision in Renfrewshire and develop a refreshed Market Facilitation Plan.	SF2.1	Updated demand baseline and projections.	G
		SF2.2	Market Facilitation Plan approved by IJB.	G
SF3	Develop a Climate Change (Net Zero) action plan for HSCP services.	SF3.1	Develop an action plan to support Renfrewshire's Plan for Net Zero.	G
SF4	Further develop how the HSCP works in partnership with the third sector, partners and providers.	SF4.1	Evaluate SPG progress against priorities.	G
		SF4.2	Agree next phase of Health and Wellbeing initiatives. Note: SPG have been taking time to consider our priorities in light of financial pressures and testing current ones in terms of future focus.	A

Sustainable Futures work aligns with the following National Health and Wellbeing Outcomes

1	2	3	4	5	6	7	8	9
✓	✓	✓	✓	✓	✓	✓	✓	✓

Sustainable Futures

Priority Activities



Objective		Year One Deliverables		RAG
SF5	Work with our partners to deliver joint strategic objectives and plans.	SF5.1	The key deliverables from these plans have been captured within other objectives within the Strategic Plan and are managed through existing governances and reporting structures within NHSGGC, Renfrewshire Council and on a partnership basis. Any additional commitments or actions which arise will be added to our Delivery Plan and highlighted to the IJB.	G
SF6	Review the Unpaid Carer Short Breaks Services Statement and strengthen the partnership approach to supporting unpaid carers.	SF6.1	Agree Unpaid Carer Short Breaks Services Statement at IJB September 2022.	G
		SF6.2	Increase the total of community based short breaks hours to 3,000 (Baseline: 1,992 hrs 2021 / 22). Note: <i>efficient self-directed support process has resulted in a reduced need for Carers' Centre respite. This will be monitored during 2023 / 24.</i>	A
SF7	Work with partners to develop and implement a Workforce Plan for 2022-25	SF7.1	Final Workforce Plan approved by IJB.	G
		SF7.2	Action Plan with owners and measures (progress will be monitored through Workforce Planning governance).	G
		SF7.3	Year 1 progress assessment submitted to Scottish Government.	G



Enablers... Making it Possible

We have a range of critical enabling policies and plans which provide the foundations for us to deliver on our objectives and priorities. They inform our Strategic Plan and also help us to deliver on our priorities. Central to this is workforce planning - because our staff are our greatest asset, and we are committed to supporting them through access to development opportunities and empowering individuals to maximise the contribution they can make.

Enablers

Making it possible...



We have identified several key 'enablers'. These are areas of activity which apply across all services provided and activity undertaken by the Partnership. These enablers inform this Strategic Plan and are the foundations which ensure we are equipped to deliver on our objectives and priorities.

Enablers Progress Overview:

Red	Amber	Green
0	3	9

Some Examples of Progress :



Roll out of pharmacy hubs across Renfrewshire.



Establish HSCP Property Strategy Group with partners.



Annual Clinical and Care Governance Report for the preceding year produced for the IJB and NHSGGC.



Our progress from analogue to digital.



Case Study: iMatter

iMatter is the Scottish Government initiated staff survey tool for all NHS Boards and Health and Social Care Partnerships in Scotland. The survey has been running annually in Renfrewshire since 2017 and uses a continuous improvement model to put decisions about the priorities and actions for improvement in the hands of the teams themselves, making the work more meaningful and increasing staff involvement in decisions and activity for improvement.

In 2022, we increased our return rate to 75%, which was a great increase on the previous year's figures. With agreed action plans in place, our teams can focus on making sure we deliver on the promises we made.

These plans are developed to help us improve how we work better together and how we tackle the issues raised in individual teams as a priority.

Enablers

Priority Activities



Objective		Year One Deliverables		RAG
En1	Develop a Workforce Plan for 2022-25 setting out how we will address identified challenges.	En1.1	Final Workforce Plan approved by IJB.	G
		En1.2	Action Plan with owners and measures (progress will be monitored through Workforce Planning governance).	G
		En1.3	Year 1 progress assessment submitted to Scottish Government.	G
En2	Establish an HSCP Digital and Data Oversight Group.	En2.1	HSCP Digital and Data Oversight Group established with agreed Terms of Reference.	G
		En2.2	HSCP Digital Vision, objectives and priorities agreed with partners. Note: work underway but behind schedule.	A
En3	Work closely with our partners to ensure our buildings match our future needs.	En3.1	Roll out four pharmacy hubs across Renfrewshire.	G
		En3.2	Treatment room access rolled out across Renfrewshire.	G
		En3.3	Establish HSCP Property Strategy Group with partners.	G
		En3.4	Agree HSCP strategic property objectives and priorities.	G
En4	Develop and implement a Communication and Engagement Strategy.	En4.1	Refresh the HSCP's Participation, Engagement and Communication (PEC) Strategy. Note: delayed due to resource prioritisation.	A
		En4.2	Implement a supporting PEC group. Note: delayed due to resource prioritisation.	A
En5	Produce an Annual HSCP Clinical and Care Governance Report for the preceding year for the IJB and NHSGGC.	En5.1	Produce an Annual HSCP Clinical and Care Governance Report for the preceding year for the IJB and NHSGGC.	G



Housing Contribution Statements

Housing Contribution Statements



Good housing is central to tackling some of the most pressing health challenges and plays a critical role in improving health, wellbeing and social care outcomes for people in Renfrewshire.

Our aim is to ensure that people have access to the right home: one that is accessible, warm, safe, secure and affordable, in the right place, with the right support, to ensure that people live longer, healthier lives in their own community.

Housing Contribution Statements Overview

Red	Amber	Green
2	1	11



Some Examples of Progress:



CIRCLE continue to link with various housing and homelessness services. The Link Workers will continue to build and strengthen these joint working arrangements.



The use of Housing First based wraparound support approach has been upscaled to over 60 service users at any one time.



The Myla Project in partnership with Turning Point Scotland is supporting 25 service users, with referrals coming from a broad range of services and agencies.

Case Study: Community Safety Nurses

Community Safety Nurses support housing with various issues such as hoarding, the risk to tenancy concerns due to anti-social behaviour, and private lets. When our Housing colleagues raise a concern more than once they would discuss the case with Community Safety Nurses.

A drop-in service is available for Housing to attend and discuss potential cases. If suitable, CSN can arrange a Mental Health Assessment for the tenant. An outcome of this assessment is passed to the original referrer and the tenant's GP practice.

Housing Contribution Statements



	Objective		Year One Deliverables	RAG
HC1	Support the development of Renfrewshire Council's innovative Regeneration and Renewal Programme.	HC1.1	Progress Phase 1 investment in Auchentorlie and Seedhill areas in line with agreed plans.	G
		HC1.2	Progress establishment of Neighbourhood Renewal Groups for 8 Housing regeneration Areas (in line with plans and target date of 2029).	G
HC2	Support the delivery of energy improvements to existing social housing stock across all tenures and support owners to undertake energy efficiency improvements through area-based schemes.	HC2.1	Progress housing investment programmes to improve energy efficiency of social rented housing stock while working towards higher standards for net zero.	G
		HC2.2	Secure funding from Scottish Government EES:ABS programme.	G
		HC2.3	Increase the role of environmental sensors within council housing to monitor air quality and quickly identify mould risk for intervention.	G
HC3	Build on the rapid rehousing approach to ensure access to specialist services is readily available via robust pathways for homeless people with complex needs, including mental health and harmful alcohol and / or drugs use.	HC3.1	Complex Cases Group established and working well.	G
		HC3.2	CIRCLE continue to link with various housing and homelessness services. The Link Workers will continue to build and strengthen these joint working arrangements.	G
		HC3.3	The use of Housing First based wraparound support approach has been upscaled to over 60 service users at any one time.	G
		HC3.4	Increase number and % of social rented lets to homeless from 21 / 22 baseline (this may be impacted by Homes for Ukraine programme). Note: 2022 / 23 data to be confirmed as currently provisional).	A

Housing Contribution Statements



Objective		Year One Deliverables		RAG
HC4	Continue to strengthen our approach to prevention and repeat homelessness by providing holistic wraparound support to households in Renfrewshire.	HC4.1	Launch Myla project in partnership with Turning Point Scotland.	G
		HC4.2	Establish Myla Steering Group.	G
		HC4.3	Target number of service users confirmed as 25 at any one time by April 2023.	G
HC5	Develop an integrated approach to housing advice across Renfrewshire, building on existing offerings from the Council and the Linstone Housing Hub, funded by the HSCP.	HC5.1	Undertake a review of advice services across Renfrewshire. Note: subject to Council review and may not proceed as initially planned.	R
		HC5.2	Evaluate the social prescribing model of housing support. Note: subject to Council review and may not proceed as initially planned.	R



Lead Partnership Working

Lead Partnership Working

Podiatry and Primary Care Support



Renfrewshire HSCP is responsible for the strategic planning and operational budget of all issues relating to Podiatry across the six Health and Social Care Partnerships within NHSGGC. Primary Care Support (PCS) is also hosted by Renfrewshire HSCP.

The team works across NHSGGC to support GP and Community Optometry primary care contractors. This includes managing contracts and payments, any changes to practices, linking with eHealth and Premises on support to contractors, and working with HSCPs on future planning and the Primary Care Improvement Plans (PCIPs).

Lead Partnership Working Overview

Red	Amber	Green
0	1	6

Some Examples of Progress:

- 

Additional Care Home ANP posts have been recruited, increasing resource by 3.4 WTE, as per our commitment.
- 

86% of patients reported a positive experience of podiatry services - and 87% of participants responded that they would recommend the service.
- 

Each GP Cluster continues to be encouraged to have a Quality Improvement Plan in place which sets out the key areas the cluster will work on collaboratively to improve outcomes, pathways and services for patients.



“My father has been attending the podiatry department over the past month. I have been attending with him and I have to say how outstanding the care has been from being seen extremely quickly after his referral to the highest standard of care during his weekly visits. In addition, I took extremely unwell in reception and the staff took full control and got me over to A&E. Forever grateful to everyone we came in contact with. You are all stars!”

Feedback Podiatry Team at the Queen Elizabeth Hospital

Lead Partnership Working



		Objective	Year One Deliverables		RAG
LP1	Equalities	Implement Fairer Scotland Duty within HSCP ways of working.	LP1.1	Train HSCP SMT in Fairer Scotland Duty.	G
			LP1.2	Fairer Scotland Duty incorporated in EQIAs.	G
LP2	Primary Care Support	Delivering on our lead partnership responsibilities.	LP2.1	Increase Care Home ANP Resource by 3.4 WTE by 2022 / 2023 to deliver Urgent Care Services with aims to reduce clinical work of GPs within care homes and to potentially reduce avoidable hospital admissions.	G
			LP2.2	Ensure each GP Cluster (x6) has a quality improvement plan in place to support quality improvement initiatives.	G
LP3	Podiatry	Delivering on our lead partnership responsibilities.	LP3.1	Achieve QI target for positive patient experience of Podiatry (70% target).	G
			LP3.2	Reduce pressure ulcers and avoidable pressure damage (30% target). <i>Note: an ongoing Improvement Plan is in place and a review of policy documents has been undertaken. In addition, and to ensure best practice is shared widely, the Pressure Ulcer Prevention Steering Group is engaged around a Learning Health Systems Network. This is at an early stage and should be impactful over the next six months.</i>	A
			LP3.3	Improve longest waiting times for Tier 1 new patient appointment in line with NHSGGC targets (90%)	G

Financial Performance and Best Value

In this section of our report, we present an overview of financial performance for 2022/23 and trend data looking back to the first year the Integration Joint Board (IJB) was fully operational, in 2016/17. We also revisit our commitment to Best Value, reflect on progress against our Medium-Term Financial Plan, and look ahead to Future Challenges for 2023/24 and beyond.

Financial Performance

We are living in unprecedented times. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, along with continuing and legacy COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK. The financial impact of which is likely to continue over the medium-term and at least over the next few financial years.

This continually changing landscape along with the potential for future spikes in demand for services has and will continue to create additional delivery and financial pressures, as well as impacting the delivery of the IJB's Strategic and Workforce plans.

Financial performance is an integral element of the HSCP's overall performance management framework. Through regular updates to the IJB from the Chief Finance Officer, members have been kept apprised of the rapidly changing situation, with a detailed analysis of significant variances and reserves activity. This ensures that where required, early decisions are taken to support medium and long-term financial sustainability.

Our Commitment to Best Value

Renfrewshire IJB is accountable for the stewardship of public funds and ensuring that its business is conducted under public sector best practice governance arrangements, including ensuring that public money is safeguarded, properly accounted for and used economically, efficiently and effectively and with due regard to equal opportunities and sustainable development. The IJB has a duty of **Best Value**, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In Renfrewshire the IJB achieve this through:



Regular performance reporting to the IJB members and operational managers



Benchmarking to compare performance with other organisations to support change and improvement, with National Outcomes being monitored throughout the year



Financial Reporting, and



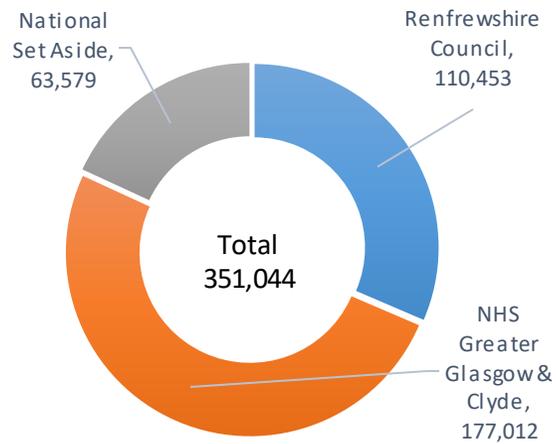
Reporting on the delivery of the priorities of the Strategic and Financial Plans to the IJB.

Financial Performance and Best Value

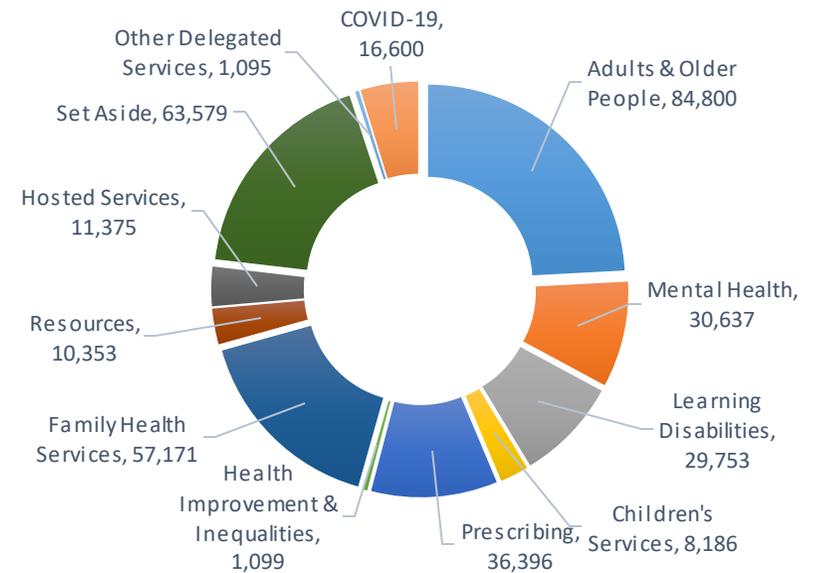
Resources Available to the IJB 2022/23

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 NHS Greater Glasgow and Clyde (NHSGGC). The resources available to the IJB in 2022/23 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £347,551k. 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 to the IJB 2021/22 (£000's)



Our Budget (£000's)



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £67,433k (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.

Financial Performance and Best Value

The following tables show how the resources available to the IJB have changed over the past five years providing a breakdown of where these resources come from; as well as a summary of how resources were spent over the past five years.

(Please note: The following figures are taken from the IJB Annual Accounts Comprehensive Income and Expenditure Statement).

Care Group	Actual Outturn					
	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
	£000's					
Adults & Older People	76,652	72,628	71,944	69,706	68,711	64,218
Mental Health	30,550	26,827	24,984	23,328	24,815	23,787
Learning Disabilities	29,685	27,861	27,269	25,760	23,611	21,269
Children's Services	6,325	5,943	5,970	5,058	5,023	5,013
Prescribing	36,396	34,814	35,276	35,942	36,271	35,007
Health Improvement & Inequalities	1,161	890	710	939	1,044	1,083
Family Health Services	57,171	53,351	48,535	45,282	45,138	43,706
Resources	6,723	6,665	6,273	4,011	1,810	757
COVID-19	6,951	12,610				
Hosted Services	10,713	10,810	11,098	10,603	10,109	10,387
Set Aside	63,579	64,738	56,497	57,461	29,583	29,582
Other Delegated Services	1,095	766	912	880	1,363	1,220
Movement in Reserves	24,043	17,489	4,044	2,030	-2,052	5,494
TOTAL	351,044	335,392	293,512	281,000	245,426	241,523

Funding Type	2021/22	2020/21	2019/20	2018/19	2017/18
	£000's				
Renfrewshire Council	110,453	104,573	93,797	89,107	82,500
NHSGGC	177,012	166,081	143,218	134,432	133,343
Set Aside	63,579	64,738	56,497	57,461	29,582
Total	351,044	335,392	293,512	281,000	245,425

Financial Performance and Best Value

Summary of Financial Position 2022/23

The overall financial performance against budget for the financial period 2022/23 was an underspend of **£1,895k**, prior to the transfer of ring-fenced years-end balances to Reserves. The final outturn position for all delegated HSCP services in 2022/23 net of transfers to reserves is summarised in the following table. (Please note: the net expenditure figures differ from those shown in the previous tables due to differences in the presentation of earmarked reserves, resource transfer and social care fund adjustments).

Once all ring-fenced balances have been transferred to the relevant earmarked reserve in line with Scottish Government guidance the revised outturn for the IJB is an underspend of **£804k**. This position reflects the movement of the projected year-end health underspend to fund the projected shortfall in the delivery of the Primary Care Improvement Plan, which was approved by the IJB on 25 November 2022.

The underspend includes a net drawdown of **£24,136k** to date, from earmarked reserves which includes the return of the majority of COVID monies in line with the Scottish Government direction issued in September 2022. Renfrewshire IJB returned their projected underspend of £13,333k to the Scottish Government in February 2023. In line with correspondence from the Scottish Government a final reconciliation will be carried out at the year-end and any outstanding balances will be returned thereafter.

Care Group	Budget	Actual (before movement to reserves)	Revised Variance	Adjustment to Reserves	Actual Year End (reflecting movements to Reserves)	Variance		
2020/21								
£000's								
Adults & Older People	70,316	65,721	4,595	(3,237)	69,448	868	1.2%	underspend
Mental Health	27,018	27,662	(644)	(817)	27,662	(644)	-2.4%	overspend
Learning Disabilities	19,453	19,193	260		19,193	260	1.3%	underspend
Children's Services	6,761	6,660	101	(1,526)	6,660	101	1.5%	underspend
Prescribing	37,688	36,396	1,292		36,396	1,292	3.4%	underspend
Health Improvement & Inequalities	884	830	54	(269)	830	54	6.1%	underspend
Family Health Services	57,172	57,172			57,172		0.0%	breakeven
Resources	15,055	4,508	10,547	(5,849)	14,961	94	0.6%	underspend
COVID-19	17,288	835	16,453		17,288		0.0%	underspend
Hosted Services	11,642	11,375	267		11,375	267	2.3%	underspend
Set Aside	63,579	63,579			63,579		0.0%	underspend
Other Delegated Services	1,069	1,095	(26)		1,095	(26)	-2.4%	overspend
Total	327,925	295,026	32,899	(11,698)	325,659	2,266	0.7%	underspend

Financial Performance and Best Value

Medium Term Financial Plan

The Medium-Term Financial Plan 2022-25 (MTFP), approved by the IJB in March 2022 was developed concurrently with the Strategic Plan, so that the linkages and dependencies between the IJB's strategic objectives and available resources were clearly set out and considered.

The MTFP projected a range of scenarios over a ten-year period from 2022/23 to 2031/32. The reliability of projections decreases over time, and projections tend to be less reliable in periods of rapid change, nonetheless the movement in the last year compared to our projections is considerable. At the close of 2022/23, the HSCP's estimated impact of cost and demand pressures, prior to mitigation, now exceeds the worst-case scenario projected just 12 months ago.

The uncertain and changing financial context has been under ongoing review by the HSCP's Senior Management Team (SMT) throughout this financial year. Further consideration has been given to how services are assessed and opportunities for savings or change are categorised. This has resulted in a refined approach which builds on the two-tier method adopted in previous financial years. Heads of Service and service management teams now consider three key categories:



Protect: identifying statutory services which must be delivered, alongside continuing to meet the needs of the most vulnerable in Renfrewshire, whilst recognising that there may be opportunities to implement new service models and make these services more efficient.

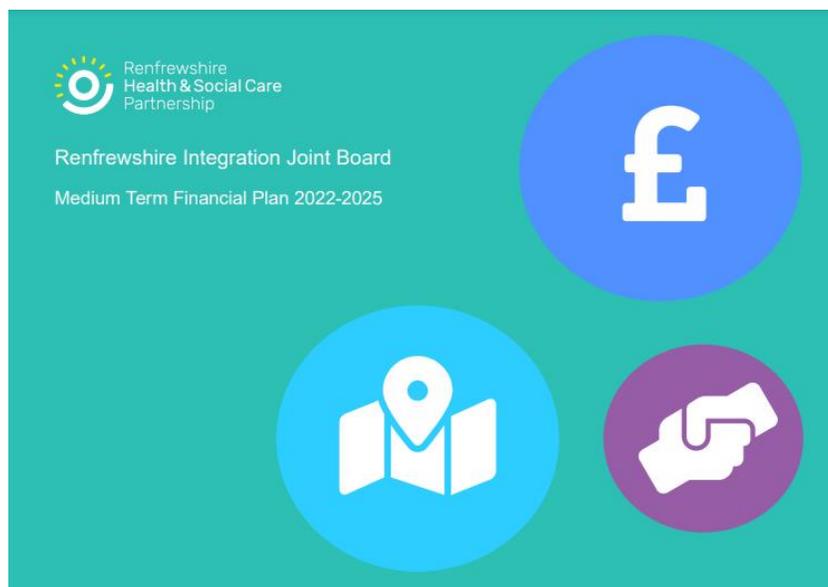


Reform: focusing on areas where service delivery models can be adapted and developed to meet changing demand and expectations arising from policy and the impact of the pandemic. In doing so it may be possible to deliver financial efficiencies; and



Deliver savings: focusing on non-statutory activity and considering whether existing provision is still financially sustainable and where levels of provision can be safely reduced. This includes seeking efficiencies through process improvement, vacancy/post management, contract management and day-to-day overhead costs.

As was the case prior to the pandemic, the IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.



Financial Performance and Best Value

Future Challenges

The IJB is operating in an increasingly challenging environment with the funding available insufficient to fund the levels of increasing demand and increasing costs of service delivery we are facing.

In managing its budget for 2023/24 it is likely that the IJB will require to draw down a substantial amount of reserves to provide non-recurring support to balance the annual revenue budget and deliver a balanced budget for 2023/24. In doing so the financial resilience of the IJB in future years will be comprised. The use of non-recurring support to balance the 2023/24 budget also means the IJBs budget is no longer in recurring balance.

This is likely to have an impact on our ability to fully deliver on our Strategic Plan objectives and may require the IJB to reprioritise decisions for investment and disinvestment in order to deliver on our priority of a sustainable future.

Appendix 1

Renfrewshire IJB Scorecard 2022-23.

Performance Indicator Status		Direction of Travel		Target Source	
	Alert		Improvement	N	National
	Warning		Deterioration	B	NHSGGC Board
	Target achieved		Same as previous reporting period	L	Local
	No targets			M	MSG
p	Provisional data				

12 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
1. Number of adults with a new Anticipatory Care Plan (Outcome 2)	201	185	156	221			L
2. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	89%	88%	45.6%	100%			N

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
3. A&E waits less than 4 hours (Outcome 3)	88%	67.1%	54.5% Dec 22	95%			N
4. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	63%	52.7%	35.7%	95%			B
5. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4) Year-end data available early July 23.	98%	90.8%	76.3% Dec 22	91.5%			L
6. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	86.8%	90.9%	70.0%	90%			B
7. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	161	176	75 (Dec 22)	182			B
8. % of health staff with completed TURAS profile/PDP (Outcome 8)	41.7%	50.5%	55.89%	80%			B

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
9. Sickness absence rate for HSCP NHS staff (Outcome 8)	5.65%	6.52%	6.73%	4%			N
10. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	13.5	17.79	22.59p	15.3 days			L
11. % of foot ulcers seen within 2 working days in NHSGGC (Outcome 9)	75.0%	83.7%	75.2%	90%			B
12. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	77.0%	84.6%	78.8%	90%			B

6 Amber Indicators	Performance is less than 10% variance from target						
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
13. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	84.4%	80.2%	85.7%	90%			B
14. Percentage of long term care clients receiving intensive home care 65+ (national target: 30%) (Outcome 2)	29%	29%	28%	30%			N
15. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	93%	80%	85%			L
16. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID 19.	58%	59%	60%			B
17. Formulary compliance (Outcome 9)	77.6%	76.56%	76.98% (Dec 22)	78%			L
18. Prescribing cost per treated patient (Outcome 9)	£87.71	£88.28	£88.07 (Dec 22)	£86.63			L

21 Green Indicators	Performance is on or exceeds target						
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
19. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	26.8%	19.7%	25.1% Dec 22	21.4%	↑	✓	B
20. Exclusive breastfeeding 6-8 weeks in the most deprived areas (Outcome 1)	23.3%	11.8%	23.0% Dec 22	19.9%	↑	✓	B
21. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	390	411	444	420	↑	✓	L
22. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	46	58	140*	60	↑	✓	L
23. Percentage of routine Adult Social Work Occupational Therapy referrals allocated within 9 weeks (Outcome 2)	42%	68%	92%	45%	↑	✓	L
24. Number of clients on the Adult Social Work Occupational Therapy waiting list (as at position) (Outcome 2)	315	143	226	350	↑	✓	L
25. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	70.1%	58.8%	100%	80%	↑	✓	N
26. Uptake rate of child health 30-month assessment (Outcome 4)	87%	94.9%	95%	80%	↑	✓	N

*The Telecare number is higher than expected due to a change in the reporting methodology, arising from the move to the ECLIPSE information management system. Previous years have under-reported the rate of the 75+ population receiving a telecare service and only included service users with 'enhanced alarms' which is those with peripherals like door and fall monitors. This revised indicator is for all service users including basic and enhanced alarms, which provides a fuller and more accurate picture of the extent of the services use and uptake in the 75+ population.

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
27. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	98.5%	97.3%	96.2% Dec 22	95%	↓	✓	N
28. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	96.8%	96.8%	96.9% (Dec 22)	95%	↑	✓	N
29. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.2%	6.8%	5.6% (Dec 22)	6%	↑	✓	<u>B</u>
30. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	6.3	6.8	6.3 (Dec 22)	8.9	↑	✓	N
31. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100%	100%	-	✓	B
32. Number of carers accessing training (Outcome 6)	165	282	271	257	↓	✓	L
33. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)	62.0%	41.0%	90.2%	90%	↑	✓	B
34. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	67.0%	41.4%	94.0%	90%	↑	✓	B

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
35. Number of adult support plans completed for carers (age 18+) (Outcome 6)	86	148	203	145			L
36. Emergency admissions from care homes (Outcome 4)	506	400	433	450			L
37. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.0 (2018)	1.1 (2019)	1.2 (2020)	1.6			L
38. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	93.7%	88.5%	80%			N
39. Number of new Adult Carers supported (Outcome 6)	815	963	1,027	913			L
40. % of complaints within HSCP responded to within 20 days (Outcome 8)	82%	90%	90%	70%			B

Ministerial Scottish Government Indicators (5)

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
41. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	112,609	129,987	93,525p Dec 22	-	-		M
42. Number of emergency admissions (18+) (Outcome 2)	14,399	17,372	11,059p Dec 22	-	-		M
43. Number of Acute delayed discharge bed days (Outcome 2)	8,759	9,117	5,341 Dec 22	-	-		M
44. Total number of A&E attendances (Outcome 9)	39,432	54,111	40,762 Dec 22	-	-		M
45. Number of A&E attendances (18+) (Outcome 9)	31,892	40,601	29,852 Dec 22	-	-		M

Safe from Harm Indicators (5)

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
46. Number of suicides (Outcome 7)	22 (2020)	25 (2021)	N/A	-	-		-
47. Number of Adult Protection contacts received (Outcome 7)	3,487	4,263	4,123	-	-		-
48. Total Mental Health Officer service activity (Outcome 7)	627	1,222	1,362	-	-		-
49. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	115	125	132	-	-		-
50. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	34.8%	30.4%	9.5%	-	-		-

Prescribing Indicator (1)

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
51. Prescribing variance from budget (Outcome 9)	5.72% under budget	3.43% under budget	5.52% Over Budget	-	-		-

Appendix 2

National Core Integration Indicators.

National Core Suite of Integration Indicators	2018-19 Renfrewshire (Scotland)	2019-20 Renfrewshire (Scotland)	*2020-21 Renfrewshire (Scotland)	*2021-22 Renfrewshire (Scotland)	*2022-23 Renfrewshire (Scotland)	Direction of Travel From 2021-22
11. Premature mortality rate (per 100,000 people aged under 75)	465 (432)	463 (426)	507 (457)	494 (466)	Available July 23**	↑
12. Emergency admission rate (per 100,000 people aged 18+)	12,447 (12,283)	13,014 (12,529)	10,552 (10,957)	10,965 (11,629)	10,330* (11,120)	↑
13. Emergency bed day rate (per 100,000 people aged 18+)	133,989 (121,126)	137,795 (119,667)	123,708 (101,837)	129,940 (112,637)	121,534* (111,371)	↑
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	88 (103)	93 (105)	100 (120)	81 (107)	76* (101)	↑
15. Proportion of last 6 months of life spent at home or in a community setting	87.2% (88.0%)	87.3% (88.2%)	89.5% (90.2%)	88.4% (89.8%)	88.8%* (89.3%)	↓
16. Falls rate per 1,000 population aged 65+	22.1 (22.5)	21.3 (22.8)	19.0 (21.7)	20.6 (22.9)	23.4 (22.1)	↓

KEY: (current year)	Better than Scotland average	Poorer than Scotland average
-------------------------------	-------------------------------------	-------------------------------------

Comparison to previous year:	Improved performance ↑	Decline in performance ↓
-------------------------------------	-------------------------------	---------------------------------

National Core Suite of Integration Indicators	2018-19 Renfrewshire (Scotland)	2019-20 Renfrewshire (Scotland)	2020-21 Renfrewshire (Scotland)	2021-22 Renfrewshire (Scotland)	*2022-23 Renfrewshire (Scotland)	Direction of Travel From 2021-22
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	87.3% (82.2%)	85.2% (81.8%)	85.5% (82.5%)	81.5% (75.8%)	Updated in July PHS publication***	↓
18. Percentage of adults with intensive care needs receiving care at home	63.4% (62.1%)	65.5% (63.0%)	64.7% (63.0%)	64.5% (64.9%)	64.3% (63.5%)	↓
19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population**	246 (793)	383 (774)	368 (484)	296 (748)	266**** (919)	↑
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.8% (24.1%)	23.9% (24.0%)	Not available	Not available	Not available	

INDICATOR DATA STATUS – DATA PUBLISHED (updated) in May 2023

*2022-23 data is currently reported as 2022 calendar year for indicators 12-16, 18 and 20.

**Indicator 11 data will be released by National Records Scotland (NRS) in July 2023.

*** Indicator 17 data will be updated in the July 2023 Public Health Scotland (PHS) release

****Indicator 19 data is financial year 2022-23

Previous years (2018-19 to 2021-22) are reported as financial years for all indicators 11-20.

** NI 19:

1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non-hospital locations (e.g., care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at Partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

** NI 20:

2. NHS boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID pandemic on activity and expenditure, PHS no longer consider this appropriate.

Source: PHS Delayed Discharge data collection

Appendix 3

Inspection of Services.

During 2022/23, the following Inspections were undertaken at HSCP operated services:

Montrose Care Home

An unannounced inspection began at the Montrose Care Home on 17 August 2022 and concluded on 19 August 2022. The following key messages were highlighted by the Inspection Team:

- Staff treated everyone with kindness, compassion, dignity and respect
- People living in the service were supported to maintain relationships with those people important to them
- People had up to date assessments and care plans that informed their care and support
- Staff worked closely with health and social care partners to support people's health and wellbeing
- The service was visibly clean, odourless and dust free
- The service had a consistent and stable staff team
- Management team acknowledged improvements to their Infection Prevention and Control (IPC) were necessary to align with the best practice guidance National Infection Prevention and Control Manual (NIPCM)
- The management team acknowledged improvements to their quality assurance would better improve people's outcomes.

The Care Inspectorate evaluation of the Montrose Care Home service was as follows:

How well do we support people's wellbeing?	4 - Good
People's health and wellbeing benefits from their care and support	5 - Very Good
People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
Quality assurance and improvement is led well	4 - Good

Appendix 3

Inspection of Services.

Renfrew Care Home

An unannounced inspection began at Renfrew Care Home on 31 August 2022 and concluded on 2 September 2022. The following key messages were highlighted by the Inspection Team:

- Staff treated everyone with kindness, compassion, dignity and respect
- People living in the service were supported to maintain relationships with those people important to them
- People had up to date assessments and care plans that informed their care and support
- Staff worked closely with health and social care partners to support people's health and wellbeing
- The service was visibly clean, odourless and dust free
- The service had a consistent and stable staff team
- Management team acknowledged improvements to their Infection Prevention and Control (IPC) were necessary to align with the best practice guidance National Infection Prevention and Control Manual (NIPCM)
- The management team acknowledged improvements to their quality assurance would better improve people's outcomes.

The Care Inspectorate evaluation of the Renfrew Care Home service was as follows:

How well do we support people's wellbeing?	4 - Good
People experience compassion, dignity and respect	4 - Good
People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
Quality assurance and improvement is led well	4 - Good

Appendix 3

Inspection of Services.

Renfrewshire Care at Home

On 14 September 2022, the Care Inspectorate concluded an unannounced inspection of the Care at Home Service. The Care Inspectorate evaluation was as follows:

How well do we support people's wellbeing?	2 - Weak
People experience compassion, dignity and respect	3 - Adequate
People experience meaningful contact that meets their outcomes, needs and wishes	2 - Weak
People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
How good is our leadership?	3 - Adequate
Quality assurance and improvement is led well	3 - Adequate

The HSCP immediately established a working group to expedite implementing the necessary requirements and improvements identified within [the report](#).

The Care Inspectorate undertook an unannounced follow-up visit during the period of 28 November 2022 to 1 December 2022. This resulted in the grades being re-evaluated as follows:

How well do we support people's wellbeing?	4 - Good
People experience compassion, dignity and respect	4 - Good
People's health and wellbeing benefits from their care and support	4 - Good
People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

Inspectors also highlighted the following key messages:

- People told us they were treated with kindness, compassion and dignity
- The provider had implemented personal plans for people using the service
- The provider had completed medication assessments and created medication plans for people using the service
- Infection Prevention and Control policy and practice had improved since the last inspection.

Publications in Alternative Formats

We are happy to consider requests for this publication in other languages or formats such as large print

Please call: 0141 487 2888

Or email: renfrewshire.hscp@ggc.scot.nhs.uk

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RenfrewshireHSCP





To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Chief Finance Officer

Heading: Market Facilitation Plan (2023-25)

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. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the steps taken to develop the attached Renfrewshire IJB Market Facilitation Plan 2023-2025.
- 1.2. The report also describes the breadth of consultation that has taken place with provider organisations during the development of the Market Facilitation Plan.
-

2. Recommendation

It is recommended that the IJB:

- Approve the Renfrewshire IJB Market Facilitation Plan 2023-2025 in line with “Shaping our Future” Renfrewshire IJB’s Strategic Plan 2022-25.
-

3. Background

- 3.1. The development of Market Facilitation Plans or Statements is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. Market Facilitation plans aim to inform, influence and adapt service delivery to ensure the right services are available at the right time.
- 3.2. Renfrewshire IJB published its first Market Facilitation Plan in 2019 which set out the IJB’s priorities and informed the local Health and Social

care market of trends and developments which could have an impact on service developments in subsequent years.

- 3.3 In “Shaping our Future” Renfrewshire IJB’s Strategic Plan 2022-25, the IJB made a commitment to update our Market Facilitation Plan, taking into account the impact of the COVID 19 pandemic on the nature and demand for our services.

4. Strategic Commissioning

- 4.1 In our Strategic Plan, we recognised Strategic Commissioning as a core component of our approach to understanding the changing needs of our population and how our health and social care services may need to respond.
- 4.2 As a result of this, the HSCP has invested in the Contracts and Commissioning function over the last 18 months, in order to ensure that where possible our Strategic Priorities can be delivered in line with commissioning best practice principles.
- 4.3 The purpose of this Market Facilitation plan is to help providers of local Health and Social Care services make informed business decisions and plan for future service delivery in Renfrewshire. While the plan will be published at a point in time, it also serves as a starting point for future detailed commissioning discussions with existing and prospective provider organisations.

5. Collaboration

- 5.1 Renfrewshire Health and Social Care Partnership (HSCP) has a commitment to, and proven track-record of effective collaborative working with provider organisations. This includes provider representation at all levels of care planning and strategic planning forums across Renfrewshire. The HSCP will continue to build on these established relationships and will work collaboratively to develop a market that delivers improved outcomes for people who use services now and in the future.
- 5.2 Provider organisations in Renfrewshire have multiple points of interface and opportunities to collaborate with the HSCP at operational and strategic levels. The Market Facilitation Plan clearly sets out our commitment to Ethical Commissioning Practices as well as Ethical and Sustainable procurement practices.
- 5.3 In developing the Market Facilitation Plan, Contracts and Commissioning staff carried out a range of dedicated consultation and collaborative events, including:

- HSCP Provider Event (December 2022). This event was attended (virtually) by 40+ individuals from a range of organisations
- Focussed discussions with 5 national providers who do not currently deliver services in Renfrewshire
- Presentation to the Strategic Planning Group (SPG) Third Sector Group – February 2023
- HSCP Provider Event May 2023

6. Market Facilitation Plan Development

- 6.1 During the planning phase of this plan, in order to identify best practice, the Contracts and Commissioning team reviewed all Market Facilitation Plans published by IJB's in Scotland over the last 5 years. While much of this information was useful, the majority of plans reviewed were published prior to both the pandemic and the current budgetary environment.
- 6.2 Both existing and prospective organisations were given the opportunity to tell the HSCP what sort of information they would find useful to see published in the Market Facilitation Plan. There were a range of views expressed including; data on demand and demographics; detail on co-production models; information on finances.
- 6.3 Market Facilitation is described as;
- “Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet the needs and deliver effective outcomes both now and in the future” *Scottish Government Procurement of care and support services: best practice guidance.*
- 6.4 Information included within the plan covers the areas as described in best practice guidance, as well as including feedback from provider organisations, and will serve as an important link to our Strategic Plan.

Implications of the Report

1. **Financial** – No direct implications from this report although the current financial challenges faced by HSCP are described in the Market Facilitation Plan.
2. **HR & Organisational Development** – No direct implications from this report.
3. **Strategic Plan and Community Planning** – The publication of a refreshed Market Facilitation plan is a commitment of the current Strategic Plan.
4. **Wider Strategic Alignment** – No direct implications from this report.
5. **Legal** – No direct implications from this report but all future tendering and procurement will be carried out with support from the Corporate Procurement Unit and Legal Services.
6. **Property/Assets** – No direct implications from this report.

7. **Information Technology** – No direct implications from this report.
8. **Equality & Human Rights** – No direct implications from this report, however any future strategic commissioning decisions which result in a change to service provision shall be accompanied by an Equality Impact Assessment (EQIA)
9. **Fairer Scotland Duty** – No direct implications from this report.
10. **Health & Safety** – No direct implications from this report.
11. **Procurement** – No direct implications from this report but all future tendering and procurement will be carried out with support from the Corporate Procurement Unit and Legal Services
12. **Risk** – No direct implications from this report.
13. **Privacy Impact** – No direct implications from this report, however any future strategic commissioning decisions which result in a change to service provision shall be accompanied by a Data Protection Impact Assessment (DPIA)

List of Background Papers – None.

Author: Thomas Paterson (Service Manager, Contracts and Commissioning)

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (sarah.lavers@renfrewshire.gov.uk)



Market Facilitation Plan 2023-25

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Foreword

Welcome to the Renfrewshire Integration Joint Board (IJB), Market Facilitation Plan 2023. It has been four years since our last Market Facilitation Plan was published. In that period, the health and social care landscape has changed significantly, both in Renfrewshire and across the country.

In March 2022, we published our Strategic Plan, “Shaping Our Future”, where we made a commitment to update our Market Facilitation Plan, accounting for the impact of COVID-19 on the nature and demand for our services. Now in June 2023, we continue to face significant challenges and competing priorities in the delivery of health and social care services, including the financial sustainability of our services.

While challenges and uncertainties persist in health and social care in Renfrewshire and Scotland as a whole, we are hopeful that this plan will help our existing partners, as well as prospective provider organisations, to make informed business decisions about future service delivery.

Renfrewshire Health and Social Care Partnership (HSCP) has a commitment to, and proven track-record of effective collaborative working with provider organisations. There is provider representation at all levels of care planning and strategic planning forums across Renfrewshire.

The HSCP will continue to work collaboratively to develop a market that delivers improved outcomes for people who use services now and in the future. We hope to develop those collaborative relationships further over the coming years as the health and social care market works towards meeting well documented challenges such as staff recruitment, retention and an ageing population with multiple and complex needs.

We have a firm commitment to Ethical Commissioning and Human-Rights based approaches and will seek to embed this further in our practice over the coming years. We have consulted widely with providers organisations, both existing and prospective in the development of this plan and see this publication as a platform for further meaningful strategic engagement between Renfrewshire HSCP and our partners.



Christine Laverty
Chief Officer,
Renfrewshire HSCP

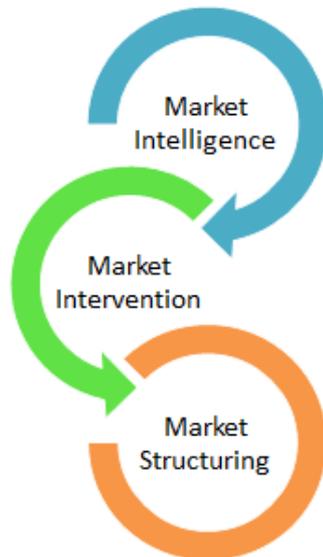
What is market facilitation and who is this plan for?

“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future”

Scottish Government Procurement of care and support services: best practice guidance.

The development of market facilitation plans or statements, is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. These plans aim to inform, influence and adapt service delivery to ensure the right services are available at the right time.

Market facilitation is the relationship between market intelligence, market intervention and market structure.



The purpose of this market facilitation plan is to help providers of health and social care services make informed business decisions and plan for future service delivery in Renfrewshire. We will work with our partners to share relevant information that will assist in their own planning and forecasting.

While this plan is published at a point in time, the process of engaging with the health and social care market will remain a constant focus for us. This document is therefore intended to be a reference point for future, more detailed commissioning discussions.

Principally, this plan is for existing and prospective providers of health and social care services in Renfrewshire. However, it is hoped that it will be of interest to individuals who receive services themselves and/or to families and carers.

Renfrewshire IJB Strategic Plan 2022-25

The Renfrewshire IJB Strategic Plan 2022-25 was approved by the Integration Joint Board in March 2022.

The plan sets out how services will be shaped around individuals, unpaid carers, and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. The plan has a focus on delivering within five key themes, which all link to National Outcomes. The themes are as follows:



We reduce inequalities and improve health and wellbeing through early action and prevention.



People are supported to recover and manage their disabilities or long-term conditions within their communities and to stay at home.



We provide clinically safe services, within the community wherever possible, and people are able to access the appropriate specialist support to aid them in their recovery.



People access the right care at the right time and in the right place and are empowered to shape their support at every stage of life.



We work collaboratively to make sure Renfrewshire's resources are used to have the greatest impact on health and care.

Renfrewshire IJB Strategic Plan 2022-25

The development of the Strategic Plan and the themes which guide our work, demonstrate a culture of, and commitment to, collaborative working with partner organisations.

Provider representation continues at all levels of care planning and strategic planning forums across Renfrewshire.

Strategic Planning Group (SPG)

Our Care Planning Groups (HSCP-led)

Learning Disabilities

Autism

Older People

Unpaid Carers
Strategy Group

Independent Living

Palliative Care
Strategy Group

Mental Health & Wellbeing

Market intelligence, market intervention and market structuring are integral in ensuring our ability to deliver across each of the five Key themes of the Strategic Plan.

Our ability to engage effectively with existing and prospective provider organisations and to develop an environment which promotes problem solving, shared risk and innovation will determine to what extent we can meet our strategic objectives.

We also ensure that new providers to Renfrewshire are encouraged to take the opportunity to engage with the HSCP and partners at both an operational and a strategic level as we move through the lifetime of this Market Facilitation Plan and our Strategic Plan.



Developing our Market Facilitation Plan

The development of this plan has been a collaborative exercise between HSCP contracts and commissioning staff, operational teams and provider organisations over the past few months.

More than 40 local and national organisations have been given the opportunity to let us know what sort of information they would like to see included within this plan and what would be useful to them for their own business planning.

As well as regular and ongoing dialogue with provider organisations, dedicated consultation and formal events also took place as follows:

1. HSCP Provider Event (December 2022). This event was attended virtually by 40+ individuals from a range of organisations
2. Focused discussions with five national providers who do not currently deliver services in Renfrewshire
3. Presentation to the Renfrewshire SPG (Strategic Planning Group) Third Sector Group – February 2023
4. HSCP Provider Event May 2023





Demographics...

The following section provides a high-level overview of the key demographic data for Renfrewshire, which has been used to inform this plan.

Demographics

Population

In 2021, the total population of Renfrewshire HSCP was 179,940, this is projected to rise to 182,256 by 2028.¹ The graph below shows the population distribution of the HSCP. Overall, 48.4% of the population are male, and 51.6% are female.

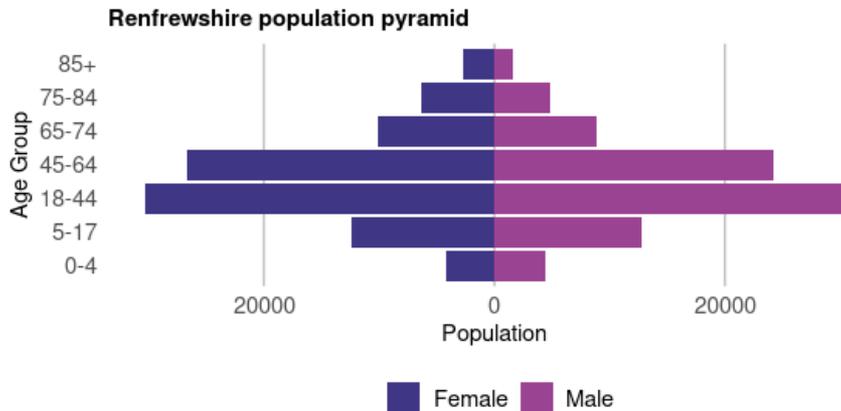


Figure 1: Population by age and sex. The population in Renfrewshire is estimated to increase by 1.2% from 2021 to 2026.

General Health

For the most recent period available, Renfrewshire HSCP had:



An average life expectancy of 75.7 years for males and 80.4 years for females, compared to the national average of 76.8 and 81 years of age respectively.



A death rate for ages 15 to 44 of 123 deaths per 100,000 age-sex standardised population. This is higher than Scotland (117 deaths per 100,000).²



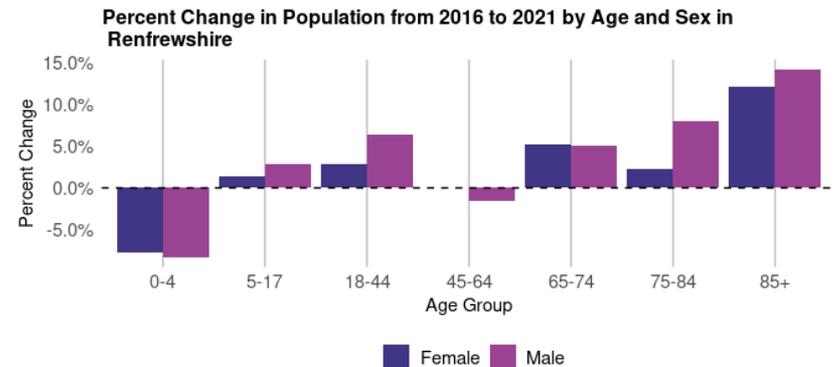
22.9% of the locality's population with at least one long-term physical health condition. This is higher than Scotland (21.7%).



A cancer registration rate of 643 registrations per 100,000 age-sex standardised population (compared to 625 in Scotland), and an early deaths (<75 years) from cancer rate of 173 per 100,000 age-sex standardised population (compared to 153 in Scotland).²



21.1% of the population being prescribed medication for anxiety, depression, or psychosis. This is a larger proportion than Scotland (19.3%).



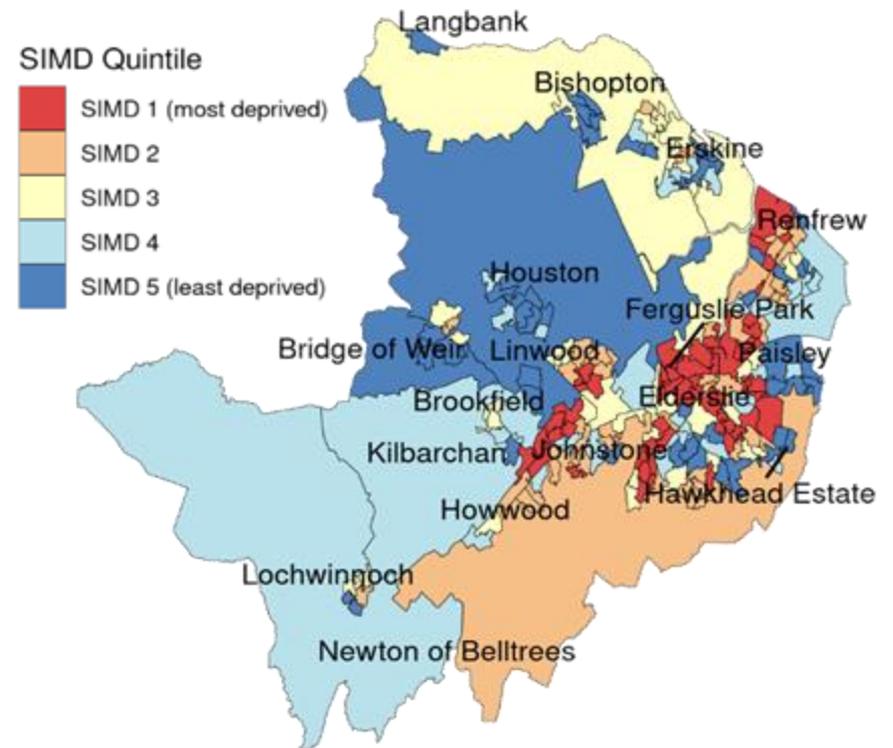
Source: National Records Scotland

Demographics

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020.

Of the 2021 population in Renfrewshire, 23.9% live in the most deprived Quintile (SIMD 1), and 22.5% live in the least deprived Quintile (SIMD 5).

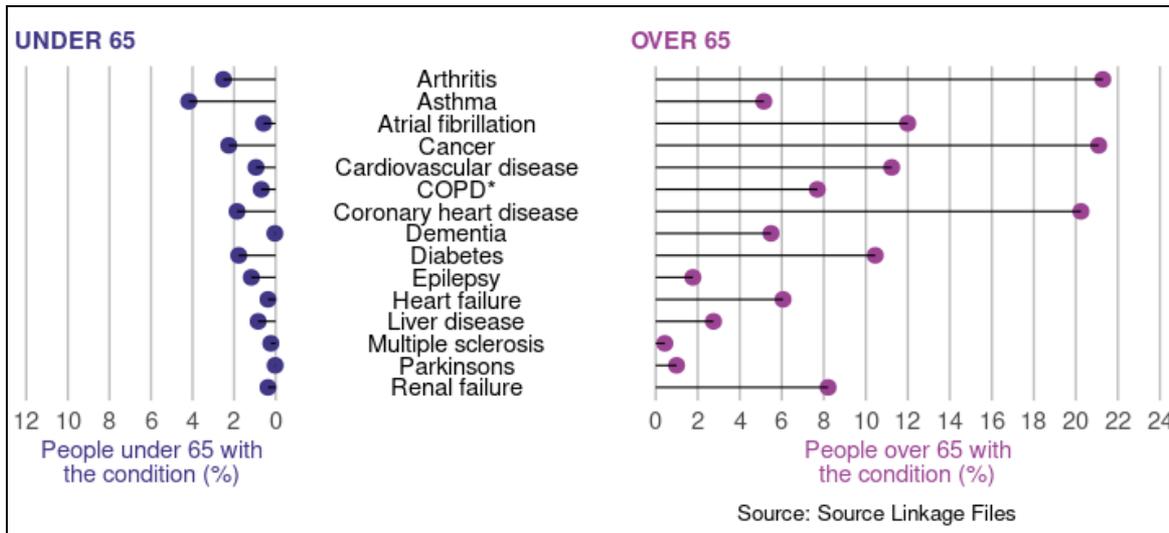
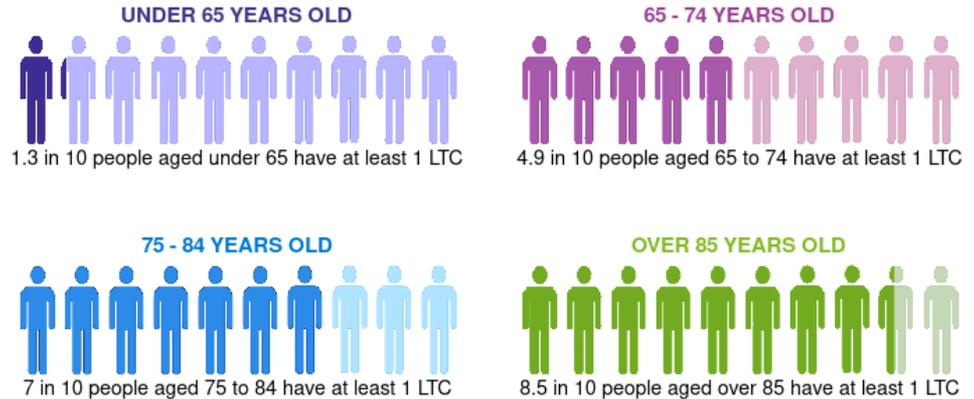


Demographics

Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2020/21, in Renfrewshire, it was estimated that 22.9% of the population had at least one physical long-term condition (LTC). These included: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.

Please note that estimates for this section are based on people who had contact with NHS services – see footnotes for further information and caveats on identifying LTCs.³

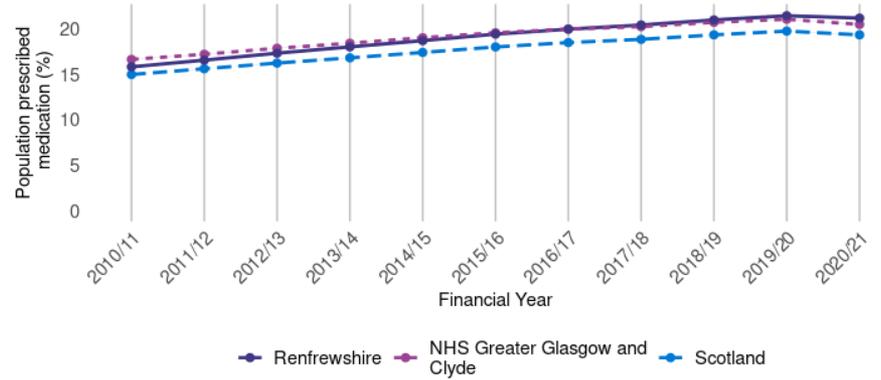


Percentage of people with each physical LTC, split by age group.

Demographics

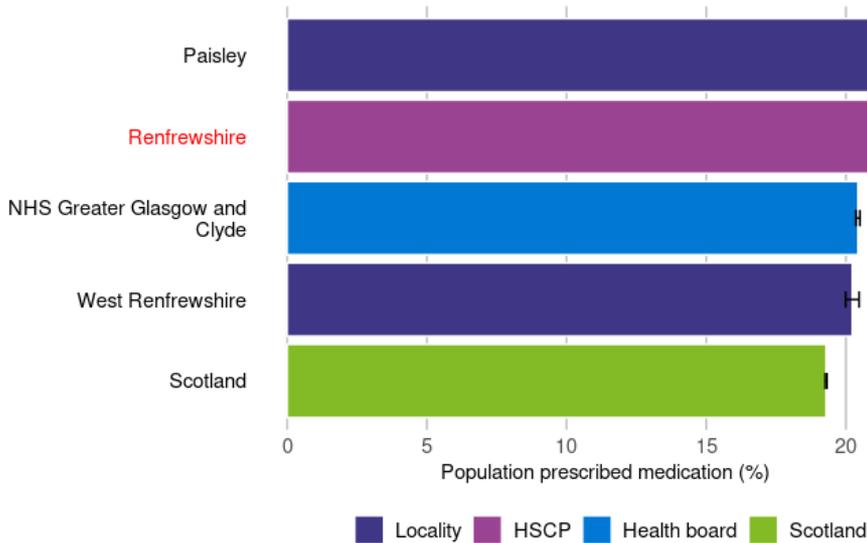
Anxiety, Depression, and Psychosis prescriptions

In 2020/21, **21.1%** of people were prescribed medication for anxiety, depression, or psychosis in Renfrewshire HSCP. This is a **33.7%** increase from the rate 10 years prior in 2010/11.



Source: ScotPHO

Anxiety, depression, and psychosis prescriptions over time and by geographical area.



Source: ScotPHO

Percentage of population prescribed medication for anxiety, depression, and psychosis by area for the latest time period available..

Demographics

Lifestyle and Risk Factors

For the most recent time period available, Renfrewshire had:



677 alcohol-related hospital admissions per 100,000 age-sex standardised population. This is higher than Scotland (621 admissions per 100,000).²



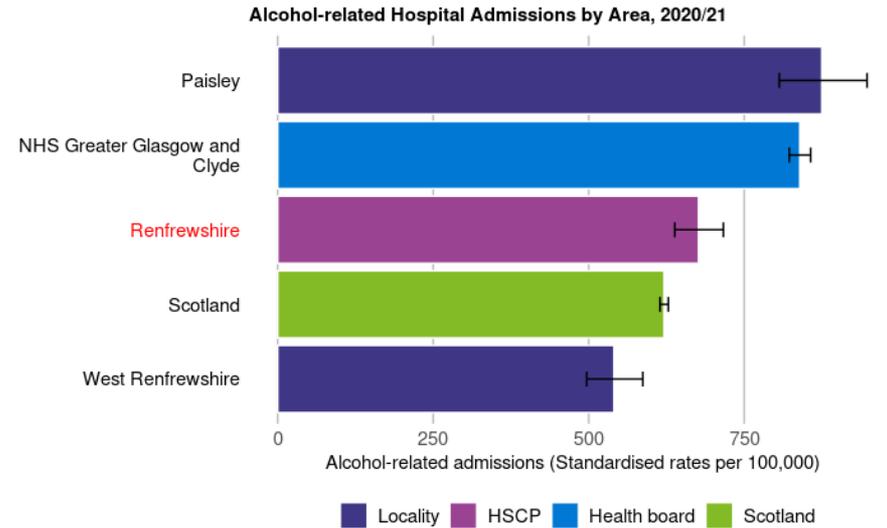
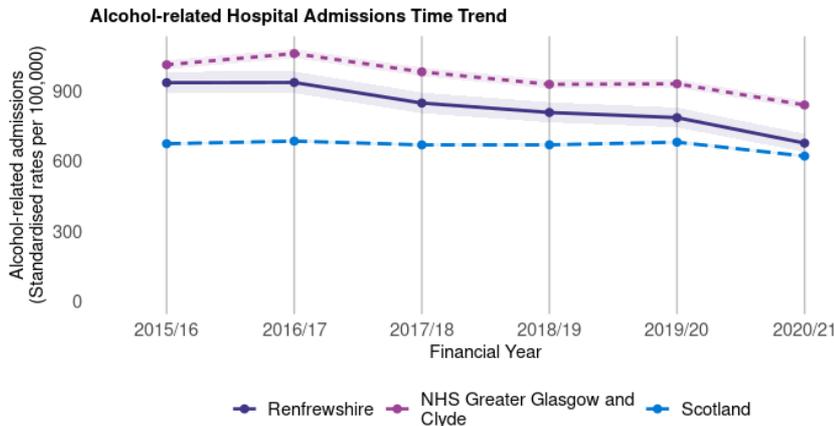
24.4 alcohol-specific deaths per 100,000 age-sex standardised population. This is higher than Scotland (20.8 deaths per 100,000).²



230 drug-related hospital admissions per 100,000 age-sex standardised population. This is higher than Scotland (221 admissions per 100,000).²



63% uptake of bowel screening among eligible population, compared to 64.2% in Scotland.



Source: ScotPHO

Alcohol-related hospital admission rates by area and over time.

Demographics

Hospital and Community Care

For the most recent time periods available, Renfrewshire had:

 9,655 emergency hospital admissions per 100,000 population, compared to 10,434 in Scotland.

 72,314 unscheduled acute specialty bed days per 100,000 population, compared to 71,792 in Scotland.

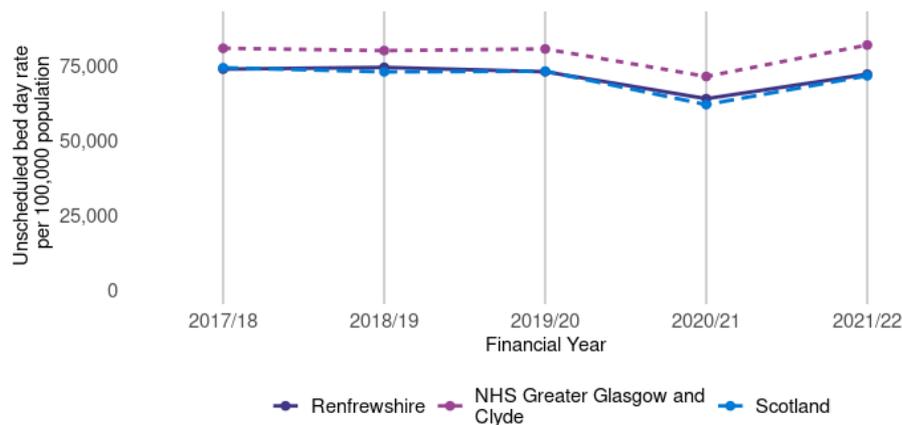
 30,072 A&E attendances per 100,000 population, compared to 25,791 in Scotland.

 17,123 delayed discharge bed days per 100,000 population aged over 65, compared to 40,774 in Scotland.

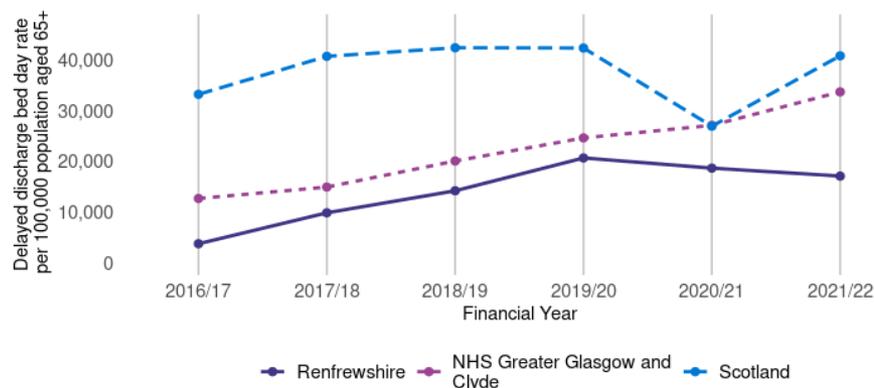
 2,041 emergency hospital admissions from falls per 100,000 population aged over 65, compared to 2,281 in Scotland.

 81.4 emergency readmissions (28 day) per 1,000 discharges, compared to 106.5 in Scotland.

 1,278 potentially preventable hospital admissions per 100,000 population, compared to 1,464 in Scotland.



Unscheduled acute bed days by geographical area



Delayed discharge bed days in population aged 65+ by geographical area

Demographics

Hospital Care (Mental Health Speciality)

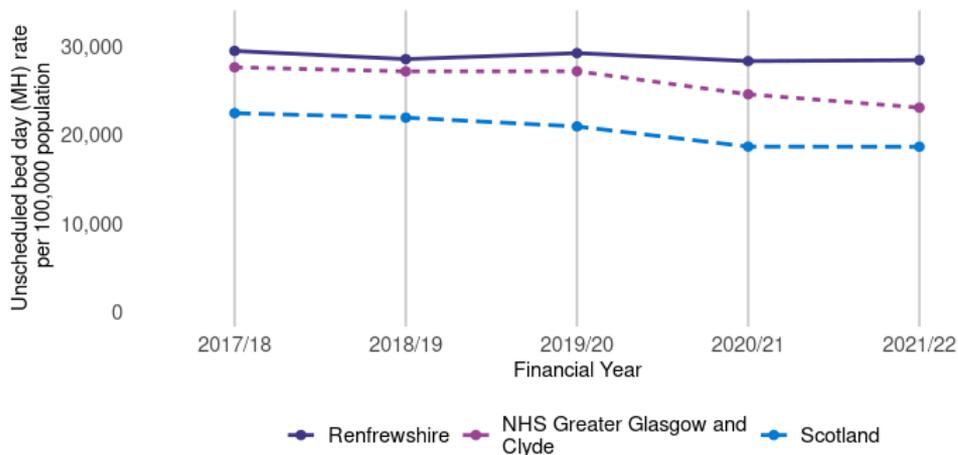
For the most recent time periods available (2017-22), Renfrewshire had:



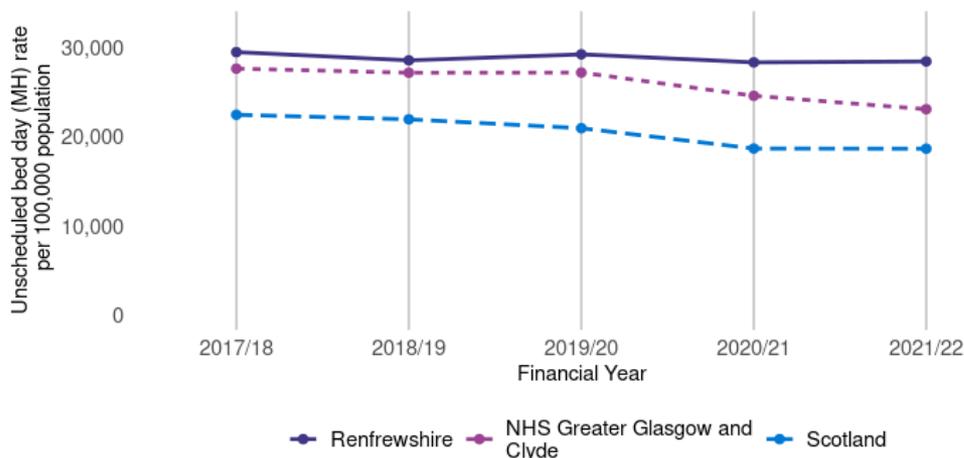
319.8 psychiatric patient hospitalisations per 100,000, compared to 242.8 in Scotland.



28,438 unscheduled mental health specialty bed days per 100,000, compared to 18,672 in Scotland.



Unscheduled mental health specialty bed days by geographical area



Unscheduled mental health specialty bed days by age group

Renfrewshire Geography

Renfrewshire is located in West Central Scotland and is the 10th largest Council area in Scotland by head of population, but covering a relatively small land mass of 270 square kilometres.

The Geography of Renfrewshire can present challenges to provider organisations who support people in their own homes. The semi-rural nature of much of Renfrewshire means there can be issues with travel and very local recruitment.

Local intelligence tells us that delivery of services in Paisley tends to be much less of a challenge for providers than areas such as:

- Erskine
- Bishopton
- Inchinnan
- Langbank
- Houston
- Lochwinnoch
- Howwood
- Bridge of Weir
- Crosslea
- Brookfield



Reliable and regular public transport is a key enabler to the delivery of health and social care services. Semi-rural areas of Renfrewshire which lack public transport links early in the morning, late at night or at the weekend, present a challenge to service delivery.

It is also common to see significant differences in weather across Renfrewshire during the winter months. Access to areas on higher ground, such as Foxbar present an additional challenge to social care staff who support individuals in their own homes.



Finance...

Finance

Financial Context

JBs across Scotland are now subject to significant demand and cost led pressures, and Renfrewshire JB is no exception. The increasingly challenging operational environment, coupled with increasingly strained resources, has given rise to a financial challenge on a scale never before experienced by the JB.

Since the publication of the JB's Medium Term Financial Plan 2022-25, which projected a considerable budget gap across the medium term, the fiscal landscape has again tightened dramatically. As we enter 2023/24, the HSCP's estimated impact of cost and demand pressures, prior to mitigation, is c£17.4m, now exceeding the worst-case scenario projected in March 2022.

In managing its budget for 2023/24 it is likely that the JB will require to draw down a substantial amount of reserves to provide non-recurring support to balance the annual revenue budget and deliver a balanced budget for 2023/24. In doing so the financial resilience of the JB in future years will be comprised. The use of non-recurring support to balance the 2023/24 budget also means the JB's budget is no longer in recurring balance.

Looking ahead to 2024/25 and 2025/26 - without the aid of reserves to shore up the budget, or a significant increase in funding and/or decrease in costs - the recurring budget gap is set to increase significantly, with current estimates under a medium-case scenario of a recurring gap of £14.7m in 2024/25, growing to over £25m in 2025/26.

This is likely to have an impact on our ability to fully deliver on our Strategic Plan objectives and may require the JB to reprioritise decisions for investment and disinvestment in order to deliver on our priority of a sustainable future. Together with providers, we need to develop new and financially sustainable responses to meet the needs of our communities and address the pressure on our services.

“JBs face considerable financial uncertainties and workforce challenges. Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements.”

“The social care sector cannot wait for a NCS to deal with financial, workforce and service demand challenges – action is needed now if we are to improve the outcomes for people who rely on health and social care services.”

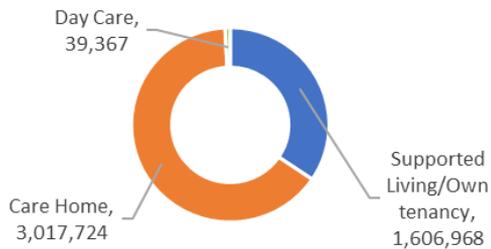
Audit Scotland, April 2023

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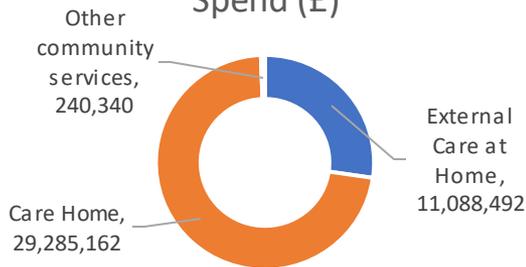
Finance

The following shows annual spend on purchased service provision across Care teams in Renfrewshire.

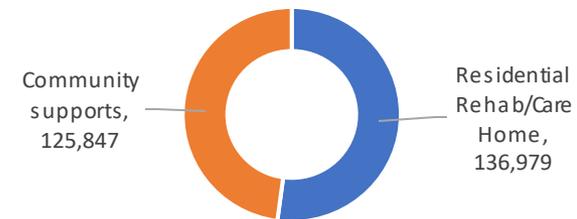
Physical Disability Purchased Service Spend (£)



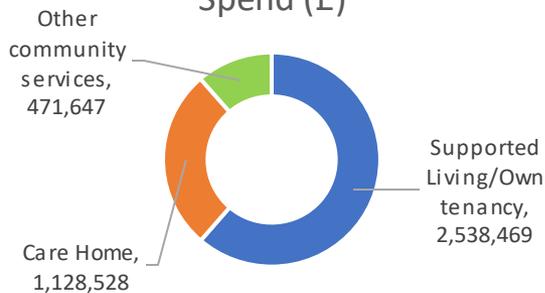
Older People Purchased Service Spend (£)



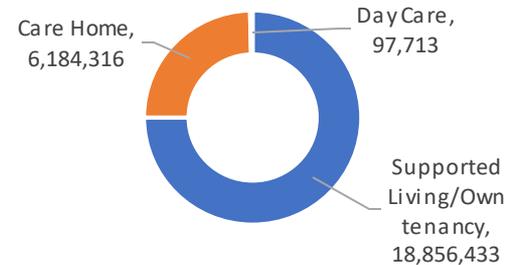
Alcohol & Drugs Purchased Service Spend (£)



Mental Health Purchased Service Spend (£)



Learning Disability Purchased Service Spend (£)





Service Area Priorities...

Renfrewshire Learning Disability Service (RLDS)

There are currently around 730 people open to RLDS. The key strategic policy driver is the [Coming Home Report](#), which was published by the Scottish Government in 2018 and the subsequent [implementation report](#), from February 2022, which aims to reduce Out of Area placements and delayed discharges significantly by March 2024.

Coming Home Implementation Recommendations

National Actions

- The Scottish Government and COSLA should make a policy commitment to take forward the framework
- A sample Dynamic Support Register should be developed into a tool for national use to improve performance monitoring
- Establishment of a National Support Panel to provide oversight and support for the Register
- Creation of a National Peer Support Network to facilitate joint learning and sharing of best practice
- Further work to explore issues in relation to people with enduring mental health conditions who are subject to delayed discharge
- £20m was allocated to Integration Authorities in February 2021 and can be held in reserve for up to 3 years. The Scottish Government is working with local areas to monitor the use of this funding which is 'The Community Living Change Fund'

Local Actions

- Use of the Community Change Fund to improve local community-based support for people with complex needs
- Renfrewshire allocation: £696,756 non-recurring funds
- Development of 6 HSCP GGC Wide Programme Board
- Enhance collaborative working with HSCPs and the third sector
- Work jointly across Board areas and support system-wide workforce development
- Health Boards, IJBs and Housing should assess opportunities for resource transfer to better utilise existing spend
- Multi-agency planning should be in place for crisis situations
- Use of £450K recurring Winter Monies allocation to establish a RLDS Assertive Outreach Model as part of Community Integrated Team

In the coming years, providers can expect closer joint working with the HSCP on managing the care needs of individuals with complex support needs.

Along with this, Renfrewshire HSCP will require a range of new accommodation options for people with Learning Disabilities. These include bespoke accommodation, core and cluster, shared accommodation and self-contained supported accommodation.

Older Adults

There are around 1,500 people open to locality teams in Renfrewshire.

Our strategic priorities remain aligned to [Reshaping Care for Older People 2011 – 2021](#) and [Social Care \(Self Directed Support\) Act 2013](#). The recently published [Dementia in Scotland – Everyone's Story](#) and the planned 'Health and Social Care Strategy for Older People', will shape our strategic direction in this area over the lifetime of this Market Facilitation Plan.

There are a range of service options for older adults, including Sheltered Housing, Very Sheltered Housing, Extra Care Housing, Residential Care Homes and Nursing Homes.

Work is underway to develop a new Care at Home and Housing Support Framework for Renfrewshire. We are working closely with provider organisations in the area to understand the marketplace as well as the challenges that are faced in the current climate. Our goal is to provide the best quality of care and support to individuals in their own homes and to ensure people can live as independently as possible, avoiding unnecessary or extended hospital admissions.

In the first quarter of 2023, the HSCP Care at Home service received over 800 referrals for Hospital Discharge, while receiving approximately 650 referrals from the community.

Our internal Care at Home services manage less than half of all current cases, with the rest being carried out by partner organisations.

Renfrewshire has 23 over-65 care homes, with the average occupancy in the last year being c.90%. Our purchasing route for over-65 care homes is the National Care Home Contract. Around 84% of the current residents within Renfrewshire Care Homes are living with a significant cognitive impairment.

The care home market in Renfrewshire, like elsewhere in Scotland, is still adapting to changes in demand post-pandemic. There are several care home units across Renfrewshire which potentially could be opened should demand change or increase in the coming years. However, at this point, the current care home estate is sufficient to meet the needs of our over-65 population.



Independent Living

(Physical Disabilities, Head injuries and Sensory Impairment)

We have established Care Planning Groups which support the Strategic Planning Group in carrying out its duties. They enable us to focus on the needs and services for those within 'care groups' supported by the HSCP.

The Independent Living Planning group covers Physical Disabilities, Head injuries and Sensory Impairment, recognising the particular care needs and issues faced by these groups. Most of the services provided in community settings for individuals with these support needs are delivered by the HSCP.

The Disability Resource Centre (DRC) provides services for people living in Renfrewshire with physical disabilities and sensory impairments. The DRC actively promotes independent living through various leisure, social, educational and employment activities and services. This service is provided directly by the HSCP and is designed to be flexible to peoples' needs.

Renfrewshire HSCP Sensory Rehabilitation and Support Services provide support to people of all ages across Renfrewshire with a sensory impairment. This includes internal and external services to support people to live safely and independently in their homes, to be active in their communities and to prevent hospital admissions.

As is common in other parts of Scotland, Renfrewshire is regularly challenged in identifying 24-hour care options for individuals under the age of 60. Due to the specialist nature of the care required, some of the most challenging areas of provision is for those with physical disabilities, acquired brain injuries or alcohol related brain damage (ARBD).

Going forward we will focus on working with provider organisations who have or are planning to develop services for these groups in Renfrewshire.



Mental Health

There are currently around 650 people open to Community Mental Health and Older People Community Mental Health Teams in Renfrewshire.

Services in Renfrewshire are delivering in line with [The Scottish Governments Mental Health Strategy \(2017-2027\)](#) and the [NHS Greater Glasgow and Clyde Adult Mental Health strategy \(2018-23\)](#).

The last two years have seen a significant increase in admissions to mental health hospitals, resulting in severe bed pressures in our Adult Admission wards. This can also lead to further pressure on our community-based services as well as increasing demand for supported living placements.

Over the lifetime of this plan, we will focus on accommodation-based mental health services becoming part of the recovery journey, with an aim to support people to move to more independent settings.

Across Scotland, including within our own current services, there is a gap in the under 65 mental health care home provision for people with severe and enduring Mental Health conditions. We will seek to address this gap and will focus on working with providers who deliver this type of support in other areas.

We are currently carrying out a review of community based mental health service provision, with a specific focus on our commissioned services. This review will conclude in summer 2023 and will make recommendations on future commissioning strategies in this area. Coupled with this, Renfrewshire is participating in the national Distress Brief Intervention Programme in the coming 12 months. More information about DBI can be found here: <https://www.dbi.scot/>



Renfrewshire Alcohol and Drugs Recovery Services (ADRS)

There are around 900 people who receive a service from Renfrewshire ADRS. Alcohol and Drug Recovery services seek to improve outcomes for individuals in line with national strategic drivers such as the National Mission to reduce drug related deaths and harms, and more local developments such as the Renfrewshire Alcohol and Drug Commission, who published their final report in 2020.

The majority of Alcohol and Drug services in Renfrewshire are currently delivered “in-house”, although there have been some new developments in the last year including the initiation of a Residential Rehabilitation Contract with a local provider.

ADRS provides a range of treatment and care options for individuals affected by alcohol and / or drug use. This includes assessment, support and treatment for alcohol and drugs issues by offering person-centred, recovery-focused care and treatment.

ADRS is a multi-disciplinary team including nurses, social workers and addiction and recovery workers with access to medical staff, psychiatrists, psychology and occupational therapy.

We also run the CIRCLE recovery hub, a unique mental health and alcohol and drug service. CIRCLE aims to address a key gap within Renfrewshire's mental health and alcohol and drug services, where a lack of recovery opportunities for people in treatment was previously identified.

Over the lifetime of the Strategic Plan and this Market Facilitation Plan, we will continue to review our current provision of Alcohol and Drug Services. We are keen to work with provider organisations delivering innovative models of care elsewhere and will use this information to inform future collaborative commissioning strategies.



Unpaid Carers

Around 17% of the adult population of Renfrewshire take on unpaid carer responsibilities.

We recognise and value the role that unpaid carers play in supporting people to live meaningful lives.

Our Unpaid Adults Carers Strategy 2022-25 highlights seven key priorities areas as follows:

1. Unpaid carers are identified early and offered the right support at the right time.
2. Unpaid carers get a break from caring.
3. Unpaid carers are recognised and valued as equal partners in care and involved in decision making relating to their caring role.
4. Unpaid carers are supported on a consistent basis to allow them to continue caring, if that is their wish, in good health and wellbeing, allowing for a life of their own outside of caring.
5. Unpaid carers have the information, skills, and resources they need to care.
6. We live in unpaid carer-friendly communities, where unpaid carers' needs and rights are understood, and they are not excluded or discriminated against by virtue of their caring role.
7. Staff who are unpaid carers are identified and supported within the workplace

Around 3,000 unpaid carers are currently known to local services and there has been a consistent rise in the number of new unpaid carers accessing support.

Existing and prospective provider organisations should understand the role of unpaid carers and be able to respond effectively through partnership working and signposting to services such as the Renfrewshire Carers Centre.



A woman with long, wavy red hair and bangs is seated at a desk, focused on her work on a silver laptop. She is wearing a dark green cardigan over a dark blue top with white polka dots. The background shows a kitchen with wooden cabinets and a brick wall. The entire image has a soft, reddish-pink tint.

Renfrewshire Contracts and Commissioning Approaches...

Ethical Commissioning

“Ethical commissioning and ethical procurement will become a cornerstone of the National Care Service” – Scottish Government National Care Service: Q&A Engagement Sessions – Dec 2022.

We are working to ensure our practice is aligned to ethical commissioning principles as defined by the Scottish Government and will work with partners at a national level on embedding this in the coming years. Commissioning decisions will be person centred with a clear focus on high quality care delivery. We are committed to fair work practices and value the social care workforce in Renfrewshire which has continued to deliver high quality services to our population throughout the most trying of circumstances over the last three years.

The language around good commissioning practice has changed in Scotland over the last 10 years, but many of the principles remain the same from “trust based” or “collaborative” to “ethical commissioning”.

We are committed to Ethical and Sustainable procurement practices and there are multiple examples of how we engage collaboratively with the social care market. The development of this plan has been a collaborative exercise with more than 40 existing and prospective provider organisations having been given the opportunity to shape our thinking on what would be beneficial for inclusion.

Close collaboration with provider organisations and partners is key to our ability to deliver on our key strategic priorities. Most recently, RLDS and commissioning staff hosted an event with existing provider organisation to identify innovative community solutions for a group of individuals with complex care needs. We will seek to build on this "problem-solving" approach and implement learning across other care teams.

We value the skills and experience of provider organisations and are keen to ensure that innovative practice can be developed and tested here in Renfrewshire.

As we move forward, we want to have even closer collaborative relationships with providers and increase the involvement of people with lived experience in our commissioning planning and decisions.

Over the lifetime of this plan, we will:



Ensure that all commissioning practice has a person centred and human right approach at its core.



Increase the opportunities for people with lived experience to be involved in strategic commissioning decisions.



Be transparent with the market about constraints whether they be financial, legal, or based on capacity and demand.



Build on existing collaborative forums and invite partners to be involved in co-production sessions focussed on service specific transformational change or tendering activity.

Contract Management

Our Contracts and Commissioning team has responsibility for strategic commissioning and service review activity within Renfrewshire, as well as ensuring existing contracts are managed effectively.

The Scottish Government's "Procurement of care and support services: best practice guidance" (2021), tells us that the purpose of contract management is to:

- Ensure the service is delivered as agreed to appropriate quality standards and is providing value for money.
- Allow a public body to manage any risks which may impact on a service provider's ability to deliver the service, or to deliver it to the required quality.
- Ensure the correct administrative procedures are followed, for example in the event of a change to the contract or to put into effect a price adjustment.

At a local level, this means provider organisations can expect contract management visits to cover a range of topics to ensure contractual compliance, such as:

- Organisational / Management issues.
- Services provided.
- Record keeping.
- Service user finances.

- Review procedures.
- Service access/termination Issues.
- Complaints procedures.
- Medication Procedures.
- Review of Policies and Procedures.
- Inspection reports.
- Staffing issues.
- Outcomes.

While the team has a duty to scrutinise services in line with contractual obligations, this is always carried out in a supportive manner, with a clear focus on improving outcomes for individuals who use services.

The contracts and commissioning team have well established working relationships with the Care Inspectorate, as well as colleagues from across the HSCP and wider health and social care system. This enables us to respond quickly and effectively to situations that occur and has served us very well throughout the COVID response.

Upcoming Procurement

The majority of our existing contracts are Adult Social Care contracts, and as such procurement responsibility generally sits with Renfrewshire Council's Corporate Procurement Unit. However, we also draw upon the NHS Greater Glasgow and Clyde Procurement service where required.

In the coming three years, the largest planned procurement exercises are as follows:

1. Care at Home Framework

The current Renfrewshire Care at Home and Housing Support Framework ends in February 2024, having run for the last five years at an estimated value of £25million.

The increase in demand for care at home services, coupled with recruitment and retention issues means that the next iteration of this contract is a strategic priority for the partnership.

We have recently published a Market Research Questionnaire seeking views and information from the marketplace, which will be used towards the development of this particular procurement strategy.

2. Supported Living

Renfrewshire currently has negotiated Supported Living Contracts in place with 10 provider organisations.

These contracts were established in 2019 and are due to come to an end in June 2024. There has been approximately £90million spent on this type of provision over the lifetime of these contracts. Demand for supported living remains especially high from Learning Disability and Mental Health service areas, however appropriate accommodation remains a significant issue.

Work is underway to develop a strategy for the next iteration of these contracts including considering how best to adopt an outcome focused approach in this area.

We are committed to ensuring all procurement exercises carried out are collaborative in nature and in line with Ethical Commissioning Principles, our own parent bodies standing orders and procedures, as well as the Scottish Government's "[Procurement of care and support services: best practice guidance](#)" (2021).



Key Market Messages...

Key Market Messages

Demand

The demand for social care services will continue to increase in Renfrewshire. However, as noted in section 3, this will not be matched by an equivalent increase in public spending. It is our collective duty to continue to deliver sustainable models of care and support within this context.

We will continue to prioritise people with the highest level of need and ensure vulnerable people are supported. As a result, we must maximise the use of other community resources to help support individuals with lower-level needs.

We are committed to co-producing solutions with provider organisations with a transparent view of the resources available. Section 2 of this plan provides detailed information to the marketplace on the demographics of Renfrewshire, which will assist provider organisations with their future business planning.

Technology Enabled Care and Support

We recognise the developments being made in the TECS sector and are keen to increase our use of technology in the coming years. We are keen to work with provider organisations who specialise in the use of technology to discuss how this may be of benefit to Renfrewshire residents.

Commissioning for Outcomes

We recognise the work carried out by the Coalition of Care and Support Providers in Scotland (CCPS) and others regarding Commissioning for Outcomes. Our intention was to move towards an outcome-focused model during the lifetime of our current Supported Living contracts, however this was put on hold during the COVID response.

We are currently considering a revised approach which would include the inclusion of outcome focused commissioning in the next iteration of our Supported Living Contracts. This will however require significant changes to established practice.

Innovation

As previously noted in this plan, we recognise and value the skills and experience of partner organisations and commit to an open-door policy on new and innovative social care responses. Our contracts and commissioning team are keen to engage with providers who are involved in innovative responses elsewhere.

Key Market Messages

Accommodation based services



Like many other areas of Scotland, demand for new property in Renfrewshire is significant. We are working with Renfrewshire Council and Registered Social Landlords to identify new accommodation for social care services. We also welcome prospective providers who can source new accommodation, which would meet the needs of individuals who have been assessed as requiring support in these settings.

Care at Home



Demand for care at home services in Renfrewshire outstrips supply. We will be going to tender to establish a new Care at Home and Housing support framework commencing in early 2024.

Our intention is to increase capacity and ensure the delivery of high-quality service provision to individuals supported in their own home.

It is also important to recognise the increasing demand for more complex care at home service provision.

Effective provider engagement at an operational and strategic level is crucial in ensuring our ability to plan and deliver Care at Home services

Self-Directed Support



In our 2019 Market Facilitation Plan, we alerted the market that increasingly, the purchaser of social care will be the service user as opposed to the HSCP. As such, providers should consider how to best market their services. The use of SDS Option 1 (a direct payment, which is a payment to a person or third party to purchase their own support) and Option 2 (the person directs the available support and the HSCP pays) has increased in the last four years and this trend is likely to continue over the lifetime of this plan.

Staff Support



It is crucial that social care staff are properly supported and remunerated by their employers and paid at least the living wage.

Ensuring the mental health and wellbeing of our workforce is also a key priority of Renfrewshire HSCP - and we will seek to ensure that all contracted providers fulfil their own obligations to their workforce in line with national standards.

This area links closely to our [Workforce Plan 2022-25](#) and the [Scottish Government's National Workforce Strategy for Health and Social Care](#), published in March 2022 which describes 5 Pillars (Plan, Attract, Employ, Train, Nurture). It is our collective duty to ensure the health and social care workforce in Renfrewshire can respond effectively to changing needs, and the expectation is that partners and providers work with us to that end.

Key Market Messages

External Factors



The rising cost of living in Scotland will have an impact on people who use services, as well as the staff who work in them. Public Health Scotland published a Rapid Health Impact Assessment in December 2022

(<https://publichealthscotland.scot/media/16542/population-health-impacts-of-the-rising-cost-of-living-in-scotland-a-rapid-health-impact-assessment.pdf>) which evidences a range of issues that are likely to occur as a result of price inflation and the impact these will have on health inequalities and mortality rates.

The report specifically identifies Older People, People with Disabilities and Carers as groups which are likely to be impacted most severely.

Our collective duty therefore is to ensure that our resources are targeted where they are most required and that both the HSCP and partner organisations are aware of, and responsive to, the impact of cost-of-living pressures on the population.



Footnotes and Indicator Definitions

Footnotes

1 -Population projections are currently provided by NRS at the HSCP level.

2 - Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/

3 - Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, day case attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Indicator	Definition
Emergency admissions	Rate of emergency (non-elective) admissions of patients of all ages per 100,000 population, derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded. Data are reported by month of discharge.
Emergency admissions from a fall	Rate of acute emergency admissions (non-elective) of patients of all ages where a fall was logged as an ICD-10 code. ICD-10 codes W00-W19 were searched for in all diagnostic positions, in conjunction with the admission type codes 33 (Patient injury, home accident), 34 (Patient injury, incident at work) and 35 (Patient injury, other).
Emergency readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an admission per 1,000 discharges. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest.
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones). Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Life expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
People living in 15% most 'access deprived' areas	Number and percentage of population living in 15% most 'access deprived' areas (data zones) in Scotland. Calculated using 2011-base population estimates.
Physical Long-Term Conditions (LTCs)	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for anxiety/depression/psychosis	Estimated number and percentage of population being prescribed drugs for anxiety, depression or psychosis.

Indicator	Definition
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages for conditions based on 19 "ambulatory care sensitive conditions" from "The health of the people of NEW South Wales - Report of the Chief Medical Officer". These conditions result from medical problems that maybe avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. Please see complete list of ICD-10 codes included in Appendix 3.
Psychiatric patient hospitalisations	Patients discharged from psychiatric hospitals: 3-year rolling average number and directly age-sex standardised rate per 100,000 population. Data taken from SMR04. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their discharge date.
Unscheduled bed days	Rate of unscheduled bed days of patients of all ages per 100,000 population, derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. Bed days for each month have been calculated based on the month in which the bed days were occupied. This differs from other analysis where bed days are reported by the month of discharge.
Unscheduled bed days (Mental Health specialty)	Rate of unscheduled bed days of patients of all ages per 100,000 population. Includes all occupied bed days within a continuous hospital stay following an emergency or urgent admission. Episodes beginning with a transfer have also been included as many of these episodes will have started as unplanned acute admission. Bed days for each month have been calculated based on the month in which the bed days were occupied. This differs from other analysis where bed days are reported by the month of discharge.
A&E attendances	The rate of A&E attendances per 100,000 population, includes data from 'New' and 'Unplanned Return' attendances at A&E, i.e. excludes those who are 'Recall' or 'Planned Return'. This indicator only contains data from all sites that submit episode level data. This impacts Highland and Aberdeenshire partnerships in particular as they have a number of sites which submit aggregate data.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15).
Asthma patient hospitalisations	Patients discharged from hospital (annually) diagnosed with asthma: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates are standardised against the European standard population (ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their first asthma related hospital admission that year.

Indicator	Definition
Bowel screening uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre-paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. ICD10: C00-C96 excluding C44 (principal diagnosis only).
Chronic Obstructive Pulmonary Disease patient hospitalisations	Patients aged 16 and over discharged from hospital with COPD: 3-year rolling average number and directly age-sex standardised rate per 100,000 population.
Coronary Heart Disease patient hospitalisations	Patients discharged from hospital with coronary heart disease: 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. Patient is selected only once per year, based on their first CHD related admission to hospital that year.
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed discharge bed days	The number of bed days occupied by people over the age of 65 experiencing a delay in their discharge from hospital, per 100,000 population. Includes the following reason groups: all reasons, health and social care, patient/carer/family-related and code 9s. Length of delay is calculated from the patient's ready for discharge date to either their discharge date within the specific calendar month or the end of the calendar month for patients who are still in delay.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Early deaths from cancer	Deaths from cancer (<75 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Death figures are based on year of registration.

Publications in Alternative Formats

We are happy to consider requests for this publication in other languages or formats such as large print

Please call: 0141 487 2888

Or email: renfrewshire.hscp@ggc.scot.nhs.uk

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RenfrewshireHSCP





To: Renfrewshire Integration Joint Board

On: 30 June 2023

Report by: Clerk

Heading: Arrangements for Future Meetings of the Integration Joint Board and the Integration Joint Board Audit, Risk and Scrutiny Committee

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 At the meeting of the Joint Board held on 31 March 2023, the IJB approved its timetable of future meetings to June 2024 and decided that future meetings be held at 10.00 am on 29 September and 24 November 2023 and 26 January, 22 March and 28 June 2024 and that a further report be submitted to this meeting in relation to arrangements for these meetings.
- 1.2 At the meeting of the IJB Audit, Risk and Scrutiny Committee held on 24 March 2023 it was decided that future meetings of the Committee be held at 10.00 am on 18 September and 17 November 2023 and 15 March and 21 June 2024 and noted that members would be advised of the venue for future meetings.
- 1.3 At the meeting of the Joint Board held on 25 November 2022 the IJB decided that meetings of both the IJB and the IJB Audit, Risk and Scrutiny Committee for calendar year 2022/23 would continue to be held remotely on MS teams, and that the meetings of the IJB scheduled to be held on 27 January, 31 March and 30 June 2023 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 24 March and 23 June 2023 be held remotely using MS teams. Further that this matter would be kept under review and that a report would be submitted to the first available IJB meeting should a suitable venue be identified which met IJB requirements.

- 1.4 In order to continue to allow for the remote attendance of members at meetings, the HSCP is continually investigating the possibility of meeting in venues, other than Council or Health Board venues, which offer a hybrid meeting facility. This matter will be kept under review and a report will be submitted to the first available IJB meeting should a suitable venue be identified which met IJB requirements.
 - 1.3 In the meantime and following discussion with the Chair and Vice Chair of the IJB, it is proposed that meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held remotely using MS teams until the IJB considers the timetable of future meetings to June 2025, a report on which will be submitted to the meeting of the IJB scheduled to be held on 22 March 2024. Therefore, the meetings of the IJB scheduled to be held on 29 September and 24 November 2023 and 26 January and 22 March 2024 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 18 September and 17 November 2023 and 15 March 2024 would be held remotely using MS teams.
 - 1.4 A further report will be submitted to the meeting of the IJB scheduled to be held on 22 March 2024 to consider the arrangements for the agreed meetings in June 2024 and also to consider the timetable of future meetings to June 2025 and the arrangements for these meetings.
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2. Recommendations

- 2.1 That meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held remotely using MS teams until the IJB considers the timetable of future meetings to June 2025, and that the meetings of the IJB scheduled to be held on 29 September and 24 November 2023 and 26 January and 22 March 2024 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 18 September and 17 November 2023 and 15 March 2024 be held remotely using MS teams; and
 - 2.2 That it be noted that a further report will be submitted to the meeting of the IJB scheduled to be held on 22 March 2024 to consider arrangements for the agreed meetings in June 2024 and also to consider the timetable of future meetings to June 2025 and the arrangements for these meetings.
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Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.
4. **Legal** - none.
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 website.
 8. **Health & Safety** - none.
 9. **Procurement** - none.
 10. **Risk** - none.
 11. **Privacy Impact** - none.
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List of Background Papers – none.

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