
To: Renfrewshire Integration Joint Board

On: 27 January 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 25 November 2022 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 the Scottish Government Budget 2023/24 briefly sets out the budget highlights and potential challenges that will be faced by the IJB in the next financial year.
- 1.3. More widely, an update is provided on the HSCP's winter response to ensure that robust plans are in place to manage any potential challenges – focused on key business continuity activity and emerging risks.
- 1.4. Sections of the report are provided in summary only with detailed updates included in separate agenda items due to the volume of detail which is reflective of their importance e.g., Specialist Children's Services.
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2. Recommendations

- 2.1. It is recommended that the IJB note:
- The change to hosting arrangements for Specialist Children's Services across the NHSGGC board area (Section 4);
 - The update on workforce planning and support (Section 5);
 - The updated Primary Care Improvement Plan and tracker summary provided to the Scottish Government (Section 6);

- The development of an NHSGGC board-wide Primary Care Strategy (Section 7);
- Current winter pressures and planning activity ongoing within the context of HSCP Business Continuity Planning on emerging risks (Section 8);
- The introduction of new arrangements for enhanced collaborative clinical and care support for care homes (Section 9);
- The update on the Scottish Budget 2023/24 (Section 10);
- The progress update on the National Care Service (Scotland) Bill (Section 11);
- The potential impact of new legislation contained within Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022 (Section 12); and
- The publication of the national Carers Strategy (Section 13).

3. Background

- 3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the ongoing impact of COVID-19 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.

4. Specialist Children's Services Hosting Arrangements

- 4.1 NHSGGC have agreed to revise the hosting arrangements for Special Children's Services (SCS) by implementing a single board-wide service structure. SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams Services. Delegated Tier 3 HSCP SCS Services and board-wide Tier 4 services will move into a single management structure hosted by East Dunbartonshire HSCP.
- 4.2 A single system arrangement is a development that Scottish Government are keen to progress and is viewed as critical to the improvement of the coordination and management of Children's Services across NHSGGC. These changes will be guided by a project plan, developed through engagement and consultation with key stakeholders and staff partnership colleagues. For assurance, an oversight group will be implemented to support the work. The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition.
- 4.3 A further detailed update on the proposed arrangements is subject to a separate agenda item at the January IJB meeting.

5. Workforce Planning Update

- 5.1 Following the IJB's approval of the Workforce Plan for 2022-25 at its meeting in November 2022, the HSCP has reinstated its Workforce Planning and Organisational Development Group to oversee delivery of the Plan. The group membership includes HSCP officers, Staff-side representation, and NHSGGC and Renfrewshire Council HR and Organisational Development representatives. It is chaired by the HSCP's Head of Strategic Planning and Health Improvement.
- 5.2 The first meeting of the group was held in December 2022 with the agenda focused on discussion of a draft delivery plan with assigned owners for each of the actions identified within the Workforce Plan. This delivery plan will provide the basis for oversight of progress through to September 2025. In undertaking this initial assessment, good progress has already been made on many actions set out to start, or be completed, in Year 1 of the Plan. The HSCP will bring annual updates to the IJB on progress made, with further updates on specific workforce issues and activity brought to the IJB as required.
- 5.3 The remit of the group also includes ensuring that the HSCP is working with partners to support staff health and wellbeing wherever possible. It provides a local forum for the identification of additional support mechanisms and assessment of the impact of existing support in place. Recent examples of the activity ongoing were provided to the IJB at its development session in early December 2022, including but not limited to providing touchdown areas for staff to access warm spaces and hot drinks during shifts in the community; providing staff with winter-appropriate uniforms and access to 4x4 vehicles; identifying further supplies requirements for staff in event of power outage scenario; and ensuring staff are aware of and have access to a range of information and advice services.

6. Primary Care Improvement Plan (PCIP 5.5)

- 6.1 Renfrewshire HSCP provides regular updates to the Scottish Government on progress made in the local implementation of Renfrewshire's Primary Care Improvement Plan (PCIP). In October 2022, the Scottish Government revised the PCIP template to enable data collection at a national level i.e., current activity and capacity for each of the Memorandum of Understanding (MOU) services due to the need for more granular detail on service delivery.
- 6.2 The aim is to support robust financial planning and inform future development and investment in Primary Care Improvement. The financial data will be used to consolidate separate commissions into a single format and inform tranche two funding allocations. Additionally, the data will inform planning for the Scottish Budget 2023/24 to support the implementation of future directions on Pharmacotherapy, Community Treatment and Care (CTAC) and Urgent Care Regulations, which are key priorities for 2022/23.
- 6.3 The HSCP submitted the revised PCIP 5.5 and implementation tracker by the 22 November 2022 deadline. A copy of this is included within Appendix 1 and given the prescriptive formatting of the document, this is best viewed online

rather than printed format. Whilst the HSCP has focused on delivering the key priorities, the HSCP remains committed to the funding and delivery of all six services set out in the initial MOU. Key highlights within the PCIP include:

- Aim to recruit 121.54 WTE across all 6 work streams by 31 March 2023.
- Vaccination Transformation Programme has moved from a GP based delivery model to a NHSGGC board delivery model by various vaccination teams freeing up GP practice. The HSCP continues to deliver the housebound winter vaccination element of the programme.
- Community Treatment and Care Services offer an agreed intervention list implemented by transferring work from all 28 GP Practices by March 2023.
- Pharmacotherapy Service are available to all GP practices via a pharmacy hub model which level 2/3 service offering will be built on by March 2023.
- Community Link Workers continue to be aligned to all GP practices.
- MSK/Physiotherapy resource continues to be aligned to 14 GP practices. Service allows patients to benefit from quicker access in primary care to a physiotherapist and treatment and reduces unnecessary GP referrals and pressure on workloads.
- Urgent Care - we have moved to deliver mainly Care Home aligned ANPs to in line with MOU commitment, offering a proactive and reactive service.
- Mental Health capacity - the PCIP reported as directly funded locally, through Action 15 monies. There are currently 5.0 WTE Community Mental Health and Wellbeing Nurses and 1.7 WTE Occupational Therapists (OTs) supporting several GP practices locally - 12 practices have aligned Community Mental Health and Wellbeing Nurses and 3 practices have aligned OTs.

6.4 To fully achieve delivery of the 2018 GMS Contract and MOU objectives at a local level, it is estimated that it would cost around £12.23m. The 2022/23 PCIP allocation to date draws down on existing reserves. The Scottish Government Tranche 1 Allocation is £5.18m and insufficient to fully implement every aspect of the GMS Contract and ensure equity of services/resource across all GP practices. The Tranche 2 Allocation is essential for the HSCP to meet its 2022/23 obligations and is awaited from Scottish Government. The key challenges that remain are:

- Accommodation space to deliver effective primary care services in GP practices and HSCP premises.
- IT to establish new ways of working in extended primary care teams.
- Overall funding available to support full implementation of the GMS Contract/PCIP and associated MOU.

6.5 The HSCP recognises that robust financial planning and support is critical to ensuring it meets its contractual obligations under the 2018 GMS Contract and MOU2. Challenges are subject to ongoing review and discussed regularly at a local, board-wide, and national level through the various governance and reporting arrangements. A future update will provide to the IJB and will include a detailed update on Scottish Government funding allocations.

7. Primary Care Strategy

- 7.1 Renfrewshire HSCP currently host Primary Care services on behalf of the NHSGGC including General Practice Out of Hours (GPOOH) on an interim basis. Operational responsibility for GPOOH sits in Acute Services and the strategic responsibility for the planning of the service formally sits with Renfrewshire, the hosting HSCP, as strategic planning is a delegated function.
- 7.2 In June 2022, the NHSGGC Board's Operational Priorities for 2022/23 were approved. Aligned to the 4 Corporate Aims, they are designed to support the delivery of the Corporate Objectives, whilst also recognising future system pressures and challenges. Primary and Community Care has been identified as an operational priority - this includes the development of extended multi-disciplinary teams in Primary Care, whilst maintaining access to core services at the right time and the right place.
- 7.3 To support the delivery of these priorities a board-wide Primary Care Strategy is currently being developed. The strategy will set out the key priorities and challenges for primary care services across NHSGGC and HSCPs. The strategy will be aligned with key national and local strategies, plans and priorities. This includes Renfrewshire HSCP's 'Shaping Our Future' Strategic Plan 2022 – 2025. For governance and assurance, the draft strategy will be brought to the IJB in 2023 for approval. In advance, the strategy will be subject to extensive stakeholder engagement to agree the strategic direction for travel and approach to wider engagement and public consultation.
- 7.4 A new Director of Primary Care (currently being recruited) will be responsible for overseeing the development and implementation of the strategy and will work jointly with each of the six HSCPs' strategic planning functions on its delivery. The Director will be responsible for leading the programme of primary care transformation including independent contractor services, working collaboratively with key stakeholders to deliver the necessary transformation of primary care services and workforce. This is a substantial programme of change in terms of scale and complexity across each of the six HSCPs, 228 GP practices and a wide range of community services and professional groups.
- 7.5 A Primary Care Strategy project group is leading on the strategy development. The project group has representation from NHSGGC, HSCPs, and reports into various NHSGGC and HSCP governance forums. A period of extensive stakeholder engagement is due to take place between January and March 2023. This work will be jointly led by the NHSGGC Patient Engagement and Public Interaction Team, NHSGGC Communication Team and the Primary Care Strategy Project Team before a wider consultation programme which seeks the views of patients and the public. Approval of the strategy will be brought to the IJB in due course.

8 Winter Planning and Business Continuity

- 8.1 A report was provided to the IJB in November 2022 which outlined the HSCP's Winter Plan 2022/23, forthcoming planning activities and an assessment of

emerging winter risks. The report described the opportunities and mitigations being put into place to ensure the HSCP maintains effective business continuity arrangements to continue to deliver safe and effective care. The HSCP and its partners continue to undertake a range of planning activities to prepare for those risks to ensure services remain resilient through the winter period. This includes a range of scenario planning to identify challenges by working with a cross section of providers and organisations conducting similar exercises for consistency.

- 8.2 As the IJB will be aware, the health and social care system has been under significant pressure throughout this Winter, with a combination of Covid infections, high levels of Flu and Strep-A alongside other respiratory illnesses increasing demand significantly within acute services. These demands also impact on hospital discharge and community health and care services.
- 8.3 Section 7 in the Performance Management Mid-Year Report 2022/23 provided to the IJB at this meeting sets out performance in bed days lost due to Acute Delayed Discharge. The report notes that at September 2022, Renfrewshire was the highest performing local authority area in Scotland for acute standard days lost.
- 8.4 The most recent figures available from Public Health Scotland also show that in November 2022, Renfrewshire was the highest performing local authority area for standard delays with a rate of 80 bed days per 100,000 population. This compares against a Scotland average of 955.2 bed days per 100,000. The delayed discharge team in Renfrewshire continue to deliver results in highly challenging circumstances and the HSCP's SMT recognise their ongoing hard work and commitment to supporting timely discharge for local citizens.

Business Continuity Planning – Winter Power Outages

- 8.5 Following several engagement sessions with the Scottish Government, electricity network providers, Ofgem and resilience networks, we have undertaken several activities to better prepare the HSCP for the possible yet unlikely scenario of either a mass unplanned or planned power outages. Media coverage has indicated the potential for a series of 3 hour planned power outages to occur across geographical areas on rotation in a bid to manage the demand on the overall network through winter. In response, key activity undertaken by the HSCP to mitigate potential risks includes:
- Reviewing the HSCP's estate and identifying rota blocks for each postcode, to understand the geographical spread and associated level of risk from the rota disconnection process.
 - Completion of feasibility studies and costings of installation backup power generators within the three care homes operated by the HSCP.
 - An assessment of services and the prioritisation criteria to be applied in a power reduction / outage scenario.

- Creating a contingency plan to enable the HSCP to continue delivery of priority services from different buildings.
- Reviewing data requirements and progressing backup data provision essential for the running of services
- Reviewing service users/patients to understand those most vulnerable and at risk in a power outage scenario.
- Established an emergency grab-bag policy and procedure to support services to relocate during a power outage scenario easily and safely.

8.6 Planning for winter 2022/23 is set within the context of both new and continuing challenge and uncertainty. Both the Winter Plan and Business Continuity Plans are regularly reviewed by the HSCP Senior Management Team including Operational Heads of Service responsible for service delivery. Plans will continue to be monitored and updated to increase sustainability, resilience and ensure that effective actions are being taken in response to new and emerging risks and challenges across the sector.

9. New arrangements for enhanced collaborative clinical and care support for care homes

9.1 As reported to the IJB in September 2022, the Scottish Government introduced the [My Health, My Care, My Home](#) healthcare framework for adults living in care homes in June 2022. The framework makes 78 recommendations that aim to transform the healthcare for people living in care homes by examining how the health and care of people living in care homes should be optimised, supported, and delivered. It will also enhance the assessment, monitoring and responding to the ongoing change of health and healthcare needs with a focus on collaborative and strong multidisciplinary team working.

9.2 On 14 December 2022, the Scottish Government published an [advice note](#) confirming new arrangements with NHS Boards and Local Authorities for providing enhanced collaborative clinical and care support for social care in Scotland. The new arrangements are informed by learning to date including a review undertaken by a Short Life Working Group (SLWG), comprising a range of stakeholders from across the health and social care sector. Several recommendations have been made which provide guiding principles and a framework for collaborative improvement, with the aim of strengthening locally developed approaches whilst ensuring a level of consistency is embedded across Scotland.

9.3 It was agreed that NHSGGC system-wide consideration would be given to the implementation of the extended framework given its early stage. HSCPs across NHSGGC, including Renfrewshire, have undertaken an initial benchmarking exercise against the range of recommendations made. RHSCP's Senior Management Team will now consider the collective recommendations and relevant actions which can support further development. Alongside this, the joint Clinical and Care Governance Oversight Group will review the implications and their governance arrangements and operational management.

10. Scottish Budget 2023/24 Update

10.1 On 15 December 2022, the Scottish Government set the Scottish Budget for 2023/24. The budget has been set amidst turbulent economic and financial times. The UK Government announced additional consequential in the Autumn Statement which are expected to offset the impact of inflation on the Scottish Budget in 2023/24 and 2024/25, and additional revenue raised through devolved tax powers will be used to increase spending on health and social care. Key measures in the Budget included a £1 billion uplift to the health budget and an additional £550 million to the Local Government settlement, suggesting a more positive situation than that presented in the Resource Spending Review in May 2022.

10.2 Overall, the budget suggests that devolved public service spend will increase by 1.9% in real terms from the current year. However, analysis by the Institute of Fiscal Studies suggests that (due to variations in the choice of deflator used to express spending in real terms, and the lack of consideration of in-year rises for 2023/23), the budget represents a real-terms spending cut of 1.6%. Of the £1 billion additional monies allocated to health, much of this figure has already been committed:

- £515 million of this figure is allocated for the recurring 'agenda for change' (AfC) pay uplift; and
- £100 million is allocated to the Adult Social Care Provider pay uplift.

10.3 Of the £550 million additional Local Government monies, COSLA has challenged this figure, maintaining that once existing policy commitments are considered, the uplift will be reduced to just £71 million, and significantly adrift of the £1 billion that COSLA and CIPFA Directors of Finance state is needed to address the multiple challenges councils are facing.

10.4 Further clarity on budget settlements is expected in the coming months and further detail will be provided to the IJB when it sets its budget in March 2023. However, taken together, and considering the Budget announcements and known existing pressures, the anticipated settlement from our funding partners is expected to result in a significant budget gap for the IJB.

11. National Care Service Progress Update

11.1 An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in November 2022. It was agreed that future progress updates would be provided to the IJB on key developments. On 1 December 2022, as part of the ongoing parliamentary scrutiny process, oral evidence sessions heard by Financial and Public Administration Committee on the Bills Financial Memorandum concluded. The Committee's [report](#) concluded that:

- The Committee has significant concerns in relation to the costings within this Financial Memorandum, which it considers does not provide best estimates of the costs the Bill gives rise to.

- The Financial Memorandum in its present form does not provide an overall estimate of the costs of creating a National Care Service. Many decisions are yet to be made, and no estimates of costings have been provided for VAT liability, transfer of assets and staff and the creation of a health and social care record, all of which have the potential to result in significant costs.
- The Committee appreciates the Scottish Government's intention to design the system in collaboration with those most closely affected, however, it has been argued that such work should have been completed prior to the introduction of primary legislation.
- As previously recommended in the Committee's report on post-legislative scrutiny of the Children and Young People (Scotland) Bill, major policies should not be implemented via secondary legislation or business cases which cannot be subject to the same in-depth and formal financial scrutiny as Financial Memorandums to Bills.
- The current Financial Memorandum relies heavily on future secondary legislation and business cases and does not provide the Committee with enough detail on costs to allow it to fully assess or scrutinise the financial implications of the Bill. The significant gaps highlighted throughout the report in combination with the Scottish Government's approach to introducing the primary legislation prior to completion of the co-design process has frustrated the parliamentary scrutiny process.
- The Committee therefore requests that the Scottish Government provides a revised Financial Memorandum, including full details of the underlying assumptions, updated estimates for the gaps identified in this report, as well as updates to the existing cost estimates set out in the FM. This updated FM should be provided at least two weeks prior to the completion of Stage 1 – scheduled for March 2023 - to inform Members' approach to the debate on the general principles of the Bill and consideration of the Financial Resolution.
- Should the Bill be enacted, implementation costs, savings and forecast expenditure should be monitored and reported on to the Finance and Public Administration Committee twice a year. The Committee further recommends that updates are provided in a similar format to the Financial Memorandum, rather than simply as part of a Programme Business Case, to allow proper comparative scrutiny.

11.2

The Health, Social Care and Sports Committee (Lead Committee) will continue to hear oral evidence sessions and a final report is expected in January 2023. A further progress update will be provided to the IJB in March 2023.

12. The Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022

12.1 The Housing (Scotland) Act 1987 conveys a power on local authorities to investigate if a homeless household has a local connection to its area. Local connection is acquired where a household member has been resident or has economic or social ties to the local authority area. Where an authority has established that no local connection exists it may exercise the power to refer the household back to another local authority where a local connection reasonably exists.

12.2 On 29 November 2022, the Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022 came into force. The order suspends the local connection within the Housing (Scotland) Act 1987 and places a duty on local authorities to secure settled accommodation for any unintentionally homeless household regardless of where the applicant resided prior to making the application. There will be no investigation required to establish a local connection as part of the homeless investigation.

12.3 Although the impact of the Order is unknown, it likely that homeless applications from households with no local connection to Renfrewshire will increase. This may pose a challenge for services including housing, education, health, and social work and care. The Scottish Government have confirmed that they will monitor the impact of the changes on Local Authorities and HSCPs. Locally, the HSCP will also monitor potential implications of this change as part of our joint working arrangements with Renfrewshire Council to determine whether there has been increased demand for services.

13. Publication of the National Carers Strategy and local alignment

13.1 The Scottish Government published the National Carers Strategy on 21 December 2022. The strategy aims to drive long-term, sustainable systemic change to how unpaid carers are valued and supported, and to recognise and mitigate the potential wellbeing, economic and social risks of caring. It highlights the IJB's current duties and responsibilities to unpaid adult carers, as set out in the Carers Act, alongside new and existing national policies relating to unpaid carers and the wider community, some of which falls within the scope of the IJB.

13.2 The strategy also reflects the current context, in particular recognising the impact of the pandemic on unpaid carers and how carers will be involved in strategic planning, and specifically the development of the National Care Service.

13.3 Renfrewshire HSCP had the opportunity to comment on draft versions of the strategy through the Government's carers lead network. An initial review of the final version indicates that the key themes of the strategy align with the IJB's Unpaid Adult Carers Strategy, approved on 16 September 2022. The Unpaid Adult Carers Planning Group will undertake a comprehensive review of the strategy and ensure any new commitments are identified and, where required, progressed locally.

- 13.4 An update on the review of the national strategy will be provided to the IJB in March 2023.

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 IJB's 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 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 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 and issues arising from the contents of this report and 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

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Any enquiries regarding this paper should be directed to Christine Laverty, Chief Officer
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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?

Because this is the first time we are sending out the tracker in this format, not all information is mandatory at this time. Please note the following colour scheme, which will tell you which cells are mandatory and which cells are voluntary:

Orange cells are required to be completed.

Blue cells are voluntary. However, we do expect you to fill out either capacity or activity. If possible, please do fill out both. If this is not possible, we do expect you to inform us why the remaining data is not available.

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 Tuesday 22nd November 2022.

Cells are highlighted in blue and orange to list mandatory/voluntary nature. The list of mandatory cells are also provided at the start of a worksheet. 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 Tuesday 8 November - 2pm-3pm and Thursday 10 November 11am-12noon. 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.



Covid PCIP 5.5

Health Board Area:	NHS Greater Glasgow and Clyde
PLEASE SELECT: Health & Social Care Partnership:	Renfrewshire
Total number of practices:	28

The following cells are mandatory: Pharmacotherapy - C13 to C20, B22; CTAC - C28:C30, B32; VTP - C38:C44, B46; Urgent Care - C48:C49, B51; Physio/MSK - C58, B60; Mental Health workers - C66, B68; Community Links Workers - C74, B76. Other - C82, B84
 The other cells are voluntary

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with access to service by 31/3/23	Weekly activity/number of tasks or items (based on current workforce)
Level 1: Authorise/action acute prescribing requests	28	
Level 1: Authorise/action repeat prescribing requests	0	
Level 1: Authorise/action hospital discharge letters/outpatient requests	28	
Level 1: Other	0	
Level 2: Medication review (more than 5 medicines)	28	
Level 2: other	0	
Level 3: poly pharmacy reviews and specialist clinics	28	
Level 3: other	0	

Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.
 80-100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.
 MoU2. Available resource varies by two-fold across HSCPs, impacting on degree of delivery. Clinical priorities for level 3 activity are in place aligned to priority higher risk cohorts including frailty, pain, diabetes, respiratory with a view to reducing demand. Nation:
 If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?
 Following the advice of the Directors of Pharmacy, activity data relating to the pharmacotherapy service has not been provided because it does not measure the professional input of the pharmacy team in GP practices; it is not comparable across Boards; it is not

2.2 Community Treatment and Care Services	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current number of appointments taken up (activity) in a typical week
General Practice phlebotomy	28		
Chronic Disease Monitoring	28		
CTAC treatment services including but not limited to ear syringing, suture removal etc	28		

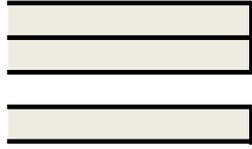
Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.
 80-100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.
 Phlebotomy is based on 10 minute appointments and domi appointments can vary between 10-20 minutes. For wider treatment room services interventions are based on 10 - 30 minutes dependant on the intervention.
 If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?
 Phlebotomy is GP Practice aligned/based and is recorded within GP Practice systems this has proven difficult to obtain this collective data. Would require support/resource to obtain. For wider treatment services we are still rolling out this service across Renfrew:

2.3 Vaccine Transformation Program	Practices with access to service by 31/3/23
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

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

80-100%				
2.4 Urgent Care Services	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
In-practice	1			
External appointments e.g. house visits or care homes	27			
Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
All Care Homes have different number of patients and not all patients may need to be seen, therefore difficult to quantify demand/capacity/activity within a given week. Complexity is also variable. The service currently offer a proactive and reactive service with				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
Would require additional support./resource to obtain at level of request.				
Additional professional services				
2.5 Physiotherapy / MSK	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Practices accessing APP	14	227	215	
Please provide a (rough) estimate of the percentage of Physiotherapy/MSK that is funded through PCIP.				
80-100%				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
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 dept. No cover for leave currently provided due to funding constraints. Monthly CPD a				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
2.6 Mental health workers	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Practices accessing MH workers / support through PCIF	12			
Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
2.7 Community Links Workers	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Practices accessing Link workers	28			
Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.				
60-80%				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
This is a procured service and we will need to continue to work with the provider to provide activity at this level.				
2.8 Other - please provide details in the description box below	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Other				
Please provide a (rough) estimate of the percentage of Other services that are funded through PCIP.				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				



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Workforce profile

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

The following cells are mandatory: C12:P15

The following cells are voluntary: C21

Table x: Workforce profile (WTE)

Financial Year	Service 2: Pharmacotherapy			Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
WTE staff in post at 31 March 2022 funded through PCIF (Overwrite if necessary)	15.6	17.2		12	26.4	1	5.7	0	1	0	4.3	1	8.8
PCIF Funding FORECAST WTE staff in post at 31 March 2023 (staff that you expect to have in post by this date) [b]	18.1	12.8	15.8	17.2	33.13	1	8.3	0	1	0	4.4	1	8.8
FORECAST WTE posts not funded by PCIF delivering MOU services at 31 March 2023 irrespective of funding source [b]										6.7			
PCIF Funded Service intentions: PCIF PLANNED WTE posts at 31 March 2023 (based on staffing complement required to deliver against each of the MoU services as defined in section 6 the guidance).	52	41	16.8	17.2	38.63	1	14.1	0	1		12.7	1.2	8.8

[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

Comment:

Key: IAs need to input to all orange shaded cells These are Cells D17:E30, G17:G30, G36, F43:F56
Grey cells are calculated cells - no input required

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	Forecast Spend to the year-end £000s	Total Spend 2022-23 £000s	Brief Description of Funded Activities (3):
		at 31 October 2022	1 November 2022 to 31 March 2023		
		Total YTD costs (1)	Total Forecast Costs (2)	Total Costs 2022-23	
Vaccination Transfer Programme	Staff costs	100	428	528	Nurses and pharmacists for immunisation programme
	Non-staff costs	77	58	135	Contribution to boardwide vaccination programmes
Pharmacotherapy services	Staff costs	945	921	1,866	Pharmacists, technicians and support works
	Non-staff costs	47	32	78	Equipment, travel etc
Community Treatment and Care Services	Staff costs	875	816	1,691	HCSW, Admin staff + team lead
	Non-staff costs	80	60	140	Equipment, travel etc
Urgent care services	Staff costs	215	238	453	ANP
	Non-staff costs	13	10	23	Travel
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	161	135	296	Physiotherapists,
	Non-staff costs			0	
Community Link Workers	Staff costs			0	
	Non-staff costs	151	108	259	Wellbeing workers - 3rd party
Other - please provide detail in Description box	Staff costs	34	43	77	Support services
	Non-staff costs	35	139	174	Equipment, other
Total Expenditure		2,734	2,987	5,721	

Allocation summary 2022-23

Expenditure	Funding held at IA	SG	Funding need
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All figures in £000s

	2022-23 Forecast Expenditure	2022-23 Tranche One entitlement	Of which, reserves	Other funding contributed by IA (4)	2022-23 Tranche Two entitlement	Of which, additional reserves	Additional funding need	Tranche 2 allocation
PCIF Summary 2022-23	5,721	4,005	3,162		1,716	0	1,716	1,716

2. Three year spend summary

All figures in £000s

		2021-22 outturn	2022-23 forecast	2023-24 forecast (5)
PCIF programme:	Category	Total	Total	Total
Vaccination Transfer Programme	Staff costs	458	528	593
	Non-staff costs	70	135	151
Pharmacotherapy services	Staff costs	1,182	1,866	6,289
	Non-staff costs	31	78	562
Community Treatment and Care Services	Staff costs	1,058	1,691	2,147
	Non-staff costs	134	140	100
Urgent care services	Staff costs	386	453	1,084
	Non-staff costs	40	23	20
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	314	296	919
	Non-staff costs	0	0	0
Community Link Workers	Staff costs	259	0	0
	Non-staff costs	0	259	250
Other - please provide detail in Description box	Staff costs	N/A	77	71
	Non-staff costs	N/A	174	40
Total Expenditure		3,932	5,721	12,226

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 (6);

Forecast costs do not include legally committed reserve costs. Reserve allocation agreement for future years was £1.337m, however only £1.185m appears in table above leaving a gap of £0.152m