

To: Leadership Board

On: 22 February 2023

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Adult Social Care: Six-monthly Update Report 2022/23

1. Summary

- 1.1 Adult Social Work Services were delegated to Renfrewshire Integration Joint Board (IJB) on 1 April 2016. These services are managed through the Health and Social Care Partnership (HSCP).
 - 1.2 This report, together with the scorecard, provides an overview of activity and performance using the most up to date information available.
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2. Recommendations

- 2.1 It is recommended that members note:
 - the contents of this report updating activity and performance of adult social work services delegated to the IJB; and
 - that the annual report will be presented to the Leadership Board in September 2023.
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3. Background

- 3.1 The list of functions that must be delegated by the Local Authority to the IJB is set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions, etc) (Scotland) Regulations 2014, and is noted in Annex 2, part 1 of Renfrewshire's Integration Scheme. These include:
 - Social work services for adults and older people;
 - Services and support for adults with physical disabilities and learning disabilities;
 - Mental health services;

- Drug and alcohol services;
- Adult protection and domestic abuse;
- Carers' support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aspects of housing support;
- Day services;
- Respite provision;
- Occupational therapy services; and
- Reablement services, equipment, and telecare.

4. Key Activities

The key activities undertaken during 2022/23 related to some of the delegated services are detailed in the section below.

Winter Pressures

- 4.1 Each year, Renfrewshire HSCP develops plans to ensure the resilience of critical services over the winter period. The planning process for winter 2022/23 has been undertaken across all HSCP's internal and hosted services, taking into account learning from the pandemic and also reflects any current risks.
- 4.2 Throughout the process the HSCP continued to engage with partners through existing resilience arrangements both locally and regionally. As part of these arrangements, consultation was undertaken on the Winter Plan with colleagues within NHS Greater Glasgow and Clyde and Renfrewshire Council, while HSCP staff also contribute to the development and review of the IJB's partner organisations' respective Winter Plans.
- 4.3 The Winter Plan 2022/23 was approved by Renfrewshire's Integration Joint Board on 25 November 2022, a summary of the action plan is attached in Appendix 1. However, it is worth noting that the following, key aspects were considered within this year's planning cycle:
 - The volatility of the Ukraine situation and the potential disruption this may cause to supply chains, public finances and cyber security;
 - The continued potential for, and likelihood of, waves of COVID infection and increase levels of influenza this winter;
 - The importance of continuing to prioritise the health and wellbeing of our staff, recognising the continued pressures facing health and social care services locally, regionally and nationally;
 - The potential for disruption to power supplies. This could be unplanned incidents due to local or national electricity system faults or severe weather

such as the impacts observed following Storm Arwen last winter. It also includes potential planned rolling outages in the reasonable worst-case scenario set out by National Grid in the event of possible gas and power shortages during the winter months;

- The potential for cyber-attacks or technology incidents, which could arise from severe weather or as mentioned previously, the security situation arising from the war in Ukraine. A recent example of this includes the loss of internet and telephone communications in Shetland due to underwater cable damage, with significant impacts on service delivery; and
- The financial climate, the cost-of-living crisis and the impact that this will have on the HSCP, local communities and service users and patients across the partnership's services.
- The wellbeing of staff and challenges in recruiting to social care positions.

Delayed Discharge from Hospital

- 4.4 Pressures across the whole health and social care system severely impacted acute hospitals. It is important that people who are no longer in need of medical care are supported to move on to a more appropriate setting.
- 4.5 The most recent figures available for Renfrewshire highlight that the number of Acute delayed discharge bed days lost for April to November 2022 was 4,733 which was approximately a 38.2% decrease on the numbers recorded for the same period in 2021/22.
- 4.6 Of the 4,733 Acute delayed discharge bed days lost, 1,418 were classified as standard delays and 3,315 as Code 9s. Some examples of delays recorded as Code 9s include; Adults with Incapacity (AWI) going through a Guardianship process; patients delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate; patients delayed due to infection control measures; and patients for whom an interim move is not possible or reasonable.
- 4.7 While timescales for AWI/Guardianships are not within our control, a pro-active approach with families and solicitors is in place on a case-by-case basis. A number of patients recorded as Code 9 delays have very specific care needs requiring highly specialised individual care. There is a limited number of service providers at both a local and national level which, at current available capacity, is insufficient to meet the present demand for care packages.
- 4.8 Within a national context, at November 2022 Renfrewshire was the highest performing Local Authority area in Scotland for the financial year 2022/23 for Acute standard delays with 1,418 bed days lost, equating to a rate of 969.1 per 100,000 population 18+. The national average rate at November 2022 for the financial year to date was 7,202.0 and the NHS Greater Glasgow and Clyde average was 4,912.1 per 100,000 population 18+.
- 4.9 On 9 January 2023, the Scottish Government announced that £8 million was being made available to HSCPs to procure around 300 additional care home beds to help alleviate pressures caused by delayed discharge. The funding allows boards to pay 25% over and above the National Care Home rate for beds. Interim and intermediate care placements were already established in

Renfrewshire and additional beds will be secured through this funding where required.

- 4.10 Interim care is an option for patients who are ready to be discharged from hospital, and are offered an interim placement in a care home. Interim care placements are offered where chosen care homes have no current vacancies or where patients require a care at home package that cannot be sourced at this time
- 4.11 The aims of delivering an interim care service include:
- Discharge from acute hospital on planned discharge date, without delay.
 - Provision of a time limited placement for people who do not require on going medical input within an acute hospital.
 - Time limited placement up to 6 weeks but on average anticipated to be 2-10 days whilst awaiting arrangements to return home or to their chosen care home.
 - Facilitating a return to independent living for the patient, therefore appropriate level of care and support to be provided replicating care at home service visits.
 - Planning by social work staff to ensure arrangements are progressing and patient is able to return to their own home as soon as possible.
- 4.12 Intermediate care and rehabilitative services have a vital role to play in delivering services for frail older adults which will reduce pressure on acute services. In particular, intermediate care will help shift the balance of care away from hospital and reduce the need for alternative, longer-term care services, such as home care, or permanent admission to a care home. Such services and interventions help maximise individuals' rehabilitation potential and slow decline and increased frailty.
- 4.13 The aim of delivering an intermediate care service include:
- Provision of a short period (up to 4 weeks) of intensive reablement and rehabilitation for people who do not require ongoing medical input within an acute environment;
 - Provision of a short period of intensive reablement and rehabilitation for people who do not require acute care but the level of rehabilitation requirement is more than can be provided at home;
 - Promote first and foremost a 'home first' ethos;
 - To facilitate a return to independent living for the individual;
 - To facilitate a safe and timely discharge from hospital; and
 - To work to prevent admission/readmission to hospital.
- 4.14 There are a variety of community pathways to accessing intermediate care service including GPs, Rapid Response Team, Home First Response Team and District Nursing Service.
- 4.15 Both interim and intermediate care arrangements will be provided by HSCP operated care homes - Renfrew and Montrose care homes have capacity within existing vacant units (known as houses) to accommodate 12 people in each.

Care Homes

- 4.16 As members are aware, in May 2020, enhanced support for care homes and care at home services was established to ensure that clinical and care professionals from across the HSCP, Renfrewshire Council, NHS Greater Glasgow and Clyde (NHS GGC) and the Care Inspectorate could come together to have oversight across Renfrewshire.
- 4.17 This resulted in the establishment of the Clinical and Care Governance Oversight Huddle and Multi-disciplinary Team which meets on a fortnightly basis. However, following national guidance issued by the Chief Social Work Advisor and the Chief Nurse on 19 December 2022, the following recommendations have been implemented in Renfrewshire:
- Assurance and support arrangements continue with a focus on adult and older people's care homes;
 - The Clinical and Care Governance Oversight Group has been renamed as Renfrewshire's Collaborative Care Home Support Team (CCHST) to reflect the emphasis on building on existing good practice, collaborative improvement and assurance, wider considerations around the pressures of financial viability/ sustainability in the face of rising costs and to avoid confusion with the statutory duties of the Care Inspectorate;
 - The CCHST Terms of reference and membership have subsequently been reviewed in line with this shift, recognising that the need for flexibility to respond to current challenges;
 - Ongoing engagement with care homes continues and includes dialogue with representatives for example through Scottish Care;
 - The joint nursing and social work assurance visits continues with care homes being made aware of the clear distinction between these supportive visits and inspections and regulations which are carried out by the Care Inspectorate - which they have clear statutory responsibility for;
 - The CCHST has an ongoing duty to respond to serious concerns by taking immediate steps to mitigate risks and reporting concerns to the regulator, who will consider what, if any, action may be appropriate at an individual or regional service level;
 - The Executive Nurse Director and Chief Social Work Officer continue to work in close partnership with the Care Inspectorate to act on findings from inspection and when intelligence is shared to guide the support to services. A collaborative approach to the development of improvement plans with care homes, HSCP operational/professional leads and the Care Inspectorate;
 - The CCHST continues to monitor opportunities for people living in care homes to connect with their loved ones both in and out of the home in the context of the ongoing delivery of Anne's Law; and
 - The CCHST, under the leadership of a member of the HSCP Senior Management Team, who will be supported by the HSCP'S Contracts and Commissioning Team, will monitor the viability of care homes as far as is practicable, taking a whole system overview capacity.

Care at Home

4.18 Although our Care at Home services faced significant challenges, they continue to support existing vulnerable service users whilst remaining responsive to the safe and timely discharge of patients from hospital. The following measures were put in place to increase service resilience:

- An increase in operational management cover
- Enhanced overtime rate for front-line staff during the festive period
- Use of external agencies to support the existing workforce
- Wider support from HSCP and Council volunteers

This has resulted in an increase in capacity to deliver vital services and provides a model for future winter planning processes.

4.19 On 14 September 2022, the Care Inspectorate concluded an unannounced inspection of the Care at Home Service. In evaluating quality, the Care Inspectorate use a six-point scale where 1 is unsatisfactory and 6 is excellent. The Inspection Team evaluated the service as follows:

- How well do we support people's wellbeing? 2 - Weak
 - People experience compassion, dignity and respect 3 - Adequate
 - People's health and wellbeing benefits from their care and support 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

4.20 The HSCP immediately established a working group to expedite implementing the necessary requirements and improvements identified within [the report](#). On conclusion of an unannounced follow-up visit undertaken by the Care Inspectorate during 28 November 2022 and 1 December 2022 all grades were re-evaluated to 4 – good. Inspectors highlighted the following:

- 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; and
- Infection Prevention and Control policy and practice had improved since the last inspection

Disability Resource Centre

4.21 On 24 October 2022, the Disability Resource Centre (DRC) reopened following significant refurbishment works. Members will recall that the DRC was forced to close due to a fire shortly after reopening in late 2021. Access to the building allows a broader range of activities and support is provided alongside community outreach activities which remain very popular.

Adult Support and Protection

- 4.22 The convener of the Adult Protection Committee is required to prepare a general report every 2 years on the exercise of the Committee's functions. Following the Committee's approval on 28 October 2022, the 2020-2022 report was sent to Scottish Government. The report summarises the work of the APC, analyses achievements, identifies current issues with services, practice and performance, and sets out the required improvements for the next two-year period which are summarised below:

Engagement

- Improve use of advocacy by increasing understanding and awareness of advocacy support among staff and service users/carers within Renfrewshire;
- Improve engagement with adults at risk and family members/unpaid carers (as appropriate) through the ASP process;
- Improve lived and living experience feedback mechanisms for individuals subject to ASP and their representatives/ carers by embedding service user feedback within ASP process in Renfrewshire;
- Improve engagement and participation of agencies in the APC and sub groups and in ASP processes

Robust Policies and Procedures

- Renfrewshire's suite of ASP protocols and procedures is accessible to all partners, providing clear and consistent guidance on pathways, roles, and responsibilities; and is reviewed and upgraded regularly

Effective Use of Data in Measuring Outcomes

- Outcomes for adults at risk of harm and their unpaid carers are systematically measured against consistent indicators of harm in order to inform decision making and service planning

Effective Decision-making

- Decision making is robust, consistent, adheres to the principles of the Act

Learning and Development

- Identify and support learning and development needs across all ASP partner agencies including those who chair ASP Case Conferences and supervise ASP work.
- Ensure programme of continuous improvement is in place in relation to ASP training across all partners

Alcohol and Drugs Recovery

- 4.23 On 26 October 2022, Angela Constance, Minister for Drugs Policy, formally opened the CIRCLE (Continuing in Recovery Changes Lives Entirely) Recovery Hub. The Hub provides a unique mental health and alcohol and drug recovery service for people looking for a recovery focus, by providing a varied programme of activities aimed at encouraging, involving, and supporting people in recovery – a system of open and self-referrals is in place.

The event was very well attended, including the Chair of the NHSGGC Board and Chair and Vice Chair of Renfrewshire IJB. As part of the event, attendees heard powerful testimonies from people with lived and living experience underlining the importance of the hub and the support available through it.

- 4.24 As members are aware, in March 2020 £2m of funding was allocated by Renfrewshire Council to support the emerging recommendations of the Renfrewshire Alcohol and Drugs Commission. Officers worked with partners to bring forward an initial tranche of funding proposals which would target the priorities identified as being most urgent by the Commission. The Alcohol and Drugs Change Programme Board continues to oversee the local partnership response to the Commission, and this is chaired by the Council's Chief Executive. Partners are working very closely to ensure that all of the activities being progressed are joined up and make maximum use of the funding and resources available. Further details are provided in the Alcohol and Drugs Programme update provided to this meeting of the Leadership Board.

5. National Care Service

- 5.1 As part of the ongoing parliamentary scrutiny process, oral evidence sessions heard by Financial and Public Administration Committee on the Bills Financial Memorandum concluded on 1 December 2022. The Committee reported a series of findings and concerns in relation to costings, the timing of collaboration with those most affected, major policies being implemented via secondary legislation and business cases etc. therefore the Financial Memorandum does not provide enough detail on costs.
- 5.2 The Committee has therefore requested that the Scottish Government provides a revised Financial Memorandum, including full details of the underlying assumptions, updated estimates for the gaps identified in the report, as well as updates to the existing cost estimates. This updated Financial Memorandum 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.
- 5.3 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.
- 5.4 The Health, Social Care and Sports Committee (Lead Committee) will continue to hear oral evidence sessions and a final report is expected in the coming days.

6 Next Steps for Adult Social Care

- 6.1 In December 2022 a Joint Statement of Intent and Next Steps for Adult Social Care 2022-23 was published. The document sets out joint commitments by the Scottish Government and COSLA to bring about improvements to the social care system over the next 12 to 18 months. It states that over the next year, the Scottish Government and COSLA will:





- Continue to drive forward the Discharge without Delay Improvement Programme, and ensure that multi-agency discharge planning starts as soon as possible in the person's journey, involving all parties from health, social care, housing and third sector, as well as the individual and their family;
- Continue to embed human rights in the provision of social care support;
- Ensure that people have a voice in how social care is delivered;
- Take a preventative approach, including through the development of the Getting It Right For Everyone (GIRFE) practice model;
- Establish a Social Care Workforce Programme to continue to deliver the type of improvement the social care workforce requires
- Continue to deliver our Fair Work agenda, ensuring those who work in care are offered fulfilment, security, opportunity, respect and effective voice
- Support learning and development through a working group jointly led by NES and SSSC
- Publish a Carers Strategy under a Scottish Government banner and work with a range of partners to implement the actions it recommends
- Establish a National Improvement Steering Group, jointly chaired by COSLA, SOLACE and the Scottish Government, to lead on the development of an overarching National Improvement Programme for Social Care and Community Health
- Publish revised Self-Directed Support (SDS) guidance and establish an improvement programme to implement it consistently




7 Adult Social Work Performance Overview from 1 April 2022

- 7.1 Adult Social Work services are managed and monitored via regular internal HSCP professional governance and operational management arrangements, including meetings, case management, and regular service and case reviews. These meetings involving Heads of Service and Service Managers covering a variety of local and national strategic and operational indicators. They allow Managers to scrutinise and discuss performance data, agree remedial action, timescales for improvement, and consider future challenges which may affect services to allow planned actions and mitigation where appropriate.
- 7.2 In addition to internal scrutiny, performance is reported regularly to the IJB meeting, with the scorecard presented twice-yearly. The report charts data for the last three years and, where possible, associated targets, the 'performance direction of travel' and whether the indicator is currently on track to meet target. The reports provide a detailed picture of what is working well, current challenges and intended remedial action where necessary.





The Renfrewshire IJB Scorecard reports on Adult Social Work indicators alongside a variety of both local and national health service indicators. All indicators are reported under the nine national health and wellbeing outcomes.

- 7.3 The most recently available performance data from 1 April 2022 to either 30 September 2022 (Quarter 2) or 31 December 2022 (Quarter 3) for the 19 adult social care services' indicators is as follows:



Performance Indicator Status		No.
	Target achieved	2
	Warning	1
	Alert	1
	Data only	15

Direction of Travel	
	Improvement
	Deterioration
	Same as previous reporting period



- 7.4 Areas of Strength - The following three indicators are rated green and are achieving target.

Status	Performance Indicator	19/20 Value	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel
National Indicator 2: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community							
	Percentage of clients accessing out of hours home care services (65+)	90%	90%	90%	91% Quarter 2	85%	
	Average number of clients on the Occupational Therapy waiting list	315	159	143	170 Quarter 2	350	

- 7.5 The following indicator is an amber warning given that it is 1% below target.

Status	Performance Indicator	19/20 Value	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel
National Indicator 2: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community							
	Percentage of long-term care clients receiving intensive home care	27%	29%	29%	28% Quarter 3	30%	

- 7.6 The following indicator remains a red alert, however addressing absence management and supporting employees to return to work is a key priority for the HSCP Senior Management Team. In collaboration with the Council's HR and Organisational Development, a streamlined process for absence management is being rolled out using the Business World system and additional supporting attendance training will be provided to managers.

Status	Performance Indicator	19/20 Value	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel
National Outcome 8: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do							
	Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	18.08	13.50	17.79	11.54 Quarter 2	Annual 15.3 days	

7.7 In addition, the following 15 performance indicators are for data purposes only:

Performance Indicator	19/20 Value	20/21 Value	21/22 Value	22/23 Value
National Outcome 2: People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community				
Homecare hours provided - rate per 1,000 population aged 65+	414	390	411	432 Quarter 2
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	99%	99% Quarter 2
Population of clients receiving telecare (75+) - Rate per 1,000 (2022/23 includes all telecare, previous years included enhanced alarms only)	50	46	58	117 Quarter 2
Percentage of routine OT referrals allocated within 9 weeks	42%	41%	68%	91% Quarter 2
National Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing				
Number of adult carer support plans completed for carers (age 18+)	162	86	148	89 Quarter 3
Number of adult carer support plans declined by carers (age 18+)	34	51	36	78 Quarter 3
Number of young carers' statements completed	68	49	27	18 Quarter 3
National Outcome 7: People using Health & Social Care services are safe from harm				
Number of Adult Protection contacts (including AWC) received	3,106	3,487	4,263	2,854 Quarter 3
Total Mental Health Officer service activity	683	627	905	962 Quarter 3
Number of Chief Social Worker Guardianships (as at position)	110	115	125	125 Quarter 3
Percentage of children registered in this period who have previously been on the Child Protection Register	11%	29%	30.4%	0% Quarter 3
National Outcome 8: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do				

Performance Indicator	19/20 Value	20/21 Value	21/22 Value	22/23 Value
No. of SW employees, in the MTIPD process, with a completed IDP	909	1,000	People, Performance and Talent Policy is currently being reviewed and a new indicator will be developed.	
National Outcome 9: Resources are used effectively in the provision of health and social care services, without waste				
Care at Home costs per hour (65 and over)	£26.40	£23.05	£25.71	Information from LGBF - available April 2023
Direct payment spend on adults 18+ as a % of total social work spend on adults 18+	5.88%	4.05%	4.47%	Information from LGBF - available April 2023
Net residential costs per week for older persons (over 65)	£298	£277	£248	Information from LGBF - available April 2023

- 7.8 The annual Local Government Benchmarking Framework suite of adult social care indicators will be available in April 2023 and will be presented together with the other indicators to the Audit Risk and Scrutiny Board in May 2023.

8. Next Steps

- 8.1 The next performance report on delegated Adult Social Care functions will be reported to the Leadership Board in September 2023.

Implications of the Report

- Financial** – Scottish Government will fund 25% above the National Care Home rate for additional interim and intermediate short term care home placements in order to reduce delays in discharge from hospital.
- HR & Organisational Development** – The HSCP continues to work in partnership with the Council's HR and Organisational Development to support manage absences and support staff to return to work.
- Community/Council Planning** – none
- Legal** – none
- Property/Assets** – none
- Information Technology** – none
- 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 of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual

impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety – none**
9. **Procurement – none**
10. **Risk – none**
11. **Privacy Impact – none**
12. **Cosla Policy Position – none.**
13. **Climate Risk –** The HSCP is committed to tackling the climate emergency and actively participates in Renfrewshire's Plan for Net Zero.

List of Background Papers

None

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Summary of Winter Plan 2022/23 Action Plan

Objective	Related Actions
Priority 1: Vaccination Programmes	
To ensure we protect our staff and the public by delivering the required seasonal vaccination programmes; Flu and COVID Booster.	The delivery of flu, boosters and COVID-19 vaccinations to staff and the public including child immunisations as appropriate.
Priority 2: Operational Resilience	
<p>To ensure we continue to embed our frameworks, policies and plans to support service resilience and the prioritisation of emergency and critical services, whilst maintaining the delivery of other essential services.</p> <p>One key aspect which has been further developed in this year's plan is the HSCP's 'Data Resilience' plans and specifically how each service would respond when faced with a loss of systems, network or power for a period of one week.</p>	<ul style="list-style-type: none"> • Review and update of Business continuity plans and specifically data resilience plans. • Promoting and operationalising disruptive weather policies including working with the council regards gritting, securing appropriate transport (such as 4x4 vehicles), creating forecasts, rotas and plans for contingency service arrangements for additional surge / staff deployment capacity especially in Care at Home, Care Homes and Community Meals. • Logistics and supply chain monitoring for PPE, hand sanitiser, medication and other key supplies (particularly due to Ukraine and other ongoing supply chain impacts including financial climate implications).
Priority 3: Surveillance and response - monitoring and control (governance)	
To ensure we continue to survey our environment and stay abreast of how our services are performing for our service users, taking note of any lessons learned and amending our policy and practice as required to sustain service levels.	<ul style="list-style-type: none"> • Development of a regular Winter Plan update within our response and recovery dashboard which includes relevant operational and strategic risks and issues, aligned to the terms of our Risk Framework. • Daily multi-disciplinary delayed discharge meetings within Renfrewshire and two weekly board-wide meetings to provide high level of scrutiny. • Coordination of Partnership planning and management of dependencies between service and organisational plans.
Priority 4: Supporting the public	
To ensure we support the public to continue to access required services, addressing their critical and essential needs and supporting residents to remain safe and well.	<ul style="list-style-type: none"> • Comprehensive communications and engagement strategies which provides our staff and the public with information to help them prepare for winter. • Working with partners to implement additional measures to support our communities, including close working with the Fairer Renfrewshire Committee and implementation of the Winter Connections programme
Priority 5: Supporting our partner organisations	
To ensure we support our partner organisations to take steps to prepare for winter and collaborate on necessary solutions for the benefit of residents.	<ul style="list-style-type: none"> • Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays. • Spot purchase of interim placements (up to 6 weeks in duration) as required to provide

Objective	Related Actions
	<p>step down support from a hospital setting, with identification of required number of placements to be commissioned for six months to cover the winter period.</p> <ul style="list-style-type: none"> Continued development of services using winter monies to reduce delays and prevent unnecessary admission to hospital, such as the Home First Response Service, increase in number of Health and Care Support Worker posts and increase of resources within social work teams to undertake assessment and care management. Proactive planning with GP Practices, Care Homes and Nursing Homes. Continued delivery of clinical support through the Renfrewshire Care Home Liaison Team and oversight through the Care Home huddle model.
Priority 6: Enablers and optimisation of existing infrastructure	
<p>To ensure we deliver, champion and optimise the use of appropriate infrastructure across the partnership, with our partners, to underpin the successful delivery of our plans.</p>	<ul style="list-style-type: none"> Scenario planning for potential situations where additional roll out of digital resources may be required (e.g. NHS Near Me, virtual clinics, video calling) and ensuring we are adequately prepared from a technology and ICT perspective. Optimising the use of Community Pharmacy. Utilising existing infrastructure to build resilience within services. e.g. telephony infrastructure changes for pharmacy hub, learning disabilities and community mental health.
Priority 7: Festive Period	
<p>To ensure we adequately understand the needs of services through the festive period and plan appropriately to maintain and manage service levels and any potential disruption.</p> <p>This includes a focus on early confirmation of festive rotas, alongside mitigating actions to address any service staffing issues should these arise.</p>	<ul style="list-style-type: none"> Forecasting of service demand through the festive period and aligning this to the staffing to ensure we have adequate cover. Signposting staff and the public to the right services at the right time, taking into account the need for redirection to address peaks
Priority 8: Workforce planning/staffing	
<p>To ensure we deliver the right balance of annual leave and staffing across services to maintain service levels throughout the winter period.</p> <p>To ensure we support the health and wellbeing of our staff so that they remain well and are able to undertake their roles through potentially challenging winter conditions.</p>	<ul style="list-style-type: none"> Agreed annual leave policies / volumes and staff flexibility at a service level Implementing additional measures to support staff health and wellbeing (as set out above) Contingency staffing arrangements between services and from 3rd parties, partners and other third sector organisations Accommodation planning (e.g. crisis respite) which can be deployed if and when required. Continued focus on supporting personal safety, winter driving and lone working arrangements.