

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

<b>Date</b>	<b>Time</b>	<b>Venue</b>
Friday, 25 June 2021	10:00	Remotely by MS Teams ,

KENNETH GRAHAM  
Clerk

### **Membership**

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Margaret Kerr: Dorothy McErlan: John Matthews: Frank Shennan: Karen Jarvis: Dr Shilpa Shivaprasad: Louise McKenzie: Diane Young: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: AmandaJane Walton: Dr Stuart Sutton: Shiona Strachan: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (Chair); and John Matthews (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 0141 618 7111. To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

### **Recording**

<https://youtu.be/mfG5bUEm6zs>

## 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.

- |           |  |                  |
|-----------|--|------------------|
| <b>1</b>  | <b>Minute</b>  | <b>5 - 14</b>    |
|           | Minute of meeting of the Integration Joint Board held on 26 March 2021.                |                  |
| <b>2</b>  | <b>Rolling Action Log</b>  | <b>15 - 16</b>   |
|           | IJB rolling action log.  |                  |
| <b>3</b>  | <b>Primary Care Property Strategy - Pilot Study Area</b>                               | <b>17 - 26</b>   |
|           | Report by Interim Chief Officer.   |                  |
| <b>4</b>  | <b>Chief Officer's Report</b>  | <b>27 - 48</b>   |
|           | Report by Interim Chief Officer.   |                  |
| <b>5</b>  | <b>Financial Report 1 April 2020 to 31 January 2021</b>                                | <b>49 - 82</b>   |
|           | Report by Chief Finance Officer.   |                  |
| <b>6</b>  | <b>Unaudited Annual Accounts 2020/21</b>   | <b>83 - 144</b>  |
|           | Report by Chief Finance Officer.   |                  |
| <b>7</b>  | <b>Development of Renfrewshire's Strategic Plan 2022/25</b>                            | <b>145 - 156</b> |
|           | Report by Interim Chief Officer.   |                  |
| <b>8</b>  | <b>Annual Performance Report 2020/21</b>   | <b>157 - 248</b> |
|           | Report by Interim Chief Officer.   |                  |
| <b>9</b>  | <b>Development of an Interim Workforce Plan 2020/21</b>                                | <b>249 - 268</b> |
|           | Report by Interim Chief Officer.   |                  |
| <b>10</b> | <b>Developing Models of Care</b>   | <b>269 - 282</b> |
|           | Report by Interim Chief Officer.   |                  |
| <b>11</b> | <b>Scottish Government Investment for District Nursing:<br/>Renfrewshire HSCP Plan</b> | <b>283 - 294</b> |
|           | Report by Interim Chief Officer.   |                  |

## **12 Date of Next Meeting**

Note that the next meeting of this Joint Board will be held at 10.00 am on 17 September 2021.





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

Date	Time	Venue
Friday, 26 March 2021	10:00	Remotely by MS Teams,

### Present

Councillor Jacqueline Cameron, Councillor Michelle Campbell (substitute for Councillor Jennifer Adam-McGregor), Councillor Lisa-Marie Hughes and Councillor James MacLaren) (all Renfrewshire Council); Margaret Kerr, Dorothy McErlean and John Matthews (all Greater Glasgow & Clyde Health Board); Pauline Robbie (proxy for Karen Jarvis (Registered Nurse)); Dr Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); John Boylan (Trade Union representative for Council); AmandaJane Walton (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Shiona Strachan, Interim Chief Officer (Renfrewshire Health and Social Care Partnership); Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

### Chair

Councillor Jacqueline Cameron, Chair, presided.

### In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Christine Lavery, Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Project Officer, David Fogg, Service Improvement Manager, and John Miller, Communications Officer (all Renfrewshire Health and Social Care Partnership); and Mark Ferris, Audit Manager (Audit Scotland).

## **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**

Councillor Jennifer Adam-McGregor (Renfrewshire Council); Frank Shennan (Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Diane Young (Health Board staff member involved in service provision); and Stephen Cruickshank (service user residing in Renfrewshire).

## **Declarations of Interest**

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

### **1 Minute**

The Minute of the meeting of the Integration Joint Board (IJB) held on 29 January 2021 was submitted.

**DECIDED:** That the Minute be approved.

### **2 IJB Rolling Action Log**

The rolling action log for the IJB was submitted.

**DECIDED:** That the rolling action log and updates be noted.

### **3 Chief Officer's Report**

The Interim Chief Officer submitted a report providing an update on key operational activity, including the HSCP's operational response to COVID-19, since the last meeting of the IJB held on 29 January 2021.

The report intimated that the continually changing circumstances locally and nationally continued to necessitate the prioritisation of the HSCP's response to the pandemic, including the continued delivery with partners of the COVID-19 vaccination programme. The report also provided an update on the regional and national developments for health and social care services.

The report provided detail in relation to the COVID vaccination programme; care homes; updated care home visiting guidance; the care home testing team; PPE and lateral flow testing; the COVID assessment centre; operational service updates; the NHSGCC remobilisation plan; the national reporting arrangements for Integration

Schemes, Strategic Commissioning Plans and Annual Performance Reviews; workforce planning; the Renfrewshire HSCP Expenses Policy for Unpaid Carers; NHS national whistleblowing standards; Audit Scotland's report: The NHS in Scotland 2020; and preventing homelessness in Scotland Recommendations: Impact on HSCPs.

**DECIDED:**

(a) That the updates on the COVID vaccination programme, ongoing operational response to the COVID pandemic, and NHSGGC remobilisation plans, as detailed in sections 4 to 11 of the report, be noted;

(b) That the update from the Scottish Government on reporting requirements for Annual Performance Reports, Integration Scheme reviews and the development of Strategic Plans, as detailed in section 12 of the report, be noted;

(c) That it be noted that work had commenced on the Annual Performance Report for 2020/21 and that a Strategic Plan proposal would be brought to the IJB in June 2021, as detailed in section 12 of the report;

(d) That the additional HSCP strategy and planning updates provided on the development of a one-year workforce plan for 2021/22 and the draft expenses policy for unpaid carers, as detailed in sections 13 to 14 of the report, be noted;

(e) That the updates provided on developments in national policy and strategy, covering the implementation of national whistleblowing standards within the NHS, Audit Scotland's report on the NHS in Scotland 2020 and the Scotland Prevention Review Group's recommendations for preventing homelessness, as detailed in sections 15 to 17 of the report, be noted; and

(f) That the draft expenses policy for unpaid carers, as detailed in section 14 and Appendix 1 of the report, be noted.

**4 Financial Report 1 April 2020 to 31 January 2021**

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 January 2021 and the projected year-end position for the year ended 31 March 2021.

The report intimated that as previously highlighted to members, the impact of COVID-19 on services delivered by the HSCP had been unprecedented. It had required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, the extent of which would become clearer as financial year 2020/21 progressed. These impacts were likely to continue over the medium-term and at least over the next few financial years. The continually changing situation, potential for future spikes in demand for services would create additional delivery and financial pressures as well as impacting on the HSCP's transformation and savings plans, which would require ongoing review and realignment.

The table in paragraph 3.2 of the report included the consolidated summary members were familiar with plus an added level of detail showing the current estimated costs of the response to COVID-19. This provided clarity of the financial impact of COVID-19 on the delegated 2020/21 IJB budget.

The IJB year-to-date position, including the impact of COVID funding for the first quarter of 2021/22, was an underspend of £9,425,000 and the projected outturn for 2021/22 was an underspend of £11,184,000. The IJB year-to-date position, net of COVID-19

and including the assumption that ring-fenced balances would be transferred to earmarked reserves at the financial year end, was a year-to-date underspend of £4,720,000 and the projected outturn for 2020/21 was an underspend of £5,624,000. The key pressures were highlighted in section 4 of the report.

The report provided information on responding to the COVID-19 pandemic; the current vacancy position; Scottish Government Funding 2020/21; reserves; proposed increases to earmarked reserves; and a summary of the 2020/21 Scottish Living Wage.

Appendices 1 to 5 of the report detailed the revenue budget position of the HSCP and Adult Social Care the period 1 April 2020 to 5 February 2021 and the year-end position, for Health for the period 1 April 2020 to 31 January 2021 and the year-end position and for 'other delegated services' for the period 1 April to 5 February 2021; Appendices 6 and 7 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 8 to the report detailed the Scottish Government funding streams; Appendix 9 to the report detailed the HSCP funded earmarked reserves; Appendix 10 to the report detailed the vacancy position for the HSCP as at 5 February 2021 by client group and job description; Appendix 11 to the report provided a summary of the recurring and non-recurring costs associated with delivering the transfer of analogue phone lines to digital; and Appendices 12 to 16 to the report provided detail of Scottish Government ring-fenced funding for a number of Scottish Government priority areas.

The Chief Finance Officer advised that the Scottish Government had agreed a universal 2.2% uplift on the unit cost to payments to providers in respect of the Scottish living wage uplift for 2021/22 and that additional funding was being made available as part of the 2021/22 budget settlement.

**DECIDED:**

- (a) That the in-year position as at 31 January 2021 be noted;
- (b) That the projected year-end position for 2020/21 be noted;
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2020/21 be noted; and
- (d) That the increases to earmarked reserves, as detailed in paragraph 9.6 of the report, which included advance funding allocated by the Scottish Government for a number of Scottish Government priority areas including COVID-19 related costs for 2021/22, be approved; and
- (e) That the future recurring pressure of £310,000 in respect of the transfer of analogue phone lines to digital, as detailed in paragraph 9.6.2.3 of the report, be noted.

## **5 Strategic Financial Planning Update**

The Interim Chief Officer submitted a report providing an update on Renfrewshire HSCP's financial planning approach for 2021/22.

The report set out proposals for savings to address short-term financial pressures and provided an update on medium-term transformation which would support financial sustainability. This approach was incorporated within the IJB's Medium-term Financial Plan (MTFP) approved by the IJB in November 2019.



The report intimated that the MTFP for 2020/21 to 2025/26 set out the current assumptions and projected funding gap for the IJB over the next five-years, including a range of potential outcomes based on potential future funding scenarios. It also set out the IJB's two-tiered model for delivering the MTFP by addressing short-term financial pressures whilst in parallel introducing a more strategic approach, focussing on the financial sustainability of the organisation in the medium-term. Both the MTFP and the two-tiered model were developed prior to the COVID-19 pandemic. It was noted that as a direct consequence of the pandemic, the progression of the transformation programme had been severely disrupted, with the focus of the HSCP's activity shifting to emergency response in March 2020, significantly hampering the move ahead with Tier 2 activity.

The report advised that the proposals in the report aimed to contribute to addressing the 2021/22 financial pressures faced by the IJB and to ensure that the IJB could meet its requirement to deliver financial balance. The savings identified for this year were of a smaller scale than would normally have been anticipated and proposed by the HSCP but reflected both the need to pause transformational saving in March 2020 and the HSCP's ongoing focus on responding to COVID-19 across all service areas. However, it was expected that this would place greater pressure on future year savings targets, reinforcing the requirement to progress transformative activity and to carefully utilise unallocated reserves to balance the annual revenue budget position each year over the medium-term.

**DECIDED:**

- (a) That the content of the report be noted;
- (b) That the savings proposals, set out in section 8 of the report, be approved; and
- (c) That it be noted that regular updates would continue to be brought to the IJB to report on financial planning and the development and evolution of the HSCP's approach to recovery and transformation.

**6 2021/22 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 2021/22 by Renfrewshire Council and NHSGGC, outlining the main financial pressures on health and adult social care services.

The Chief Finance Office updated members on the changes to the public sector pay policy for both local government and NHS employees since her report had been published and advised that this did not substantially change the IJB budget for next year as it was built on medium-term case scenarios, as highlighted in the report.

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 NHSGGC. 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.

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 The Local Government (Scotland) Act 1973 and for the IJB this included the requirement to ensure a balance budget was set.

The report set out the implications of the Scottish Government budget for 2021/22, approved on 9 March 2021, and provided an overview of the IJB's budget allocation for 2021/22.

It was noted that the impact of COVID-19 on services delivered by Renfrewshire HSCP had been unprecedented and had required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, which was likely to continue over the medium-term and at least over the next few financial years. Members would be required to take these very exceptional circumstances into account when setting the 2021/22 budget, recognising that the IJB's immediate and medium-term priorities had changed considerably over the last 12 months.

The report advised that the Scottish Government had not provided detailed spending plans beyond their draft budget for 2021/22 but had outlined its ongoing priorities within its annual Medium-term Financial Strategy, in particular, continued focus on the NHS. The Scottish Government's high-level forecast for the future remained uncertain, reflecting the unparalleled fall in economic output at both Scottish and UK level and uncertainty over economic recovery for both Scotland and the UK. In addition, the UK Government's approach to economic and fiscal recovery would have a significant impact on medium to longer-term public sector spending across the UK.

The Chief Finance Officer intimated that for 2021/22, the adult social care budget offer was £74,358,164 million and the health budget offer was £233,543 million, subject to final adjustments when the out-turn for the 2020/21 financial year had been finalised.

A copy of the letter dated 28 January 2021 from the Interim Director of Health Finance and Governance, Scottish Government, formed Appendix 1 to the report; a copy of the letter dated 4 March 2021 from the Director of Finance and Resources, Renfrewshire Council formed Appendix 2 to the report; and a copy of the letter from the Assistant Director of Finance, NHS GGC formed Appendix 3 to the report;

The report highlighted that the 2021/22 budget proposals had been presented on a 'business as usual' basis, however, ongoing and developing COVID-19 issues highlighted that this was not the case and extraordinary costs were being incurred and would continue to be incurred for the foreseeable future. For accounting purposes, those costs would be recorded separately, with the assumption that the costs would be covered by partners and ultimately by government.

### **DECIDED:**

(a) That the delegated Adult Social Care Budget for 2021/22, as detailed in Appendix 2 to the report, be accepted;

(b) That the delegated Health Budget for 2021/22, as detailed in Appendix 3 to the report, be accepted subject to any final adjustments in relation to recurring budget adjustments at month 12 and any further funding allocated by the Scottish Government in respect of the impact of the 2021/22 pay award;

(c) That a drawdown of reserves be approved, if required, in order to fund any shortfall in funding for 2021/22;

(d) That an increase to the IJB's unallocated reserves into 2021/22 be approved through the appropriate utilisation of permitted financial flexibilities, in order to protect the financial resilience of the IJB in the context of an increased financial risk profile; and

(e) That it be noted that, as detailed in section 11 of this report, the 2021/22 budget proposals assumed 'business as usual'. The potential financial and economic impact of COVID-19 represented a significant additional risk to the IJB and the wider public sector going forward.

## **7    **Unscheduled Care Performance and Performance Management Framework 2021/22****

The Interim Chief Officer submitted a report providing updates on the progress of the NHSGGC Draft Unscheduled Care Joint Commissioning Plan; implementation of the new GGC-wide Discharge to Assess Policy; Renfrewshire HSCP's Ministerial Steering Group unscheduled care indicators; the planned review of Renfrewshire HSCP's Performance Management Framework; and the Annual Performance Report 2020/21.

### **DECIDED:**

(a) That the progress on the NHSGGC draft Unscheduled Care Joint Commissioning Plan and Discharge to Assess Policy be noted;

(b) That Renfrewshire HSCP's unscheduled care performance be noted;

(c) That the proposed update/review of the HSCP's Performance Management Framework 2021/22 be noted and that it be noted that updates would be brought to future meetings; and

(d) That the update on the Annual Performance Report 2021/22 be noted.

## **8    **Update on Independent Review of Adult Social Care****

The Interim Chief Officer submitted a report providing an update on the publication of the report and recommendations from the independent review of adult social care in Scotland which had been published on 3 February 2021.

The report intimated that in September 2020, the Scottish Government announced that it intended to commission an independent review of adult social care in Scotland. The review had been chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, supported by a small advisory panel of Scottish and international experts.

The report provided a summary of the key recommendations which had emerged, highlighting those which could have an impact on the IJB, should they be taken forward.

It was noted that on 16 February 2021, the Cabinet Minister for Health and Sport had confirmed that the Scottish Government accepted the findings of the independent review and were working to make early progress on some of the recommendations. This included the creation of a £20 million Community Living Change Fund to assist in the redesign of support for people with complex needs including intellectual disabilities and autism and for people who had endured mental health problems. Further, that the

Cabinet Minister had also noted that concerns had been raised by CoSLA with regards recommendations associated with the implementation of a National Care Service and that supporting discussions would continue.

It was noted that further updates would be brought to future meetings of the IJB as further detail was provided on the recommendations made by the review.

**DECIDED:**

(a) That the recommendations arising from the independent review and those areas of possible impact on the IJB be noted; and

(b) That it be noted that further updates on the progress of the review recommendations would be brought to the IJB as further details were confirmed.

**9 Mental Health Strategy Programme Update**

Under reference to item 8 of the Minute of the meeting of the IJB held on 29 January 2021, the Interim Chief Officer submitted a report providing a further update on the Older People's Mental Health Strategy and further focus on adult mental health and older people mental health inpatient beds.

The report intimated that the NHSGGC Adult Mental Health Strategy 2018/23 spanned across adult mental health inpatient and community services to ensure services were modern, patient focussed, effective and efficient. The strategy took a whole-systems approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs, and was aligned with delivery of the Scottish Government's Mental Health Strategy 2017/27.

It was noted that similar reports were being considered by the other five IJBs in GGC. The next steps included further work on both the community and inpatient service models, including the commissioning implications for third and independent sector support including housing; building on learning from the response to the pandemic; developing a sustainable workforce plan that reflected the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges; progressing with Scottish Health Council and GGC community and wider stakeholder involvement and engagement on the strategy; developing an overall financial framework to support delivery of the strategies and a performance management framework. This would be done within existing budgets of £150.318 million and £38.383 million which existed for both adults and older people as detailed in appendices 1 and 2 to the report; development of proposals for the future delivery of inpatient services; and progressing forensic low secure bed developments with the Forensic Directorate and low secure adult rehabilitation at Stobhill Hospital.

**DECIDED:**

(a) That the report, including the financial frameworks appended to the report, be approved; and

(b) That the further work being undertaken to develop the strategies be noted with an update report being submitted to the next meeting of the IJB to be held on 25 June 2021.

## 10 **Revised IJB Risk Management Framework**

The Interim Chief Officer submitted a report providing an update on the completion of the review of the IJB's Risk Management Framework which had been last approved in November 2017.

The report intimated that the review had considered the impact of the COVID-19 pandemic on the IJB's risk management arrangements and ability to tolerate and effectively manage a higher degree of risk over a prolonged period; and the risk management approaches adopted by IJBs across Scotland to inform the further development of Renfrewshire IJB's Risk Management Framework.

The report detailed the key changes to the Risk Management Framework; the updates to the IJB Risk Register; and implementation of the updated framework.

It was noted that the updated framework, which was appended to the report, had been reviewed and approved by the IJB Audit, Risk and Scrutiny Committee on 12 March 2021.

### **DECIDED:**

(a) That the Audit, Risk and Scrutiny Committee's decision regarding the updated Risk Management Framework be noted;

(b) That the updates that would be made to currently identified risks when the updated risk register was brought forward in June 2021 be noted; and

(c) That it be noted that this framework would be implemented from 1 April 2021 supported by the implementation actions identified in section 6 of the report.

## 11 **IJB Records Management Plan**

The Interim Chief Officer submitted a report relative to an updated Records Management Plan, a copy of which was appended to the report.

The report intimated that the Records Management Plan set out how IJB records would be created and managed in line with national policy and had been developed and updated in consultation with Renfrewshire Council and NHS GGC and reflected the dependencies and linkages between the IJB's own plan and those of partner organisations.

It was noted that an updated version of the Records Management Plan should have been submitted to the Keeper of Records of Scotland by 29 January 2021 but the deadline date had been extended to 31 March 2021.

### **DECIDED:**

(a) That the Records Management Plan be approved; and

(b) That the Records Management Plan be submitted to the Keeper of Records of Scotland.

12 **Date of Next Meeting**

**DECIDED**: That it be noted that the next meeting of the IJB would be held remotely by MS teams at 10.00 am on 25 June 2021.

## IJB Rolling Action Log – 25 June 2021

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
31/01/20	Draft Unscheduled Care Commissioning Plan 2020/25	Submit finalised Plan to the IJB later in the year for approval	Interim Chief Officer	September 2021	<p>Work is underway across NHSGGC to review this Plan within the context of COVID-19 and the resultant changes to some service models.</p> <p>It is expected that an update on this will be brought back to all IJBs within NHSGGC in September 2021 for consideration.</p>







**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Interim Chief Officer**

**Heading: Primary Care Estate Strategy: Renfrewshire (Pilot Study Area)**

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. In December 2019, it was agreed that a Primary Care Property Strategy for the NHS Greater Glasgow & Clyde area was required to guide the future development of the primary care estate within the board area. It was determined that a pilot would first be undertaken within one Health and Social Care Partnership (HSCP) area and Renfrewshire was selected for that pilot. Work commenced in March 2020 and was carried out over subsequent months in reflection of the impact of the COVID-19 pandemic.
- 1.2. This paper summarises the work undertaken to date, and the emerging findings and recommendations of the draft Primary Care Estate Strategy for Renfrewshire, which has concentrated on the review of existing NHS and GP owned/leased premises and HSCP occupied Council properties in the first instance. The paper seeks to incorporate key details included in the Strategy for completeness.
- 1.3. In particular, the Strategy has identified recommendations covering the short (0 to 3 years), medium (3 to 8 years) and long-term (8 years and beyond). However, it is important to note that going forward there may be further opportunity to factor the wider public sector estate into developing thinking.
- 1.4. The output of this draft Property Strategy work will feed into the Greater Glasgow and Clyde Infrastructure Investment Strategy that is currently being developed.
- 1.5. It should be noted by the Integration Joint Board that property assets utilised by the HSCP are owned or leased by NHS GGC and Renfrewshire Council and therefore capital investment priorities and associated decision making are a reserved matter for these partner organisations.

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## 2. Recommendation

It is recommended that the IJB:

1. Support the work to date to develop the draft pilot Primary Care Estate Strategy for the Renfrewshire area, and the findings emerging from this pilot activity.
2. Note that the draft pilot Primary Care Estate Strategy will be kept under review and will require to take account of recovery and renewal planning taken forward by the HSCP and key partners including Renfrewshire Council and NHS GG&C. The HSCP's Capital Planning, Property and Accommodation Group (CPPAG) will seek to develop an overview of all estate requirements and will liaise with Estates and Facilities within NHS GG&C and Economy & Development Services within Renfrewshire Council on an ongoing basis.
3. Note that the draft pilot Primary Care Estate Strategy will form part of the overarching NHS GG&C Integrated Infrastructure Strategy and that further work will now be undertaken across the other 5 HSCPs within the NHS GG&C.
4. Note that any draft proposals arising must support strategic planning priorities and service delivery.
5. Note that any proposals must be met from existing available resources including funding from the Scottish Government and in the context of existing considerable competing demands placed on the capital budgets. These budgets are not delegated to the IJB and remain reserved to NHS GG&C.
6. Support the following emerging core findings arising from the draft Strategy:
  - As part of the ongoing review, the HSCP should consider consolidating services to maximise the use of the existing estate as part of the short-term measures
  - Recognise the specific current capacity challenges relating to the Bishopton / Dargavel area and, as a medium-term measure, address these through minor reconfiguration of the existing health centre and proposed development of a new build, additional facility to augment. This proposal is subject to available funding from the developer contribution, with match funding from Scottish Government which will leave a [yet to be determined] short fall requiring capital contribution
  - In the longer term (8 years plus) seek to develop four strategic hub locations (i) Renfrew (using the existing modern and fit for purpose) Health & Social Care Facility; (ii) a Paisley hub which will require a review of the current schedule of accommodation and a new build; (iii) a Johnstone & Linwood hub through development of the existing Johnstone Health Centre or

exploration of the option for a new facility; and (iv) a Bishopton, Erskine and Dargavel hub (building on the proposal outlined above);

- Note that the NHS GGC primary care prioritisation exercise carried out through 2019/2020 identified the development of a Paisley hub as a priority for future, long term investment should funds become available

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### **3. Background and Methodology**

3.1. In December 2019, it was agreed that a Primary Care Property Strategy for the NHS Greater Glasgow & Clyde area was required to guide the future development of the primary care estate within the board area. It was determined that a pilot would first be undertaken within one Health and Social Care Partnership (HSCP) area and Renfrewshire was selected for that pilot.

3.2. Work commenced in March 2020 and was carried out over subsequent months. The core team developing the Strategy included representatives from NHS GGC, Renfrewshire HSCP, hub West Scotland and Higher Ground Health & Care Planning Ltd (external facilitators) with the objective of identifying the following:

3.3. The objectives of the pilot were to identify the following:

- The current property portfolio in terms of condition, fitness for purpose, current utilisation, and the staff groups and services provided from these properties.
- The gap between the current property portfolio versus what is projected to be required in future to support future HSCP health and social care services.
- An understanding of the current and future challenges and the future direction of travel for health and social care services, including the Primary Care Improvement Plan (PCIP), to support the objectives arising from Moving Forward Together (MFT), Renfrewshire IJB's Strategic Plan and digital innovation. It should be noted that the Independent Review of Adult Social Care was published in February 2021 after the completion of the pilot strategy work but the pilot recommendations are consistent with the continued focus on integrated, community based services.
- Options for addressing the gap between the existing position and agreed preferred option(s).

3.4. The approach adopted to meet these objectives was necessarily adapted to reflect the wider context of the COVID-19 pandemic. Input and time were provided virtually by colleagues across NHS GG&C, Renfrewshire HSCP, Renfrewshire Council and General Practice to the following core workstreams of activity:

Service Review	Data Collection and Analysis	Property Review
<p>Building an understanding through workshops of:</p> <ul style="list-style-type: none"> <li>• Current challenges</li> <li>• The impact of COVID (what has worked well and what can be retained)</li> <li>• The direction of travel for services in 5 to 10 years</li> <li>• The outcomes sought from the Property Strategy</li> </ul>	<p>Assessing available data on:</p> <ul style="list-style-type: none"> <li>• The impact of demographic change and deprivation</li> <li>• The current clinical and staff utilisation of buildings (supported by site visits)</li> <li>• Assessment of 2019 national survey of GP premises to identify capacity issues, inability to change and those not fit for purpose</li> </ul>	<p>Site visits to assess:</p> <ul style="list-style-type: none"> <li>• Their current use and baseline utilisation.</li> <li>• Building condition</li> <li>• Overall quality/fitness for purpose of existing buildings.</li> <li>• Their strategic significance as a service delivery location.</li> <li>• Their potential to support future change/deliver service needs</li> </ul>

#### 4. The Wider Policy Context

4.1. Within the approach adopted, as set out above, the Strategy seeks to recognise the wider policy context within which decisions around the future of the Primary Care estate in Renfrewshire need to be considered. Policy and contextual developments which are of particular relevance include, but are not limited to:

- *The COVID-19 pandemic:* Whilst the long-term impact of the pandemic remains unknown it is clear that previous ways of working and use of available buildings are unlikely to return as a result of ongoing physical distancing requirements, the growth of home working and implementation of new, technology-based ways of working. In addition, NHS GGC's Remobilisation Plan (RMP3) and its successors will provide a guide to how services will recover based on shared principles including flexibility and use of technology.
- *NHS Scotland Estate Asset Management (EAMs) and wider premises guidance:* Management of the NHS Scotland estate should be supported by an accurate, consistent and meaningful database of asset information and all NHS Scotland bodies must have a current Property and Asset Management Strategy which ensures assets are used efficiently, coherently and strategically; are of high quality; and that asset planning and management is undertaken with other public sector organisations.
- *GP Premises National Code of Conduct:* The Scottish Government and BMA Scottish GP committee (SGPC) have agreed a national

code of practice for GP premises that sets out how the Scottish Government will support a shift, over 25 years, to a new sustainable model in which GPs will no longer be expected to provide their own premises. This includes a provision for interest free sustainability loans and a planned transition to health boards leasing these premises rather than GP contractors.

- *Renfrewshire IJB's Strategic Plan:* The IJB's existing Strategic Plan is in place until 2022, with work now commencing on a successor plan. The HSCP's guiding principles will be central to this plan, focused on provision of the right care, at the right time and in the right place. This recognises that not all services will be building based and that technology will play a critical role in future service delivery. The plan is and will continue to be closely related to both national and local policy within the NHS GGC board area and the corporate objectives of the two partner organisations.
- *Renfrewshire Primary Care Improvement Plan:* The GP Contract and associated Memorandum of Understanding (MoU) set out a planned transition over three years commencing in 2018/19, enabled through the Primary Care Improvement Plan. This requires an extensive programme of change to support expanded teams of HSCP and NHS Board employed health professionals, create skilled multi-disciplinary teams surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist. This includes the development of existing assets to deliver the commitments of the Contract. The MoU covered the negotiated three-year period until 31 March 2021. It has since been recognised that it is not possible for full implementation to be achieved by the original deadline, in part as a result of the Covid pandemic and it has been agreed that the timeframe for implementation needs to be revised and extended.
- *Moving Forward Together:* The NHS GGC Board approved the Moving Forward Together (MFT) Vision for Health and Social Care services as the blueprint for the development of future models of care in 2018. MFT adopts a tiered network approach across health and social care spanning a local and community-based element which can then escalate care as required into specialist or hospital-based care. Discussions with the MFT team as part of this process have identified the need for any estates strategy to align closely with the objectives of MFT.
- *The Independent Review of Adult Social Care:* Whilst not referenced by the strategy development process due to the publication date of the review's recommendations, the review reinforces the importance of providing preventative and anticipatory care and supporting people in the right environment, principles which must be reflected in further developments of community-based health and social care.

## **5. Findings from the assessment process**

- 5.1. Stakeholders engaged in the development of the strategy, using the approaches set out in Section 3.4 of this paper, agreed that the strategy should consider short-term risks and opportunities in addition to longer-

term, more strategic, requirements. Fundamentally, the Strategy should also contribute to the delivery of a better quality, more functionally suitable estate and to better matching of demand and supply in property terms.

- 5.2. The findings from the assessment process, summarised below, have enabled the identification of a range of recommendations which are set out in Section 6 of this report.

#### *Capacity and Changing Demographics*

- 5.3. The strategy development process sought to understand the utilisation of current property using available activity data and where necessary, evidence-based assumptions. Overall, the project sought to understand the difference between spaces available and required based on an optimal level of utilisation. In undertaking this activity, it was determined that:

- Overall, there is substantially more space available than required at present, and while many rooms are heavily booked, they are poorly utilised.
- There is an overall mismatch between clinical space available and that required.
- There is an evident variation across all areas with respect to patient activity (which is spread through many sites leading to low activity on some sites) and space utilisation. Related to this, there was identified significant over-utilisation and under-utilisation of a number of facilities.
- NHS owned or leased accommodation delivering HSCP services appears to be considerably less well-used than GP owned or leased accommodation.
- The opportunity may exist to re-align space in the short-term in order to make best use of available resources overall and potentially help to address GP capacity needs in the short-term.
- More broadly, the IJB's Strategic Plan included projections for an increase of over 70% in the population aged over 75 in Renfrewshire between 2014 and 2039. SIMD 2016 data also shows that around 26% of the population of Renfrewshire lived in the top 20% most deprived data zones in Scotland. Taken together, these local demographics will impact on demand for health and social care services, and on the likelihood for more space being required in more deprived areas.

- 5.4. It should be noted that where significant over-utilisation of some premises has been identified, such issues may have been exacerbated by the COVID-19 pandemic and associated physical distancing guidelines have reduced the level of activity that can take place in any area. Conversely however, the increasing utilisation of digital technology may help to address such issues.

- 5.5. The findings also highlighted capacity challenges within Bishopton Health Centre, which is adjacent to the new ongoing housing development, Dargavel Village. Current proposals are for a mixed residential development with 4,000 new houses with a projected potential population increase of up to 11,000 people over the next 15-16 years. This development is putting a significant strain upon the capacity of the Bishopton Health Centre to meet the demand.
- 5.6. The housing developer has a planning obligation to provide a contribution to improving healthcare facilities and the Dargavel masterplan makes provision for the location of a facility within the Dargavel development. It should be noted that the housing developer contribution is time limited. The Scottish Government has confirmed that it will provide £1m to match the developer contribution.
- 5.7. Planning work is underway by the Board's Capital Planning Team working with the GP practice and HSCP staff to improve the condition of the existing Bishopton Health Centre and carry out some internal layout changes to provide additional capacity.
- 5.8. In addition to this a feasibility study is being undertaken to look at a potential new build 'satellite'. The new build would augment the current Bishopton Health Centre and would provide specific targeted capacity to address the population growth at Bishopton/Dargavel. As part of the feasibility study a refresh of the previous assessment of population growth in the area is taking place. Again, working with the GPs and other health staff, early plans are for a modern suite of clinical rooms and support facilities with state-of-the-art technology to support the delivery of clinical and care services.
- 5.9. The output of this work will inform the business case process for a new build health facility which would require approval through the Health Board's governance process.

#### *Future Suitability of the Estate*

- 5.10. The current condition of the primary care estate is also an important factor in considering potential opportunities. Within Renfrewshire, the assessment process highlighted several buildings in good or reasonable condition as part of future provision of primary care. It also identified that many clinical and care services within Paisley are currently fragmented and delivered across a number of buildings. Many of these buildings were assessed during this process as not fit for purpose moving forward by the project team, with limited ability to adapt to changing needs.

## **6. Proposed Recommendations**

- 6.1. The work undertaken has identified the potential core elements of a future property strategy for the Renfrewshire HSCP area in the short (0 to 3 years), medium (3+ years) and longer term (8+ years).
- 6.2. These elements have been encapsulated within a number of proposed recommendations which are summarised within this section of the report.

#### *Short-term recommendations (0 to 3 years)*

- 6.3. **Bishopton Health Centre:** Continue to progress the steps set out in sections 5.5 to 5.9 with the objective of addressing capacity issues through upgrade and reconfiguration at Bishopton Health Centre. These steps will progress into the medium-term.
- 6.4. **Consider consolidation of the existing estate:** Consider opportunities, where appropriate, to reduce fragmentation by consolidating the existing estate into fit for purpose buildings whilst maintaining service delivery requirements. This assessment should also consider the impact of the shift to virtual consultations and potential for blended working as a result of the COVID-19 response.
- 6.5. **Virtual Hubs:** Consider the creation of a network of “virtual hubs” that see defined groups of facilities operating together to meet the agreed needs of a defined local population and the individual GP practices supporting them. Further assessment of this recommendation should be based on discussions with Renfrewshire residents and citizens to determine how a virtual hub approach could shape service delivery.
- 6.6. **Satellite space:** Assess any emerging opportunities to reconfigure space in capacity-constrained buildings, or if not possible options for shared satellite space within the existing estate that can be utilised to address capacity.

*Medium-term recommendations (3+ years)*

- 6.7. **New build satellite space:** If circumstances should arise in the future where capacity is on course to become an issue and none of the above options are available then consideration should be given, where possible and appropriate, to the creation of new-build shared clinical space that is able to address capacity concerns within Bishopton and Dargavel. It may be possible to deliver this requirement in a shorter timeframe.

*Longer-term recommendations (8+ years)*

- 6.8. **Strategic Hubs:** Consider the opportunity to enhance collaborative working across health, social care and third sector by bringing these services together into major hub facilities to provide a wide range of co-located and integrated services for the community.
- 6.9. To date the pilot process has identified up to four potential locations at least one of which already exists. These are (i) Renfrew (using the existing modern and fit for purpose) Health & Social Care Facility; (ii) a Paisley hub which will require a review of the current schedule of accommodation and a new build; (iii) a Johnstone & Linwood hub through development of the existing Johnstone Health Centre or exploration of the option for a new facility; and (iv) a Bishopton, Erskine and Dargavel hub (building on the proposed development highlighted in 5.5 to 5.9)
- 6.10. The Paisley Hub identified above is currently included in the NHS GGC capital prioritisation process through a proposal for integrated health and care hub. This proposal recognised the significant challenge associated with premises and service delivery.



- 6.11. This proposal seeks to bring together teams of practitioners providing community health, general practice, and social care services within a purpose-built facility which would enable the vacation of a number of properties and support longer term service sustainability. Should Scottish Government funding be available, it is possible that this development could be delivered in a short time span than that proposed above.

## **7. Summary of Next Steps**

- 7.1. The pilot methodology used within Renfrewshire is now being rolled out across other HSCPs and this work will enable the Board to review and prioritise future facility developments across Primary Care, ensuring that the right investment decisions are being taken at the right time and for the right reasons as components of an over-arching GG&C integrated infrastructure strategy.
- 7.2. The HSCP is currently undertaking a baselining exercise of all property currently utilised by services within the partnership. This will be used to inform future decision-making regarding properties, with a priority focus on how the existing estate will be used as the COVID-19 pandemic eases. This work will be led by the HSCP's Capital Planning, Property and Accommodation Group (CPPAG), which will also take into account the findings of the Primary Care Estates Strategy and will link with our partner organisations through relevant capital planning routes as required.
- 7.3. It is also noted that the development of this strategy included the use of proxy assessments and assumptions where there were gaps in data. Therefore, any next steps to progress proposed recommendations will require further detailed analysis to address these gaps and provide an updated baseline. In addition, the proposed recommendations made have not been consulted on with community stakeholders and any proposals will require this to be undertaken prior to agreement.

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## **Implications of the Report**

1. **Financial** – The proposed recommendations within this report will require capital spend to deliver and are dependent on such capital funding being available. The paper also sets out known contributions with regards proposals for the Bishopton Health Centre.
2. **HR & Organisational Development** – no implications from this report.
3. **Community Planning** – no implications from this report.
4. **Legal** – no implications from this report. Legal advice will be sought where necessary and appropriate in future.
5. **Property/Assets** – property remains in the ownership of the parent bodies and capital budgets are reserved. This report sets out the proposed Strategy for the Primary Care Estate in Renfrewshire, which has been developed through a consultative process with a range of stakeholders.

6. **Information Technology** – no immediate implications from this report however the use of technology and digital can influence how buildings are utilised in future.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – no implications from this report.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Property-related risks will be identified and monitored through HSCP and partner arrangements on an ongoing basis.
11. **Privacy Impact** – no implications from this report.

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#### **List of Background Papers – tbc**

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**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Interim Chief Officer**

**Heading: Chief Officer's Report**

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	<b>X</b>
	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 the key operational activity, including the HSCP's operational response to COVID-19. The report focuses on activity undertaken since the last IJB on 29 January 2020.
- 1.2. The continually changing circumstances locally and nationally continue to necessitate the prioritisation of the HSCP's response to the pandemic, including the continued delivery with partners of the COVID-19 vaccination programme.
- 1.3. The report also provides the IJB with an update on the regional and national developments for health and social care services.

## 2. Recommendations

It is recommended that the IJB:

1. Note the updates provided on the Renfrewshire vaccination programmes, and ongoing operational response to the COVID pandemic (sections 4 to 11);
2. Note the update provided on the findings of the Mental Wellbeing Commission for Scotland report, 'Authority to discharge: Report into decision making for people in hospital who lack capacity', and the responding actions to be taken forward by the HSCP (section 6);
3. Note the update provided on HSCP and IJB governance, strategy and operational developments including the re-establishment of Recovery and Renewal Governance; development and consultation on the Integration Scheme; and updates with regards reporting on the Primary

4. Approve the proposal and approach outlined for taking forward the scoping of a review of the Administration and Business Support service (section 12); and
5. Note the national policy updates provided, covering an update on the Independent Review of Adult Social Care, the Health and Care (Staffing) (Scotland) Act 2019, and the IJB's inclusion as Category One responders under the Civil Contingencies Act 2004 (sections 19 to 22);
6. Delegate to the Chief Officer, as the IJB's Accountable Officer, responsibility for carrying out on its behalf all necessary arrangements to discharge the duties of the IJB as a Category One Responder under the Civil Contingencies Act 2004 (section 21).

### **3. Background**

- 3.1. The previous Chief Officer report to the IJB in March 2021 provided an update on the Scottish Government's revised Strategic Framework, which set out the expected process and indicative timescales for COVID-19 restrictions to be reduced. This framework recognises the impact of the COVID vaccination programme and previous lockdown restrictions on the prevalence on the virus across Scotland.
- 3.2. Progress made in reducing the overall infection figures across Scotland enabled restrictions to be further lifted on Monday 26 April whereby all areas in Scotland moved from Level 4 to Level 3 restrictions. This included broadening access to care home visiting, along with wider social and economic changes.
- 3.3. The Scottish Government's objective was that subsequently all areas would move to Level 2 on 17 May, subject to a continued downward trend in infection numbers. However, the previous removal of restrictions had resulted, in some areas, in an increase in infection numbers and Glasgow and Moray remained in Level 3 for a further period. Within identified hotspots, public health actions taken include proactive surge testing and the extension of vaccine eligibility to aid the management of increasing infection levels.
- 3.4. A new variant of the virus (the Delta variant) has also emerged in Scotland and the UK and has contributed to these new infections. At the Scottish Government's review in early June, it was confirmed that 13 local authority areas would remain in Level 2 rather than move to Level 1 as planned due to increasing infection numbers. This includes Renfrewshire which, at the time of writing, has experienced a significant increase in the numbers of positive cases driven by clusters within some communities.
- 3.5. In recognition of these increases, the Cabinet Secretary for Health and Social Care stated on 13 June 2021 that plans to move Scotland to Level 0 on 28 June 2021 were likely to be delayed. These circumstances continue to reinforce the changeability of the situation locally and nationally and reinforce the need for continued flexibility in response and recovery. It is hoped,

however, that the continued rollout of the vaccination programme will be able to break the link between infection numbers, serious illness and hospitalisation and deaths.

- 3.6. Closely related to the above position, the HSCP has reinstated recovery and renewal governance structures and will continue to develop recovery plans in line with the approach of our partners and reflecting the local COVID context. Further detail is provided within this report, in addition to a number of strategic and policy updates which will be reflected in HSCP activity moving forward.

#### **4. Vaccination Programmes**

##### *COVID Vaccinations*

- 4.1. As of 15 June 2021, more than 3.5 million people had received their first Coronavirus (COVID-19) vaccination in Scotland – 79.3% of the adult population and over 2.4 million had received their second dose. The national vaccination programme is now moving through those aged 30 - 39 years old.
- 4.2. In line with national direction, the pace of the vaccination programme across Greater Glasgow and Clyde Health Board has been accelerated to include the establishment of drop-in clinics for those that are 40 years old or over who have not yet had their first dose of vaccine and/or those over 50 years old and have waited 10 weeks or more for a second dose of AstraZeneca.
- 4.3. In Renfrewshire, five vaccination drop-in clinics and one vaccination bus were operational over the first week of June 2021. Over 3,400 attended these vaccination drop-in clinics and the vaccination bus. For the drop-in clinics, 92.7% of those who attended were there for 2nd dose vaccinations, most were in the 50-59 age group, followed by the 60-64 age group.
- 4.4. As at 15 June 2021, Greater Glasgow and Clyde Health Board is reporting 96.4% of those aged 40 years and over have received their first dose vaccination - one of the highest % coverages across all Health Boards.
- 4.5. Nationally, all those aged 18-39 years old will receive an appointment letter, to attend a vaccination centre for their first dose vaccination by mid July 2021. This will be undertaken alongside expedited 2nd dose appointments, with people receiving appointments for 8 weeks after their 1st dose, this is a change from the previous communication which was 10 weeks after the 1st dose.
- 4.6. By 15 June 2021, 79% of the adult Renfrewshire population had received dose 1 and 50.4% of the population had received dose 2 of the vaccination (this compares with 79.3% of the Scottish population having received dose 1 and 55.6% dose 2).

##### *Expansion of 2021/22 Adult Flu Vaccination Programme*

- 4.7. Previous reports to the IJB over the Autumn and Winter period for 2020/21 provided a series of updates to Board members on the HSCP's delivery of the 2020/21 Winter Flu Vaccination Programme. The cohort of recipients for the vaccination programme was significantly extended in comparison to previous years to minimise the potential impact of Flu in the midst of the COVID pandemic.

4.8. The Chief Medical Officer wrote to Chief Officers on 26 March 2021 to set out the planning which has been undertaken for the 2021/22 Adult Flu Vaccination Programme, including the agreed objectives to be delivered. This was supplemented by further correspondence from the Vaccinations Division on 4 June 2021. These letters confirmed that the priority of the programme is:

- To ensure that the impact of potential co-circulation of flu and COVID-19 is kept to a minimum.
- To learn lessons from previous years and recognise that arrangements may need to be adapted, including the positioning of resources, to deliver the programme at scale.
- To increase flu vaccination uptake across all eligible groups with a particular focus on those who aged 65 years and over; those aged 18-64 years in clinical risk groups; and pregnant women.
- To continue to deliver vaccinations to those included in 2020/21 and also to offer vaccination to social care staff who deliver direct personal care; unpaid and young carers; Independent NHS Contractors; support staff, teachers and pupil facing support staff; prison population and prison officers who deliver direct detention services, secondary school pupils and all those aged 55-64 years old.
- To increase uptake amongst frontline health and social care staff.
- To meet uptake targets across included cohorts of (but not limited to) 90% of those 65 and over, 75% for those under 65 and in an at-risk group and for unpaid and young carers, and 60% for health and social care staff and Independent NHS Contractors.

4.9. The extended flu programme is expected to be delivered alongside the ongoing COVID vaccination programme. The HSCP will continue to work with partner organisations to identify and manage the resources required to deliver the flu vaccination programme effectively.

## **5. Care Homes**

5.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. The positive impact of the COVID vaccination programme continues to be visible across all Care Homes, reflected in ongoing stability in infection levels since the last update to the IJB. At the time of writing the position within Care Homes has been stable for 16 weeks.

5.2. The HSCP has continued, and will continue, to work closely with both Public Health and the Care Inspectorate. The range of enhanced oversight delivered through the Daily Huddle and enhanced clinical and care governance arrangements also remains in place. Surveillance and mass testing of staff and residents also continues to be undertaken to proactively identify and manage any potential outbreaks.

- 6. Report by the Mental Welfare Commission for Scotland into decision making for people in hospital who lack capacity: Discharge to Care Homes**
- 6.1. The Mental Welfare Commission for Scotland has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare is impaired due to a mental disorder.
- 6.2. On 20 May 2021, the Mental Welfare Commission published 'Authority to discharge: Report into decision making for people in hospital who lack capacity'. This report sets out the findings of their investigation which was initiated due to a number of stakeholders raising concerns with them regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move during the pandemic. This section of the report provides a summary of the Commission's findings. Further detail is provided in a report to the Audit, Risk and Scrutiny Committee on 18 June 2021, available [here](#).
- 6.3. The focus of their report was to examine the detail of a sample number of hospital to care home moves of people from across Scotland, to check that those moves were done in accordance with the law during the early stages of the pandemic (1 March 2020 – 31 May 2020). In total, the Commission focused on 457 people reported have lacked capacity to agree to a move from hospital to a care home.
- 6.4. It was reported by the Commission that 20 people across 11 HSCPs had been moved during this time without the protection of legal authority and as a result were deemed unlawful. The Commission identified a number of areas for improvement in current practice. While recognising the pressures caused by the pandemic, instances were identified of poor practice not related to the pandemic, lack of understanding of the law and confusion over the nature of placements and misunderstanding over power of attorney. The report also found a lack of uniformity between HSCPs, with different approaches to national guidance, legislation and training adopted. It is noted that the Commission also identified a number of areas of good practice in its investigation.
- 6.5. The Commission has made eleven recommendations, eight of which are relevant to HSCPs. Some of these recommendations although directed towards HSCPs will also fall on other partners, including NHS Greater Glasgow and Clyde where actions to address issues of staff training and awareness within Acute settings will fall to the Health Board to implement.
- 6.6. The Commission will be contacting individual Health and Social Care Partnerships to highlight both good areas of practice and areas of practice which they deem to fall short, however it is noted that Renfrewshire is not an area where concerns have been flagged. The HSCP will provide a response to the Mental Welfare Commission by 21 August 2021, in line with the Commission's request.

## **7. Care Home Visiting**

- 7.1. The previous report to the IJB provided an update on the 'Open with Care' guidance published by the Scottish Government to support meaningful contact in care homes. In the first instance, the guidance states that indoor visiting should involve up to two designated visitors weekly, visiting one at a time. This may increase in future where care homes, with support from oversight arrangements, are confident it is safe to do so. Children under 16 are not recommended as a designated visitor at this stage.
- 7.2. Visitors to care homes are required to wear face coverings and any PPE requested by the care home and are strongly encouraged to take a COVID-19 test on-site. While visiting may sometimes still be restricted, for example in the event of an outbreak at a care home, the expectation is that homes will facilitate regular weekly contact for residents and will have in place nine levels of protection to mitigate risks, covering infection prevention and control, PPE, testing, vaccinations and public health and primary care support.
- 7.3. The three care homes run by Renfrewshire HSCP continue to enable visiting in line with the 'Open with Care' guidance. Due to footfall associated with staff testing every Monday and Wednesday, there are no visits arranged on these days. Visiting is facilitated over the remaining 5 days each week, during the hours of 10am and 6pm. Visiting can attract between 10-20 visitors (designated visitors indoors, and other visitors outdoors) to each care home on these days. In the event that there is a suspected case of COVID-19 within a setting and testing is undertaken, a pause on visiting will be put in place until it is confirmed as safe to resume.
- 7.4. All designated visitors are asked to undertake a Lateral Flow Test each time they visit the care home which takes around 40 minutes to undertake and administer, before the designated visitor is accompanied through the building to the resident's bedroom, where they will remain for the duration of the visit. Whilst there is no time limit on the visits, it is the ambition of "Open with care" to maximise meaningful contact, therefore care homes are approaching this in a person-centred manner, balancing the benefits to the resident with risks around infection control.
- 7.5. Outdoor visits continue to be facilitated for residents to see their non-designated visitors within the care home garden areas. These visits have continued in line with national restrictions for the general public on outdoor socialising. From 17 May this meant 8 people from 8 households could meet outdoors in Level 2 areas, therefore care homes require to do a risk assessment based on the circumstances of the care home and individual resident needs to determine the appropriate number of visitors outdoors per resident.
- 7.6. The care homes have also recently been able to welcome children and pets accompanied by adult visitors to the garden areas, in line with risk assessments. New outdoor cabins at each HSCP care home are expected to be completed during May 2021, which will provide much more comfortable areas for residents to meet with their visitors in heated, but adequately ventilated spaces.



7.7. Visiting co-ordinators have been employed to undertake the role of managing visitors to the care homes, including testing and recording, infection control adherence and supporting the visitor processes in alignment with each resident's individual support plans about spending time with their designated and non-designated visitors.

7.8. Residents are now also able to have outings from the care home with a relative or friend, with support from the care home staff in risk assessing individual circumstances and offering guidance to the resident and their relative or friend about minimising risk. Residents are not required to isolate on their return to the care home.

## **8. Care Home Testing Team**

8.1. Renfrewshire's Care Home Testing Team was established in May 2020 with staff mobilised from access HSCP services. The purpose was the early identification, through PCR testing, of COVID-19 cases within adult and older adult care homes and the subsequent understanding and mitigation of the spread of COVID-19 amongst residents and staff. The role of the team has continued to evolve in line with national guidance.

8.2. In May 2021 the team ceased to undertake weekly surveillance testing in two older adult care or nursing homes on a rotational basis (10% of residents) due to low levels of infection within the care homes, on the guidance of the Director of Public Health NHS GGC.

8.3. The team review and monitor results when they are available and are in regular communication with Public Health. The results of the tests are made available to the Care Home Managers, which is used to inform the need for residents to self-isolate and to identify potential outbreaks. The results are shared with the Daily Huddle and the weekly enhanced clinical and care governance meeting.

8.4. The demand for testing residents has continued to decrease since February. At the peak of infection levels, the number of tests undertaken was around 700 per week and this had reduced by mid-May to 40. This is a result of the reduction in the number of positive cases and subsequent reduced demand for testing.

## **9. PPE and Lateral Flow Testing**

9.1. Renfrewshire HSCP has in place a single point of contact and coordination for all PPE requirements across health and care services from the PPE Hub in Paisley, in conjunction with colleagues from Renfrewshire Council's Building Services team.

9.2. Regular inflows of stock continue to be received via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues. These ongoing arrangements have at present been extended until the end of June 2021. Further communication will follow with regards approach beyond that date.

9.3. The HSCP continues to hold contingency PPE stocks to support any unforeseen demand pressures and changes in policy position.

- 9.4. Lateral Flow Testing has been introduced for HSCP health and social care staff who are patient or service user facing, including those visiting older adult care homes. Lateral flow tests do not require lab processing and so can return a result much quicker than a PCR test. With a lateral flow test, a liquid sample is placed on a small absorbent pad and the staff member reads the result.
- 9.5. Staff are provided with a box of tests, which they register the serial number, undertake the tests twice weekly and they log their results online. If the results are positive, the staff member is required to self-isolate and attend for PCR testing.
- 9.6. The roll out of LFTs continues with additional staff cohorts being added to include all staff in patient / service user facing roles, support and administrative staff have been provided with LFT testing kits.

## **10. COVID Assessment Centre**

- 10.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to operate to provide a service for patients who are who experiencing COVID respiratory symptoms. Although infection numbers have decreased from peak levels (but have recently been increasing) the demand for the service has remained high, due to the increase of normal childhood viruses transmitting due to the return of education services. As a result, a decision has been agreed that GP practices would assess pre-school children unless they are confirmed as COVID positive or from a household of COVID positive. This will commence on Monday 14th June. Demand for this service is monitored on a daily basis by the Head of Service and Clinical Director, to make sure there is adequate appointments available and to predict any potential spikes in demand as lockdown eases

## **11. Operational Services COVID Update**

### *Day Support and respite*

- 11.1. Following national guidance on COVID-19, building-based day support services for were required to close. Support for older people and people with physical disabilities accessing these services, and their carers, was moved to a virtual model which included welfare calls and a range of online activities and support.
- 11.2. In line with easing restrictions nationally, service models have evolved and will be subject to ongoing review and feedback. It remains necessary to maintain social distancing and increased cleaning regimes, as part of enhanced infection control measures.
- 11.3. As present, Falcon Day Centre is providing a base for older people and those with a physical disability. Learning Disabilities continue to deliver their 4-tier support model to the most vulnerable adults with learning disabilities in line with national guidance, with building bases now open with restricted capacity. A short film on this 4-tier model, which highlights how Renfrewshire has helped people, family and carers to stay healthy, connected and included was positively received when presented at the Health Improvement

Scotland iHub National Learning event earlier this month. The film can be watched [here](#).

- 11.4. The Health and Social Care Partnership has also recently received 52 iPads and free wi-fi for 12 months from Connecting Scotland to enable the further enhancement of digital support and information services.

- 11.5. Further information on current day support models is provided in the supporting Models of Care report provided to the IJB in this cycle.

*Mental Health Inpatient Services*

- 11.6. Patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.

- 11.7. The patient vaccination programme continues with the majority of current patients, across all Mental Health wards, having now received their second vaccination. The last few patients still to receive a vaccine will get theirs in the next few weeks. Following this there will be an ongoing programme of checking the vaccine status of new admissions and offering them the opportunity to receive the vaccine. The staff vaccination programme is well under way with most staff having received their second dose.

- 11.8. Renfrewshire Mental Health Wards have implemented NHS GGC guidance to ensure that patients are able to have visits from a family support or designated visitor. To make sure social distancing guidance continues to be met, this is still provided through a booking system. Carers are able to contact ward staff and book a time slot for the day they choose to visit.

- 11.9. There continues to be a significant demand on Mental Health Services, in particular inpatient services. Adult Mental Health admission wards are regularly full, resulting in a need to transfer patients out of sector or to Older People's Mental Health wards. This is reflected across NHS GGC and across Scotland. Renfrewshire are working closely with colleagues across the board area to ensure effective and efficient use of the whole system of Mental Health beds across NHS GGC.

- 11.10. There has been a significant amount of work to address the nursing recruitment challenges across NHS GGC. A board-wide recruitment programme has had limited success in recruiting registered nursing staff. However, the recruitment of current student nurses, who will be newly qualified in September 2021, has covered most of the current shortfalls. Although this is welcome news, the new qualified nurses will not be able to take up their posts until early October.

- 11.11. The previous Chief Officer Report to the IJB in March 2021 noted that a long day shift pattern pilot was underway in Renfrewshire. This pilot was put in place as locally a number of nursing staff have been lost to areas offering such a shift pattern. The pilot has now been evaluated, and a report

outlining the findings from this will be shared with the Staff Partnership Forum for consideration and discussion.

### ***HSCP Strategic and Operational Updates***

#### **12. Recovery and Renewal Update**

- 12.1. Over the course of the last 12 months, regular updates have been provided to the IJB on the HSCP's developing approach to recovery and renewal from the pandemic. The most recent update in January 2021 noted the importance of flexibility within the HSCP's approach, reflecting the inherent uncertainties of the progress of the pandemic and the experience of additional waves of infection.
- 12.2. This flexible approach was evidenced by the decision of the Senior Management Team to pause Recovery and Renewal governance in September 2020 to enable services to focus on responding to increasing infection numbers and subsequent impact on provision caused by a further wave of COVID-19.
- 12.3. As the vaccination programme has progressed, and the restrictions which were put in place over the Christmas period in 2020 have taken effect, the level of infection within the community and the associated impact on HSCP services has reduced, as noted above in this report. This has enabled the HSCP to reinstate the Recovery and Renewal Steering Group to oversee the HSCP's recovery and supporting change activity. The Steering Group will be supported and informed by robust reporting, which will also be shared with the Staff Partnership Forum (SPF) to ensure regular updates are provided as part of ongoing engagement with trade unions.
- 12.4. More broadly, the HSCP has worked with the Strategic Planning Group to develop a proposed approach for the creation of a new Strategic Plan for 2022-25, which will be central to setting the direction of recovery and change activity in the medium term. This is covered in further detail in a supporting paper to this IJB meeting. Linked to this, the HSCP has also developed options for the future branding of the Strategic Plan and associated recovery and renewal activity, to reflect the central and transformative role that this will have in (i) responding to the opportunities and challenges emerging; and (ii) determining future models of care for the services currently provided by the HSCP. Further details on the branding proposals developed to date is also included in the supporting Strategic Plan paper.

#### ***Review of Administration and Business Support Services***

- 12.5. The Administration and Business Support service has played a critical role in service provision throughout the COVID-19 pandemic, supporting the implementation of emergency arrangements, the delivery of additional COVID services, and the continued delivery of essential services. These additional demands and changes to the Senior Management Team within the service mean that, in order to ensure that the service is currently sustainable and fit for purpose as part of wider recovery planning, the HSCP has determined the need to undertake a review of the service.

- 12.6. The initial step would be to undertake a scoping exercise to understand the areas which a review should focus on and to fully engage staff from the outset of the review. The HSCP has sought to identify resource internally and within our partner organisations to take forward this scoping exercise however due to current resourcing constraints caused by the pandemic it has not been possible to do so. As such, the Senior Management Team has proceeded to identify, in line with procurement regulations, an external consultant with suitable expertise and skill to support the Partnership in taking the scoping phase forward. It is proposed that this short-term support would be funded through the IJB's earmarked transformation reserve.
- 12.7. The Staff Partnership Forum, in discussion with SMT, have raised concerns with the proposal to engage an external consultant to undertake this work. A risk assessment undertaken by SMT has highlighted the need to proceed quickly with the scoping exercise due the ongoing level of demand placed on the staff teams by the interim arrangements within the service and the continued requirement to support recovery. Short-term external support with the required skill and knowledge base is the most effective approach to this work and will avoid delay.
- 12.8. The IJB is asked to approve the proposed approach and spend associated with progressing the review of Administration and Business Support as set out above.
- 13. Integration Scheme**
- 13.1. The HSCP continues to work with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde to progress necessary updates to, and consultation on, Integration Schemes. This work was in progress during 2019 and early 2020 however was paused at the onset of the COVID-19 pandemic.
- 13.2. This activity is being progressed jointly with HSCPs within the NHS GGC boundary, chaired by the Chief Officer of West Dunbartonshire HSCP, and is focused on determining updates required as a result of developments which have occurred in the last 12 months and are anticipated in the near future. These discussions have also recognised broader legislative and policy uncertainty which may influence Integration Schemes in future, such as the impact of recommendations which may be taken forward following the Independent Review of Adult Social Care (Feeley report).
- 13.3. At the time of writing, work is ongoing between Renfrewshire Council and NHS GGC to confirm the timescales for consultation and subsequent approval of Integration Schemes.
- 14. Inclusion of Carers within EQIA processes and templates**
- 14.1. In 2019 the Scottish Government estimated that there were approximately 750,000 carers in Scotland. As a result of COVID-19, it is now projected that this figure has increased to over one million.
- 14.2. Although carers are not a protected group under the Equality Act 2010, they receive protection under the Act because of their association with the disabled

people they care for. There are also protected from direct discrimination where they are treated less favourably as a result of their caring role.

- 14.3. Many carers fall within groups with protected characteristics; and they may be disadvantaged by changes to services provided to those they care for. Such changes can include negative impacts on carers ability to combine caring with employment and can also have adverse impacts on the disabled person where service changes lead to a breakdown in the caring role.

- 14.4. Recognising the above points, it is important to ensure that young and adult carers are appropriately considered within equality impact assessments although at present this is not mandatory. The HSCP currently utilise the NHS GGC process and templates for assessing equality impacts which does allow for assessment of impact on carers but not specifically. The HSCP will review local EQIA screening processes (those followed prior to undertaking a full EQIA) to assess how consideration of carers can be incorporated most effectively.

## **15. UNICEF Infant Feeding Award**

- 15.1. UNICEF UK's Achieving Sustainability standards are designed to help services to embed Baby Friendly care in their workplace for the long term. On the 15 March 2021 Renfrewshire were informed by UNICEF that our services meet all of the criteria and has been accredited as a Gold Baby Friendly organisation which recognises excellent and sustained practice in the support of infant feeding and parent-infant relationships.

- 15.2. The conditions of the award are that the HSCP take forward an action plan to demonstrate that staff are supported to put forward ideas and that they feel listened to. This is in addition to the plan in place to improve services in relation to increasing breastfeeding rates in our most deprived communities.

## **16. Primary Care Update**

*GMS Contract / Primary Care Improvement Plan (PCIP) – PCIP4 Update*

- 16.1. The GP Contract and associated Memorandum of Understanding (MoU) set out a planned transition over three years commencing in 2018/19. This requires an extensive programme of change to support expanded teams of HSCP and NHS Board employed health professionals, create skilled multi-disciplinary teams surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist. The MoU covered the negotiated three-year period from 1 April 2018 until 31 March 2021 for implementation of the Contract. It has since been recognised that it is not possible for full implementation to be achieved by the original deadline, in part as a result of the Covid pandemic and it has been agreed that the timeframe for implementation needed to be revised and extended.

- 16.2. In December 2020 the Scottish Government and the BMA issued a "Joint Letter - the GMS Contract Update for 2021/22 and Beyond". A revised MoU is being drafted that will provide more detail on how these revised commitments will be implemented. Until this time the original MoU remains in effect. Priorities include Vaccination Services, Pharmacotherapy Services,

Community Treatment and Care Services, Urgent Care Services and Additional Professional Roles (Physiotherapist and Mental Health) and Community Link Workers.

- 16.3. Locally, implementation continues to be made against these through our local Primary Care Improvement Plan however challenges remain, in particular that there the current funding available will not enable delivery of all the commitments in the 2018 contract and the MoU. It is estimated that additional funding in the region of £3.7 million would be required to achieve the objectives of the MoU. No further funding has been confirmed from the Scottish Government, therefore plans at this stage must be limited to the final funding which is available, which is £5.3 million. This is constantly being reviewed as models develop and new ways of delivering services are identified. The inability to fully deliver on the contractual MoU requirements based on current recurring budget is recorded on the HSCP risk register and common to other HSCPs across NHS GGC.
- 16.4. On 1 April 2021 Scottish Government requested completion of a newly developed PCIP 4 implementation tracker template for return by HSCPs by 31 May 2021, attached in Appendix 1. This aims to provide the National GMS Oversight Group with the information it needs to establish the current position on delivery, including any barriers to implementation and to understand how the extended multi-disciplinary team will continue to be developed between now and March 2022. This information is not required to go through the formal IJB sign off process. However, as per the MOU, completion of templates should still involve IJB and GP sub-committee and be agreed with the LMC (Local Medical Committee). Further work continues to develop the service models in those areas which are less well developed, in particular Community Treatment and Care Services. Initial work to support the opening of our first treatment rooms at Renfrew Health and Social Work Centre is at an advanced planning stage. Ongoing recruitment to extend multi-disciplinary teams will also continue between now and March 2022.

#### *Primary Care Pressures*

- 16.5. General Practice services continue to operate under significant pressures as a result of the pandemic. This includes the need to address workload and workforce pressures in order to recruit and retain staff within primary care. A recent BMA survey of Scottish GPs found that 73% reported struggling to cope, with their work having a negative impact on their health and wellbeing and almost 9 out of 10 reported they or their staff had been subject to physical or verbal abuse in the past month (BMA Scotland, Spiralling demand pushing GPs to the brink).
- 16.6. Practices across Renfrewshire are facing unprecedented levels of demand with the significant increase in mental health problems in the wake of the pandemic, people suffering deterioration in their chronic diseases because of the impact of COVID19 on routine services, and a spike in common viral illnesses previously suppressed by lockdown measures.
- 16.7. Additionally, when COVID cases rise there is a consequential large impact on Primary Care, which is the first port of call for most cases, as well as the

COVID19 Assessment Centres (CACs). Whilst the country is in a more positive situation thanks to the vaccination programme (a large part of which was delivered in GP surgeries) the ongoing impact of the pandemic means the pressures on general practice are likely to continue, particularly if COVID becomes a disease primarily managed out of hospital.

- 16.8. Consequently, patients are likely to find that for routine appointments they have a longer wait as a result and staff within practices will continue to signpost people to members of the HSCP multi-professional teams based within surgeries as part of the Primary Care Improvement Plan (new GP contract) implementation.

## **17. Community Link Worker Contract Update**

- 17.1. The Community Link Worker programme is a key component of the above Primary Care Improvement Plan and requires each GP Practice to have access to a Community Link worker. Following a procurement exercise carried out in late 2020, *We Are With You* were selected to provide the service. The HSCP has worked closely with the new provider to support a successful service transition, which took place on 1 April 2021. Link workers transferred from the previous provider to the new provider under TUPE to enable continuity of service. A small number of vacancies occurred as a result of this transition with recruitment to these posts progressing.

- 17.2. As part of the contract transition process, a series of GP Practice consultation events and 1-1 practice meetings have been offered by the new provider. The provider has also been invited to attend future cluster meetings.

- 17.3. In addition to the individual appointments offered to patients, the new provider will introduce group work sessions for patients. These will be issue specific, non-medical in nature and determined in discussion with the GP Practice and the issues raised by the patients.

## **18. Quality, Clinical and Care Governance Annual Report**

- 18.1. As part of ongoing governance arrangements, Renfrewshire HSCP develops an annual Quality, Clinical and Care Governance report to provide assurance to the IJB and NHS Greater Glasgow and Clyde that appropriate, efficient and effective governance arrangements are in place.

- 18.2. Due to the COVID-19 pandemic, NHS Greater Glasgow and Clyde advised that annual reports would not need to be submitted to board-wide governance in 2020. This position remains the same in 2021, and Renfrewshire HSCP is not required to submit an annual report for 2020/21 to NHS GGC. However, as part of ongoing local governance arrangements, the HSCP will proceed with the development of a 2020/21 Quality, Clinical and Care Governance report to provide the necessary assurance to the IJB that services continue to operate safely and effectively. This annual report will be brought forward to the IJB at its next meeting in September 2021.

## ***Additional National Policy Updates***

## **19. Independent Review of Adult Social Care (Feeley Review)**



- 19.1. Speaking during the Health Recovery Debate on 1 June 2021, the Cabinet Secretary for Health and Social Care stated that the Scottish Government will seek to begin a consultation within the first 100 days of this Parliament on the necessary legislation for a National Care Service. The Cabinet Secretary also noted the establishment of a social covenant steering group including those with lived experience of care services to ensure they are part of the co-design process moving forward.
- 19.2. A number of working groups have been set up to include key stakeholders from across the health and social care system, including Chief Officers and Chief Finance Officers, to consider the recommendations of the review in further detail. Further updates on progress will be brought to future meetings of the IJB.
- 20. Health and Care (Staffing) (Scotland) Act 2019 Update**
- 20.1. Progress towards the planned implementation of the Health and Care (Staffing) (Scotland) Act 2019 has been delayed by the disruption to health and social care provision, with work paused on supporting activity in March 2020. The Cabinet Secretary for Health and Sport recently wrote to all Health Boards to confirm the Scottish Government's ongoing commitment to the full implementation of the Act in the term of the recently elected Parliament.
- 20.2. Once the Act is implemented, Health Boards will be required to ensure that appropriate clinical advice is sought and taken into account when decisions are taken regarding staffing. In advance of this implementation, the Cabinet Secretary requested that the key principles and intent of the Act be taken into account within current working practices.
- 20.3. In particular, it is recognised that during the pandemic a range of decisions regarding service delivery models and skill mix have been required and will continue to be required. In doing so, Health Boards should seek to reflect the spirit and intent of the Act and ensure that systems and processes are in place for professional advice to be obtained at the appropriate level where any decisions are made with regards staffing. Where decisions are made contrary to advice received, associated risks should be identified, recorded and appropriate mitigations put in place.
- 21. Inclusion of IJBs as Category 1 Responders under Civil Contingencies Act 2004**
- 21.1. The Chief Officer report to the IJB in January 2021 provided an update to the IJB on the confirmation received from the Cabinet Secretary for Health and Sport that IJBs would subsequently be included as Category One responders under the requirements of the Civil Contingencies Act 2004.
- 21.2. Until now, Chief Officers have contributed to local emergency and resilience planning through their roles as directors of Health Boards and Local Authorities but without the appropriate reference to their accountable officer status within Integration Joint Boards. Throughout COVID, the Chief Officer and HSCP colleagues have continued to work collaboratively with partners to provide a whole system response to the pandemic.

- 21.3. The inclusion of IJBs as Category One responders will ensure that where there is a risk of an emergency which will impact functions delegated to the IJB there will be formal coordinated and appropriate arrangements in place for emergency planning, information sharing and advice for the public. The following duties are now placed on IJBs:
- The duty to assess risk
  - The duty to maintain emergency plans
  - The duty to maintain business continuity plans
  - The duty to promote business continuity
  - The duty to communicate with the public
  - The duty to share information
- 21.4. There are a range of existing resilience partnership arrangements currently in place, including Regional Resilience Partnerships (West, East and North) and Local Resilience Partnerships (the West LRP covers Renfrewshire, East Renfrewshire and Inverclyde). NHS Greater Glasgow and Clyde and Renfrewshire Council have established governance arrangements in place as existing Category One Responders and since inception the HSCP has worked with our partners within these structures to ensure that the necessary duties are adhered to. Business Continuity Planning and testing is undertaken in partnership, and key contact details are shared to ensure a joint response in response to emergency situations.
- 21.5. These existing relationships and governance arrangements have operated throughout the COVID-19 pandemic, supplemented where necessary by additional oversight. This has included HSCP Senior Management Team participation in Renfrewshire Council's Emergency Management Team and Corporate Resilience Management Team (CRMT) arrangements. The HSCP has also continued to contribute to NHS GGC's Strategic Executive Group and supporting arrangements, and as part of the GGC Resilience Partnership which was set up as a steering group to guide the COVID-19 civil contingencies response.
- 21.6. The changes to the Civil Contingencies legislation therefore represent a formalisation of existing activity. In support of this, training led by the Scottish Government was held for HSCP Chief Officers and/or Civil Contingency leads on 20 May 2021. Additional training was also offered to IJB members and this training took place on 1 June 2021.
- 21.7. Following the changes outlined above, the IJB is asked to delegate to the Chief Officer, as its Accountable Officer, responsibility for carrying out on its behalf all necessary arrangements to discharge the duties of the IJB as a Category One Responder under the Civil Contingencies Act 2004. Definition and monitoring of an annual work plan will be undertaken by the Risk Review Board being implemented as part of the IJB's revised risk framework, with oversight provided by the Senior Management Team.

**22. Notification of Potential Visit to Scotland by European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment**

- 22.1. On 9 April 2021, the Scottish Government's Director for Equality, Inclusion and Human Rights wrote to NHS Greater Glasgow and Clyde and a range of public sector bodies to notify stakeholders that a delegation from the Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment ("the CPT") will visit the UK this year as part of its planned periodic cycle of national visits.
- 22.2. The dates and details of this visit are yet to be confirmed as this constitutes an 'unannounced' inspection visit and as such there will be limited advance notice of the CPT's programme. It is not yet confirmed that the CPT will visit Scotland however officials from the Scottish Government's Human Rights Policy Team continue to liaise closely with the CPT Secretariat to manage any Scotland component on the planned visit.
- 22.3. The HSCP will participate in and support the facilitation of the visit of the delegation locally should there be a requirement to do so once the programme has been confirmed.

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**Implications of the Report**

1. **Financial** – Financial implications resulting from the operational response to COVID-19 are described further in a separate report to the IJB.
2. **HR & Organisational Development** – The Health and Care (Staffing) (Scotland) Act 2019 update provided will have HR and OD implications as both the principles of the Act and subsequently the Act itself are implemented. Appropriate advice and guidance will be sought on an ongoing basis.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising during the COVID response are tracked and managed on an ongoing basis as part of the HSCP's overall risk management arrangements.
11. **Privacy Impact** – None from this report.

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**List of Background Papers: None.**

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Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tab** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as that the barriers that areas are facing to full delivery. Integration Authorities should provide information on the number of practices in their area which have no/partial/full access to each service. The sum of these should equal the total number of practices in each area. Please only include numbers (or a zero) in these cells; comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profile tab** should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress.

For the workforce numbers and projections, we are limiting our questions to WTE numbers, but are also asking you to provide headcounts for community links workers so that we can monitor progress towards the commitment to 250 additional CLWs.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Table 1. However, they should be included in Tables 2 and 3 to inform workforce planning.

We have included new rows this time at the foot of Tables 1 and 3 (shaded in red). Please include here your estimate of total required spend (Table 1), and total required staff (Table 3) in order to reach full delivery across each of the services.

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **31st May 2021**.

<b>Covid PCIP 4</b>
<b>Health Board Area: NHS Greater Glasgow &amp; Clyde</b>
<b>Health &amp; Social Care Partnership: Renfrewshire HSCP</b>
<b>Total number of practices: 29</b>

May-21

**MOU PRIORITIES**

<b>2.1 Pharmacotherapy</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Practices with NO Pharmacotherapy service in place	0	0	0	0	0	0
Practices with Pharmacotherapy level 1 service in place	0	29	0	0	29	0
Practices with Pharmacotherapy level 2 service in place	0	29	0	0	29	0
Practices with Pharmacotherapy level 3 service in place	0	29	0	0	29	0
What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this? <b>HSCP Response:</b> Recruitment of pharmacy staff continues where funding available. Work is underway to determine a standardised service which can be provided to all practices from the available staffing and funding rather than, as at present, a variable model determined by the main identified priorities in each practice. Work continues to identify the gaps between potential delivery and the range of tasks as detailed in the contract. The major barriers to full delivery remain funding and availability of professionally qualified workforce. Pharmacists were added to the Home Office's shortage occupation list in March 2021. A cohort of pre-registration pharmacy technicians has been recruited who are undertaking a 2 year training programme supported by acute and community pharmacy to enable completion of the required training. Further cohorts will be required in future years, recognising that these staff will require support during training from existing staff. Skill mix is regularly reviewed to ensure maximum delivery.						
<b>2.2 Community Treatment and Care Services</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Practices with access to phlebotomy service	0	29	0	0	0	29
Practices with access to management of minor injuries and dressings service	29	0	0	0	0	29
Practices with access to ear syringing service	29	0	0	0	0	29
Practices with access to suture removal service	29	0	0	0	0	29
Practices with access to chronic disease monitoring and related data collection	29	0	0	0	29	0
Practices with access to other services	29	0	0	0	0	29
What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this? <b>HSCP Response:</b> As is the case across Scotland, NHSGGC partnership areas all had different starting points and have developed accordingly. All GG&C HSCPs have at least an element of CTACS up and running. Glasgow City HSCP has 100% of practices able to access CTAC but there is less coverage in other areas. A standardised interventions list and core service specification for CTAC has been developed and is being used across GG&C. A suite of agree clinical SOPs have been developed and adopted. All GGC CTACS have been impacted by the covid-19 pandemic with staff necessarily deployed to support other services and CTAC treatment rooms having been used in some placed for other functions (e.g. assessment centre). There is therefore a resultant delay to the implementation timescales for CTACS across GG&C. A stock take has been undertaken to determine the status of each GGC CTACS and to determine common issues which require to be addressed. The 6 GGC HSCPs seek to move in step with each other in relation to CTACS development and continue to collaborate closely. All areas are experiencing varying degrees of significant premises pressures which remain the main rate limiting factor to CTACS roll out alongside eHealth system challenges, workforce and funding. In Renfrewshire, although all GP practices x29 have and will continue to have access to practice based phlebotomy service and domiciliary service this may reflect at partial access due to Covid. Note: Pre Covid model was costed in PCIP on 8 minute appointments - with COVID this has had to move to 12 minutes appointments. This reduces the volume of clinics that are available in GP Practices. This will be kept under review. Access to other services will include access to wider biometrix						
<b>2.3 Vaccine Transformation Program</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Pre School - Practices covered by service	0	0	29	0	0	29
School age - Practices covered by service	0	0	29	0	0	29
Out of Schedule - Practices covered by service	0	29	0	0	0	29
Adult imms - Practices covered by service	29	0	0	29	0	0
Adult flu - Practices covered by service	0	29	0	0	0	29
Pregnancy - Practices covered by service	0	0	29	0	0	29
Travel - Practices covered by service	29	0	0	29	0	0
What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this? <b>HSCP Response:</b> Full delivery includes to transfer responsibility for delivering a range of vaccinations from GPs to NHS Boards/HSCPs. The overall Vaccination Transformation Programme (VPT) is being coordinated at a NHSGG&C Board level. Progress is varied across the different programmes. One of the main limiting factors for the adult flu programme has been the lack of a bespoke IT system for call and recall and data sharing arrangements between practices and the wider system. The model for travel health advice and travel vaccinations has still to be confirmed. Pause of NHSGGC VTP board during covid means that we do not currently have clarity on a board wide approach to adult vaccinations. Increased demands on VTP already include bigger venues to accommodate social distancing, additional flu cohort numbers and covid booster vaccinations. Learning from local flu and covid vaccination approaches makes it clear that planning, managing, funding and delivering at HSCP level is significant.						
<b>2.4 Urgent Care Services</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Practices supported with Urgent Care Service	11	15	3	10	16	3
What assumptions are you using to determine full delivery, and what specific barriers that you are facing to achieving this? <b>HSCP Response:</b> Renfrewshire is delivering a mixed model of practice based ANPs and Care Home aligned ANPs to deliver the Urgent Care Services MoU commitment. Those practices with 'full access' are those with a practice aligned ANP whilst those with 'partial access' are those with registered patients residing in a care home with an aligned ANP. We continue to review and refine our model with a view to providing cover to a wider number of care homes to maximise the reach and impact of the service for both patients and practices. Based on current funding we do not believe we will be able to provide a service to every practice but with additional funding and available ANPs would be able to do so using the Care Home aligned model.						
<b>Additional professional services</b>						
<b>2.5 Physiotherapy / MSK</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Practices accessing APP	18	0	11	16	0	13
Comment / supporting information. Covid 19 Pandemic has slowed the final recruitment. <b>HSCP Response:</b> Plans for additional APP resource coming to Renfrewshire HSCP is underway, and it is anticipated that this will bring another 9 sessions of APP resource to the HSCP. Available funding and limitation in available workforce, with the required knowledge, skills and experience for these role limits further expansion at this time- In addition any plans for further recruitment at this time would come with significant risk of destabilising mainstream MSK Physiotherapy Service provision. Definition of Full and Partial Access is not clearly defined in relation to MSK Physiotherapy/APP Input. In the tracker above 'Full Access' has been indicated where by practices have access to APP in practice, however it should be noted that this at times exceeds the recommended 1wte:16,000 population and if this is the ratio we are aiming for this brings into question if some practices indicated are in fact receiving 'partial' input rather than 'full'.						
<b>2.6 Mental health workers (ref to Action 15 where appropriate)</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>

Practices accessing MH workers / support through PCIF/Action 15	23	0	6	17	0	12
Practices accessing MH workers / support through other funding streams						
What are the specific barriers to your practicesreceiving a full MH service? Please attach a copy of your Mental Health action plan if you have one. <b>HSCP Response:</b> This resource is currently funding through Action 15 monies. There is currently insufficient funding to upscale to all 29 GP practices in Renfrewshire. Note Posts are currently funded for 2 years only and 2022 position is subject to current recruitment underway.						
<b>2.7 Community Links Workers</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Practices accessing Link workers	0	0	29	0	0	29
Comment / supporting information. <b>HSCP Response:</b> New provider in place from 1 April 2021 following recent tendering exercise. This will extend offering of both 1-1 appointments and group work sessions for patients. Locally, we have weighted link workers towards biggest practices and most deprived practice. Some practices would welcome additional resource should further funding become available. Locally, the referral rate has surged in some of the practices which may be in part as a result of the Covid pandemic.						
<b>2.8 Other locally agreed services (insert details)</b>	<b>Practices with no access by 31/3/21</b>	<b>Practices with partial access by 31/3/21</b>	<b>Practices with full access by 31/3/21</b>	<b>Practices with no access by 31/3/22</b>	<b>Practices with partial access by 31/3/22</b>	<b>Practices with full access by 31/3/22</b>
Practices accessing service						
Comment / supporting information						

<b>2.9 Issues FAO National Oversight Group</b>
Please detail the impact of Covid on the PCIP process and where you are in that process. How has Covid impacted previous projected delivery. <b>HSCP response:</b> COVID has specifically impacted on our ability to implement the PCIP due to a number of staff being redeployed to support ongoing running of our local COVID Assessment Centre. The major barriers to full delivery remain funding, accommodation space and availability of professionally qualified workforce.

<b>2.10 Health Inequalities</b>
Covid has highlighted existing health inequalities and without mitigation the response to Covid is likely to increase health inequalities. Ministers are keen to see all sectors renewing their efforts on this and will be encouraging all sectors to work together. HSCPs and GPs are already taking significant actions to close the gap. HSCPs are using their position to bring sectors together to help take a whole-system approach to big issues. GPs are playing their part - whether through referrals to services for weight management or smoking cessation, or through outreach to the communities which are hardest to reach and where most inequality is experienced.
Please provide any comments on the impact of Covid on health inequalities and any measures taken to mitigate this impact. Please attach a copy of your EQIA/Fairer Scotland Duty Assessment /Health Inequalities Assessment if you have them. HSCP Response: Renfrewshire HSCP Strategic Planning Group members work in partnership to develop and implement a programme of work which delivers upon of Renfrewshire HSCP’s Recovery and Renewal programme which aims to deliver: ‘Improved outcomes for our communities and people who use services through a focus on prevention and early intervention within community-based support – enabling financial sustainability of health and social care in the long-term’. Members of Renfrewshire’s Strategic Planning Group have been working collaboratively to develop the required approach to progressing this activity. This approach reflects the need to work at a community level to improve health and wellbeing outcomes, taking into account the different needs of geographic and social communities across Renfrewshire. As a result of this work, six key priorities have been identified to maximise impact and support the focused use of available resources. These are: Loneliness and social isolation, Lower-level mental health and wellbeing, Housing as a health issue, Inequalities, Early years and vulnerable families, Healthy and active living. Renfrewshire HSCP has identified funding which has been allocated to agreed projects following an application process to support their delivery. This opportunity aims to identify new and innovative ways of working which can actively contribute to improvements in health and wellbeing. Locally, we have also weighted

Funding and Workforce profile

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

Table 1: Spending profile 2018 - 2022  
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	59,992		275,534	53,921	33,810	219	27,183	4,424	118,269	28,730	70,166	
2019-20 actual spend	160,925		517,911	6,899	228,411	5,452	178,041	6,985	150,288	12,489	191,617	
2020-21 actual spend	260,620	50,600	925,129	11,481	570,767	46,276	214,499	5,345	229,042	3,501	249,133	
2021-22 planned spend	485,749	93,055	1490,858	35,000	1445,662	250,000	510,710	30,000	306,277	20,000	249,133	
Total planned spend	967,286	143,655	3209,432	107,301	2278,650	301,947	930,433	46,754	803,876	64,720	760,049	0
Total spend required for full delivery	571,715	100,000	4525,400	35,000	1752,001	100,000	984,500	20,000	882,200	40,000	249,133	

Table 2: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link
TOTAL headcount staff in post as at 31 March 2018	
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	
TOTAL headcount staff in post by 31 March 2022	0

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/z

Table 3: Workforce profile 2018 - 2022 (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	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	5.6	1.6										6.7
INCREASE in staff WTE (1 April 2018 - 31 March 2019)		0.4		5.0		2.5				1.6	1.0	1.1
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	6.0	5.8	1.5	18.8		2.1				2.2		
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0.8	5.4	6.1	0.8		2.0		1.0				
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	5.0	6.0	10.4	7.0	3.0	1.0				1.0		
TOTAL staff WTE in post by 31 March 2022	17.4	19.2	18.0	31.6	3.0	7.6	0.0	1.0	0.0	4.8	1.0	7.8
Total staff (WTE) required for full delivery	37.1	53.8	18.0	31.6	3.0	14.1		1.0		12.9		7.8

[a] please specify workforce types in the comment field

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/z

Comment:





**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Chief Finance Officer**

**Heading: Financial Report 1 April 2020 to 31 March 2021**

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

## 1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget year-end outturn for the HSCP for the financial year 2020/21, 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 November 2021.
- 1.2. As highlighted to members throughout financial year 2020/21, the impact of COVID-19 on services delivered by the HSCP has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, the extent of which is likely to continue over the medium term and at least over the next few financial years. The continually changing situation, potential for future spikes in demand for services will create additional delivery and financial pressures as well as impacting the HSCP's transformation and savings plans, which as previously highlighted to members will require ongoing review and realignment.
- 1.3. The table in paragraph 3.2, includes detail of the costs of our response to COVID-19, this is to provide clarity of the financial impact of COVID-19 on the Delegated 2020/21 IJB Budget.

## 2. Recommendations

It is recommended that the IJB:

1. Note the year-end financial position; and
2. Approve the proposed transfers to Earmarked and General Reserves in Section 10 and Appendix 10 of this report.

## 3. Summary

- 3.1. Budget monitoring throughout 2020/21 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 was an underspend of £8,396k (prior to the transfer of year end balances to Reserves) including the net impact of delivering additional services as part of the IJB's response to COVID-19, and for which additional funding was provided by the Scottish Government at regular intervals.

Division	Year End Outturn (prior to the transfer of balances to Reserves)	Year End Outturn
<b>Total Renfrewshire HSCP</b> (excluding COVID-19)	Underspend £6,078k	Breakeven
<b>Other Delegated Services</b>	Underspend £285k	Underspend £285k
<b>TOTAL</b>	<b>Underspend £6,363k</b>	<b>Underspend £285k</b>
<b>COVID-19</b>	Underspend £2,033k	Breakeven
<b>TOTAL</b> (inclusive of COVID-19)	<b>Underspend £8,396k</b>	<b>Underspend £285k</b>

- 3.3. The IJB's response to COVID-19 in 2020/21, accounts for £2,033k of the overall underspend position. This reflects funding in advance of need which will be placed in an earmarked reserve to address Covid-19 expenditure commitments in 2021/22.

- 3.4. Beyond this, there are a number of reasons for the HSCP operational underspend of £6,078k this year, and these include:

- **Employee costs net underspend of £2,997k :**  
reflects ongoing challenges in filling vacant posts across service areas. For a wide range of posts we have tried to recruit on a number of occasions but have been unsuccessful due to limits on the number of people with the necessary skills for specialist posts and in recruiting for roles in social care such as Care at Home. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **Prescribing: net underspend of £1,112k:**  
Prescribing volumes have been lower this year than in previous years due to the changes to GP appointments caused by COVID-19. The IJB also saw a higher than expected return from discounts and rebates which contributed to the financial position. Prescribing budgets are very volatile and are worked out each year based on previous experience and assumptions on what is expected in that year, meaning that the actual spend can vary significantly from planned budgets.
- **3<sup>rd</sup> Party Payments: net underspend of £827k:**  
This is mainly in relation to purchased care home placements, reflecting the impact of COVID-19 on the ability of care homes to take new admissions due to outbreaks and infection control issues. In addition, greater numbers of clients are choosing to remain at home for longer. Occupancy levels for 2020/21 were 13.6% below those of the previous year.
- The delivery of some agreed projects has also had to be slowed or delayed due to COVID-19 and the ongoing pandemic response. This has a particular impact where funding is ringfenced for specific activity which has not been able to progress as planned.

- 3.5. The financial outlook for the IJB for 2021/22 onwards will be extremely challenging. The IJB's transformation programme was paused because of the pandemic, with all of our staff focused on the continued delivery of safe and effective services and additional COVID-19 services such as the vaccination programme.
- 3.6. The transformation programme will be central to us achieving financial sustainability in the medium term, and these unavoidable delays mean that we need to address financial challenges through other means. If required, general reserves will need to be used to offset any unexpected financial pressures in 2021/22 while the IJB develops its transformation programme (where and when possible).
- 3.7. The key pressures are highlighted in section 4.
- 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 6 and 7 provide a reconciliation of the main budget adjustments applied this current financial year.

#### 4. **Final Outturn**

<b>Division</b>	<b>Year End Outturn</b> (prior to the transfer of balances to Reserves)	<b>Year End Outturn</b>
<b>Total Renfrewshire HSCP</b> (excluding COVID-19)	<b>Underspend £6,078k</b>	<b>Breakeven</b>

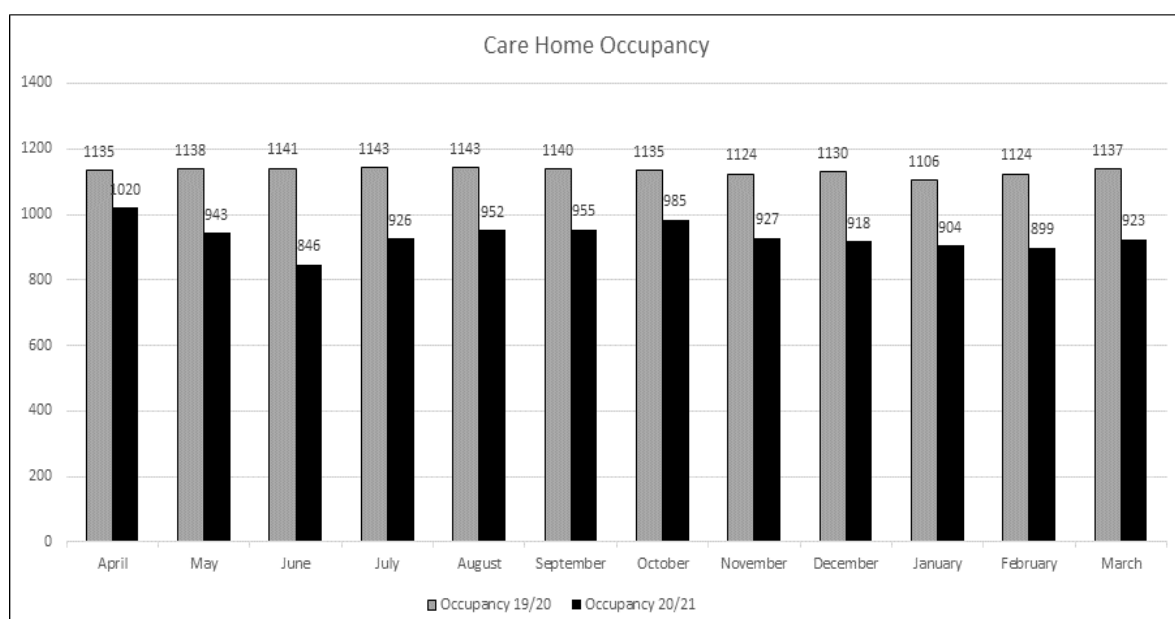
- 4.1. The overall net underspend for the HSCP (excluding COVID-19) at 31 March 2021 was an underspend of £6,078k (prior to the transfer of year end balances to Reserves). This position is in line with budget monitoring reports to the IJB throughout 2020/21 which projected a significant underspend prior to the transfer of balances to General and Earmarked Reserves at the financial year end.
- 4.2. The final HSCP outturn position includes the drawdown of £1,446k from earmarked reserves as detailed in the following table and in Appendix 10.

HSCP Funded Earmarked Reserves	Amounts Drawn Down in 2020/21
	£000's
Tec Grant	-20
ICT Swift Update Costs	-27
Information Communication Funding - Care @ Home Scheduling System	-150
<b>ICT / Systems Related:</b>	<b>-197</b>
Care @ Home Refurbishment and Uniform Replacement	-24
<b>Premises Related:</b>	<b>-24</b>
PCTF Monies Allocated for Tests of Change and GP Support	-111
District Nurse Rolling Recruitment Programme	-8
Mental Health Strategy Interim Support Pending Completion of Psychology Review	-115
Renfrewshire Wide Prevention and Early Intervention Programme	-100
<b>Other:</b>	<b>-334</b>
<b>TOTAL HSCP FUNDED EARMARKED RESERVES</b>	<b>-555</b>
Primary Care Improvement Program (19/20) (20/21)	-264
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-152
ADP Funding	-344
Mental Health Action 15 (19/20) (20/21)	-130
<b>Scottish Government Ring Fenced Monies</b>	<b>-890</b>
<b>TOTAL EARMARKED RESERVES</b>	<b>-1,446</b>

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

Adults and Older People	Year End Outturn
	Underspend £1,721k

- 4.4. The main pressures within Adults and Older People mainly relate to:
- *Continued pressures within the Care at Home service* – spend within care at home has continued to increase year on year as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget
  - *Care Homes* – as predicted, the Care Home budget delivered a significant underspend in 2020/21 which offset pressures within the Care at Home service. This reflected the impact of COVID-19 on the ability of care homes to take new admissions. As a result of outbreaks and infection control issues within the care homes, along with greater numbers of clients choosing to remain at home for longer, occupancy levels for 2020/21 were 13.6% below those of the previous year (as highlighted in the following graph). It is expected that as we come out of the pandemic and the situation improves, occupancy levels will start to rise.



- *Employee costs - Adult Social Care*  
Underspends in employee costs reflecting recruitment delays due to COVID-19 restrictions and ongoing difficulties recruiting to specialist posts.
- *Adult Community Services*  
Underspend, reflecting ongoing turnover and recruitment and retention issues across services, in addition, a number of supplies budgets were underspent reflective of services operating at a reduced capacity during the pandemic.

Mental Health Services	Year End Outturn
	Underspend £922k

- 4.5. As highlighted throughout 2020/21, the underspend within Mental Health Services reflects vacancies due to recruitment issues throughout all mental health service areas which offset pressures in relation to costs associated with bank and agency staff required to maintain the recommended safe staffing and skill mix for registered nurse to bed ratios (enhanced observations).

Learning Disabilities	Year End Outturn
	Underspend £334k

- 4.6. The underspend within Learning Disabilities is mainly due to vacancies across all areas of the service which offset overspends within the Adult placement budget reflecting the impact of increasing demand.

Children's Services	Year End Outturn
	Underspend £539k

- 4.7. The underspend within Children's Services is as previously reported, mainly due to vacancies reflecting recruitment and retention issues across the service, including: School Nursing and Children and Adolescent Mental Health.

Resources	Year End Outturn
	Underspend £661k

- 4.8. The underspend within Resources is due to a combination of vacancies within Administration services which are in the process of being recruited to, along with underspends in relation to: the Primary Care Improvement Programme, and, GP Premises funds, which have been transferred to earmarked reserves in line with SG guidance and will be drawn down as required.

Hosted Services	Year End Outturn
	Underspend £589k

- 4.9. The underspend in Hosted Services is as previously reported, mainly due to vacancies within the Primary Care service, and, vacancies within the Podiatry Service. In addition, the reduction in activity due to the impact of COVID-19 and the requirement to temporarily cease some services over the past few months reduced spend on single use instruments within the Podiatry service.

Prescribing	Year End Outturn
	Underspend £1,112k

- 4.10. This positive year-end outturn position is due to a combination of factors which are summarised in the following table.

Spend Type	Variance	
	£'000	
<b>Schedule 4 GIC</b> (Gross Ingredient Cost - Main GP Prescribing Budget)	464.00	underspend
<b>Invest to Save</b>	13.80	underspend
<b>Prescribing Contingency</b> (includes transfer to Earmarked Reserves)	452.40	underspend
<b>Gross Expenditure</b>	930.20	underspend
Recovery of Discounts and Rebates	181.90	underspend
<b>Net Position</b>	1,112.10	underspend

Prescribing volumes were lower throughout 2020/21 than in previous years due to changes to GP appointments caused by COVID-19. This helped to negate the impact of higher prices due to short supply. The IJB also saw a higher than expected return from discounts and rebates which contributed to the overall financial position.

## 5. Responding to the COVID-19 Pandemic

- 5.1. As previously highlighted to members, in addition to the areas of pressure described in Section 4 of this report, the most significant challenge faced by Renfrewshire HSCP (since March 2020) has been responding to the COVID-19 pandemic.
- 5.2. Throughout 2020/21, the CFO regularly provided estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. This fed into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflected regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments.

- 5.3. The following table summarises the main areas of expenditure which the HSCP incurred in 2020/21, these include: provider sustainability payments; loss of income; and, the cost of savings which were delayed in their implementation.
- 5.4. In 2020/21, a total of £14.077m was spent responding to COVID-19, of which £5.035m relates to health services, and, £9.042m relates to adult social care services.

<b>Total Costs at 31/03/21</b>							
Description of Cost Type	Health			Adult Social Care			TOTAL
	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	
Additional Staff Costs	930	-	930	1,098	-	1,098	2,028
Provider Sustainability Costs	-	-	-	4,820	-	4,820	4,820
PPE	49	-	49	717	-	717	766
Delayed Discharge & Care at Home	-	-	-	390	-	390	390
Community Hubs	1,085	-	1,085	-	-	-	1,085
Hospices Loss of Income	1,468	-	1,468	-	-	-	1,468
Unachieved Savings	-	-	-	-	-	-	-
Loss of Income	-	-	-	538	-	538	538
FHS costs	859	-	859	-	-	-	859
Other Costs	644	-	644	1,479	-	1,479	2,123
<b>TOTAL</b>	<b>5,035</b>	<b>-</b>	<b>5,035</b>	<b>9,042</b>	<b>-</b>	<b>9,042</b>	<b>14,077</b>
Transfers to reserves							
- COVID Winter Planning	1,649	-	1,649	-	-	-	1,649
- COVID Integrated Authority Support	5,247	-	5,247	-	-	-	5,247
- COVID Community Living Change	697	-	697	-	-	-	697
<b>TOTAL</b>	<b>12,628</b>	<b>-</b>	<b>12,628</b>	<b>9,042</b>	<b>-</b>	<b>9,042</b>	<b>21,670</b>

- 5.5. During the last quarter of 2020/21, the Scottish Government allocated funding in respect of likely costs which will be incurred in the early part of 2021/22 in particular, the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting the virus.
- 5.6. Funding of costs associated with COVID-19, for services delegated to the IJB, is routed through NHS GGC and passed through to the IJB. The following table shows that in total, funding of £21.670m was received in 2020/21 (including Hospices), leaving a surplus of £7.593m, this position reflects funding in advance of need which has been placed in an earmarked reserve to address Covid-19 expenditure commitments in 2021/22.

<b>Confirmed Funding Sources to Support the HSCP's COVID-19 Response</b>	<b>£000's</b>
Allocation of funding for Adult Services	9,042
Allocation of funding for Health	11,160
Hospice Funding Allocation (Accord and St Vincent's)	1,468
<b>Total Confirmed Funding to date</b>	<b>21,670</b>
<b>Less: Costs @ 31/03/2021</b>	<b>14,077</b>
<b>= Surplus (Deficit)</b>	<b>7,593</b>
<b>Transfers to reserves:</b>	
- COVID Winter Planning	-1,649
- COVID Integrated Authority Support	-5,247
- COVID Community Living Change	-697
	<b>-7,593</b>
<b>= Surplus (Deficit)</b>	<b>0</b>

## 6. Current Vacancy Position

- 6.1. As highlighted throughout section 4, and Appendices 1 to 4 of this report, Employee Costs are projecting a significant underspend throughout all services. Recruitment continues to represent a challenge both in terms of timescales to recruit and the availability of the skills mix required within the workforce market, especially in the current pandemic.
- 6.2. Appendices 11 and 12 provide a summary of the number and type of vacancies and the areas/ posts where these vacancies arose.

## 7. Scottish Government Funding 2020/21

- 7.1. The 2020/21 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) are summarised in Appendix 8.
- 7.2. In line with Scottish Government requirements, regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce and delivery of stated outcomes.

## 8. Other Delegated Services

<b>Description</b>	<b>Full Year Budget £000's</b>	<b>Final Outturn £000's</b>	<b>Variance £000's</b>
Housing Adaptations	829	544	285
Women's Aid	222	222	0
<b>Total</b>	<b>1,051</b>	<b>766</b>	<b>285</b>

- 8.1. The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.
- 8.2. The final outturn position to 31 March 2021 was an underspend of £285k.



## **9. Services Hosted by other HSCP's**

- 9.1. Appendix 9 provides a summary of all hosted services across Greater Glasgow and Clyde. There is no risk sharing arrangement in place in relation to hosted services therefore each IJB is responsible for managing the services they host.

## **10. Reserves**

- 10.1. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 bodies do not over-commit themselves financially. The Ministerial Strategic Group also recognised the need for reserves and the need for IJBs to have a prudent and transparent reserve policy. IJBs face a number of financial risks including demand, inflation and the scale and pace of transformation, which can require IJBs to access reserves.

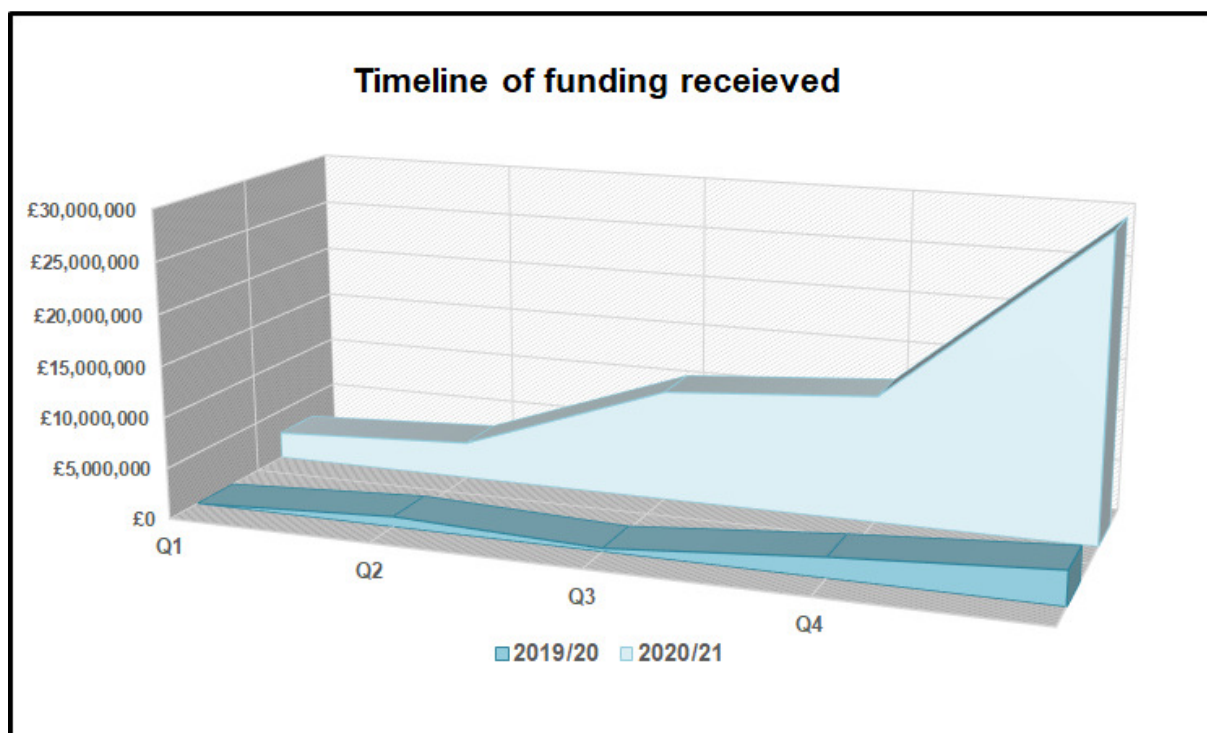
- 10.2. The impact of COVID-19 on the ability of both the HSCP and our providers to respond to service demand during this period has meant that many services have been required to prioritise service delivery to critical only, resulting in underspends within some service areas. However, as lockdown restrictions are eased, expenditure within these areas will start to increase, it is therefore essential that as part of the IJB's financial planning for 2021/22 that funding is held in reserves to meet the costs associated with any unmet need which has arisen over the past year.

### **10.3. Proposed Increase to General Reserves**

- 10.3.1. Despite the positive outturn for 2020/21 in part due to very late and significant additional ring fenced funding announcements from the Scottish government at the end of January and the middle of February, it is vital that the IJB maintains sufficient unallocated reserves to provide an appropriate degree of financial protection and immediate financial resilience moving forward, and that the level of unallocated reserves held is guided by the risk profile faced by the IJB. Audit Scotland will continue to closely monitor the IJB's position in respect of unallocated reserves as part of their wider assessment of the IJB's financial stability and resilience, and, to ensure unallocated reserves remain at an appropriately prudent level.
- 10.3.2. Members are reminded that the IJB reserves policy allows for flexibility in terms of potential fluctuations. This allows for the IJB to increase unallocated reserve balances significantly where resources permit, providing future financial resilience for those years where the level of resources available to the IJB may be significantly constrained and will require a draw down from unallocated reserves in order to deliver financial balance.
- 10.3.3. In March 2021 the IJB approved the CFO's 2021-22 Delegated Health and Social Care Budget report. This included approval of "an increase to the IJB's unallocated reserves into 2021/22 through the appropriate utilisation of permitted financial flexibilities, in order to protect the financial resilience of the IJB in the context of an increased financial risk profile".
- 10.3.4. In line with the IJB's Reserves Policy, and the above approval in March 2021 of an increase to the IJB's unallocated reserves into 2021/22, members are asked to approve the transfer of £4.380m from the 2020/21 in year underspend to General Reserves. The closing balance for the IJB's General Reserve would then rise to £5.781m which equates 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.

10.4. **Proposed Increases to Earmarked Reserves**

- 10.4.1. Similarly, it is also 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. This includes 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 accessed first before any further funding is released (reference appendix 13).
- 10.4.2. As highlighted above, the significant increase to reserves this year is directly related to Covid 19, the impact that this has had on committed areas of work and the funding required to respond to the pandemic. For members information and to provide further background on the position for IJB's across Scotland, a copy of an accompaniment to the Integrated Authority Consolidated End of Year Reporting 2020/21 is included in appendix 14. This letter further articulates the position in relation to reserves and describes the situation for 2020/21 and 2021/22 in particular, given the impact of the pandemic. This letter sets out the wider context of the legal powers which enable Local Government, including Integration Authorities (IAs), to hold reserves. As highlighted earlier in this report, as we approached the financial year end for 2020/21, a number of Ministerial announcements were made which resulted in additional funding for Local Government and IAs in 2020/21. This means that significant sums were awarded as general revenue through allocations and redeterminations in the last quarter of 2020/21. This utilised one of the unique powers that Local Government has and ensured that Scottish Government did not breach its own carry forward restrictions.
- 10.4.3. During February and March 2021, the IJB received additional funding from the Scottish Government relating to COVID-19, ADP, Action 15 and PCIP. This together with the in-year underspend on Health and Social Care means that, in line with many other IJBs, the IJB reserves have increased significantly in year. For Renfrewshire this was by a net £17.489m."
- 10.4.4. As highlighted in 10.4.1, these ring-fenced funding allocations are to meet specific commitments and must be carried forward to meet the conditions attached to their receipt. Members will be aware that the amounts allocated in 2020/21 are significantly higher than in previous years, reflecting additional funding allocated in 2020/21 to implement national policy commitments. The level of funding to be carried forward via earmarked reserves is also reflective of the timing of when this funding was received, and the limitations in delivering full spend prior to the financial year end.
- 10.4.5. The following graph illustrates the timeline of when funding was received, with 36.8%, £10.9m being received in Quarter 3 and 41.9%, £12.4m in Quarter 4.



10.4.6. In closing the annual accounts and in line with the IJB's Reserves Policy, members are therefore asked to approve the creation of an additional £3.631m of earmarked reserves detailed in the following table which will be drawn down in line with their relevant spending profile and where relevant in line with the flexible funding approach agreed with the Scottish Government:

- Part 1 of the table identifies £1,248k of funding recommended to be carried forward to deliver on specific projects within the partnership:
  - Carry forward of TEC grant from previous years in line with grant conditions: £98k
  - Mental Health Improvement works required per Health and Safety Executive requirements: £245k
  - Primary Care Support Building Works: dilapidation and adaptations costs associated with moves to different premises £30k
  - Primary Care Transformation Fund GP Support: cost to support IT equipment/infrastructure: £30k
  - Increase in funding to meet future costs of DN training and recruitment: £25k
  - Care at Home temporary post to provide senior leadership for a fixed 2-year period to take forward business critical Care at Home workstreams: £206k
  - HSCP Respiratory Nursing - Additional Investment in Respiratory Services - respiratory service referrals have increased exponentially over recent years, particularly in relation to prevention of admission for patients with Chronic Respiratory Disease, in addition, implications of Covid 19 have been significant for this cohort of patients. Refer to IJB paper "Scottish Government Investment for District Nursing: Renfrewshire HSCP Plan": £421k
  - Renfrewshire Wide Prevention and Early Intervention Programme c/f of Grant monies approved by the IJB in respect of "Implementing a community-led approach to improving health and wellbeing"(ref Recovery and Renewal Planning Update 29 January 2021): £193k

- Part 2 of the table identifies £2.383m of funding to be carried forward to deliver on SG funded local and national priorities

(note in order to show the impact on the IJB's reserves position these have been included in Appendix 10 and show as awaiting approval.)

HSCP Funded Earmarked Reserves	New Reserves
	Awaiting IJB Approval
	£000's
Tec Grant	98
<b>ICT / Systems Related:</b>	<b>98</b>
Mental Health Improvement Works	245
Primary Care Support Building Works	30
<b>Premises Related:</b>	<b>275</b>
PCTF Monies Allocated for Tests of Change and GP Support	30
District Nurse Rolling Recruitment Programme	25
Care @ Home Senior Lead (2 Year Funding)	206
HSCP Respiratory Nursing	421
Renfrewshire Wide Prevention and Early Intervention Programme	193
<b>Other:</b>	<b>875</b>
<b>TOTAL HSCP FUNDED EARMARKED RESERVES</b>	<b>1,248</b>
Primary Care Improvement Program (19/20)_(20/21)	211
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	49
ADP Funding	-100
Drug Death Task Force	13
Mental Health Action 15 (19/20)_(20/21)	109
Adult Support and Protection Grant	68
Covid - Integration Authority Support	2,033
<b>Scottish Government Ring Fenced Monies</b>	<b>2,383</b>
<b>TOTAL EARMARKED RESERVES</b>	<b>3,631</b>

### Implications of the Report

- Financial** – Financial implications are discussed in full in the report above.
- HR & Organisational Development** – none
- Community Planning** - none
- Legal** – This is in line with Renfrewshire IJB's Integration Scheme
- 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 have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the

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

8. **Health & Safety** – none.
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
11. **Privacy Impact** – none.

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**List of Background Papers** – None.

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Direction from the Integration Joint Board		
1.	Reference Number	250621-04
2.	Date Direction issued by IJB	25 June 2021
3.	Date from which Direction takes effect	25 June 2021
4.	Direction to	Renfrewshire Council
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	No
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow and Clyde
7.	Full text of Direction	Renfrewshire Council is directed to carry forward reserves totalling £27.007m on behalf of the IJB as outlined in the report and Appendix 10.
8.	Budget allocated by IJB to carry out Direction.	£27.007m in reserves carried forward.
9.	Outcomes	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	June 2022.

## Appendix 1

### HSCP Revenue Budget Position 1st April 2020 to 31st March 2021

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves		Revised Budget	Spend to Year End (before movements to reserves)	Revised Variance	Budget Adjustment for Reserves	Revised Budget	Adjustment to Reserves	Actual 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	79,841	10,806		814		91,460	89,143	2,317	(919)	90,541	(559)	89,686	855	1%	underspend
Property Costs	389	527		-		916	1,267	(352)	-	916	-	1,267	(352)	-38%	overspend
Supplies and Services	19,624	25,092	(21,577)	571		23,710	22,316	1,395	-	23,710	(5,363)	27,695	(3,984)	-17%	overspend
Third Party Payments	57,062	16,196		-		73,258	77,687	(4,429)	(649)	72,609	-	77,687	(5,078)	-7%	overspend
Purchase Of Healthcare	2,774	1,877	-	61	-	4,713	4,717	(5)	-	4,713	-	4,717	(5)	0%	overspend
Transport	800	57		-		857	495	362	(269)	588	-	495	93	16%	underspend
Family Health Services	85,879	5,196	-	-	-	91,075	89,971	1,104	-	91,075	-	89,971	1,104	1%	underspend
Support Services	70	-		-		70	72	(2)	-	70	-	72	(2)	-3%	overspend
Transfer Payments (PTOB)	7,187	(1,308)		-		5,879	6,765	(886)	1,691	7,570	(2,189)	8,954	(1,384)	-18%	overspend
Resource Transfer	20,275	1,812	(22,087)	-	-	-	-	-	-	-	-	-	-	0%	breakeven
Set Aside	56,497	8,241	-	-	-	64,738	64,738	-	-	64,738	-	64,738	-	0%	breakeven
<b>GROSS EXPENDITURE</b>	<b>330,398</b>	<b>68,496</b>	<b>(43,664)</b>	<b>1,446</b>	<b>-</b>	<b>356,676</b>	<b>357,171</b>	<b>(495)</b>	<b>(146)</b>	<b>356,530</b>	<b>(8,111)</b>	<b>365,282</b>	<b>(8,752)</b>	<b>-2%</b>	<b>overspend</b>
Income	(29,120)	(29,564)	9,042		(1,446)	(51,087)	(59,978)	8,891	146	(50,941)	-	(59,978)	9,037	-18%	underspend
<b>NET EXPENDITURE</b>	<b>301,278</b>	<b>38,932</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>305,589</b>	<b>297,193</b>	<b>8,396</b>	<b>-</b>	<b>305,589</b>	<b>(8,111)</b>	<b>305,304</b>	<b>285</b>	<b>0%</b>	<b>breakeven</b>

**HSCP Revenue Budget Position**  
**1st April 2020 to 31st March 2021**

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments Before Year End Reserve Adjustments	Revised Budget	Spend to Year End (before movements to reserves)	Revised Variance	Budget Adjustment for Reserves	Revised Budget	Adjustment to Reserves	Actual 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	68,436	(12,260)		575	(575)	56,176	54,455	1,721	594	56,770	(2,227)	56,682	88	0%	underspend
Mental Health	22,403	3,727		245	(245)	26,130	25,208	922	(209)	25,921	(109)	25,317	604	2%	underspend
Learning Disabilities	15,592	1,988		-	-	17,579	17,245	334	(385)	17,194	-	17,245	(51)	0%	overspend
Children's Services	5,840	642	-	-	-	6,482	5,943	539	-	6,482	-	5,943	539	8%	underspend
Prescribing	37,419	(493)	-	-	-	36,926	35,814	1,112	-	36,926	-	35,814	1,112	3%	underspend
Health Improvement & Inequalities	861	121	-	100	(100)	983	790	193	-	983	(193)	983	-	0%	breakeven
FHS	45,987	7,371	-	-	-	53,358	53,351	7	-	53,358	-	53,351	7	0%	underspend
Resources	3,593	5,786	(281)	526	(526)	9,099	8,438	661	-	9,099	(3,549)	11,987	(2,888)	-32%	overspend
Hosted Services	11,071	328	-	-	-	11,399	10,810	589	-	11,399	-	10,810	589	5%	underspend
Resource Transfer	20,275	1,812	(22,087)	-	-	-	-	-	-	-	-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	-	-	-	-	-	0%	breakeven
Set Aside	56,497	8,241	-	-	-	64,738	64,738	-	-	64,738	-	64,738	-	0%	breakeven
<b>NET EXPENDITURE (before delegated services)</b>	<b>300,227</b>	<b>17,263</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>282,868</b>	<b>276,790</b>	<b>6,078</b>	<b>-</b>	<b>282,868</b>	<b>(6,078)</b>	<b>282,868</b>	<b>0</b>	<b>0%</b>	<b>breakeven</b>
Other Delegated Services	1,051					1,051	766	285		1,051		766	285	27%	underspend
<b>NET EXPENDITURE before COVID</b>	<b>301,278</b>	<b>17,263</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>283,919</b>	<b>277,556</b>	<b>6,363</b>	<b>-</b>	<b>283,919</b>	<b>(6,078)</b>	<b>283,634</b>	<b>285</b>	<b>0%</b>	<b>underspend</b>
COVID 19	-	21,670	-	-	-	21,670	19,637	2,033	-	21,670	(2,033)	21,670	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>301,278</b>	<b>38,932</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>305,589</b>	<b>297,193</b>	<b>8,396</b>	<b>-</b>	<b>305,589</b>	<b>(8,111)</b>	<b>305,304</b>	<b>285</b>	<b>0%</b>	<b>underspend</b>



## Appendix 2

### HSCP Revenue Budget Position (not including COVID-19) 1st April 2020 to 31st March 2021

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Revised Budget Before Year End Reserve Adjustments	Revised Budget	Spend to Year End (before movements to reserves)	Revised Variance	Budget Adjustment for Reserves	Revised Budget	Adjustment to Reserves	Actual 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	79,841	8,144		814		88,799	85,802	2,997	(919)	87,880	(119)	85,905	1,975	2%	underspend
Property Costs	389	503		-		892	1,022	(130)	-	892	-	1,022	(130)	-15%	overspend
Supplies and Services	19,624	4,997	(12,535)	571		12,657	12,078	579	-	12,657	(3,770)	15,864	(3,207)	-25%	overspend
Third Party Payments	57,062	16,196		-		73,258	72,432	827	(649)	72,610	-	72,432	178	0%	underspend
Purchase Of Healthcare	2,774	385	-	61		3,220	3,224	(4)	-	3,220	-	3,224	(4)	0%	overspend
Transport	800	57		-		857	489	368	(269)	588	-	489	99	17%	underspend
Family Health Services	85,879	4,338	-	-		90,217	89,112	1,105	-	90,217	-	89,112	1,105	1%	underspend
Support Services	70	-				70	72	(2)	-	70	-	72	(2)	-3%	overspend
Transfer Payments (PTOB)	7,187	(1,308)				5,879	5,105	774	1,691	7,570	(2,189)	7,294	276	4%	underspend
Resource Transfer	20,275	1,812	(22,087)	-		0	-	0	-	0	-	-	0	100%	overspend
Set Aside	56,497	8,241	-	-		64,738	64,738	-	-	64,738	-	64,738	-	0%	breakeven
<b>GROSS EXPENDITURE</b>	<b>330,398</b>	<b>43,365</b>	<b>(34,622)</b>	<b>1,446</b>	<b>-</b>	<b>340,587</b>	<b>334,073</b>	<b>6,514</b>	<b>(146)</b>	<b>340,442</b>	<b>(6,078)</b>	<b>340,151</b>	<b>288</b>	<b>0%</b>	<b>underspend</b>
Income	(29,120)	(17,060)			(1,446)	(47,626)	(47,476)	(150)	146	(47,480)	-	(47,476)	(3)	0%	overspend
<b>NET EXPENDITURE</b>	<b>301,278</b>	<b>26,305</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>292,961</b>	<b>286,598</b>	<b>6,363</b>	<b>-</b>	<b>292,961</b>	<b>(6,078)</b>	<b>292,676</b>	<b>285</b>	<b>0%</b>	<b>breakeven</b>

**HSCP Revenue Budget Position (not including COVID-19)**

**1st April 2020 to 31st March 2021**

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments Before Year End Reserve Adjustments	Revised Budget	Spend to Year End (before movements to reserves)	Revised Variance	Budget Adjustment for Reserves	Revised Budget	Adjustment to Reserves	Actual 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	68,436	(3,218)		575	(575)	65,218	63,497	1,721	594	65,812	(2,227)	65,724	88	0%	underspend
Mental Health	22,403	3,727		245	(245)	26,130	25,208	922	(209)	25,921	(109)	25,317	604	2%	underspend
Learning Disabilities	15,592	1,988		-	-	17,579	17,245	334	(385)	17,194	-	17,245	(51)	0%	overspend
Children's Services	5,840	642	-	-	-	6,482	5,943	539		6,482	-	5,943	539	8%	underspend
Prescribing	37,419	(493)	-	-	-	36,926	35,814	1,112		36,926	-	35,814	1,112	3%	underspend
Health Improvement & Inequalities	861	121	-	100	(100)	983	790	193		983	(193)	983	-	0%	breakeven
FHS	45,987	7,371	-	-	-	53,358	53,351	7		53,358	-	53,351	7	0%	underspend
Resources	3,593	5,786	(281)	526	(526)	9,099	8,438	661		9,099	(3,549)	11,987	(2,888)	-32%	overspend
Hosted Services	11,071	328	-	-	-	11,399	10,810	589		11,399	-	10,810	589	5%	underspend
Resource Transfer	20,275	1,812	(22,087)	-	-	-	-	-		-	-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-		-	-	-	-	0%	breakeven
Set Aside	56,497	8,241	-	-	-	64,738	64,738	-		64,738	-	64,738	-	0%	breakeven
<b>NET EXPENDITURE (before delegated services)</b>	<b>300,227</b>	<b>26,305</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>291,910</b>	<b>285,832</b>	<b>6,078</b>	<b>-</b>	<b>291,910</b>	<b>(6,078)</b>	<b>291,910</b>	<b>0</b>	<b>0%</b>	<b>breakeven</b>
Other Delegated Services	1,051					1,051	766	285		1,051		766	285	27%	underspend
<b>NET EXPENDITURE</b>	<b>301,278</b>	<b>26,305</b>	<b>(34,622)</b>	<b>1,446</b>	<b>(1,446)</b>	<b>292,961</b>	<b>286,598</b>	<b>6,363</b>	<b>-</b>	<b>292,961</b>	<b>(6,078)</b>	<b>292,676</b>	<b>285</b>	<b>0%</b>	<b>breakeven</b>

## Appendix 3

### Health Budget Year End Position (not including COVID-19) 1st April 2020 to 31st March 2021

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)	Revised Variance	Budget Adjustment for Reserves	Revised Budget	Adjustment to Reserves	Actual 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	47,768	5,641		775		54,184	51,836	2,348		54,184	(119)	51,955	2,229	4%	underspend
Property Costs	36	4				40	64	(24)		40		64	(24)	-61%	overspend
Supplies and Services	17,886	4,157	(12,535)	409		9,917	9,453	464		9,917	(3,770)	13,223	(3,306)	-33%	overspend
Purchase Of Healthcare	2,774	385		61		3,220	3,224	(4)		3,220		3,224	(4)	0%	overspend
Family Health Services	85,879	4,338				90,217	89,112	1,105		90,217		89,112	1,105	1%	underspend
Set Aside	56,497	8,241				64,738	64,738	-		64,738		64,738	-	0%	breakeven
Resource Transfer	20,275	1,812	(22,087)			0		0		0		-	0	100%	overspend
<b>Gross Expenditure</b>	<b>231,115</b>	<b>24,578</b>	<b>(34,622)</b>	<b>1,245</b>	<b>-</b>	<b>222,316</b>	<b>218,426</b>	<b>3,889</b>	<b>-</b>	<b>222,316</b>	<b>(3,889)</b>	<b>222,315</b>	<b>0</b>	<b>0%</b>	<b>Breakeven</b>
Income	(3,392)	1,980			(1,245)	(2,657)	(2,657)	-		(2,657)		(2,657)	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>227,723</b>	<b>26,558</b>	<b>(34,622)</b>	<b>1,245</b>	<b>(1,245)</b>	<b>219,659</b>	<b>215,770</b>	<b>3,889</b>	<b>-</b>	<b>219,659</b>	<b>(3,889)</b>	<b>219,659</b>	<b>0</b>	<b>0%</b>	<b>Breakeven</b>

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)	Revised Variance	Budget Adjustment for Reserves	Revised Budget	Adjustment to Reserves	Actual 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	478	167				645	655	(10)		645	(13)	668	(23)	-4%	overspend
Addiction Services - ADP	2,233	118		344	(344)	2,351	2,351	-		2,351		2,351	-	0%	breakeven
Adult Community Services	10,083	(103)		29	(29)	9,980	9,783	197		9,980	(25)	9,808	172	2%	underspend
Children's Services	5,840	642				6,482	5,943	539		6,482		5,943	539	8%	underspend
Learning Disabilities	1,175	36				1,210	1,069	141		1,210		1,069	141	12%	underspend
Mental Health	19,958	1,175		115	(115)	21,133	20,782	351		21,133		20,782	351	2%	underspend
Mental Health - Action 15	-	1,357		130	(130)	1,357	1,248	109		1,357	(109)	1,357	-	0%	breakeven
Hosted Services	11,071	328				11,399	10,810	589		11,399		10,810	589	5%	underspend
Prescribing	37,419	(493)				36,926	35,814	1,112		36,926		35,814	1,112	3%	underspend
Gms	23,870	1,941				25,811	25,804	7		25,811		25,804	7	0%	underspend
FHS Other	22,117	5,430				27,547	27,547	-		27,547		27,547	-	0%	breakeven
Planning & Health Improvement	861	121		100	(100)	983	790	193		983	(193)	983	-	0%	breakeven
Primary Care Improvement Prog	-	4,810		264	(264)	4,810	4,599	211		4,810	(211)	4,810	-	0%	breakeven
Resources	3,593	976	(281)	262	(262)	4,289	3,839	450		4,289	(3,338)	7,177	(2,888)	-67%	overspend
Set Aside	56,497	8,241				64,738	64,738	-		64,738		64,738	-	0%	breakeven
Resource Transfer	20,275	1,812	(22,087)			-		-		-		-	-	0%	
Social Care Fund	12,254		(12,254)			-		-		-		-	-	0%	
<b>NET EXPENDITURE</b>	<b>227,723</b>	<b>26,558</b>	<b>(34,622)</b>	<b>1,245</b>	<b>(1,245)</b>	<b>219,659</b>	<b>215,770</b>	<b>3,889</b>	<b>-</b>	<b>219,659</b>	<b>(3,889)</b>	<b>219,659</b>	<b>0</b>	<b>0%</b>	<b>Breakeven</b>

## Appendix 4

### Adult Social Care Revenue Budget Year End Position (not including COVID-19) 1st April 2020 to 31st March 2021

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget Before Year End Reserve Adjustments £000's	Spend to Year End (before movements to reserves) £000's	Revised Variance £'000's	Budget Adjustment for Reserves £'000's	Revised Budget £'000's	Adjustment to Reserves £000's	Actual Year End (reflecting movements to Reserves) £000's	Variance		
												£000's	%	
Employee Costs	31,842	2,503	39		34,384	33,735	649	(919)	33,465		33,719	(254)	-0.8%	overspend
Property Costs	353	499			852	958	(106)		852		958	(106)	-12.4%	overspend
Supplies and Services	1,735	840	162		2,737	2,622	115		2,737		2,638	99	3.6%	underspend
Third Party Payments	57,062	16,196			73,258	72,432	826	(649)	72,609		72,432	177	0.2%	underspend
Transport	800	57			857	489	368	(269)	588		489	99	16.8%	underspend
Support Services	70				70	72	(2)		70		72	(2)	-2.9%	overspend
Transfer Payments (PTOB)	6,243	(1,308)			4,935	4,446	489	1,691	6,626	(2,189)	6,635	(9)	-0.1%	overspend
<b>Gross Expenditure</b>	<b>98,105</b>	<b>18,787</b>	<b>201</b>		<b>117,093</b>	<b>114,754</b>	<b>2,339</b>	<b>(146)</b>	<b>116,947</b>	<b>(2,189)</b>	<b>116,943</b>	<b>4</b>	<b>0.0%</b>	<b>underspend</b>
Income	(25,601)	(19,040)		(201)	(44,842)	(44,692)	(150)	146	(44,696)		(44,692)	(4)	0.0%	overspend
<b>NET EXPENDITURE</b>	<b>72,504</b>	<b>(253)</b>	<b>201</b>	<b>(201)</b>	<b>72,251</b>	<b>70,062</b>	<b>2,189</b>	<b>-</b>	<b>72,251</b>	<b>(2,189)</b>	<b>72,251</b>	<b>-</b>	<b>0.0%</b>	<b>breakeven</b>

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget Before Year End Reserve Adjustments £000's	Spend to Year End (before movements to reserves) £000's	Revised Variance £'000's	Budget Adjustment for Reserves £'000's	Revised Budget £'000's	Adjustment to Reserves £000's	Actual Year End (reflecting movements to Reserves) £000's	Variance		
												£000's	%	
Older People	48,806	(6,976)	201	(201)	41,830	40,465	1,365	625	42,455	(2,189)	42,654	(199)	-0.5%	overspend
Physical or Sensory Difficulties	6,174	3,338			9,512	9,430	82	(13)	9,499		9,430	69	0.7%	underspend
Learning Difficulties	14,417	1,952			16,369	16,176	193	(385)	15,984		16,176	(192)	-1.2%	overspend
Mental Health Needs	2,445	1,195			3,640	3,178	462	(209)	3,431		3,178	253	7.4%	underspend
Addiction Services	662	238			900	813	87	(18)	882		813	69	7.8%	underspend
<b>NET EXPENDITURE</b>	<b>72,504</b>	<b>(253)</b>	<b>201</b>	<b>(201)</b>	<b>72,251</b>	<b>70,062</b>	<b>2,189</b>	<b>-</b>	<b>72,251</b>	<b>(2,189)</b>	<b>72,251</b>	<b>-</b>	<b>0.0%</b>	<b>breakeven</b>

**Renfrewshire Council 'Other Delegated Services'**  
**1st April 2020 to 31st March 2021**

Subjective Heading	Annual Budget £000's	Actual Year End £000's	Variance £000's	%	
Employee Costs	231	231	-	0%	breakeven
Supplies and Services	3	3	-	0%	breakeven
Transfer Payments (PTOB)	944	659	285	30%	underspend
<b>Gross Expenditure</b>	<b>1,178</b>	<b>893</b>	<b>285</b>	<b>30%</b>	<b>underspend</b>
Income	(127)	(127)	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>1,051</b>	<b>766</b>	<b>285</b>	<b>30%</b>	<b>underspend</b>

Client Group	Annual Budget £000's	Actual Year End £000's	Variance £000's	%	
Housing Adaptations	829	544	285	34%	underspend
Women's Aid	222	222	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>1,051</b>	<b>766</b>	<b>285</b>	<b>34%</b>	<b>underspend</b>

<b>2020/21 Adult Social Care Base Budget and In-Year Adjustments</b>	
	<b>£k</b>
2020/21 Renfrewshire HSCP Opening Budget:	72,504
<b><u>Reductions:</u></b>	
Transfer to ICT Budget for Care @ Home Scheduling and Monitoring Tool	-245
<b>Adult Social Care Budget as reported @ 16th October 2020</b>	<b>72,259</b>
<b><u>Budget Adjustments posted in month 13</u></b>	
Backsneddon Recharge 20/21	-8
<b>Adult Social Care Budget as reported @ 31 March 2021</b>	<b>72,251</b>

<b>2020/21 Health Financial Allocation to Renfrewshire HSCP</b>		<b>£k</b>
2020-21 Renfrewshire HSCP Financial Allocation		172,169
Add: Set Aside		57,605
<b>less:</b> Budget Adjustments		
Social Care Fund		-12,254
Resource Transfer		-20,618
	= base budget rolled over	<b>196,903</b>
Budget Uplift - 3.00%		3,752
Podiatry Staff Transfer from Acute		116
Family Health Services - Adjustment		2,558
EMIS Funding - Primary Care Screening		19
Transfer of PCIP Pharmacy Budget Delayed		-288
Transfer of Historical Pharmacy Budget Delayed		-654
<b>Non-Recurring:</b>		
Cognitive Behavioural Therapist Posts - Psychology review		35
EMIS Funding - Primary Care Screening		71
GMS COVID Funding		620
Local Authority COVID Allocation		1,667
Transfer to Social Care Local Authority COVID Allocation		-1,667
<b>Budget allocated as per 2020-21 Financial Allocation 31st May 2020</b>		<b>203,132</b>
<b>Budget Adjustments posted in month 3</b>		
Adjustment to Resource Transfer		-978
Transfer of MH Liaison Service to Glasgow		-212
Scottish Living Wage Uplift		281
Transfer to Scottish Living Wage to Social Care		-281
HOSPICES - LOSS OF INCOME		693
<b>Budget allocated as per 2020-21 Financial Allocation 30th June 2020</b>		<b>202,634</b>
<b>Budget Adjustments posted in month 4</b>		
<b>Non-Recurring:</b>		
SESP Funding 20-21		305
Podiatry Transfer		-2
<b>Budget allocated as per 2020-21 Financial Allocation 31st July 2020</b>		<b>202,937</b>
<b>Budget Adjustments posted in month 5</b>		
<b>Non-Recurring:</b>		
Tranche 1 - Primary Care Improvement Funding		1,603
GMS COVID Funding		129
GMS Non Cash Limited Adjustment		2,081
<b>Budget allocated as per 2020-21 Financial Allocation 31st August 2020</b>		<b>206,750</b>
<b>Budget Adjustments posted in month 6</b>		
Transfer of GOS Contractor Payments to Central GMS		-385
<b>Non-Recurring:</b>		
GMS Covid Funding		10
Mental health Action 15 Funding - Tranche 1		441
Scottish Government Funding Covid		8,722
Transfer to Social Care Local Authority Covid Allocation		-6,518
<b>Budget allocated as per 2020-21 Financial Allocation 30th September 2020</b>		<b>209,020</b>
<b>Budget Adjustments posted in month 7</b>		
<b>Additions:</b>		
Set Aside Adjustment in line with Allocation Letter		587
Outcomes Frameworks Funding Reduction		-21
Global Tariff Swap Reduction - Prescribing		-1,574
<b>Non-Recurring:</b>		
GP Premises Improvement Fund		51
Transfer of Primary Care Baseline funding		302
GMS COVID Funding		4
Mental Health Bundle		291
Drug Death Monies		141
<b>Budget allocated as per 2020-21 Financial Allocation 31st October 2020</b>		<b>208,800</b>



<b>Budget allocated as per 2020-21 Financial Allocation 31st October 2020</b>	<b>208,800</b>
<b><u>Budget Adjustments posted in month 8</u></b>	
FHS Adjustment - Anticipated Pharmacy Ncl 2020	1,339
FHS Adjustment - Reduce Dent Inc	-225
<b><u>Non-Recurring:</u></b>	
Tobacco Prevention Funding from Scottish Government	34
Scottish Government Funding COVID	782
GMS COVID Funding	14
<b>Budget allocated as per 2020-21 Financial Allocation 30th November 2020</b>	<b>210,744</b>
<b><u>Budget Adjustments posted in month 9</u></b>	
FHS Adjustment - Reduce Dent Inc	-102
<b><u>Non-Recurring:</u></b>	
GMS COVID Funding	5
Scottish Government Funding COVID - Adjustment	-319
Local Authority COVID Allocation	2,810
Transfer to Social Care Local Authority COVID Allocation	-2,810
PCIP Tranche 2 Funding	1,069
LD - Funding for Open University Place	5
<b>Budget allocated as per 2020-21 Financial Allocation 31st December 2020</b>	<b>211,402</b>
<b><u>Budget Adjustments posted in month 10</u></b>	
<b><u>Reductions:</u></b>	
FHS Adjustment - Increase Dent Inc	-58
<b><u>Non-Recurring:</u></b>	
GMS COVID Funding	41
Scottish Government Funding COVID - Adjustment	-2,961
PCIP Balance	1,821
Action 15 Tranche 2	655
Action 15 Balance	239
RT Adjustment	-456
FHS Adjustment	145
Funding for Syrian Refugee	4
Adjustment to COVID Local Authority Allocation	3,461
COVID Funding	103
<b>Budget allocated as per 2020-21 Financial Allocation 31st January 2021</b>	<b>214,396</b>
<b><u>Budget Adjustments posted in month 11</u></b>	
<b><u>Additions:</u></b>	
Gms X Chg Hscps 20-21	1,006
<b><u>Reductions:</u></b>	
Transfer for MHAU - Glasgow City HSCP	-11
<b><u>Non-Recurring:</u></b>	
Camchp116 District Nurse Posts	69
Reduce Drug Deaths	104
Camchp133 Lif 2021	578
Gms X Chg Hscps Covid Ac6701	20
Gms X Chg Hscps Covid Clin W	-7
Adjustment to Resource Transfer	-35
<b>Budget allocated as per 2020-21 Financial Allocation 28th February 2021</b>	<b>216,120</b>
<b><u>Budget Adjustments posted in month 12</u></b>	
<b><u>Non-Recurring:</u></b>	
COVID Funding	7320
Adjustment to COVID Local Authority Allocation	-274
Transfer of Funding from Acute - Navigator Posts	15
Revenue To Capital	-5
Funding For Covid Recognition Payment	566
Gms Adjustments	-210
Hospice Covid Funding	775
Pay Award Funding	592
<b>Budget allocated as per 2020-21 Financial Allocation 31st March 2021</b>	<b>224,898</b>



### Scottish Government Funding Streams

Funding Description	2018/19				2019/20					2020/21			Total
	Per Allocation Letter £m	Received 1 <sup>st</sup> /2 <sup>nd</sup> Tranche £m	Balance held by SG (Variance) £m	Transfer to Earmarked Reserves £m	Per Allocation Letter £m	Received @ 31st March £m	Balance held by SG (Variance) £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m	Received to date £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m	Balance Earmarked Reserves £m
PCIF	1.554	1.465	0.089	-0.792	1.861	0.931	0.930	0.792	-0.264	4.754	0.264	-2.458	2.458
Action 15	0.374	0.333	0.041	-0.306	0.575	0.097	0.478	0.306	-0.130	1.333	0.130	-0.763	0.763
ADP	2.139	2.139	0.000	-0.321	2.229	2.229	0.000	0.066	-0.453	2.308	0.344	-0.577	0.941
TOTAL	4.067	3.937	0.130	-1.419	4.665	3.257	1.408	1.164	-0.847	8.395	0.738	-3.798	4.161

Additional non-recurring funding	Pays Uplift Backpay £m	Thank you Payment £m	Total £m
PCIF	0.025	0.027	0.052
Action 15	0.011	0.012	0.023
ADP	0.014	0.013	0.027
TOTAL	0.050	0.052	0.102

## Partnership Hosted Budget Position at 31 March 2021

Host	Service	Actual Net Expenditure to Date	Budgeted Net Expenditure to Date	Variance to Date
East Dunbartonshire	Oral Health	£9,820,104	£10,223,105	£403,000
	<b>Total</b>	<b>£9,820,104</b>	<b>£10,223,105</b>	<b>£403,000</b>
East Renfrewshire	SCTI -Scottish centre for Technology for Cor	£166,184	£236,579	£70,395
East Renfrewshire	Learning Disability	£9,294,444	£9,294,445	£1
	<b>Total</b>	<b>£9,460,628</b>	<b>£9,531,024</b>	<b>£70,396</b>
Glasgow	Continence	£4,101,613	£4,076,110	-£25,503
Glasgow	Sexual Health	£11,130,121	£12,066,648	£936,527
Glasgow	Mh Central Services	£7,325,466	£6,690,690	-£634,776
Glasgow	MH Specialist services	£12,471,669	£13,669,938	£1,198,269
Glasgow	Alcohol + Drugs Hosted	£16,003,167	£16,642,008	£638,841
Glasgow	Prison Healthcare	£7,407,247	£7,698,157	£290,910
Glasgow	HC In Police Custody	£2,256,303	£2,737,494	£481,192
Glasgow	Old Age Psychiatry	£15,120,643	£15,886,404	£765,761
Glasgow	General Psychiatry	£45,149,444	£40,228,266	-£4,921,178
	<b>Total</b>	<b>£120,965,672</b>	<b>£119,695,714</b>	<b>-£1,269,958</b>
Inverclyde	General Psychiatry	£6,541,681	£5,910,803	-£630,879
Inverclyde	Old Age Psychiatry	£4,065,363	£3,640,697	-£424,666
	<b>Total</b>	<b>£10,607,044</b>	<b>£9,551,499</b>	<b>-£1,055,545</b>
Renfrewshire	Podiatry	£6,906,129	£7,318,972	£412,843
Renfrewshire	Primary Care support	£3,903,329	£4,079,737	£176,408
Renfrewshire	General Psychiatry	£8,931,286	£9,020,133	£88,847
Renfrewshire	Old Age Psychiatry	£7,386,216	£7,132,154	-£254,063
	<b>Total</b>	<b>£27,126,961</b>	<b>£27,550,996</b>	<b>£424,036</b>
West Dunbartonshire	MSK Physio	£6,247,075	£6,702,989	£455,914
West Dunbartonshire	Retinal Screening	£718,619	£819,325	£100,706
West Dunbartonshire	Old Age Psychiatry	£1,036,622	£1,877,290	£840,668
	<b>Total</b>	<b>£8,002,316</b>	<b>£9,399,604</b>	<b>£1,397,288</b>
<b>Total</b>		<b>£185,982,725</b>	<b>£185,951,943</b>	<b>-£30,782</b>

Consumed By:-	
Glasgow	£106,374,606
East Dunbartonshire	£9,033,675
East Renfrewshire	£11,375,270
Renfrewshire	£29,825,478
Inverclyde	£16,332,496
West Dunbartonshire	£13,041,200
<b>Total</b>	<b>£185,982,725</b>

## Appendix 10

## Movement in Reserves

HSCP Funded Earmarked Reserves	Opening Position 2020/21	Amounts Drawn Down in 2020/21	New Reserves		Closing Position 2020/21	Movement in Reserves 2020/21	To be Drawn Down 2021/22	To be Drawn Down 2022/23	Ongoing
			IJB Approved	Awaiting IJB Approval					
	£000's	£000's	£000's	£000's	£000's	£000's			
Tec Grant	20	-20		98	98	78	✓		
ICT Swift Update Costs	27	-27			0	-27	✓		
Information Communication Funding - Care @ Home Scheduling System	882	-150			732	-150	✓	✓	
Analogue to Digital contribution to programme			434		434	434	✓	✓	✓
Eclipse Support Costs (2 Year)	156				156	0	✓	✓	
<b>ICT / Systems Related:</b>	<b>1,085</b>	<b>-197</b>	<b>434</b>	<b>98</b>	<b>1,420</b>	<b>335</b>			
Mental Health Improvement Works	150			245	395	245	✓		
Mile End Refurbishment	89				89	0	✓		
LA Care Home Refurbishment	300				300	0	✓		
Primary Care Support Building Works				30	30	30			
Care @ Home Refurbishment and Uniform Replacement	24	-24			0	-24	✓		
<b>Premises Related:</b>	<b>563</b>	<b>-24</b>	<b>0</b>	<b>275</b>	<b>814</b>	<b>251</b>			
PCTF Monies Allocated for Tests of Change and GP Support	380	-111		30	299	-81			
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49				49	0	✓		
District Nurse Rolling Recruitment Programme	202	-8		25	219	17			✓
Training for Mental Health Officers in HSCP	288				288	0	✓	✓	
Prescribing	1,000		1,000		2,000	1,000	✓	✓	
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080				1,080	0	✓		
Mental Health Strategy Interim Support Pending Completion of Psychology Review	115	-115			0	-115	✓		
Care @ Home Senior Lead (2 Year Funding)				206	206	206			
HSCP Respiratory Nursing				421	421	421			
HSCP Transformation Programme Funding for Temp Staff in Post	500				500	0	✓	✓	
HSCP Transformation Programme Funding 20/21_23/24	1,329				1,329	0			✓
Renfrewshire Wide Prevention and Early Intervention Programme	100	-100		193	193	93	✓	✓	
<b>Other:</b>	<b>5,043</b>	<b>-334</b>	<b>1,000</b>	<b>875</b>	<b>6,584</b>	<b>1,541</b>			
<b>TOTAL HSCP FUNDED EARMARKED RESERVES</b>	<b>6,691</b>	<b>-555</b>	<b>1,434</b>	<b>1,248</b>	<b>8,818</b>	<b>2,127</b>			
Primary Care Improvement Program (19/20)_(20/21)	264	-264	2,247	211	2,458	2,194	✓		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	277	-152	51	49	224	-52	✓		
ADP Funding	708	-344	677	-100	941	233	✓		
Reduce Drug Death Funding			104		104	104			
Drug Death Task Force			128	13	141	141			
Mental Health Action 15 (19/20)_(20/21)	130	-130	654	109	763	633			
DN Workforce Allocation 20/21			69		69	69			
Henry Programme - Pre 5 Obesity Training	15				15	0	✓		
Health Visiting	32				32	0	✓		
Adult Support and Protection Grant				68	68	68			
Covid - Winter Planning			1,649		1,649	1,649			
Covid - Integration Authority Support			3,214	2,033	5,247	5,247			
Covid - Community Living Change			697		697	697			
<b>Scottish Government Ring Fenced Monies</b>	<b>1,426</b>	<b>-890</b>	<b>9,490</b>	<b>2,383</b>	<b>12,408</b>	<b>10,982</b>			
<b>TOTAL EARMARKED RESERVES</b>	<b>8,116</b>	<b>-1,446</b>	<b>10,924</b>	<b>3,631</b>	<b>21,226</b>	<b>13,109</b>			

General Reserves	Opening Position 2019/20	Amounts Drawn	New Reserves		Closing Position 2019/20	Movement in Reserves 2019/20
	£000's	£000's	£000's	£000's	£000's	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	1,401			4,380	5,781	4,380
<b>TOTAL GENERAL RESERVES</b>	<b>1,401</b>	<b>0</b>	<b>0</b>	<b>4,380</b>	<b>5,781</b>	<b>4,380</b>

<b>OVERALL RESERVES POSITION</b>	<b>9,517</b>	<b>-1,446</b>	<b>10,924</b>	<b>8,011</b>	<b>27,007</b>	<b>17,489</b>
----------------------------------	--------------	---------------	---------------	--------------	---------------	---------------

**HSCP Vacancy Position at 31 March 2021**  
**Per Client Group**

Care Group	Health		Adult Social Care		TOTAL
	# Current Vacancies FTE	Average Length of Vacancy (Months)	# Current Vacancies FTE	Average Length of Vacancy (Months)	# vacancies FTE
Adults & Older People	10.78	9	103.65	8	114.43
Mental Health	50.76	9	4.71	11	55.47
Learning Disabilities	1.30	9	13.98	7	15.28
Children's Services	9.82	9			9.82
Health Improvement & Inequalities					-
Resources	9.69	9			9.69
Hosted Services	10.24	9			10.24
<b>TOTAL</b>	<b>92.59</b>	<b>9</b>	<b>122.34</b>	<b>9</b>	<b>214.93</b>

**HSCP Vacancy Position at 31 March 2021  
Per Job Description**

Job Description	Health		Adult Social Care		TOTAL
	# Current Vacancies FTE	Average Length of Vacancy (Months)	# Current Vacancies FTE	Average Length of Vacancy (Months)	# vacancies FTE
Admin & Clerical	9.69	9			9.69
Adult Services Co-ordinator			2.50	8	2.50
Care Assistant			0.54	13	0.54
Care at Home Team Manager			1.00	13	1.00
Caretaker			1.19	10	1.19
Change & Improvement Officer			2.00	5	2.00
Community Alarm Responder			4.86	10	4.86
Community Alarm Responder (Night)			1.62	10	1.62
Community Meals Driver			1.65	10	1.65
Data Quality Assistant			2.00	13	2.00
Day Care Officer			2.24	9	2.24
Day Service Assistant			8.20	8	8.20
Day Service Officer			0.59	6	0.59
Depute Manager			1.00	9	1.00
Dietetics					-
Escort/ Attendant			1.11	8	1.11
Financial Systems Support Administrator			1.00	4	1.00
Home Care Team Leader			6.63	7	6.63
Home Care Worker			48.36	9	48.36
Home Care Worker (Night)			0.81	5	0.81
Medical & Dental					-
Mental Health Support Worker			1.19	13	1.19
Nursing Staff - Trained	36.83	8			36.83
Nursing Staff - Untrained	19.17	9			19.17
Occupational Therapist	2.60	9	1.50	3	4.10
Occupational Therapist Assistant	1.10	11			1.10
Operations Manager			1.00	9	1.00
Physiotherapist - Assistant	1.00	5			1.00
Podiatrist	1.50	2			1.50
Practical Support Team Member	10.24	8	1.03	13	11.27
Programme Management Officer					-
Project Leader			1.00	1	1.00
Project Worker			0.50	5	0.50
Psychology	6.60	10			6.60
Rehabilitation Officer			0.50	6	0.50
Senior Day Care Officer			0.50	9	0.50
Senior Day Service Officer			1.00	3	1.00
Senior Project Worker			1.00	5	1.00
Senior Social Worker			1.00	7	1.00
Service Co-ordinator			2.00	7	2.00
Service Delivery Scheduler			3.05	13	3.05
Social Care Assistant			9.55	7	9.55
Social Care Assistant (Nights)			1.25	10	1.25
Social Care Worker			2.56	10	2.56
Social Care Worker (Nights)			0.13	13	0.13
Social Worker			3.89	8	3.89
Speech & Language Therapist	0.66	9			0.66
Team Leader	1.70	9			1.70
Team Manager			2.38	13	2.38
Technical Instructor	1.5	9			1.50
<b>TOTAL</b>	<b>92.59</b>	<b>8</b>	<b>122.34</b>	<b>8</b>	<b>214.93</b>

**Health Finance, Corporate Governance &  
Value Directorate**  
Richard McCallum, Director



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HSCP Chief Finance Officers  
via email

cc  
HSCP Chief Officers  
NHS Board Directors of Finance

14th April, 2021

Colleagues

I am writing further to recent discussion with IJB Chief Finance Officers in relation to additional funding provided to respond to the Covid-19 pandemic.

Following a detailed review of the financial position, £1.7 billion of additional funding has been provided in 2020/21 to the Health and Social Care Sector for Covid-19 pressures. Of this, a total of £561 million has been allocated to Integration Authorities, which includes funding for sustainability payments to meet forecast costs for 2020/21, in addition to wider social care support, such as reducing delayed discharges, and for loss of income and other staff costs. This includes £112 million allocated to Integration Authorities as additional funding committed through Adult Social Care Winter Plan.

It is clearly understood that the impact of Covid-19 will span across financial years, particularly for items such as sustainability payments, which have been agreed will continue until June 2021. There will, for example, be claims received in April and May 2021 that relate to financial year 2020/21. As a result of this, there is likely to be under or overspend against the earmarked Covid-19 funding at year-end within individual Integration Authorities. Where an overspend occurs, you should inform the Scottish Government as soon as possible. This will enable an assessment to be made about additional funding, which may be provided to ensure services are sustained.

Where an underspend occurs, I expect that, in line with usual accounting arrangements for Integration Authorities, this is carried in an earmarked reserve for Covid-19 purposes into 2021/22. My expectation is that this funding would be used before further allocations are made through Local Mobilisation Plan returns. This can be used to support continuation of costs which were funded in 2020/21 as a direct result of Covid. Where this earmarked reserve is used to meet new expenditure that had not been funded in 2020/21, I would expect agreement with the Scottish Government about the proposed use before committing to this expenditure. It is also important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

As in previous years, earmarked allocations, such as for the Primary Care Improvement Fund (PCIF), Alcohol and Drugs Partnership (ADP) and Mental Health Action 15 Workforce funding, should be used or held in reserve for the purposes agreed with the Scottish Government policy teams.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance





11 June 2021

To the Department of Health Finance,

We are writing as an accompaniment to the Integrated Authority Consolidated End of Year Reporting 2020-21. We believe it is important to articulate the position in relation to reserves in more detail, and to describe the situation for 2020-21 and 2021-22 in particular, given the impact of the pandemic.

COSLA, SOLACE and Directors of Finance wrote to the Local Government and Communities Committee on 3 March 2021, by way of follow up on the questions and discussions on Council reserves following the evidence session on 10 February. This letter sets out the wider context of the legal powers which enable Local Government, including Integration Authorities (IAs), to hold reserves.

As we approached the year end of 2020-21, there were a number of Ministerial announcements that have resulted in additional funding for Local Government and IAs in 2020-21. This means that significant sums were awarded as general revenue through allocations and redeterminations in the last quarter of 2020-21. This utilises one of the unique powers that Local Government has and ensures that Scottish Government does not breach its own carry forward restrictions.

Whilst this funding approach, and the flexibilities it offers, is now to be welcomed, it has created considerable work for both Scottish Government, Councils and IAs during 2020-21 (award and acceptance of grants, claims, reporting etc) and will add to reserves, albeit they will be earmarked for specific policy purposes.

As set out in the letter dated 14 April 2021 from Richard McCallum, Director of Health Finance and Governance, £1.7bn of additional funding was provided in 2020-21 to the Health and Social Care sector for COVID pressures, of which a total of £561m was allocated to IAs. This has included funding for additional costs and sustainability payments to care providers, wider increased costs in social care support, reducing delayed discharge, loss of income and additional staffing.

It was understood that as some of the allocations were necessarily based on estimated costs there are likely to be under or overspends against the earmarked COVID funding at year-end within individual IAs. Any overspends will be reported to the Scottish Government, ensuring that additional funding is received, to meet the Cabinet Secretary's commitment to meet all reasonable additional costs incurred. Any underspends of the COVID funding should be carried forward in an earmarked reserve for COVID purposes into 2021-22.

There were also significant funds provided in the last quarter for a number of other policy commitments including Primary Care Improvement Fund, Alcohol and Drug Partnerships

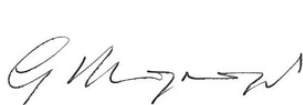
and Mental Health Action 15. Some of this activity will not have taken place in 2020-21 due to timing of funding and constraints of pandemic and will result in further reserves earmarked for these purposes.

Given this context, it is anticipated that many IAs will see increased reserves, however these will be earmarked for addressing the continued immediate COVID costs for IAs and commissioned providers and other policy commitments. These cannot be used to address other recurring budget pressures.

In summary:

- reported total usable reserves do not reflect what is actually available for use to alleviate all budget pressures caused by COVID;
- the majority of reserves are earmarked for specific policy commitments and can only be spent for these purposes;
- due to the non-recurring nature of COVID funding, it is important that these reserves are not used to fund recurring expenditure;
- for the reasons described above, and for the ultimate benefit of our communities, Council and IA reserves will increase during 2020-21, but will be critical for dealing with the ongoing impacts of the pandemic.

Yours truly,



**Cllr Gail Macgregor**

COSLA Spokesperson,  
Resources



**Sharon Wearing**

Chair,  
Chief Finance Officer  
Executive



**Cleland Sneddon**

Health and Social Care  
Lead,  
Society of Local Authority  
Chief Executives  
(SOLACE)

**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Chief Finance Officer**

**Heading: Unaudited Annual Accounts 2020/21**

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

## 1. Summary

- 1.1 The IJB's Accounts for 2020/21 will be submitted for audit by the statutory deadline of 30 June 2021. A copy of the IJB's Unaudited Accounts is attached for members approval. The accounts fully comply with International Financial Reporting Standards (IFRS).
- 1.2 Once approved, the unaudited accounts and associated working papers will be passed to the external auditor (Audit Scotland) for their review. Their report on the Accounts will be submitted to a future meeting of the IJB Audit, Risk and Scrutiny Committee for consideration prior to the audited accounts being presented to the IJB for approval.
- 1.3 Owing to the ongoing Coronavirus pandemic, flexibility in terms of the timescales for approval of the audited annual accounts for 2019/20 was provided under Schedule 6 of the Coronavirus (Scotland) Act 2020; for 2019/20, this was considered to be 30 November 2020. Audit Scotland considers that 30 November 2021 is reasonably practicable for 2020/21 and has set that date as the audit completion deadline.
- 1.4 Members should also be aware that there may be a change to the final figures in the IJB Accounts for 2020/21. This is because during 2020/21 National Services Scotland (NSS) supplied PPE to Scottish Health Boards free of charge. As health boards were consuming the PPE, they were the 'customer' in terms of IFRS 15. This means that they are required to account for the PPE as principal which entails recognising a non-cash amount at fair value and an equivalent amount of notional expenditure. However, as highlighted to LASAAC, from practitioners and Audit Scotland this is also a consideration for councils and IJBs where NSS has supplied PPE. Once the relevant guidance clarifying the accounting treatment for these supplies has been received from LASAAC the IJB Accounts for 2020/21 will be updated to reflect any relevant changes.

- 1.5 As highlighted above, once the treatment of the costs relating to the PPE Hub and testing activity has been finalised this will be reflected in the audited accounts. However, as these costs will be met from an allocation of funding from the SG this will not have an impact on the surplus position reported through the CIES but will require a re-statement of expenditure and income to recognise the proportion related to Renfrewshire.
- 

## **2. Recommendations**

It is recommended that the IJB:

1. Approve, subject to Audit, the Annual Accounts for 2020/21 (Appendix 1);
  2. Note that Audit Scotland will endeavour to complete the audit of the Annual Accounts in line with the timescales indicated in section 5 of this report; and
  3. Note the potential change to the IJB Accounts for 2020/21 as highlighted in paragraphs 1.4 and 1.5.
- 

## **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 2020/21**

- 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 2021.
- 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 will be submitted to the IJB Audit, Risk and Scrutiny Committee.
- **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 2019/20, (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 2021 will be considered at the IJB meeting of 25 June 2021.
- **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:** Regulations 10(1) of the accounts regulations has been amended for 2020/21 requiring approval of audited accounts for signature by 31 October 2021, and publication on a website by 15 November. If the date of approval and publication of its audited accounts is postponed, under schedule 6 of the Act, a statement to that effect must be published. This statement should be published by 30 September as that is the date that the powers under schedule 6 expire. There can be one combined statement for both the unaudited and audited accounts (which would have to be before 30 June) or separate statements. The audited accounts require to be published as soon as reasonably practical. For 2019/20, this was considered to be 30 November. Audit Scotland considers that 30 November 2021 is reasonably practicable for 2020/21 and has set that date as the audit completion deadline. The external audit report on the Accounts will be made available to all members and will be submitted to a meeting of the Audit, Risk & Scrutiny Committee for consideration prior to the IJB meeting where the audited accounts are considered for approval.  
(Reference source: <https://www.gov.scot/publications/local-government-finance-circular-10-2020-covid-19-local-authority-accounts-2019-20/>  
<https://www.legislation.gov.uk/asp/2020/10/contents>)
- **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts. The annual accounts of the IJB must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. As per above, the ongoing Coronavirus pandemic and the impact associated restrictions may have in terms of allowing the audit of the accounts to progress, means that these dates may be subject to delay.

## 6. External Auditors Report and Audit Certificate

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

## 7. Approval Process and Timetable

### 7.1 Key Dates

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

Meeting	Items to be Approved
<b>IJB Audit, Risk and Scrutiny Committee:</b> 18 June 2021	Approve Annual Governance statement and associated reports for inclusion in the statutory accounts
<b>IJB:</b> 25 June 2021	Approve the submission of the unaudited annual accounts to Audit Scotland
<b>IJB Audit, Risk and Scrutiny Committee:</b> 12 November 2021	Consider the Report of the External Auditors, the Board Members' Report and the audited annual accounts
<b>IJB:</b> 19 November 2021	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
<b>Management Commentary</b>	Chair of the IJB Chief Officer Chief Finance Officer
<b>Statement of Responsibilities</b>	Chair of the IJB Chief Finance Officer
<b>Remuneration Report</b>	Chair of the IJB Chief Officer
<b>Annual Governance Statement</b>	Chair of the IJB Chief Officer
<b>Balance Sheet</b>	Chief Finance Officer

## Implications of the Report

1. **Financial** – These are the Unaudited Annual Accounts of the IJB for 2020/21. Subject to approval by the IJB, the Accounts will be released for audit by the statutory deadline of 30 June 2021.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.
4. **Legal** – The Unaudited Annual Accounts form part of the Local Authority Accounts (Scotland) Regulations 2014.
5. **Property/Assets** – None.
6. **Information Technology** – None.
7. **Equality & Human Rights** – None.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

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**List of Background Papers** – None.

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**Author:** Sarah Lavers, Chief Finance Officer

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<b>Direction from the Integration Joint Board</b>
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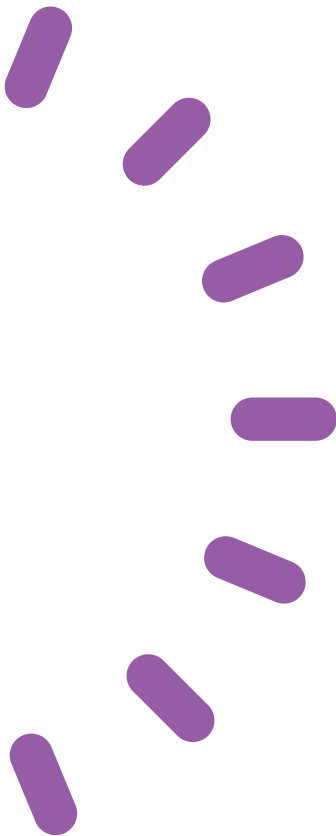
<b>1.</b>	<b>Reference Number</b>	250621-05
<b>2.</b>	<b>Date Direction issued by IJB</b>	25 June 2021
<b>3.</b>	<b>Date from which Direction takes effect</b>	25 June 2021
<b>4.</b>	<b>Direction to</b>	Renfrewshire Council
<b>5.</b>	<b>Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number</b>	No
<b>6.</b>	<b>Functions covered by the Direction</b>	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow and Clyde
<b>7.</b>	<b>Full text of Direction</b>	Renfrewshire Council is directed to carry forward reserves totalling £27.007m on behalf of the IJB as outlined in the Report.
<b>8.</b>	<b>Budget allocated by IJB to carry out Direction.</b>	£27.007m in reserves carried forward.
<b>9.</b>	<b>Outcomes</b>	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
<b>10.</b>	<b>Performance monitoring arrangements</b>	Performance management is monitored and reported to every meeting of the IJB.
<b>11.</b>	<b>Date of review of Direction</b>	June 2022.





# Renfrewshire Integration Joint Board Annual Accounts 2020/2021





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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 2021.

This Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2020/21 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of Renfrewshire.

Faced with the ongoing global COVID-19 pandemic the IJB has sought to deliver, where possible, against its Strategic and Financial Plans. However, the reality of COVID-19 resulted in significant disruption to the delivery of these plans, the impact of which is expected to continue throughout 2021 and beyond. As the new financial year progresses and the world emerges from the unprecedented challenges of COVID-19, the IJB looks forward to a phase of recovery and renewal, supporting our communities through these most trying of times.

The IJB and Health and Social Care Partnership's (HSCP) Senior Management Team (SMT) would like to extend our gratitude for the magnificent work our staff have undertaken over the past year despite the challenges they faced on a daily basis, ensuring that services to those in need in Renfrewshire continued to be delivered safely and effectively.



## Role and Remit of Renfrewshire Integration Joint Board

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

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

Under the requirements of the Act, Local Authorities and Health Boards must 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, the NHSGGC Board was unable to progress their statutory consultation of the revised Integration Scheme.

At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC to confirm the timescales for consultation and subsequent approval of Integration Schemes. The existing Integration Scheme will remain in place until this time.

The vision for the IJB is:

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

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

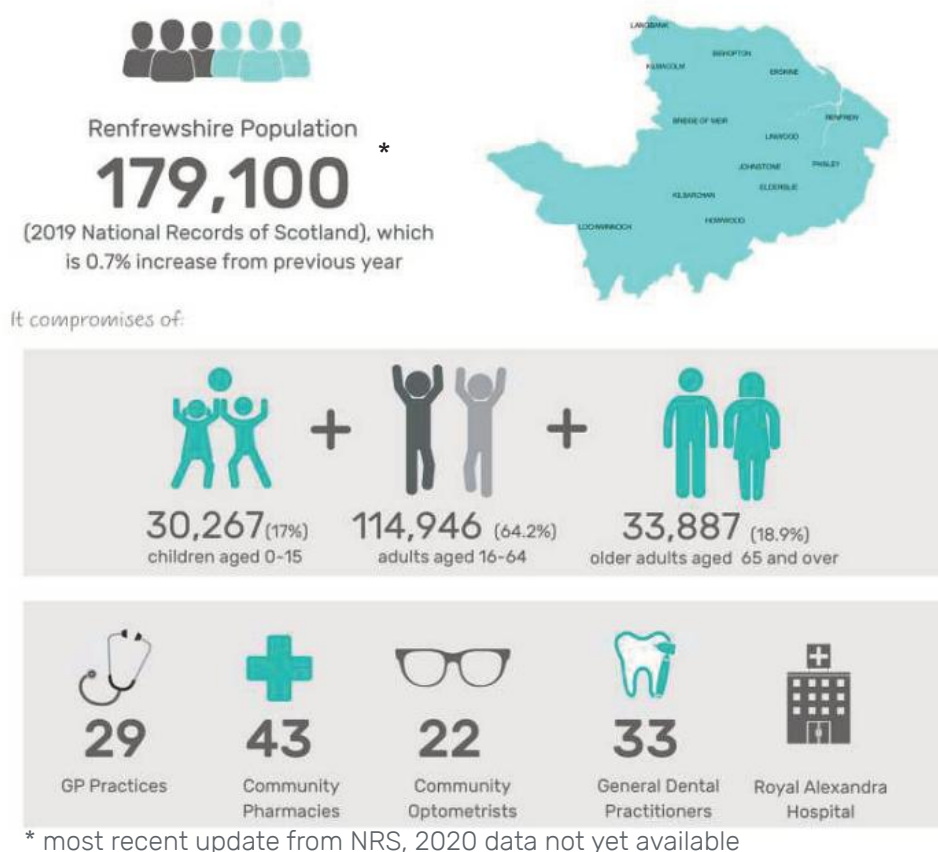
The IJB is ordinarily scheduled to meet five times per year. In March 2020, owing to the uncertainty and evolving situation of COVID-19, the IJB approved exceptional governance measures, delegating authority to the Chief Officer in consultation with the Chair and Vice Chair to make all decisions relating to the functions of the IJB if any decision is required, as a matter of urgency, to be taken in advance of the next available IJB meeting. This arrangement was confirmed by the IJB in June 2020, at which time additional meetings of the IJB to be held in July and August 2020 were also agreed. These were held to ensure connectedness and updates on emerging issues.

The IJB comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHSGGC. Non-voting members include the Chief Officer, Chief Finance Officer (CFO), service professionals, third sector, carer and staff-side representatives.

There was two changes in the IJB non-voting membership this year, with the departure of the Chief Officer, David Leese, in December 2020. David was succeeded by the current Interim Chief Officer, Shiona Strachan. Recruitment for a permanent Chief Officer is taking place in Summer 2021 with the successful candidate expected to be in post by the Autumn. A new member of staff from NHSGGC representing frontline staff also joined the IJB.

## A Profile of Renfrewshire

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



## HSCP Services in 2020/21

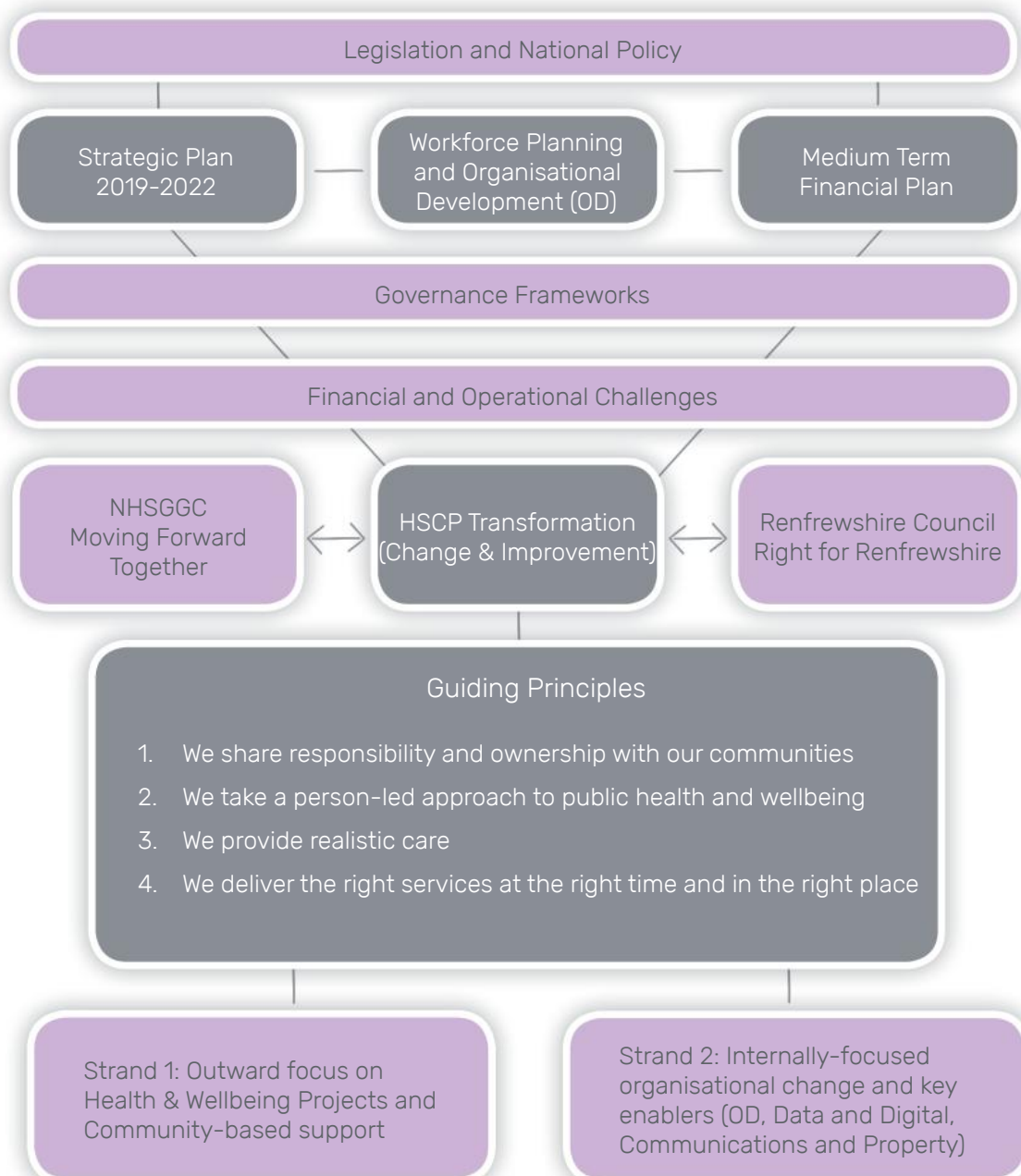
Renfrewshire HSCP sought to continue existing services wherever possible throughout the pandemic, adapting to reflect the most effective and appropriate way of working with patients and service users. We also developed a range of additional services as part of the COVID-19 response:



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

Activity undertaken by the IJB throughout 2020/21 was planned to be driven by our Strategic Plan (2019-22) and Medium Term Financial Plan (2020/21 to 2024/25). In reality, our activity was primarily driven by our vital emergency response to the pandemic, with focus accordingly shifted to the delivery of essential and critical services. Where appropriate, non-essential services were stepped back, and our transformation programme was paused in March 2020. However, throughout this period, our overall strategic direction remained in line with our Strategic Plan, underpinned by national legislation and policy within Renfrewshire's local context.

The pandemic has had a significant impact on our models of service delivery, enforcing an environment of change to take place, at pace. Conversely, this enabled us to continue to progress some of the priorities within our Strategic Plan and our guiding principles, set out in the following diagram. The pandemic, and recent developments in national policy such as the Independent Review of Adult Social Care also reinforce our guiding principles, which set the direction of travel for development of services locally.



## Strategic Plan 2019-22

The HSCP's Strategic Plan sets out the vision and future direction of community health and adult social work services in Renfrewshire. It also outlines how we will continue to work with partners to deliver real improvements to Renfrewshire's health within local and national policy direction, taking account of national strategies and legislation, regional planning, Renfrewshire Council's Plan, 'Our Renfrewshire', Renfrewshire's Community Plan (2017-27) and NHSGGC's 'Moving Forward Together' programme. It articulates our three key priorities, which will enable us to deliver upon the national outcomes. These are:

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

As documented throughout these Annual Accounts, the impact of the pandemic resulted in considerable disruption to the planned activity of the HSCP throughout 2020/21. However, during this period we have continued to drive forward activity against our Strategic Plan priorities.

The following examples highlight some of the progress achieved against our Strategic Plan in the last year:

### Setting the strategic direction for our services



Working with our partners to jointly develop and deliver plans, for example the development of a draft Unscheduled Care Joint Commissioning Plan and continued delivery of the Primary Care Improvement Plan (PCIP)



Development of an updated vision and objectives for our Health Improvement service

### Planning and engaging with our staff



Conducting a Staff Experience Survey with employees redeployed to frontline COVID-19 specific services, to help inform our communications, organisational development and workforce plan, and to support staff health and wellbeing throughout the duration of the pandemic and beyond



Development of an Interim Workforce Plan for 2021/22, with a focus on staff health and wellbeing



## Improving outcomes and services through continuous improvement



Completion of a Test of Change for Analogue to Digital Telecare



Progression of Totalmobile and ECLIPSE Programme towards implementation in early 2021/22

## Empowering our communities through self-determination and choice



Supporting individuals to utilise their Self-directed Support (SdS) budgets in new ways to meet their agreed outcomes, such as through the provision of online support and facilitating the purchase of connective technologies



Agreement of Community Health and Wellbeing priorities with the Strategic Planning Group (SPG) and funding of 10 supporting projects including:

- promoting increased knowledge, awareness and training about healthy eating, healthy lifestyles, and active lifestyles through the provision of local volunteering opportunities, training, support, and resources which build community resilience, and;
- projects working with Local Partnerships to connect local groups with new approaches, information on tackling loneliness and isolation.

My laptop was broken and I wished to use my budget to purchase a new one to prevent social isolation. This allowed me to participate in Zoom classes, calls, make contact with my family and do my online shopping.

## Early intervention, prevention and harm reduction



Progression of the Alcohol and Drug Recovery Service delivery model and Recovery Hub



Working with partners to deliver expanded Winter Flu and COVID-19 vaccination programmes

## HSCP service delivery during 2020/21



**4.1 million**  
masks



**3.5 million**  
aprons



**13.5 million**  
gloves



**19,000 litres**  
hand sanitiser



**2,310**  
LFT test kits



**40,770**  
Flu vaccines



**776 contacts**  
Hear for You  
helpline



**699,545 hours**  
Care at home



**234,647**  
Community  
meals



**3,122 GP**  
NearMe video  
consultations



**77,804 doses**  
COVID-19 vaccines



**1,034 referrals**  
to neighbourhood hubs



**3,285 people**  
seen at COVID-19  
Community  
Assessment Centre



**60,995 calls**  
handled by District  
Nursing Single Point of  
Access service



**161 support sessions**  
through Renfrewshire  
Bereavement Network



**496**  
Prescriptions  
delivered

## COVID-19 Response, Recovery and Renewal

Throughout the past year the HSCP has continued to prioritise the operational response to the pandemic, whilst maintaining a flexible approach to recovery and renewal activity. Our focus was, and continues to be, the safe and effective delivery of health and social care services within infection control guidelines, and the continued roll out of the COVID-19 vaccination programme. To this end, we paused our transformation programme at the outset of COVID-19, to enable services to focus on adapting and responding to the pandemic. Our Change and Improvement team was deployed to support the HSCP's Local Response Management Team (LRMT) and services to develop and implement the significant organisational change required.

Digital technology was instrumental in enabling our response. Following the announcement of lockdown restrictions in March 2020, a significant number of HSCP staff were required to move to remote working practices, utilising connective technology such as Skype and Microsoft Teams to develop the HSCP's pandemic response at pace.

Rapid implementation of digital technology for remote working and to ensure patient and service user access



The roll out of technology to support patient and service user access was also accelerated to make greater strides than anticipated 12 to 18 months ago. This enabled service users to continue to access services where face to face interactions have not been possible, through the use of NHS 'Near Me' for consultations with GPs in Primary Care, and within Community Mental Health and Addiction services.

Within this context, connectivity for service users and care home residents has been essential where social and family bonds have been impacted by the pandemic. During 2020/21, the HSCP has supplied iPads to care homes to support video calls and contact with loved ones where visiting has been reduced

or stopped in line with national guidance, and we have made successful funding applications to Connecting Scotland to obtain iPads and devices for vulnerable individuals within our communities to support them to be more connected via online groups.

As we embrace a tentative relaxation of restrictions, service stabilisation across the HSCP continues, with many services now evaluating potential recovery requirements for service areas which have been reduced or disrupted in the past year. Our Recovery and Renewal Programme is focused on the recovery of services, and Renfrewshire communities, from the impact of COVID-19, whilst being mindful and responsive to any further variation in restrictions. The programme reflects on the changes that were necessitated as a result of the pandemic and seeks to build on successes achieved during the response phase, whilst supporting the restart and increased provision of services paused or stopped.

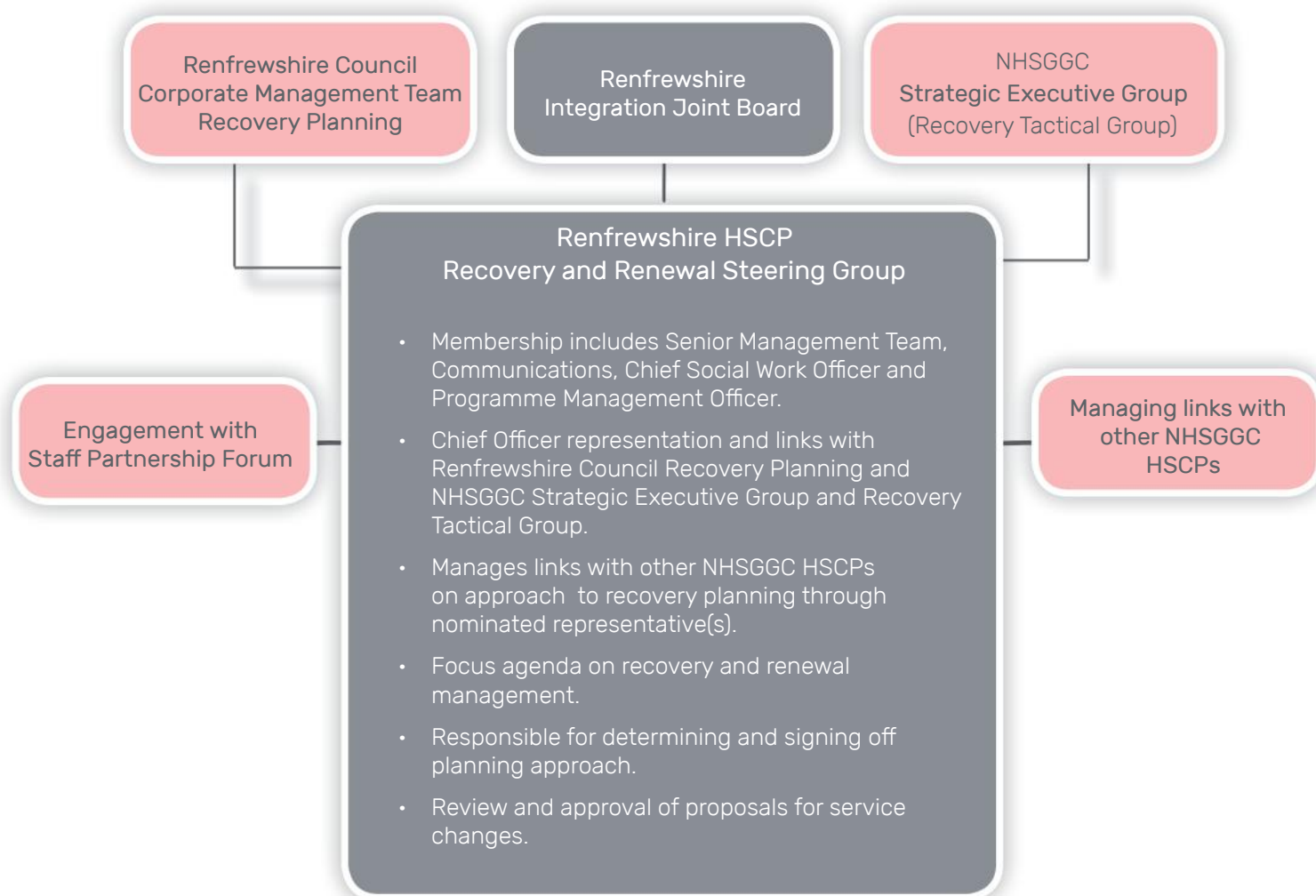
Delivery of a fast-paced, flexible, and robust response to the COVID-19 pandemic



Confirmed funding for a range of community-led health and wellbeing projects through the SPG



In support of the programme, the Recovery and Renewal Steering Group was formalised late in 2020/21 and now meets monthly. It is responsible for defining the overall vision of the programme and ensuring that activity is mobilised effectively, approving project scope/definitions. It provides strategic governance and assures progress, reviews risks and issues and is the first level escalation point for decision making.



## Renfrewshire's Medium Term Financial Plan (2020/21-2024/25)

The IJB approved a revised Medium Term Financial Plan (2020/21-2024/25) in November 2019. This updated plan outlined the financial challenges and opportunities the HSCP expected to face over that five-year period and provided a framework for the HSCP to remain financially sustainable setting out a two-tiered model for delivering the plan:

- Tier 1 of the model focuses on initiatives designed to address short term-financial pressures.
- Tier 2 is the HSCP's transformation programme, which will enable a strategic approach to the prioritisation of transformational activity, the review of current service provision and the design of future innovative service models.

The Medium Term Financial Plan was completed and approved by the IJB prior to the pandemic. Consequently, it could not predict the approaching challenge of COVID-19 and the associated additional costs stemming from this.

In November 2020 the IJB approved the CFO's Financial Outlook 2021/22. This report described the Chief Finance Officer's estimated financial outlook for Renfrewshire IJB for 2021/22, taking into account the impact of COVID-19, and, recommending key actions with regards the IJB's Medium Term Financial Strategy, including:

- Remaining focused on the financial challenges facing the IJB and continuing to ensure decisions are taken to support medium and long-term financial sustainability.
- Continuing to work towards the IJB's agreed strategy to establish its targeted level of general reserves of 2%.
- Prudently progressing 2021/22 financial planning on the basis of a range of funding scenarios from our partner organisations from a reduction of 1% to an increase of 2%.



## Medium Term Financial Strategy



The Medium Term Financial Plan will be updated in 2021/22 to reflect the impact of COVID-19 and other emerging issues facing the HSCP. It will be updated alongside the planned refresh of our Strategic Plan, ensuring the vision and objectives of both plans remain fully aligned. Meanwhile, the IJB's financial planning arrangements remain subject to active review using a scenario-based approach, continuing to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB.

## 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 HSCP's Strategic Plan, which in turn aims to deliver the nine national health and wellbeing outcomes as identified by the Scottish Government.

During 2020/21, the HSCP delivered the following range of services:

**Older People Services** – A range of supports for older adults to live independently through remote telephone and online support as well as provision of Care at Home, residential and extra care services, support to those with dementia and with end of life care.

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

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

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

**Hosted Services** – On behalf of NHSGGC, Renfrewshire is the host partnership for Podiatry services and Primary Care Support and Development.

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

**Alcohol & Drug Recovery Services** – Teams of staff that focus on supporting and enabling recovery for individuals through a range of interventions and therapies.

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

**Children's Services** – Services provided with an aim to improve the health and wellbeing of children, whilst reducing health inequalities. Service delivery includes Health Visiting and Family Nurse Partnership, childhood immunisations and additional support for breastfeeding and HomeStart. Our specialist services include child development, Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapy and support for children with disabilities.

**Health Improvement and Inequalities (HI&I)** – the HI&I team works with partners and our communities to improve health and wellbeing in Renfrewshire and to reduce inequalities.

## Service Performance

The Partnership produced its fourth Annual Report on 11 October 2020, which is available at <https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>. The Annual Report for 2020/21 will be available during summer 2021.

An overview of our performance for 2020/21 is included below. However, in light of the exceptional circumstances it should be noted that full-year performance data is not currently available for all performance indicators and that data remains unvalidated and should be seen as indicative. Performance data may be subject to change following the validation process and may differ from National Official Statistics publications published at a later date. Where year-end data is not available, data to the latest Quarter has been used. The full impact of the changes in demand across health and social care services, due to the pandemic, are unknown. At this point it remains unclear how substantial the continuing impact of the pandemic will be on our performance measures. The extent will become clearer as we move out of restrictions during 2021/22. Our performance in all areas will continue to be closely monitored and risks assessed appropriately.

**13.5**

direction of travel



**Sickness absence rate for HSCP Adult Social Care staff (work days lost per FTE).**  
Target: 15.3 Days

Measures are in place to maintain sickness absence performance include:

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

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

Performance remains above target despite pausing of assessments by Scottish Government during the first three months of lockdown. The service has made a significant recovery and performance is expected to improve as restrictions are eased.

**87%**

direction of travel



**29.5%**

Q2,

**20.8%**

Q2,

direction of travel



**Exclusive breastfeeding at 6-8 weeks.**

Target: 21.4%

**Exclusive breastfeeding at 6-8 weeks in the most deprived areas.**

Target: 19.9%

In March 2021, Renfrewshire HSCP achieved the UNICEF Gold Award and is now accredited as a Gold Baby Friendly Service.

Support is being provided during the pandemic via the national breastfeeding helpline and the Breast Feeding Network have a Facebook support page and email address to provide support and virtual breastfeeding group chats.

Health Visitor (HV) support is available via phone. HVs are carrying out house visits at 11-15 days and 6-8 weeks.



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

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

**29%**

direction of travel


**86.8%**

direction of travel



### Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies.

Target: 90%

During 2020/21, 86.8% of patients were seen within 18 weeks of referral (target: 90%), equating to 1,009 of 1,163 referrals. This compares with 92.3% in 2019/20 when 1,872 patients started treatment. The total number starting treatment has been impacted by COVID-19, and has also resulted in more people being seen over 18 weeks.

### The percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment. Target: 100%

Various contributing factors to this reduction: an increase in referrals – due to other services and supports not being available to parents – e.g., schools; staff vacancies; restrictions on face to face contact; and a lack of community venues for parents to access. While the use of digital appointments has been positive, it is not always clinically effective in some cases.

**63%**

direction of travel


**165**

direction of travel



### Number of carers accessing training. Target: 220

This reduction in performance can be attributed to the pandemic, with all training courses provided via digital platform Zoom. Although carers were supported to access equipment via grants or the technology loan scheme, a number of carers, especially older carers, reported that they did not take up training places due to them being online. We continue to encourage and support access to training and anticipate increased participation as and when restrictions allow for in-person engagement.

### Sickness absence rate HSCP NHS staff. Target: 4%

The absence level in March 2021, does not reflect that absence had generally improved over the full calendar year for 2020 to be the best in the last six years at 5.41 %. It is also encouraging that absence levels were lower in January and February 2021 than the same months in 2020. Some of the long term absence cases with serious and enduring illness have become protracted due to COVID-19 restrictions e.g. restricted engagement and treatment delays. The absence level does not reflect any COVID-19 specific absence recording.

**5.65%**

direction of travel


**77%**  
(Clyde)

**75%**  
(NHSGCC)

direction of travel



### Percentage of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde) and percentage of diabetic foot ulcers seen within 4 weeks in NHSGCC.

Target: 90%

This deterioration in performance is due to the ongoing need for physical distancing and the unavailability of accommodation. The service is incrementally increasing virtual appointments which will help to improve performance, and continues to see all of the most vulnerable patients face to face in a COVID-19 secure environment.

## Financial Performance

The Financial Year 2020/21 was an unremitting year for public services. Budgetary restraints and financial pressures linked to reducing resources, a changing demographic and increased demand for services were compounded by the ongoing COVID-19 pandemic and the associated emergency response. In addition, COVID-19 impacted the IJB's delivery of its Medium Term Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in-year savings, and our transformational changes were disrupted and delayed.

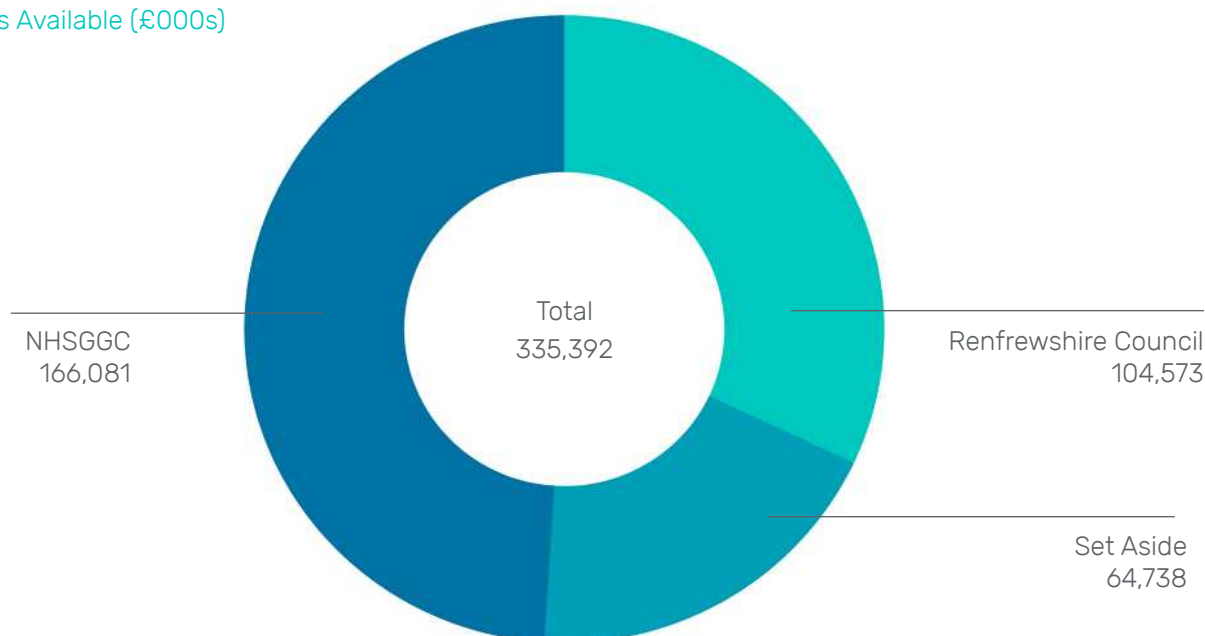
Through regular updates to the IJB from the CFO and by ensuring decisions made throughout 2020/21 were taken to support medium and long-term financial sustainability, the IJB delivered a significant underspend in 2020/21. This was achieved through a combination of:

- Flexible use of recurring and non-recurring resources
- Drawdown of earmarked reserves in order to deliver on specific commitments including, for example, Primary Care Improvement Plan (PCIP) and Alcohol and Drug Partnership (ADP) approved spend
- Delivery of approved savings through the Change and Improvement Programme; and other operational efficiencies which delivered a significant underspend in 2020/21 reflecting the impact of COVID-19 on some areas of activity including: recruitment to key posts; the effects of the pandemic on Older People's Care Home admissions; reduction in prescribing costs.

## Resources Available to the IJB 2020/21

Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire. This is funded through budgets delegated from both Renfrewshire Council and NHSGGC. The resources available to the IJB in 2020/21 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £335.392m. The following chart provides a breakdown of where these resources come from.

Resources Available (£000s)



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £64.738m. 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 set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year.

For 2020/21 the actual figures for Set Aside increased. The impact of COVID-19 resulted in a reduction in activity however this reduction in activity was offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE. The costs associated with COVID-19, that are included within the set aside total, were £43m for NHSGGC. These costs were fully funded by the Scottish Government.

## Summary of Financial Position

Throughout 2020/21, the CFO's budget monitoring reports to the IJB projected an underspend, prior to the transfer of year end balances to General and Earmarked Reserves at the financial year end. This included the transfer of specific ring-fenced monies (including Scottish Government funding for: Primary Care Improvement Plan, Mental Health Action 15 and Alcohol & Drug Partnership monies) in line with Scottish Government guidance.

As detailed in the following table the IJB final outturn position for 2020/21 was an underspend of £8.396m, (including Other Delegated Services and COVID-19 monies) prior to the transfer of year end balances to Earmarked and General Reserves.

The table shows the final outturn position for all delegated HSCP services in 2020/21 net of transfers to reserves. 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.

### Final HSCP Outturn Position 2020/21

Care Group	Revised Budget	Actual Spend to Year End (before movement to reserves)	Revised Variance	Adjustment to Reserves	Variance		
2020/21							
	£000's					%	
Adults and Older People	56,176	54,455	1,721	(2,227)	88	0%	underspend
Mental Health	26,130	25,208	922	(109)	604	2%	underspend
Learning Disabilities	17,579	17,245	334	-	(51)	0%	overspend
Children's Services	6,482	5,943	539	-	539	8%	underspend
Prescribing	36,926	35,814	1,112	-	1,112	3%	underspend
Health Improvement and Inequalities	983	790	193	(193)	-	0%	breakeven
Family Health Services	53,358	53,351	7	-	7	0%	underspend
Resources	9,099	8,438	661	(3,549)	(2,888)	-32%	overspend
Hosted Services	11,399	10,810	589	-	589	5%	underspend
Resource Transfer	-	-	-	-	-	0%	breakeven
Social Care Fund	-	-	-	-	-	0%	breakeven
Set Aside	64,738	64,738	-	-	-	0%	breakeven
NET EXPENDITURE (before delegated services)	282,868	276,790	6,078	(6,078)	0	0%	breakeven
Other Delegated Services	1,051	766	285		285	27%	underspend
NET EXPENDITURE before COVID	283,919	277,556	6,363	(6,078)	285	0%	underspend
COVID-19	21,670	19,637	2,033	(2,033)	-	0%	breakeven
NET EXPENDITURE	305,589	297,193	8,396	(8,111)	285	0%	underspend

The Comprehensive Income and Expenditure Statement (CIES) on page 45 describes income and expenditure by client group across the HSCP. The financial statements (pages 50 to 56) 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 2020/21 was an overall surplus / increase to reserves of £17.489m, (a net increase of £4.380m to general reserves and £13.109m to earmarked reserves). The following table summarises how the £17.489m increase to reserves in 2020/21 was realised:

	£000's
2020/21 Final Outturn	8,396
<b><u>less:</u></b>	
Other Delegated Services	-0,285
= 2020/21 underspend transferred to reserves at year end	8,111
<b><u>add:</u></b>	
In year adjustments approved by the IJB on 26 March 2021	10,824
<b><u>less:</u></b>	
total reserves drawn down in 2020/21	-1,446
= movement in reserves 2020/21	17,489

The IJB approved the drawdown of reserves throughout 2020/21, in order to deliver on specific commitments including e.g. funding Primary Care Improvement Plan and Action 15 carry forward monies; Care at Home Scheduling System, and monies allocated for GP support.



The total amount drawn down in 2020/21 was £1.446m from earmarked reserves, details of which are included in the following table.

HSCP Funded Earmarked Reserves	Amounts Drawn Down in 2020/21
	£000's
Technology Enabled Care Grant	-20
ICT Swift Update Costs	-27
Information Communication Funding - Care at Home Scheduling System	-150
<b>ICT / Systems Related:</b>	<b>-197</b>
Care at Home Refurbishment and Uniform Replacement	-24
<b>Premises Related:</b>	<b>-24</b>
Primary Care Transformation Fund Monies Allocated for Tests of Change and GP Support	-111
District Nurse Rolling Recruitment Programme	-8
Mental Health Strategy Interim Support Pending Completion of Psychology Review	-115
Renfrewshire Wide Prevention and Early Intervention Programme	-100
<b>Other:</b>	<b>-334</b>
<b>TOTAL HSCP FUNDED EARMARKED RESERVES</b>	<b>-555</b>
Primary Care Improvement Program (19/20)_(20/21)	-264
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-152
Alcohol and Drugs Partnership (ADP) Funding	-344
Mental Health Action 15 (19/20)_(20/21)	-130
Scottish Government Ring Fenced Monies	-890
<b>TOTAL EARMARKED RESERVES</b>	<b>-1,446</b>

The main broad themes of the final outturn are in line with those reported to IJB members throughout 2020/21 and include:

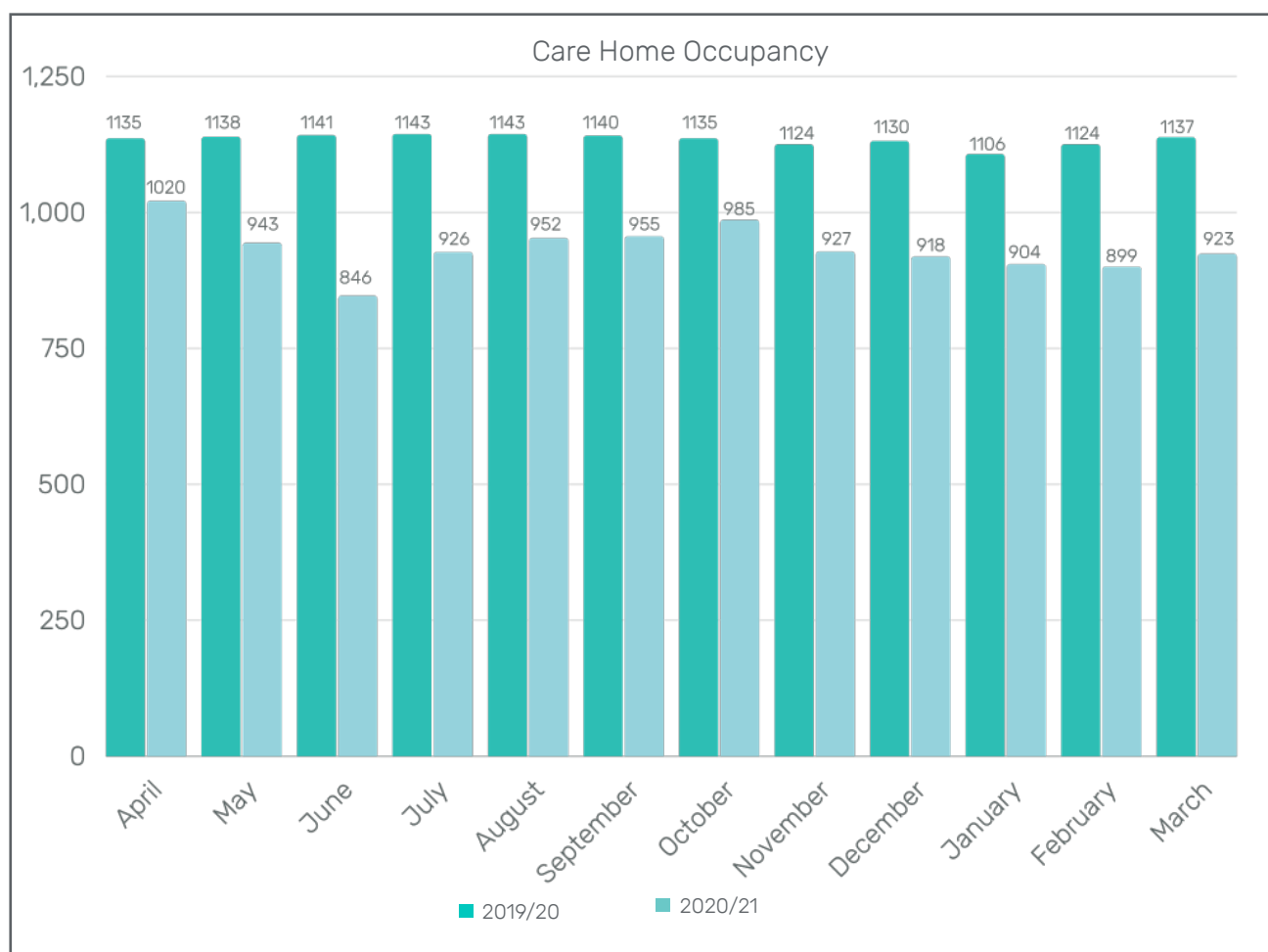
Adults and Older People
Year End Outturn
Underspend £1.721K

#### Care at Home Service

- spend has increased year on year as the service strives to respond to delayed discharges and demand
- the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget.

#### Care Homes

Delivered a significant underspend in 2020/21 reflecting the impact of COVID-19 on the ability of care homes to take new admissions. As a result of outbreaks and infection control issues within the care homes, along with greater numbers of clients choosing to remain at home for longer, occupancy levels for 2020/21 were 13.6% below those of the previous year (as highlighted in the following graph).



#### Employee costs - Adult Social Care

Underspends in employee costs reflecting ongoing difficulties recruiting to specialist posts.

#### Adult Community Services

Underspend, reflecting ongoing turnover and recruitment and retention issues across services, and supplies budget underspends reflective of services operating at a reduced capacity during the pandemic.

Underspend reflecting recruitment issues throughout all mental health service areas both in terms of timescales to recruit and the availability of the skills mix required within the workforce market, especially in the current pandemic.

Mental Health
Year End Outturn
Underspend £491K

Learning Disabilities
Year End Outturn
Underspend £334K

Underspend mainly due to vacancies across all areas of the service which offset overspends within the Adult placement budget due to the impact of increasing demand.

Underspend mainly due to vacancies with regards to recruitment and retention issues across the service, including: School Nursing and Child and Adolescent Mental Health.

Children's Services
Year End Outturn
Underspend £539K

Resources
Year End Outturn
Underspend £661K

Underspend reflecting a combination of vacancies within Administration along with underspends in relation to: the Primary Care Improvement Programme and GP Premises funds.

Underspend due to vacancies within the Primary Care service and Podiatry along with supplies budget underspends reflective of services operating at a reduced capacity during the pandemic.

Hosted Services
Year End Outturn
Underspend £589K

Prescribing
Year End Outturn
Underspend £1,112K

The positive year-end outturn position is due to a combination of factors, including prescribing volumes being lower throughout 2020/21 than in previous years due to changes to GP appointments caused by COVID-19. This helped to negate the impact of higher prices due to short supply. The IJB also saw a higher than expected return from discounts and rebates which contributed to the overall financial position.

## Responding to the COVID-19 Pandemic

In addition to the areas of pressure described earlier the most significant challenge faced by Renfrewshire HSCP (since March 2020) has been responding to the COVID-19 pandemic.

Throughout 2020/21, the CFO regularly provided estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. This fed into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflected regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments.

In 2020/21, a total of £14.077m was spent responding to COVID-19, of which £5.035m relates to health services, and, £9.042m relates to adult social care services.

Description of Cost Type	Total Costs at 31/03/21						Total
	Health			Social Care			
	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	
			£000's				
Additional Staff Costs	930	-	930	1,098	-	1,098	2,028
Provider Sustainability Costs	-	-	-	4,820	-	4,820	4,820
PPE	49	-	49	717	-	717	766
Delayed Discharge & Care at Home	-	-	-	390	-	390	390
Community Hubs	1,085	-	1,085	-	-	-	1,085
Hospice Loss of Income	1,468	-	1,468	-	-	-	1,468
Unachieved Savings	-	-	-	-	-	-	-
Loss of Income	-	-	-	538	-	538	538
FHS Costs	859	-	859	-	-	-	859
Other Costs	644	-	644	1,479	-	1,479	2,123
TOTAL	5,035	-	5,035	9,042	-	9,042	14,077
Transfers to Reserves							
• COVID-19 Winter Planning	1,649	-	1,649	-	-	-	1,649
• COVID-19 Integrated Authority Support	5,247	-	5,247	-	-	-	5,247
• COVID-19 Community Living Change	697	-	697	-	-	-	697
TOTAL	12,628	-	12,628	9,042	-	9,042	21,670

During the last quarter of 2020/21, the Scottish Government allocated funding in respect of costs which will be incurred in the early part of 2021/22 e.g. ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers.



The following table shows that in total, funding of £21.670m was received in 2020/21 (including Hospices), leaving a surplus of £7.593m. This position reflects funding in advance of need which has been placed in an earmarked reserve to address COVID-19 expenditure commitments in 2021/22.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	£000's
Allocation of funding for Adult Services	9,042
Allocation of funding for Health	11,160
Hospice Funding Allocation (Accord and St Vincent's)	1,468
<b>Total Confirmed Funding to date</b>	<b>21,670</b>
Less: Costs at 31/03/2021	14,077
<b>= Surplus (Deficit)</b>	<b>7,593</b>
Transfers to reserves:	
- COVID-19 Winter Planning	-1,649
- COVID-19 Integrated Authority Support	-5,247
- COVID-19 Community Living Change	-697
	<b>-7,593</b>
<b>= Surplus (Deficit)</b>	<b>0</b>

IJB 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. During 2020/21 the Scottish Government passported £1.468m of funding for Hospices for which the IJB acted as agent and simply passed the funding on. The Accounting Code of Practice requires these to be omitted from our accounts, therefore this expenditure is not included within the CIES.

The 2020/21 Annual Accounts include £12.610m of additional costs as a result of COVID-19. This has been fully funded by the Scottish Government and these Accounts have been prepared on the assumption that this will continue to be the case moving forward into 2021/22. Total Set Aside costs for NHS GGC also include £43m of COVID-19 costs, which have been fully funded by the Scottish Government.

The 2020/21 Annual Accounts also include the £500 payment to NHS employees funded by the Scottish Government. The payment to Council employees and external providers will appear in the 2021/22 accounts and is reflective of when this was instructed for payment.

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

Host	Service	Actual Net Expenditure to Date £000's	Consumed by other IJB's £000's
Renfrewshire	Podiatry	6,906	5,919
Renfrewshire	Primary Care Support	3,904	3,357
<b>TOTAL</b>		<b>10,810</b>	<b>9,276</b>

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 table (these figures are not included in Renfrewshire IJB's Annual Accounts). The table also includes expenditure in 2020/21 and the value consumed by Renfrewshire IJB.

Host	Service	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
East Dunbartonshire	Oral Health	9,820	1,431
<b>TOTAL</b>		<b>9,820</b>	<b>1,431</b>
East Renfrewshire	Learning Disability Tier 4 Community & Others	1,955	295
East Renfrewshire	Scottish Centre of Technology for the Impaired	166	33
<b>TOTAL</b>		<b>2,121</b>	<b>328</b>
Glasgow	Continence	4,102	613
Glasgow	Sexual Health	11,130	1,404
Glasgow	MH Central Services	7,326	1,337
Glasgow	MH Specialist Services	12,472	2,006
Glasgow	Alcohol & Drugs Hosted	16,003	1,560
Glasgow	Prison Healthcare	7,407	1,009
Glasgow	HC in Police Custody	2,256	343
<b>TOTAL</b>		<b>60,696</b>	<b>8,272</b>
West Dunbartonshire	MSK Physio	6,247	936
West Dunbartonshire	Retinal Screening	719	111
<b>TOTAL</b>		<b>6,966</b>	<b>1,047</b>

## Reserves

The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 bodies do not over-commit themselves financially.

### General Reserves

The IJB reserves policy allows for flexibility in terms of potential fluctuations. This allows for the IJB to increase unallocated reserve balances significantly where resources permit, providing future financial resilience for those years where the level of resources available to the IJB may be significantly constrained and will require a draw down from unallocated reserves in order to deliver financial balance.

The impact of COVID-19 on the ability of both the HSCP and our providers to respond to service demand during the past year has meant that many services have been required to prioritise service delivery to critical only, resulting in underspends within some service areas. However, as lockdown restrictions are eased, expenditure within these areas will start to increase, it is therefore essential that as part of the IJB's financial planning for 2021/22 that funding is held in reserves to meet the costs associated with any unmet need which has arisen over the past year.

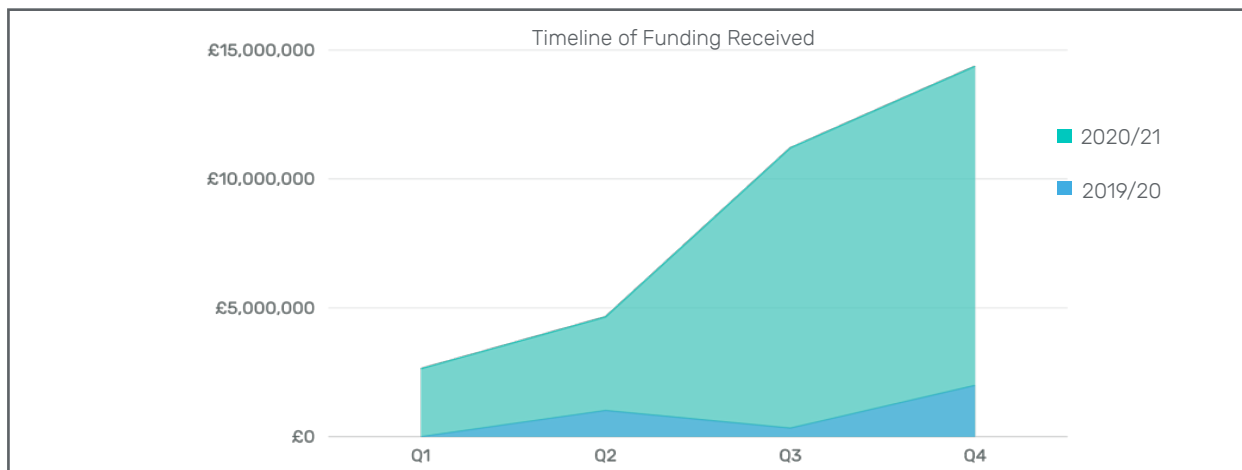
In order to protect the financial resilience of the IJB in the context of an increased financial risk profile, the IJB was asked to approve a transfer of £4.380m from the 2020/21 in year underspend to General Reserves bringing this in line with the targeted 2% in the IJB's Reserve Policy.

### Ear marked Reserves

It is also 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, 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. This includes 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 accessed first before any further funding is released.

As these ring-fenced funding allocations are to meet specific commitments, they must be carried forward to meet the conditions attached to their receipt. The amounts allocated in 2020/21 are significantly higher than in previous years, reflecting additional funding allocated in 2020/21 to implement national policy commitments. The level of funding to be carried forward via ear marked reserves is also reflective of the timing of when this funding was received, and the limitations in delivering full spend prior to the financial year end.

The following graph illustrates the timeline of when this additional funding was received, with 36.8%, £10.9m being received in Quarter 3 and 41.9%, £12.4m in Quarter 4.



During 2020/21 in line with the IJB's Reserves Policy, the IJB approved the creation of earmarked reserves totalling £14.555m, increasing cumulative ear marked reserves to £21.225m. 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.

## Risk Management Framework

During the last year the HSCP completed a review of the IJB's Risk Management Framework, which was last approved in November 2017. The review considered the impact of COVID-19 on the IJB's risk management arrangements and its ability to tolerate and effectively manage a higher degree of risk over a prolonged period. A review of risk management approaches adopted by IJBs across Scotland was also undertaken to inform the further development of the Risk Management Framework.

The proposed changes to the Framework were approved by the IJB in March 2021 and these included updates to the IJB's risk tolerance statement to provide greater flexibility, a refresh of the approach to risk management governance, and a review of roles and responsibilities within the Framework.

The Risk Management Framework also provides a consistent approach for identifying and managing key risks and issues. In particular, there are a number of financial challenges facing the IJB which have the potential to affect the financial sustainability of the partnership, with consequent impact to service delivery. These challenges continue to be captured and managed through the revised framework.



### Managing Increasing Demand from Changing Population

The changing financial and demographic pressures facing services poses a risk to the HSCP being able to successfully deliver services to the most vulnerable people in Renfrewshire.

### Implementing the recommendations of the Independent Review of Adult Social Care

There is a risk that the Independent Review of Adult Social Care recommendations result in potentially significant structural, organisational and governance change which may impact resources and finances of the HSCP, and its ability to deliver alongside operational commitments.



### Prescribing costs

The volatility of global markets, the impact of drug tariffs in relation to contracts with community pharmacy and, more recently, the anticipated but currently unknown impact of COVID-19 means prescribing costs continue to be one of our main financial risks. In mitigation, the IJB agreed a net increase of £1.0m to the prescribing earmarked reserve for 2021/22.



## Delivering the HSCP's Transformation Programme and Savings Proposals

Agreed savings to be achieved within Financial Year 2020/21 were predicated on continued delivery of existing service reviews and the wider implementation of Renfrewshire HSCP's Transformation Programme. As previously noted, this change activity was paused. Consequently, the savings plan has been re-profiled and realigned over future years with the proposed 2021/22 savings (circa £885k) representing a continuation of the Tier 1 savings approach.



## Shortage of key professionals

A shortage of key professionals – compounded by COVID-19, Brexit, and an ageing workforce – continues to present a challenge. This could negatively impact upon:

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

Workforce succession planning in key areas is underway and a one-year interim workforce plan (April 2021 to March 2022) is in place to help to mitigate the impact of this.



## Brexit

The EU Exit transition period formally ended on 31 December 2020. The impact of Brexit on the IJB is yet to be fully realised, though the deadline for applications for settled status for EU and EEA citizens in 30 June 2021 which poses a risk to HSCP resourcing. The HSCP is working with partners to mitigate this risk.



EU Exit

## COVID-19 Response

The delayed impact of disruption to planned care for individuals due to COVID-19 and the anticipated increase in service demand from adults with mental health concerns and other conditions which have been unmet or unidentified during the pandemic, present a level of uncertainty never before faced by the HSCP. The challenges arising from this situation are unprecedented, and, will continue to impact beyond this financial year.



## Acknowledgements

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

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**Councillor Jacqueline Cameron**

Chair, Renfrewshire Integration Joint Board

Date:



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**Shiona Strachan**

Interim Chief Officer

Date:



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**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 \_\_\_\_\_ 2021.

Signed on behalf of Renfrewshire IJB

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Councillor Jacqueline Cameron  
Chair, Renfrewshire Integration Joint Board

Date:

## Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2021 and the transactions for the year then ended.

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Sarah Lavers CPFA  
Chief Finance Officer

Date:



# Remuneration Report

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

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

## Voting Board Members

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

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

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

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2020/21, 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 has to be appointed and the employing partner 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:

Total Earnings 2019/20 £	Name and Post Title	Salary, Fees & Allowances £	Compensation for Loss of Office £	Total Earnings 2020/21 £
128,646	D Leese Chief Officer, Renfrewshire IJB (April 2020 – December 2020)	102,410	-	102,410
	S Strachan Interim Chief Officer, Renfrewshire IJB (December 2020 – March 2021)	46,100 (FY 108,298)	-	46,100 (FY 108,298)
91,690	S Lavers Chief Finance Officer, Renfrewshire IJB	94,168	-	94,168

### Pension Benefits

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

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

Name and Post Title	In Year Pension Contributions <sup>1</sup>		Accrued Pension Benefits <sup>2 3</sup>		
	For Year to 31/03/20 £	For Year to 31/03/21 £		As at 31/03/20 £	As at 31/03/21 £
D Leese Chief Officer, Renfrewshire IJB	25,238	19,496	Pension	28,155	27,218
			Lump sum	62,293	-
S Lavers Chief Finance Officer, Renfrewshire IJB	17,677	18,174	Pension	41,332	42,602
			Lump sum	64,328	66,258

<sup>1</sup> Accrued pension benefits have not been accrued solely for IJB remuneration.

<sup>2</sup> D Leese left post of Chief Officer, Renfrewshire IJB on 31 December 2020.

<sup>3</sup> Interim Chief Officer is employed as a consultant and therefore not part of the current pension scheme.

## Disclosure by Pay Bands

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

Number of Employees 31 March 2020	Remuneration Band	Number of Employees 31 March 2021
1	£90,000 - £94,999	1
-	£100,000 - £104,999	1
1	£125,000 - £129,999	-

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Councillor Jacqueline Cameron  
Chair, Renfrewshire Integration Joint Board

Date:

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Shiona Strachan  
Interim Chief Officer

Date:

# Annual Governance Statement

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

## Scope of Responsibility

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

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

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

The IJB has adopted governance arrangements consistent where appropriate, with the principles of CIPFA<sup>1</sup> and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

## Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the IJB's Strategic Plan. The governance framework 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 Board of the IJB comprises eight voting members; with one from each parent organisation assuming the role of Chair and Vice Chair. Four are Council Members nominated by Renfrewshire Council, and, four are non-Executive Board Members of NHSGGC. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include third sector, carer and staff-side representatives, professional members include the Chief Officer and CFO. The IJB, via a process of delegation from NHSGGC and Renfrewshire Council, and its Chief Officer, has responsibility for the planning, resourcing and operational delivery of all delegated health and social care within its geographical area.

<sup>1</sup> CIPFA – The Chartered Institute of Public Finance and Accountancy

The main features of the governance framework in existence during 2020/21 were:

### Principles

- The IJB follows the principles set out in Council of Scottish Local Authorities (COSLA) 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 NHSGGL and approved by Scottish Ministers.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and, Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Staff 'Performance and Personal Development' (PPD) 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.

### Strategic Planning

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- The Medium-Term Financial Plan 2020/21 to 2025/26 outlines the financial challenges and opportunities the HSCP faces over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It complements the HSCP's Strategic Plan, highlighting how the HSCP Medium-Term Financial Planning principles will support the delivery of the IJB's strategic objectives and priorities.
- The HSCP has an Organisational Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update on the Workforce Plan, is reported annually to the IJB.

### 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 IJB's Senior Management Team, the main Board and the 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 IJB website.

### Risk Management

- The IJB's risk management processes are well developed. The Risk Management Framework was reviewed in early 2021 and a number of revisions have been made. These changes were submitted to the Audit, Risk and Scrutiny Committee in March 2021 and were approved. Risk management is undertaken through regular reporting to the Senior Management Team and also to the IJB Audit, Risk and Scrutiny Committee for their review and comment.

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

## Transformational Change

- The HSCP's medium term approach (Tier 2) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. Whilst our transformation programme was paused in March 2020 to enable a focus on critical and essential services, the IJB, through its Recovery and Renewal Steering Group is now progressing with its transformation programme, reflecting delivery of our four guiding principles.

## COVID-19 Supplementary Governance Arrangements

In response to the COVID-19 pandemic a number of key meetings were established to enable regular dialogue on key and emerging issues. Across NHSGGC a Strategic Executive Group (SEG) was set up, chaired by the Chief Executive with whole-system representation. The SEG met daily for an extended period with subgroups, including a Chief Officers (HSCP) Tactical Group being formed to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area. A similar arrangement was created for Chief Finance Officers across NHSGGC with regular weekly meetings established to ensure regular and connected discussions on key areas of activity, including funding allocations to support increased demand and latterly Local Mobilisation Plan (LMP) planning and sustainability payments.

Locally in Renfrewshire the Local Authority Corporate Management Team (CMT) established an Emergency Management Team (EMT) which similarly met on a daily basis, with Council-wide representation from all service areas, including the HSCP through the Chief Officer, Chief Finance Officer and Head of Strategic Planning and Health Improvement, to ensure requirements and considerations for HSCP services were effectively planned for within the wider contingency planning arrangements. Renfrewshire HSCP also established a Local Response Management Team (LRMT), per the HSCP Business Continuity Plan approach, in order for all areas of service control to be considered through this singular group. The membership of the LRMT was extended to include the co-chairs of our Staff Partnership Forum (SPF) to ensure that pertinent staff issues were trailed and considered in an appropriate and timely manner.

Naturally the frequency across all of these meetings mirrored the requirements at the time, with groups moving to less frequent but continued discussions in the months ahead.

In addition to the new fora created to review and manage issues relating to the pandemic, the IJB approved and initiated temporary decision-making arrangements at its meeting of Friday 20 March 2020 to enable quick and decisive action to be taken in respect of pressures on health and social care services in Renfrewshire. Under these temporary arrangements, authority is delegated, if required, to meet immediate operational demand, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB. These temporary measures continue to be in place and are subject to ongoing review.



## Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Management Team (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 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 CFO. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no significant internal control issues identified by the review.

Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit, 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 Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon.

The Management Commentary provides an overview of the key risks and uncertainties facing the IJB. Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance, on the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

## 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 CFO in Local Government 2014". The IJB's CFO has overall responsibility for Renfrewshire 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 Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

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.

In January 2020 the IJB approved a series of revisions to the Audit Committee. The remit of the Committee was widened with a revised Terms of Reference agreed and the title of the group was renamed as the IJB Audit, Risk and Scrutiny Committee, reflecting the broader scope. It was also agreed that the meeting frequency would increase from three to four meetings per annum.

### Action Plan

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

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

Agreed Action	Responsible Person	Date
Further the implementation of the IJB's Risk Management Framework through delivery of risk management training with the IJB Audit, Risk and Scrutiny Committee.	Head of Strategic Planning and Health Improvement	September 2021
Establish a Complaints Manager post to lead on the development and implementation of the HSCP Records Management Plan and improvement planning to ensure compliance with GDPR and information governance requirements.	Head of Strategic Planning and Health Improvement	September 2021
Work with the Strategic Planning Group to develop and consult on an updated Strategic Plan 2022-25, reflecting the impact of COVID-19 and the need for flexibility within the current policy environment, for IJB approval in March 2022.	Head of Strategic Planning and Health Improvement	March 2022
Update the HSCP Medium Term Financial Plan to account for the ongoing impact of COVID-19, aligning where possible to the recommendations in the Independent Review of Adult Social Care, and link to the refreshed HSCP Strategic Plan.	Chief Finance Officer	March 2022
As set out in our Strategic Plan 2019-2022 we will further the establishment of unified quality care and professional governance arrangements.	Chief Finance Officer	Ongoing
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.	Chief Officer	Ongoing



## Update on 2019/20 Action Plan

Agreed Action	Progress	Responsible Person	Date
Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control.	<p>The IJB considered and approved a re-profiled suite of savings for 2020/21 in March 2021.</p> <p>Our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services and will be re-profiled during 2021/22.</p>	Chief Finance Officer	Updated timescale: November 2021
Implement standing agenda item at each IJB Audit, Risk and Scrutiny Committee to provide update on transformational activity and benefits management in line with above reprofiling.	<p>As above, our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services.</p> <p>Following IJB approval in March 2021 of a re-profiled suite of Tier 1 savings and the establishment of a financial benefits tracker, this standing agenda item will be implemented later in 2021/22.</p>	Chief Finance Officer	Updated timescale: September 2021
Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.	<p>Key governance documents, such as the IJB Financial Regulations, were reviewed on an ad-hoc basis throughout 2020/21.</p> <p>A revised scheduled review plan is currently in progress and will be taken forward by the Head of Strategic Planning and Health Improvement.</p>	Chief Finance Officer	Updated timescale: September 2021

## Update on 2019/20 Action Plan cont...

Agreed Action	Progress	Responsible Person	Date
<p>Working with NHSGGC and the five other GGC HSCP's, develop commissioning plans in relation to acute set-aside resources.</p>	<p>In June 2020, NHSGGC's draft Unscheduled Care Joint Commissioning Plan was submitted to the IJB and was approved at this time.</p> <p>The report outlined the work undertaken pre-COVID-19 by all six NHSGGC HSCTPs to develop a system-wide Strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Unscheduled Care Joint Commissioning Plan builds on the GGC Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.</p> <p>The draft Unscheduled Care Joint Commissioning Plan was submitted to all six IJBs for consideration and approval, recognising that further work was required on key aspects. One key aspect of the unscheduled care work was learning from the pandemic, during which there had been a fall in unscheduled care activity.</p> <p>The GGC HSCP Delivery Group has oversight for the delivery of the Plan and is leading on the work currently underway to finalise its completion. The final Plan will be presented for IJB approval in September 2021. The 22 Actions with the Plan will be phased over the next 3 years with each HSCP developing its own Local Delivery Plan in order to meet local needs and priorities.</p>	<p>Head of Health and Social Care (Paisley)</p>	<p>October 2021</p>
<p>Review existing Risk Management arrangements, including an agreed risk appetite statement.</p>	<p>The Head of Strategic Planning and Health Improvement is now the member of SMT responsible for risk management.</p> <p>The IJB's Risk Management Framework was reviewed in early 2021 and a number of revisions have been made. These changes were approved by the Audit, Risk and Scrutiny Committee in March 2021.</p>	<p>Head of Strategic Planning and Health Improvement</p>	<p>Complete</p>

## Update on 2019/20 Action Plan cont...

Agreed Action	Progress	Responsible Person	Date
Review existing Business Continuity arrangements, in light of current COVID-19 impact on service delivery and lessons learned.	<p>The Head of Strategic Planning and Health Improvement is now the member of SMT responsible for risk management.</p> <p>The existing Business Continuity Plan was reviewed and updated in December 2020. Business Continuity arrangements will be further reviewed and updated at an appropriate point in 2021 to ensure they further reflect lessons learned from the COVID-19 pandemic.</p>	Head of Strategic Planning and Health Improvement	Complete

## Update on 2018/19 Action Plan

Agreed Action	Progress	Responsible Person	Date
Implement Ministerial Steering Group Review of Integration Proposals and Self Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the set aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible steps are taken to enable the IJB to approve the delegated health budget prior to the start of the financial year.	<p>As above, work continues to be progressed in this area with the six NHSGGC wide HSCP's. A detailed action plan with an associated financial framework is due to be submitted to the IJB later this autumn 2021, thereafter it is hoped that work on the priorities identified will commence.</p> <p>The IJB will continue to work with our partners to ensure that future budgets/savings plans are agreed in advance of the financial year end.</p>	Head of Health and Social Care (Paisley)	Ongoing
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014)	<p>Over the latter half of 2019 and into 2020 officers reviewed the Integration Scheme, working collaboratively with the other 5 HSCPs in the Greater Glasgow &amp; Clyde Health Board area.</p> <p>On 19 February 2020, Renfrewshire Council's Leadership Board approved a reviewed version of the Integration Scheme for consultation. The NHS Board was unable to progress at that time. The necessary response to the pandemic has clearly impacted on the capacity to carry out the consultation.</p> <p>Discussions are underway between the Council and Health Board to agree a timeline for the approval of the updated, draft Scheme; the statutory consultation period; and the approval of the final Scheme through both governance structures.</p>	Chief Officer	Ongoing

## Conclusion and Opinion on Assurance

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

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

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

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Councillor Jacqueline Cameron  
Chair, Renfrewshire Integration Joint Board

Date:

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Shiona Strachan  
Interim 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.

2019/20 Gross Exp. £000's (Restated)	2019/20 Gross Income £000's (Restated)	2019/20 Net Exp. £000's (Restated)		Note	2020/21 Gross Exp. £000's	2020/21 Gross Income £000's	2020/21 Net Exp. £000's
84,226	(12,282)	71,944	Adults and Older People		83,587	(10,959)	72,628
25,409	(425)	24,984	Mental Health		27,146	(319)	26,827
28,554	(1,285)	27,269	Learning Disabilities		29,473	(1,612)	27,861
6,381	(411)	5,970	Children's Services		6,389	(446)	5,943
35,276		35,276	Prescribing		34,814		34,814
883	(173)	710	Health Improvement and Inequalities		963	(73)	890
51,464	(2,929)	48,535	Family Health Services		53,633	(282)	53,351
6,587	(314)	6,273	Resources		6,902	(237)	6,665
-	-	-	COVID-19		12,610	-	12,610
11,427	(329)	11,098	Hosted Services		10,995	(185)	10,810
56,497		56,497	Set aside for Delegated Services Provided in Large Hospitals		64,738		64,738
1,076	(164)	912	Services Delegated to Social Care	8	893	(127)	766
307,780	(18,312)	289,468	Total Costs of Services		332,143	(14,240)	317,903
	(293,512)	(293,512)	Taxation and Non- Specific Grant Income	5		(335,392)	(335,392)
307,780	(311,824)	(4,044)	(Surplus) or deficit on Provisions of Services (movements in Reserves)		332,143	(349,632)	(17,489)

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

## Movement in Reserves Statement

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

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Movement in Reserves during 2019 – 2020:			
Opening Balance at 31 March 2019	(930)	(4,543)	(5,473)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2019/20	(471)	(3,573)	(4,044)
Closing Balance at 31 March 2020	(1,401)	(8,116)	(9,517)
Movement in Reserves during 2020 – 2021:			
Opening Balance at 31 March 2020	(1,401)	(8,116)	(9,517)
Total Comprehensive Income and Expenditure			
(Increase) or Decrease in 2020/21	(4,380)	(13,109)	(17,489)
Closing Balance at 31 March 2021	(5,781)	(21,225)	(27,006)

## Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2021. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2020 £000's		Notes	31 March 2021 £000's
9,517	Short Term Debtors	6	27,006
9,517	<b>Current Assets</b>		27,006
-	Short Term Creditors	6	-
-	Current Liabilities		-
9,517	<b>Net Assets</b>		27,006
(1,401)	Usable Reserves: General Fund	7	(5,781)
(8,116)	Unusable Reserves: Earmarked	7	(21,225)
(9,517)	<b>Total Reserves</b>		(27,006)

The statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2021 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 25 June 2021 and the audited accounts were authorised for issue on \_\_\_\_\_

Balance Sheet signed by:

\_\_\_\_\_  
 Sarah Lavers CPFA  
 Chief Finance Officer

Date:

# Notes to the Financial Statements

## Note 1: Significant Accounting Policies

### General Principles

The Financial Statements summarise the transactions of Renfrewshire IJB for the 2020/21 financial year and its position at 31 March 2021.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

### Accruals of Income and Expenditure

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

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

### Funding

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

### Cash and Cash Equivalents

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



## Employee Benefits

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

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

## Provisions, Contingent Liabilities and Contingent Assets

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

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

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

## Reserves

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

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

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

## Indemnity Insurance / Clinical and Medical Negligence

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

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

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

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

## Debtors

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

## Note 2: Critical Judgements and Estimation Uncertainty

In preparing the 2020/21 financial statements within NHSGGC, 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 IJB's. 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.
- In responding to COVID-19 the IJB has been required to act as both principal and agent. An assessment of all COVID-19 expenditure has been undertaken and this assessment has concluded that the IJB acted as agent in relation to the payments made to Hospices at the request of the Scottish Government. In line with the Code, this expenditure has been excluded from the accounts.

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. In applying these estimations, the IJB has no areas where actual results are expected to be materially different from the estimated used.

## Note 3: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Financial Officer on \_\_\_\_\_ 2021. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

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

During 2020/21 National Services Scotland (NSS) supplied PPE to Scottish Health Boards free of charge. As health boards were consuming the PPE, they were the 'customer' in terms of IFRS 15. This means that they are required to account for the PPE as principal which entails recognising a non-cash amount at fair value and an equivalent amount of notional expenditure.

However, as highlighted to LASAAC, from practitioners and Audit Scotland this is also a consideration for councils and IJBs where NSS has supplied PPE. Once the relevant guidance clarifying the accounting treatment for these supplies has been received from LASAAC the IJB Accounts for 2020/21 will be updated to reflect any relevant changes. As these costs will be met from an allocation of funding from the SG this will not have an impact on the surplus position reported through the CIES but will require a re-statement of expenditure and income to recognise the proportion related to Renfrewshire.

## Note 4: Expenditure and Income Analysis by Nature

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

Expenditure and Income Analysis by Nature	2019/20 £000's	2020/21 £000's
Employee Costs	79,473	87,939
Property Costs	708	1,057
Supplies and Services	9,997	8,761
Third Party Payments	67,318	72,147
Transport	748	489
Support Services	59	72
Transfer Payments	3,307	4,720
Purchase of Healthcare	2,915	3,249
Family Health Service	86,758	88,971
Set Aside	56,497	64,738
Income	(18,312)	(14,240)
<b>Total Cost of Services</b>	<b>289,468</b>	<b>317,903</b>
Partners Funding Contributions and Non-Specific Grant Income	(293,512)	(335,392)
<b>(Surplus)/Deficit on Provision of Services</b>	<b>(4,044)</b>	<b>(17,489)</b>

## Note 5: Taxation and Non-Specific Grant Income

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

Taxation and Non-Specific Grant Income	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	199,715	230,819
Renfrewshire Council	93,797	104,573
<b>TOTAL</b>	<b>293,512</b>	<b>335,392</b>

The funding contribution from the NHS Board shown above includes £64.738m in respect of 'set aside' resources relating to hospital services. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

## Note 6: Short Term Debtors and Creditors

At 31 March 2021, Renfrewshire IJB had short term debtors of £27.006m relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

Short Term Debtors	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	7,110	22,347
Renfrewshire Council	2,407	4,659
<b>TOTAL</b>	<b>9,517</b>	<b>27,006</b>

Short Term Creditors	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	-	-
Renfrewshire Council	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

## Note 7: Usable Reserves

As at 31 March 2021 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, the general reserve has been increased as part of the financial strategy of the IJB. This will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The following tables show how reserves are allocated:

General Reserves	2019/20 £000's	2020/21 £000's
Renfrewshire HSCP	1,401	5,781
<b>TOTAL GENERAL RESERVES</b>	<b>1,401</b>	<b>5,781</b>

HSCP Funded Earmarked Reserves	2019/20 £000's	2020/21 £000's
Technology Enabled Care Grant	20	98
ICT Swift Update Costs	27	0
Information Communication Funding - Care at Home Scheduling System	882	732
Analogue to Digital Contribution to Programme		434
ECLIPSE Support Costs (2 Year)	156	156
ICT / Systems Related:	1,085	1,420
Mental Health Improvement Works	150	395
Mile End Refurbishment	89	89
Local Authority Care Home Refurbishment	300	300
Primary Care Support Building Works		30
Care at Home Refurbishment and Uniform Replacement	24	0
Premises Related:	563	814
PCTF Monies Allocated for Tests of Change and GP Support	380	299
Facilitation of Multidisc teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49	49
District Nurse Rolling Recruitment Programme	202	219
Training for Mental Health Officers in HSCP	288	288
Prescribing	1,000	2,000
Funding to Mitigate any Shortfalls in delivery of approved savings from prior years	1,080	1,080
Mental Health Strategy interim support pending completion of Psychology Review	115	0
Care at Home Senior Lead (2 year funding)		206
HSCP Respiratory Nursing		421
HSCP Transformation Programme Funding for temp staff in post	500	500
HSCP Transformation Programme Funding 20/21_23/24	1,329	1,329
Renfrewshire wide Prevention and Early Intervention Programme	100	193
Other:	5,043	6,584
<b>TOTAL HSCP FUNDED EARMARKED RESERVES</b>	<b>6,691</b>	<b>8,818</b>
Primary Care Improvement Programme (19/20)_(20/21)_(21/22)	264	2,457
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	277	224
Alcohol and Drug Partnership (ADP) Funding	708	941
Reduce Drug Death Funding		104
Drug Death Task Force		141
Mental Health Action 15 (19/20)_(20/21)_(21/22)	130	763
District Nursing Workforce Allocation 20/21		69
Henry Programme - Pre 5 Obesity Training	15	15
Health Visiting	32	32
Adult Support & Protection Grant		68
COVID-19 - Winter Planning		1,649
COVID-19 - Integration Authority Support		5,247
COVID-19 - Community Living Change		697
Scottish Government Ring Fenced Monies	1,426	12,407
<b>TOTAL EARMARKED RESERVES</b>	<b>8,116</b>	<b>21,225</b>
<b>OVERALL RESERVES POSITION</b>	<b>9,517</b>	<b>27,006</b>

### Note 8: Additional Council Services Delegated to the IJB

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

Additional Council Services Delegated to the IJB	2019/20 £000's	2020/21 £000's
Housing Adaptations	829	544
Women's Aid	247	349
Grant Funding for Women's Aid	(164)	(127)
<b>NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)</b>	<b>912</b>	<b>766</b>

## Note 9: Related Party Transactions

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

Service Income Received	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	(4,504)	(1,413)
Renfrewshire Council	(13,808)	(12,827)
<b>TOTAL</b>	<b>(18,312)</b>	<b>(14,240)</b>

Expenditure on Services Provided	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	201,764	217,165
Renfrewshire Council	106,016	114,978
<b>TOTAL</b>	<b>307,780</b>	<b>332,143</b>

Funding Contributions Received	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	199,715	230,819
Renfrewshire Council	93,797	104,573
<b>TOTAL</b>	<b>293,512</b>	<b>335,392</b>

Debtors	2019/20 £000's	2020/21 £000's
NHSGGC Health Board	7,110	22,347
Renfrewshire Council	2,407	4,659
<b>TOTAL</b>	<b>9,517</b>	<b>27,006</b>

### Note 10: IJB Operational Costs

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

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

IJB Operational Costs	2019/20 £000's	2020/21 £000's
Staff Costs	308	320
Audit Fees	27	27
<b>TOTAL</b>	<b>335</b>	<b>347</b>

### Note 11: VAT

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

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

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

### Note 12: External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2020/21 are £27,330. There were no fees paid to Audit Scotland in respect of any other services.

### Note 13: New Standards issued but not yet adopted

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







**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Interim Chief Officer**

**Heading: Development of Renfrewshire's Strategic Plan 2022-2025**

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

## 1. Summary

- 1.1 Renfrewshire's Integration Joint Board (IJB) is required by the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the 'Act') to produce a Strategic Plan on how community health and social care functions delegated to it by Renfrewshire Council and NHS Greater Glasgow and Clyde will be planned and delivered over the medium term (three years).
- 1.2 The existing Strategic Plan covers the period 1 April 2019 to 31 March 2022 and the HSCP, on behalf of the IJB, will take the necessary statutory steps to review the plan prior to 1 April 2022. In accordance with the act, the review will consider:
- the national health and wellbeing outcomes;
  - the indicators associated with the national outcomes;
  - the integration delivery principles; and
  - the views of the Strategic Planning Group.
- 1.3 Nationally the strategic and policy context in relation to health and social care continues to evolve and retains a high degree of uncertainty. The new Strategic Plan will require to align with these and other key transformational change drivers such as the response to and recovery from COVID-19 and the recommendations from the independent review of adult social care.
- 1.4 Listening to, involving and engaging with our communities will be at the heart of the Strategic Plan. We will work collaboratively with members of

the Strategic Planning Group to ensure that we can harness our collective expertise to truly 'Plan with People'.

- 1.5 In considering the approach to developing the Strategic Plan, the HSCP has also developed branding options for the Plan and supporting recovery and change activity. Branding has the potential to bring consistency and greater recognition to the commitments of the Strategic Plan and their implementation. These considerations are set out in further detail in Section 7.
- 1.6 Subject to the IJB approving the approach set out in this report, the process for developing the plan will begin immediately with final approval being sought from the IJB in March 2022. This will ensure that the new Strategic Plan will be in place by 1 April 2022. A detailed timeline is included in Section 8 of this report.

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## **2. Recommendation**

It is recommended that the IJB:

1. Agree the proposed collaborative approach to developing the Strategic Plan, encompassing (i) the role of the SPG in providing oversight of the plan's development; (ii) the role of SPG subgroups in developing plans for the agreed Health and Wellbeing Priorities; and (iii) the role of a revised Care Group Planning structure.
2. Agree the timeline detailed in Section 8 of this report.
3. Note the ongoing development of a supporting brand for the Strategic Plan and associated recovery and change activity (Section 7).

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## **3. The Public Bodies (Joint Working) (Scotland) Act 2014**

- 3.1. The Act places a duty on Integration Authorities - either Integration Joint Boards or Health Boards and Local Authorities acting as lead agencies - to create a "strategic plan" for the integrated functions and budgets that they control.
- 3.2. The Act states that "each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control."
- 3.3. Stakeholders must be fully engaged in the preparation, publication and review of the plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

- 3.4. In particular, the Act requires that the Strategic Planning Group (SPG) is involved in the development of the plan from the beginning and throughout the process.
- 3.5. A Housing Contribution Statement is also required as an integral part of the Strategic Plan. Its role is to act as the “bridge” between strategic housing planning and that of health and social care. It identifies the contribution of the housing sector in meeting the intended outcomes of the Strategic Plan.
- 3.6. The Statement will primarily focus on the Local Housing Strategy and its actions that will positively contribute to achieving shared outcomes and priorities of improving the health and well-being of our communities and providing for more people to be cared for and supported at home or in a homely setting. The Housing as a Health Issue sub-group of the SPG will take the lead in the developing the Statement.
- 3.7. The Strategic Plan should also be closely linked to a Market Facilitation Plan setting out future commissioning priorities and intentions for Renfrewshire. The Market Facilitation Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local health and social care market, assessing future demand and the support required to meet that demand.
- 3.8. The process for developing the Strategic Plan will consider and agree key Market Facilitation principles with stakeholders. Following finalisation of the Strategic Plan, these principles will then be used to develop an updated Market Facilitation Plan for Renfrewshire reflecting the agreed direction of travel for integrated health and social care locally.

#### **4. Strategic Context and Policy Drivers**

##### *Framing the Strategic Plan through our Guiding Principles*

- 4.1. Renfrewshire HSCP developed four guiding principles for service change collaboratively with staff and partners within the Strategic Planning Group. These principles were subsequently approved by the IJB in March 2020:

1. We share responsibility and ownership with our communities.
2. We take a person-led approach to public health and wellbeing.
3. We provide realistic care.
4. We deliver the right services at the right time and in the right place.

4.2. These principles were developed to reflect national context and policy which focuses on prevention and early intervention to shift the balance of care and to enhance the choice and control individuals have over the support they access. They have also been reinforced by the experience of the pandemic and reflect the core ambitions from the Independent Review of Adult Social Care (the Feeley Report) and the new national framework for Self-directed Support, published in March 2021.

4.3. These guiding principles will help to frame the IJB's Strategic Plan for 2022-25, enabling a focus on improving health and wellbeing within Renfrewshire's communities through the first two principles. These principles are further reinforced by the seven health and wellbeing priorities which are currently being driven forward by the SPG:

- Loneliness and social isolation
- Inequalities
- Mental health and wellbeing
- Housing as a health issue
- Early years and vulnerable families
- Healthy and active living
- Collaborating for greater impact

4.4. A focus on the direction of travel and future shape of models of care for different care groups will also be provided through the third and fourth principles. Further detail on the proposed approach to developing the strategic plan in these areas is set out in Sections 5 and 6 of this report.

*Linking the Strategic Plan to wider policy and strategy*

4.5. Nationally the strategic and policy context in relation to health and social care continues to evolve with developments being driven by economic, social and technological changes and advances. National legislation, frameworks and strategies are developed and exist to provide guidance for Partnerships. At a local level our Strategic Plan will be guided by legislation and national strategies, whilst aligning local and Health board wide plans, some examples of which are included in the diagrams below.

## National Legislation

- Public Bodies (Joint Working) (Scotland) Act 2014
- Children and Young People (Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015
- Social Care (self-directed support) (Scotland) Act 2013
- Carers (Scotland) Act 2016
- Community Care & Health (Scotland) Care Act 2002
- Social Work (Scotland) Act 1968

## National Strategies

- A National Clinical Strategy for Scotland
- Social Services in Scotland: A shared vision and strategy
- Making Care Better - A strategy for supporting better care in Scotland
- Health & Social Care Delivery Plan
- A Public Health Strategy for Scotland
- Rights, respect and recovery: alcohol and drug treatment strategy
- Scotland's Digital Health & Care Strategy

## Local and Board Wide Plans and Strategies

- Financial Plan
- Renfrewshire Council Plan
- Social Renewal Plan
- Local Housing Strategy
- Integrated Children's Services Plan
- Local Outcome Improvement Plan
- Clinical and Care Governance
- NHS Unscheduled Care Commissioning Plan
- NHS Remobilisation Plan and Moving Forward Together
- NHS GGC Turning the Tide Through Prevention

4.6. The Plan will be developed as part of a suite of strategic documents for the IJB to support the development of health and social care locally in the period to 2025. Work on the Plan will be undertaken alongside that on a refreshed Medium-Term Financial Plan and a workforce plan for 2022-25, with aligned timescales allowing for core dependencies to be addressed appropriately and for these plans to be jointly informed by one another.

4.7. However, it is recognised that there is a significant degree of uncertainty within the health and social care system which impacts on the ability to plan future activity in significant detail. As noted above, this includes but is not limited to recommendations taken forward from the Feeley review, and the lasting impact of the COVID-19 pandemic on health and care and supporting finances. Consequently, it is the HSCP's intention that the strategic plan focuses on an overall direction of travel, reflecting key policy developments but enabling flexibility in approach to respond to emerging circumstances.

## 5. Developing the Strategic Plan

### *Proposals to establish a refreshed Care Group Planning Structure*

- 5.1. The development of strategic priorities for each care group supported by the HSCP, in line with the third and fourth guiding principles, is a core element of the Strategic Plan. This role was previously undertaken by Joint Planning, Performance and Implementation Groups (JPPIGs) however while each service area has planning structures in place there is currently no consistent approach used.
- 5.2. The HSCP is therefore proposing the creation of Care Group Planning Fora with consistent Terms of Reference to provide this consistent approach. These fora will align with identified care groups and will have a dual role. They will act as a consultation group for the development of strategic plans and undertaking Joint Strategic Needs Assessments for each Care Group, following which they will provide an ongoing reference point for the delivery of service reviews and transformational activity in line with the agreed objectives within the strategic plan.
- 5.3. Each planning forum will be chaired by the relevant Head of Service with consistent membership include trade unions and staff side, providers, service users and carers, finance and performance. They will report into the Senior Management Team and to ensure alignment and linkages with the Strategic Planning Group (SPG), a member of each forum also be a member of the SPG.
- 5.4. A diagram of the proposed planning structure is provided in Appendix 1. This structure shown includes those groups which will be led by the HSCP, with additional subgroups supporting these where required, and additional partnership groups which the HSCP participates in but does not lead. It has been discussed with the HSCP's Senior Management Team, the SPG and Staff Partnership Forum (SPF) with positive feedback. The IJB is asked to approve establishment of this Care Group Planning structure.

### *Role of the Strategic Planning Group*

- 5.5. The Strategic Planning Group (SPG) has a statutory responsibility for the development of the Strategic Plan, encompassing agreement of proposals for the content and structure of the plan and providing feedback on the first draft of the plan which is developed.
- 5.6. The SPG's statutory role has been reflected in engagement with the group to date, to ensure that members are involved in shaping proposals from the outset of the process. Discussions to date have included consultation on (i) proposals for the approach to developing the Plan (ii) the establishment of Care Group Planning for a (set out in further detail

below); (iii); the foundations of the plan as set out above; and (iv) the look and feel of the plan.

5.7. In addition to this role, the SPG subgroups which have been created to take forward the seven health and wellbeing priorities set out in 4.3 will have responsibility for developing the relevant Plan content and objectives for these seven areas, ensuring that these proposals are developed by a cross-section of stakeholders.

5.8. The feedback received from these discussions has been very positive and helpful. In particular, the SPG has endorsed proposals for a highly collaborative approach to developing the plan, centred on engagement with communities, individuals, carers and providers. They have also clearly fed back that the new Strategic Plan should be more concise, visual and easier to navigate, with greater consistency in how each element of the plan is developed. This feedback has helped inform the proposed approach to developing the Plan, as set out below.

## **6. The proposed approach to developing the Strategic Plan**

6.1. In taking the planning process forward, the HSCP will adopt the Scottish Government and COSLA guidance on 'Planning with People' which was published on 11 March 2021. The guidance states that 'engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding, and makes it easier to identify sustainable service improvements.'

6.2. The HSCP has to date adopted a collaborative approach to developing and agreeing the proposed approach to developing the Strategic Plan, recognising the fundamental importance of partnership working as set out in the 'Planning with People' guidance.

6.3. The core elements of our engagement-led approach have been described throughout this report and in summary they are:

- Subject to approval, the implementation of Care Group Planning for a to lead the development of Strategic Plan objectives and content for those service areas;
- The commencement of work through the SPG subgroups to develop objectives aligned to the seven agreed health and wellbeing priorities;
- The development of a Housing Contribution Statement to be led by the 'Housing as a Health Issue' subgroup of the SPG, with input from our partner organisations;

- The development of market facilitation principles to support the creation of a more detailed Market Facilitation Plan following agreement of the Strategic Plan in March 2022;
- The creation of common templates to support subgroups and Care Group Planning Fora to support a consistent approach and level of detail in the development of objectives and priorities in each of these areas.
- A focus on the look and feel of the strategy to reflect feedback that it should be more concise, interactive and visual with less written content and jargon. This will also be developed based on good practice examples from other organisations to reflect how the Plan is presented online, and in full and summary document format.

## **7. Branding**

- 7.1. In developing the above plans for the development of the Strategic Plan, the HSCP has considered the opportunities for branding the Plan and associated recovery and transformational activity in recognition of the complexity of work which will be encompassed with the Plan over the coming years.
- 7.2. In particular, a brand can assist in bringing consistency and coherence to the HSCP's approach to service development, providing a clear reference point for partners and stakeholders. It can also be more meaningful for staff than the use of terminology such as 'transformation'.
- 7.3. In developing a proposed brand, the HSCP has considered how the core principles of choice, control and flexibility can be clearly embedded, whilst capturing the breadth of activity required. Using the umbrella 'Futures Programme' title and drawing on the HSCP's existing brand profile, the Partnership has designed a suite of options which can be applied to different elements of the Strategic Plan and change activity. These include, but are not limited to:
- Flexible Futures
  - Sustainable Futures
  - Healthier Futures
  - Caring Futures
  - Supportive Futures
  - Thriving Futures



- 7.4. Visual examples of this branding are provided in Appendix 2. The HSCP will continue to test and refine these with a range of stakeholders over the summer period.

## 8. Timeline

- 8.1. The new Strategic Plan requires to be approved by the IJB and in place by 1 April 2022. However, in advance of this there are a number of legal requirements that have been considered whilst developing the timeline below.



## 9. Next steps

- 9.1. Subject to approval from the IJB on the approach set out above, work will commence with the SPG subgroups and the Care Group Planning structures will be implemented to take forward development of the Strategic Plan. This will be supported by guidance and supporting tools and templates to facilitate the planning process.
- 9.2. An update on progress will be brought to the IJB in September 2021, with a draft of the Strategic Plan presented to the IJB in November 2021 in line with the process set out above.

1. **Financial** – No implications from this report. However, the IJB's Medium Term Financial Framework will be refreshed during 2021/22 and will seek to align with the priorities identified in the Strategic Plan.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – The Strategic Plan will be developed in partnership and will reflect the IJB's role within the context of Community Planning. It will set out how health and social care will be delivered jointly within Renfrewshire to improve outcomes for local communities.
4. **Legal** – This paper sets out the approach to meeting the statutory strategic planning requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality & Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – n/a.

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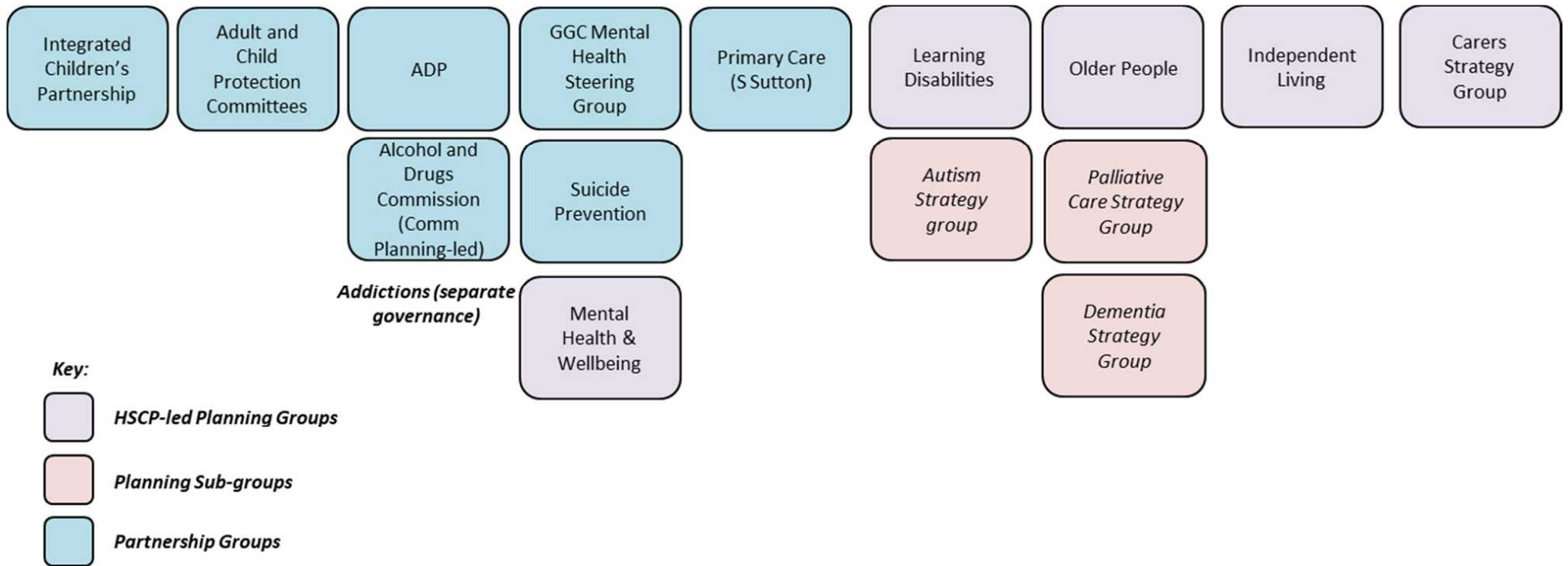
**List of Background Papers** – n/a

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Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement, ( <a href="mailto:frances.burns@renfrewshire.gov.uk">frances.burns@renfrewshire.gov.uk</a> / 0141 618 7621)
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## Appendix 1: Care Group Planning Structure



## Appendix 2: Branding for the Strategic Plan, recovery and change activity



 **Flexible** futures

 **Sustainable** futures

 **Healthier** futures

 **Caring** futures

 **Supportive** futures

**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Interim Chief Officer**

**Subject: Annual Performance Report 2020/21**

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 paper presents the HSCP's Draft Annual Performance Report (APR) for 2020/21 and the 2020/21 Performance Scorecard for IJB approval.
- 1.2 While this APR continues to update on the HSCP's performance, similar to all previous reports, it also sets out the wider context in which the HSCP has operated over the last year. This year Renfrewshire HSCP and its partner organisations (and indeed all HSCPs across Scotland) have faced unprecedented challenges responding to the COVID-19 pandemic.
- 1.3 The report highlights some of the significant changes the partnership has undergone to ensure the continued delivery of services for those who need them most, whilst also mobilising a range of new services to respond to COVID-19. This response has required the combined effort and commitment of HSCP staff, carers, and partners, many of whom have taken on new or adapted roles to enhance and support our communities.
- 1.4. While this report is for the period April 2020 to March 2021, in light of the exceptional circumstances surrounding the COVID-19 pandemic, data remains unvalidated and should be seen as indicative. Performance data used will primarily be extracted from local information systems and as a result may be subject to change following the validation process and may differ from National Official Statistics' publications published at a later date.

## **2. Recommendations**

It is recommended the IJB:

1. Approve the draft Annual Performance Report 2020/21 for Renfrewshire HSCP and the appended Performance Scorecard.

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## **3. Context - Performance Reporting in 2020/21**

- 3.1 The HSCP's fifth Annual Performance Report, covers the period April 2020 to March 2021.
- 3.2 As previously mentioned, the context in which services have been delivered during the pandemic has been very different and will have impacted on some of performance areas.
- 3.3 The Partnership has had to make significant changes over the last year to continue delivering services, while also mobilising the response to the pandemic by:
  2. Quickly adjusting services to adapt to the COVID-19 environment and providing the best possible support for Renfrewshire communities.
  3. Responding rapidly to implementing national guidance, which was often updated daily.
  4. Creating bespoke services to meet new local community needs, such as medicine delivery.
  5. Establishing and supporting a range of new services such as the COVID-19 Assessment Centre, the COVID-19 Vaccination Programme and testing for staff and care homes.
- 3.4 Services have worked to ensure the highest level of performance is maintained. The Annual Performance Report reflects the significant efforts and wide-ranging work of staff, carers and partners to improve outcomes for the people of Renfrewshire.

## **4. Report Framework**

- 4.1 The report is structured around the nine National Health and Wellbeing Outcomes. It describes the HSCP's performance in a number of different ways, recognising that information is used and understood differently by different audiences. A range of key performance indicators have been used to evidence progress during 2020/21, highlighting how the Partnership has responded and adapted to living with COVID-19:

- **Ministerial Strategic Group (MSG) Indicators** are included within Unscheduled Care performance.
- **National, NHS Board, Local Authority and local Key Performance Indicators** are referenced throughout Outcomes 1-7, and trend analysis is shown where possible.

4.2 The report is divided into seven main sections covering all nine National Health and Wellbeing Outcomes. Under each Outcome evidence and relevant performance indicators are provided from service areas across the Partnership, highlighting progress as the HSCP makes every effort to improve health and wellbeing outcomes for Renfrewshire's communities despite the ongoing impact of COVID-19.

4.3 The Report also links evidence to service area priorities within the IJB's Strategic Plan 2019-2022 and includes examples from Care Groups, individual Case Studies and service user feedback. In Outcomes 8 and 9, examples are included of the ongoing work to support staff health and wellbeing throughout the pandemic and how the Partnership is using its Change and Improvement Programme to support recovery and remobilisation and manage resources efficiently and effectively.

4.4 The Report continues to highlight how the Partnership has performed against the measures normally used for comparison year on year. However, in a year like that just experienced, it is difficult to draw direct comparisons to previous performance data. The HSCP will therefore continue to proactively monitor performance trends to assess the impact of the pandemic which is not yet fully known.

## 5. **Full Year Performance Scorecard (Appendix 1)**

5.1 The Scorecard is included as Appendix 1 to the APR and is structured on the nine National Health and Wellbeing Outcomes. We have used the same indicator set already reported in 2019/20 for 2020/21, to provide a consistent approach to monitoring and reporting performance across the service areas during these challenging times.

5.2 The Scottish Government has not asked for specific targets to be set for the Ministerial Strategic Group (MSG) performance indicators in 2020/21 due to the impact of COVID-19 on all unscheduled care services. The status for these indicators is for 'information only' for this financial year.

5.3 While this report is for the period April 2020 to March 2021, as previously stated, data is not yet available for all performance measures to March 2021. Due to the continued effects of the pandemic, we have therefore concentrated on the performance indicators with targets that have changed status from red, amber or green between mid-year September

2020 and end-of-year in March 2021. Sections 5.4 to 5.6 show improvement for three performance indicators and sections 5.7 to 5.12 show deterioration for six performance indicators.

#### *Improvements in Performance*

- 5.4 Red to Green status: **sickness absence rate for HSCP Adult Social Work staff - work days lost per Full-Time Equivalent (FTE)** (Outcome 8). Performance at March 2021 was 13.5 days per FTE against a target of 15.3 days lost, compared with 18.08 at March 2020. However, COVID related absences are not reflected in this absence data as they are recorded as special leave. Work is ongoing across all services to maintain this performance and ensure staff are fully supported during this time.
- 5.5 Amber to Green status: **exclusive breastfeeding at 6-8 weeks in the most deprived areas** (Outcome 5). As of September 2020, the rate was 20.8% compared with 16.7% in 2019/20. In March 2021, Renfrewshire HSCP was successful in achieving the UNICEF Gold Award and is now accredited as a Gold Baby Friendly Service. Renfrewshire HSCP was highly commended by UNICEF, and the team was praised for their ongoing support, dedication and commitment to families despite the pandemic restrictions.
- 5.6 Red to Amber status: **reduce the percentage of babies with a low birthweight (<2500g)** (Outcome 4). Performance at December 2020, was 6.1% compared with 6.7% at March 2020.

#### *Areas for Improvement*

- 5.7 Green to Amber status: **percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies** (Outcome 3). During 2020/21, 86.8% of patients were seen within 18 weeks of referral (target: 90%), which equates to 1,009 of 1,163 referrals. This compares with 92.3% in 2019/20 when 1,872 patients started treatment. This data shows that the total number starting treatment has been impacted by the COVID-19 pandemic and has also resulted in more people being seen over 18 weeks due to its continued impact on service delivery.
- 5.8 Green to Amber status: **A&E waits less than 4 hours** (Outcome 3). Performance has decreased from 95.4% at September 2020 to 87.4% at March 2021, which could be attributed to an increase in A&E attendances due to the lifting of pandemic restrictions. Performance at March 2020 was also 87.4%.
- 5.9 Amber to Red status: **% of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde)** and **% of diabetic foot ulcers seen within 4**



**weeks in NHSGGC** (Outcome 9). Performance has deteriorated for both Podiatry indicators with a decrease in Clyde from 81.7% at March 2020 to 77.0% at March 2021. NHSGGC performance decreased from 81.2% to 75.0% during the same period. This is due to the ongoing need for physical distancing and unavailability of accommodation. Improvement is expected by June 2021, along with the filling of significant vacancies. The service is incrementally increasing virtual appointments which will help to improve performance and continues to see all of the most vulnerable patients face-to-face in a COVID-19 secure environment.

5.10 Green to Red status: **the percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks** (Outcome 3) has seen performance decrease since September 2020 when 100% of patients were seen within target. At the end of March 2021, 89.0% of patients were seen within 4 weeks, compared with 90.5% at March 2020. This has been caused by staff vacancies and an increase in annual leave due to staff accruing more than normal because of the initial four-month response to the pandemic.

5.11 Green to Red status: **the percentage of children seen within 18 weeks for Paediatric Speech and Language Therapy assessment** (Outcome 4). Performance has decreased from 93% at September 2020 to 63% at March 2021, against the target of 95%. Performance at March 2020 was 100%. There are a number of reasons behind this reduction: an increase in referrals – possibly due to other services and supports not being available to parents - e.g., schools; an increase in staff vacancies; restrictions on face-to-face contact; and a lack of community venues for parents to access. While the use of digital appointments has been positive, it is not always clinically effective in some cases. It is expected that performance will increase by August with the easing of restrictions and staffing becomes more stable.

5.12 Green to Red status: **Number of carers accessing training** (Outcome 6). Performance has decreased from 255 at March 2020 to 165 at March 2021. This reduction can be attributed to the pandemic which has been described in further detail above in section 5.2.

## 6. Ongoing Areas of Focus

6.1 As previously reported to the IJB, members are also asked to note the the ongoing improvement work in our CAMHs Service and in relation to Unscheduled Care:

- The CAMHs Service has developed an improvement plan to ensure an improved and enhanced service. This also links with the Council's Children's Services Plan. This work has started to make a positive

impact on performance, and the HSCP will continue to build on this over the coming year

- In Unscheduled Care, the reduction in emergency admissions, unscheduled hospital bed days and A&E attendances, mirrors a national trend, however it is anticipated that public behaviours will change again as the pandemic eases with a potential impact on these areas. The HSCP will prioritise the ongoing development and implementation of the pan-GGC Unscheduled Care Commissioning Plan.

## **7. Beyond 2020/21**

- 7.1 The full impact of COVID-19 on changes to demand across health and social care services remain unquantified. Where patients have avoided or delayed attendance for symptoms and conditions that would typically require treatment, it is possible that these may be exacerbated, leading to more serious health conditions over time. This is likely to place further pressures on health and social care services in addition to the ongoing response to the pandemic. Following the second wave, it is unclear how substantial the impact will be on our performance measures. The extent will become clearer as we move forward during 2021/22. The HSCP's performance in all areas will continue to be closely monitored and risks assessed appropriately.

## **8. Final Annual Performance Report 2020/21**

- 8.1 Subject to IJB approval, the final Annual Performance Report 2020/21 will be published online on Friday 30 July at the following link and printed copies will be available on request:

<https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>

- 8.2 A summary 'easy read' version of the Annual Performance Report 2020/21 will also be developed and will be available online at the above link.

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## **Implications of the Report**

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None

7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

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**List of Background Papers** – None.

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Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk / 0141 618 7656)
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## Annual Performance Report 2020/21

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





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## Foreword

*Welcome to Renfrewshire Health and Social Care Partnership's (HSCP) Annual Performance Report, which covers the period from April 2020 to March 2021.*

This year's report continues to measure performance against the nine National Health and Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group Indicators and local Key Performance Indicators. The Integration Joint Board receives regular progress reports and these reports, along with previous Annual Performance Reports, can be found on the Renfrewshire HSCP website at <https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>

While this report has a focus on the performance of services, the context in which we have delivered has been very different. For over a year, we have all lived and operated in an environment dominated by the need for national and local measures to manage the pandemic. The virus has had a major impact on individuals, families and communities and we know that we do not yet fully understand the long-term consequences. The Health and Social Care Partnership has continued to deliver essential services for those who need them most. We have also established new services including a local Covid assessment centre and different ways of working over the last twelve months. The HSCP has worked alongside partners, many of whom have also taken on new or adapted roles to enhance and support our communities.

The learning from the last year, as well as the emergence of a changing landscape for Health and Social Care services through the recommendations arising from the Independent Review of Adult Social Care, will influence the future of the Integration Joint Board and the Health and Social Care Partnership. The development of a new Strategic Plan (2022-25) will seek to build on our partnerships with local communities, providers of services, our dedicated staff groups within health and social care and, at the heart of the Plan, people with lived experience and their unpaid carers who use health and care services.

We would like to sincerely thank people with lived experience and their 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 Health and Social Care Partnership, Renfrewshire Council, NHS GGC, providers of services and the amazing network of volunteers within the local communities who have all contributed to the delivery of services.

**Shiona Strachan**

Interim Chief Officer,  
Renfrewshire Health  
and Social Care Partnership

**Councillor Jacqueline Cameron**

Chair, Renfrewshire Integration  
Joint Board



## 2020/21: a year like no other

Scotland's first confirmed case of COVID-19 came on 1 March 2020, with the first national measures put in place on 23 March which placed restrictions on all non-essential travel, work and social contact out with the home. This had an immediate effect on services which moved to an emergency response only footing, in line with national guidance. As the understanding of Coronavirus has improved, Scotland has operated within a framework for decision making, which has included a phased approach with differing levels of restrictions, dependent on rates of transmission.

The impact of the virus and the national and local measures put in place to manage the transmission have had an impact on people and their communities. People have experienced greater levels of social isolation, loneliness, financial stress and the longer-term impacts on people's mental and physical health and wellbeing are not yet fully understood. Sadly, since the start of the pandemic there have been 525 COVID-19 related deaths of Renfrewshire residents, many of which have been care home residents. Whenever bereavement occurs, it can be an extremely difficult and challenging time. This is even more so for those experiencing bereavement and grief during the COVID-19 pandemic.

Renfrewshire Health and Social Care Partnership [HSCP] and partners have worked together to respond to the pandemic. Operating flexibly to respond to quickly changing national and local guidance, our combined efforts have seen significant changes to the way health and social care services have been delivered.

Throughout this report, we have shared examples of the way services have developed to meet the changing needs of individuals and communities. The following diagram gives a flavour of some of the new services created to meet changing needs and the adapted delivery of existing services.

## HSCP Services in 2020/21

The HSCP sought to continue existing services wherever possible throughout the pandemic, adapting to reflect the most effective and appropriate way of working with patients and service users. In addition, we developed and supported a range of additional services as part of the COVID response.



This year's report continues to measure performance against the nine National Health and Wellbeing Outcomes. It is difficult to draw direct comparisons to previous performance data, due to the impact of the pandemic on individuals, communities and service delivery. We will, therefore, continue to proactively monitor performance trends over the course of 2021/22 to better understand the impact and identify areas for development.

## HSCP service delivery during 2020/21



**4.1million**  
masks



**3.5 million**  
aprons



**13.5 million**  
gloves



**19,000 litres**  
hand sanitiser



**2,310**  
LFT test kits



**40,770**  
Flu vaccines



**776 contacts**  
Hear for You helpline

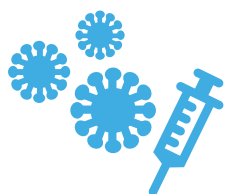
**699,545 hrs**  
Care at Home



**234,647**  
Community meals



**3,122**  
NearMe GP video  
consultations



**77,804**  
doses of  
COVID-19 vaccine



**1,034**  
referrals to  
neighbourhood hubs



**3,285**  
people seen at  
COVID Community  
Assessment Centre



**60,995**  
call handled by  
District Nursing  
Single Point of  
Access Service



**161**  
support sessions  
through Renfrewshire  
Bereavment Network



**496**  
prescriptions  
delivered

# Report Framework

Our 2020/21 report is structured around the nine National Health and Wellbeing Outcomes and is divided into six main sections detailed below. We have used a range of key performance indicators to track our progress during 2020/21, highlighting how the Partnership has responded and adapted to living with the threat and impact of COVID-19.

We have included examples from care groups, individual case studies and service user feedback, and have also linked evidence to service area priorities within our Strategic Plan 2019-2022. Outcomes 8 and 9 include examples of the ongoing work to support staff health and wellbeing throughout the pandemic. We also show how our approach to service delivery change and improvement has continued to aid our response to ensure we manage our resources as best we can.

Outcomes 1 and 5	Community Health and Wellbeing & Reducing Health Inequalities	Page x
Outcomes 2, 3 and 4	Delivering Positive Outcomes through our Operational Services by Care Group	Page x
Outcome 6	Carers	Page x
Outcome 7	Safer Services	Page x
Outcome 8	Effective Organisation	Page x
Outcome 9	Our Approach to Supporting Organisational Delivery, Financial Performance and Best Value	Page x
Appendix 1	Renfrewshire IJB Scorecard 2020-2021	Page x

Financial information is an important part of our performance management framework and for 2020/21 we have detailed our financial position on pages xx- xx as well as the outlook for 2021/22.

The benefits of close partnership working have been particularly evident this year in the way the HSCP and partner organisations have pulled together to provide a high quality, supportive and compassionate response for the people of Renfrewshire. We have threaded some examples of this work throughout the report.



The background is a solid purple color. It features several abstract geometric shapes: a large, faint, light-purple circle in the center; a smaller, slightly darker purple circle nested within it; and several rounded rectangular shapes of varying sizes and shades of purple scattered around the edges, some appearing as if they are floating or falling from the top.

## **Community Health and Wellbeing and Reducing Health Inequalities**

## Outcomes 1 and 5: Community Health and Wellbeing and Reducing Health Inequalities

### Outcome 1

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

### Outcome 5

Health and social care services contribute to reducing health inequalities.

We have previously highlighted some of the work we have undertaken in response to COVID-19. This section will show how tackling health inequalities and promoting health and wellbeing is driven, not only by the Health Improvement Team, but through collaboration across the area with commissioned providers of health and social care services, third sector and community groups as part of our Strategic Planning Group (SPG).

### Strategic Planning Group (SPG) – a partnership approach to health and wellbeing

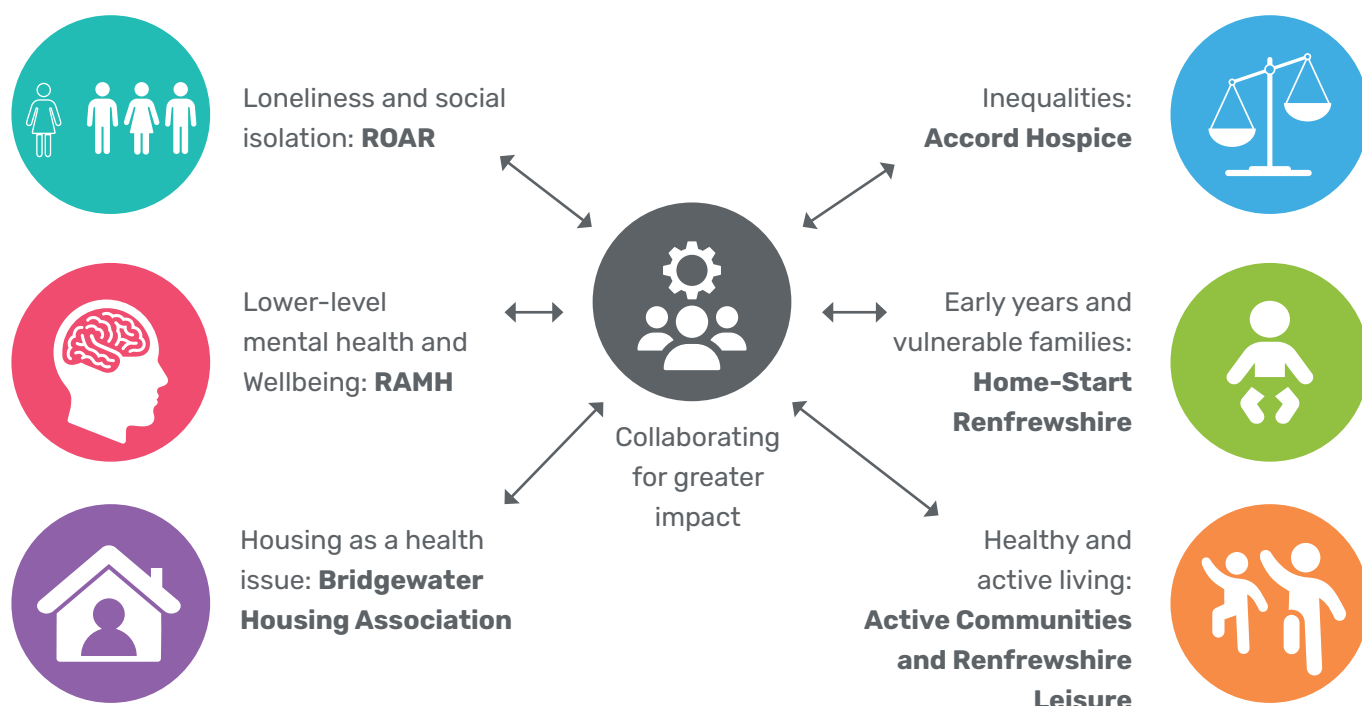
Some of the work highlighted shows how the HSCP and its partners have adapted their ways of working, how we have worked with local communities to provide necessary support to vulnerable people, and how funding specific projects has targeted people most affected by the pandemic.

The group has continued to meet online regularly over the last year and is recognised as a valuable resource in delivering the HSCP's Recovery and Renewal plans.

During 2020/21 we worked with partners to agree priorities that would help achieve the HSCP's aim of improving outcomes for communities and people who use services, with a focus on prevention and early intervention. These priorities, outlined below, have been reinforced as a result of the pandemic and reflect the ongoing challenges faced by communities and public services in Renfrewshire. The pandemic has highlighted further the health and social inequalities within our communities where the impact has been felt more deeply by people who are vulnerable through age or disability and those in poverty.

## Our health and wellbeing priorities

Working primarily through the SPG, six sub-groups were formed to develop projects or activities which would address each of the priorities. Each priority was led by Third Sector partners:



The sub-groups and subsequent funding have provided an opportunity for both cross-sector working and innovative design and development of community-based health initiatives. We established an independent evaluation panel to ensure a fair process of assessment of each bid and made decisions at the end of 2020 on which projects would be funded and taken forward.

The 10 funded projects involve around 14 local organisations, including the HSCP, and aim to support families with young children; people with mental health issues; people from BAME communities; and people with disabilities; as well as the general population. Some projects focus particularly on helping people adversely impacted by COVID-19, and all were assessed positively on their ability to be scaled up and sustained if successful.

In developing this activity, Renfrewshire's Strategic Planning Group, co-chaired by the Third Sector Interface Organisation, Engage Renfrewshire, has focused on developing sustainable relationships with third sector partners, which has resulted in us responding positively to the challenges of the pandemic.

*'In many ways, the crisis has brought the SPG members closer than ever; the relationships formed and developed during 2020 are strong. A recognition perhaps, that only in working together can we possibly tackle the aftermath of the pandemic, because we need one another.'*

**Karen McIntyre, Engage Renfrewshire, Co-chair of SPG**



## The Community - Humanitarian Response

Our Community Link Team has supported the newly formed Neighbourhood Hubs, established by Renfrewshire Council across the seven Local Partnership areas, to provide support to people directly affected by the pandemic. The Hubs recruited around 30 local volunteers who carried out a range of tasks for people who had to shield or self-isolate. This included delivering food packages, befriending, delivering medicines, and dog walking. By the end of March 2021, the Hubs had provided support to approximately 1,500 people.

### 3 initiatives funded by the HSCP to respond to the effects of COVID-19

- **Mental Health Support:** a mental health telephone helpline provided by our third sector partner Recovery Across Mental Health, Hear for You has been operating since April 2020 and to date has received 98 referrals from people seeking support. Most referrals were from people seeking advice and information around anxiety, depression and loneliness.
- **Befriending support:** Active Communities provided a befriending service during the pandemic which was utilised by workers in the Neighbourhood Hubs, enabling them to refer people feeling isolated or lonely as a result of COVID-19. 14 Community Health Champion Buddies have made 284 phone calls as well as sending text messages, e-mails and wellbeing packs at Christmas.
- **Bereavement Network:** a collaboration between Accord and St Vincent's Hospices, RAMH, Renfrewshire Council and the HSCP. The service was set up to support people who experienced a loss or who were dealing with grief following the death of someone close to them or even the loss of something important to them as a result of the pandemic. Since its inception in August 2020, the service has provided support to 40 people and feedback has been very positive. One user sent the following words after the loss of their mother.

*"I was struggling not only with the loss from my mum's sudden passing but also the restrictions that were in place with regards to hospital visiting, family support due to travel constraints and subsequent funeral restrictions during the pandemic. From my initial phone call of self-referral until my last telephone call with my counsellor, I cannot fault the professionalism, kindness and helpfulness of this local service".*

## Housing as a Health Issue

The right kind of housing in attractive places with appropriate housing-related services is critical in ensuring people can live independently for as long as possible in their own community. It is an area that has been particularly important during the pandemic. Teams across Communities and Housing Services have been working tirelessly to enable essential and critical service provision and some of the vital work carried out during 2020/21 includes:

- Housing Support
- Affordable homes
- Sheltered housing team
- Homeless Services

## Helping our older tenants stay connected during lockdown

It has been a real challenge to support our older tenants to stay motivated and connected throughout the pandemic. The Sheltered Housing Service applied for various grants and funding to help combat feelings of loneliness and isolation experienced by residents. Renfrewshire Council's Sheltered Housing Team and Youth Services worked together on a special project. Young people from the Children's Hubs wrote kind messages, drew pictures and created posters to brighten our Sheltered Housing complexes. Young people at the St James's Hub in Renfrew took the time to write to our tenants at our Renfrew complexes. Each tenant received a letter and 'COVID Pen Pals' was born! Our tenants have enjoyed engaging with the young people, especially during a time when they have been missing the contact with their own children and grandchildren.

## Health Improvement Role

The Health Improvement Team support health and wellbeing and aim to improve quality of life for the people of Renfrewshire. Working with Community Planning Partners and in particular the SPG, we have supported local action, targeting interventions and resources to promote prevention, early intervention, self-management and independence. Some of the work we have been involved in over the last year is summarised below, and all of this is underpinned by our Equality Outcomes action plan, agreed by the IJB in October 2020.

### Sexual Health

The team has produced a short film to highlight the services available at Sandyford during the pandemic. The **short video** aims to reassure young people that services are still open and they will not be reported to police regarding COVID-19 restrictions if they have been sexually active during the pandemic. The video also highlights the local Sandyford building location and how to get there.

### Tobacco Prevention and Education

We have successfully funded three projects focusing on tobacco prevention and education in Renfrewshire. These include drama performances with young people, a young person's smoke free steering group and smoke free peer education programme for young people. In addition, key tobacco prevention and education messages can be translated into multiple languages.

**Red  
Status**

**From April to December 2020, 110 people in the 40% most deprived areas of Renfrewshire quit smoking and were still non-smokers at the 3 month follow up appointment (target at Quarter 3: 133)**

### Scoping Exercise and Togetherall Funding

In response to a need identified by key partners, we have secured match funding (with Education and Youth Services) to enable Togetherall (formerly known as 'The Big White Wall') to deliver an online programme to combat social isolation and loneliness for young people. The target group is 16–24-year-olds and this will help fill the gap for young people seeking help, pre-crisis stage, by supporting early intervention and prevention.

### Test and Protect

The public health knowledge and skills of the Health Improvement Team were put to good use supporting NHS Greater Glasgow and Clyde's contact tracing service prior to the National Test & Protect service being fully operational.

### Reducing health inequalities

We continue to focus on tackling health inequalities by prioritising early intervention and prevention activity. Reducing the health inequalities gap has the potential to increase life expectancy, improve health and wellbeing outcomes and reduce the personal, social and economic cost of reacting to the impact of poverty and inequality.

### During 2020/21:

- We agreed equality outcomes in line with legislation and undertaken Equality Impact Assessments to ensure we consider the impact on equality groups of new and revised policies, strategies and services.
- We participated in a social media campaign with partner organisations during Talk Money Week in November. The campaign directed people to support available and encouraged them to talk about money and how vitally important it is for our health, wealth and relationships.
- We helped promote the availability of free sanitary products for residents on a low or reduced income within the Renfrewshire area.

### Employment

- The Renfrewshire Local Employability Partnership (LEP) realigned resources to support the roll-out locally of the Scottish Government Young Persons' Guarantee and UK Government Kickstart programme. Both aim to mitigate the effects of the pandemic on young people, whose employment opportunities have been disproportionately affected.
- The Kickstart Scheme provides funding to create new job placements for 16- to 24-year-olds on Universal Credit, at risk of long-term unemployment. The LEP and partners have secured over 400 roles for young people in Renfrewshire, with at least 50% of Renfrewshire employers choosing to pay young people the real living wage.
- The Young Persons' Guarantee offers the opportunity of a job, placement, training or volunteering for every 16–24-year-old in Scotland, based on the young person's goals and ambitions. Renfrewshire Council has secured funding to recruit a Young Persons' Guarantee Co-ordinator for Renfrewshire to ensure the successful roll-out of this programme.
- We supported 67 volunteers from Renfrewshire throughout 2020/21, who learned new skills to help them along the employability pipeline. Roles included COVID-19 Response Volunteers, running the Give & Go service, donation distribution, and running the staff Rest and Relaxation Hubs.

### Stacey's Story

Stacey was referred to Renfrewshire's employability service Invest by a local community NHS team in October 2019 and was experiencing difficulties in managing a recent fibromyalgia diagnosis. Stacey was keen to find ways to manage her condition to allow her to return to work.

Stacey attended several of the Healthy Minds group sessions, delivered by Invest, which helped her develop actions for self-care and understand how to improve her mental health. She also accepted an invitation to a laughter therapy session and following the success of this workshop, Stacey's Employment Advisor suggested participation in the five-day STEPS personal development programme

at Invest, which further enhanced her self-esteem and confidence.

Stacey then began applying for jobs and subsequently received a call from Carousel Training, offering her a trainee Nursery Assistant apprenticeship, with a weekly wage and the opportunity to complete an HNC qualification in Social Services and Childcare. Stacey enjoyed her time with Carousel immensely and completed her qualification in 2020.

Stacey is currently looking for new employment with a greater sense of confidence in her ability to secure suitable employment and uses the strategies and advice she learned at Invest to help her remain positive about her future.

## Healthier Wealthier Children

Throughout 2020, Renfrewshire's Healthier Wealthier Children (HWC) service continued, with all contact being digital – a mix of email, text, phone and virtual meetings. This has increased engagement and there was no travel or other barriers, such as childcare needed for participants, which has proved popular. There continues to be significant financial gains from the HWC service in Renfrewshire – the total stands at £8,514,575 since the programme began.

### Case Study: Mrs B

Mrs B was referred to the Healthier Wealthier Children service by her Health Visitor for a benefit check. She has a 4-week-old baby and a 2-year-old child. Her husband had been made redundant from his full-time job and received very little redundancy money. He is now working part-time but on a heavily reduced wage. Mrs B is on maternity leave from her job at a reduced wage. Their outgoings, such as heating, have increased as they are at home more.

Mrs B was advised they may be entitled to benefits, such as Scottish Child Payment, Child Benefit, Best Start Grant, Best Start Foods and Universal Credit (UC). She applied for the benefits, along with a Council Tax Reduction, due to reduced income. She has now had decisions on all applications and the income generated for the family for one year is approximately £10,000. Mrs B feels much better and knows where to go for support should their circumstances change in the future.

The background is a solid light blue. It features several abstract geometric elements: a large, dark blue circle in the center, a smaller light blue circle inside it, and five dark blue rounded rectangles at the top. A dark blue curved shape is at the bottom.

**Delivering positive outcomes  
for service users**

## Outcomes 2, 3 and 4: Delivering positive outcomes for service users

### Outcome 2

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

### Outcome 3

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

### Outcome 4

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

We have presented outcomes 2-4 collectively as they underpin the way in which we co-design and shape our services. This approach stems from our vision, which brings the outcomes together to reflect our overarching organisational purpose: for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

In this section we highlight how we have supported different care groups over the last year, along with our locality services. We have picked out some of the key developments and performance from the last year, where we have maintained essential service provision to deliver positive outcomes for our communities and the people who use our services.

## Locality Services

Locality services experienced a significant amount of change during 2020/21, with many staff redeployed to other services to help with the initial response to COVID-19. The teams provided first response services to a range of people with complex and diverse needs to provide assessment and review of changing needs. With the pandemic presenting unprecedented challenges for everyone, particularly those who are vulnerable, locality services provided support to ensure that people were safe, and that self-directed support budgets were used in different ways to meet people's needs and agreed outcomes during the pandemic.

Locality staff have demonstrated a flexible approach to supporting the people of Renfrewshire throughout, supporting other services' response to the pandemic such as:

- Managing social care services at the Royal Alexandra Hospital, included increasing staff presence from a 5-day service, to a 7-day service, screening and providing a direct link to community support
- Deploying staff to care homes, providing dedicated Occupational Therapist support against COVID-19 restrictions
- Mental Health Services, supporting people who experienced increased isolation following closure of building-based services
- Adult Support and Protection concerns, as detailed further in Adult Support and Protection section of this report
- Self-Directed Support, enabling flexible use of Self-directed support as outlined above, and
- Undertaking a review of around 600 people in receipt of community meals and care at home as part of efforts to ensure those with greatest need continued to receive essential support.



# 201

Adults had a new Anticipatory Care Plan in place in 2020/21; up from 159 new plans in 2019/20.



## Sensory Impairment

The Sensory Impairment team has adjusted well to working remotely. They have maintained good teamwork and continued to deliver a service in all situations where there has been a critical or substantial need or risk in relation to physical safety, or other harms including social isolation, independence, and emotional wellbeing.

The Team has delivered vital support including:

- Continuing to provide income maximisation support via telephone, providing information and advice on benefits, supporting claims, and where appropriate making referrals to Advice Works. A minimum of £100,000 of income will have been generated during 2020.
- Reducing social isolation by using technology, enabling people to keep in touch with friends and family, access crucial services including online food shopping as well as access to Renfrewshire HSCP and wider services.
- Improving response time for new registrations and all other referrals due to a reduction in rehabilitation support. This freed up staff time to focus on timely intervention for those newly registered as blind, those who had experienced further sight loss or who had faced totally new challenges as a result of COVID-19.
- Many centre / building-based services have been closed, so people with sensory loss had to use technology for the first time or further develop digital skills to access the support. This has enabled people to access things that many take for granted - but people with sensory loss need specialist support to overcome the barriers and challenges they face daily to access information and services.

## Service User Feedback

*This technology has saved my life.*

*Without the support from the SI team I would have lost my independence.*

*If it hadn't been for my technology support, I wouldn't have been able to do online shopping or keep in touch with my family. I was feeling very low as I had become extremely isolated because of my sight loss and COVID-19.*

## District Nursing Service (DN)

The District Nursing Service has played a pivotal role by proactively prioritising their workload and working with families and colleagues across the Partnership to maintain this vital service. Highlights include:

- Training of staff deployed from other areas to support District Nurses (DNs) to help provide a safe and effective service.
- Collaborative working with multi agencies and Social Work colleagues to support patients at home.
- DNs helped train families to undertake procedures that could be safely managed by family members, reducing unnecessary footfall within homes. This also helped manage workload demands on the service.
- The Senior Nursing Team completed assurance visits to each care home acknowledging good practice, supporting improvement and also providing additional support during COVID-19 outbreaks.
- Deployment of staff from Treatment Room Service into COVID-19 Assessment Centre.
- Flexibility in the DNs' approach to manage a high volume of end-of-life care at home and link with Hospice colleagues to provide support.
- Development of COVID-19 testing for care home pre-admission and for symptomatic housebound people, as well as the organisation and delivery of first and second doses of COVID-19 vaccination within Partnership care homes.

## Rehabilitation and Reablement Service (RES)

The RES Team saw a significant amount of change during 2020/21, with many staff redeployed to other services to help with the initial response to COVID-19. Staff showed a flexible approach and have demonstrated exceptional team working during extremely difficult circumstances. Highlights include:

- All staff were set up to work remotely and use Near Me technology for consultations, which helped manage waiting lists.
- Occupational Therapy staff supported Care at Home Services and worked well with Social Work colleagues.
- Physiotherapists were deployed to the COVID-19 Assessment Centre (CAC) to support GP colleagues by carrying out initial assessments of patients attending the Centre.
- RES nurses supported District Nursing colleagues during the pandemic – this needed some training, which can be used in their substantive roles in the future.
- Staff helped provide an extended care home response team alongside Care Home Liaison Nurses to support care homes, providing direct patient support during any COVID-19 outbreaks.
- Rapid Response increased their team and managed urgent referrals to prevent unnecessary hospital admission and keep patients at home where possible.
- Respiratory Nurse Specialists worked closely with colleagues to support respiratory patients at home and prevent unnecessary hospital admissions.

## Older People

### Older People's Services Review

Our older people's services review has focused on considering how services need to develop to support individuals to achieve person-centred outcomes, and to be more connected within their communities. The review was paused in March 2020 while staff focused on service delivery.

Nevertheless, services such as Care at Home have continued operating on an 'essential' basis, delivering critical services to people across Renfrewshire. We have also worked collaboratively with partners to ensure the critical delivery of Community Meals and medicines to people of Renfrewshire throughout the pandemic

### Day Support

We have been in regular contact with service users, providing support and advice in relation to COVID-19, addressing social isolation, and signposting to other supports and services.

We are working to develop services in line with national guidance. Our decisions have been informed by work undertaken by Journey Associates, which incorporates the feedback we received through the programme of stakeholder engagement which focused on services within the community for older people.

As part of recovery activity within day support, we have developed an interim hub and spoke approach to day support for older people and adults with a physical disability, which began in April 2021. This approach combines support within the Falcon day centre for those with most critical needs, with community outreach services provided to people within their own homes, delivered alongside ongoing welfare calls as noted above. The model has been created in recognition that it will not be possible to re-open every day care building immediately, and that buildings will need to operate at reduced occupancy due to infection control and physical distancing requirements.

### Care at Home

Care at Home services have continued to provide critical care support to people of Renfrewshire throughout the pandemic. COVID-19 has had a significant impact on Care at Home services when providing support to people within their own homes.

Whilst some of our staff needed to shield or self-isolate, overall, staff worked extremely hard and flexibly to maintain care at home service delivery. Due to the uncertainty and outbreak of COVID-19, some people receiving care chose to reduce the support they received to reduce their risk of infection which contributed to balancing the impacts of reduced staffing capacity.

As part of the Older Peoples Services Review Programme, work is underway to identify and implement improvements across Care at Home services whilst incorporating learning from the response and renewal to COVID-19, such as:

- a new fast-tracked recruitment process for Home Care workers.
- introduced a testing programme for staff.
- increased training and awareness of infection control processes.
- commenced staff training programme to meet Scottish Social Services Council (SSSC) requirements.
- provided staff with a new digital communication portal, reducing paper processes, and providing staff instant access to COVID related information and guidance.

The service continues to work with locality services to review the ongoing needs of service users, ensuring that the Partnership meets their care requirements appropriately. This may result in changes to the level and nature of services that some individuals receive.

#### Green Status

In 2020/21, 90% of clients accessed out of hours home care services (65+), above the 85% target

#### Care at Home – family feedback

My mum is 87 years old and has been very independent up until recently when she was diagnosed with dementia. Her condition deteriorated very quickly since Christmas and due to a bad fall and a hospital admission we were advised to seek help from the Care at Home Team.

I want to say how impressed our family has been with the service and the team of carers. From the first phone call asking for initial information to now having carers in four times a day to help with personal care and medication, we cannot believe how quickly and professionally everything was organised. This is our first experience of home care for our mum and we are blown away with the service she has received. The team has shown nothing but kindness and respect for my mum and her family and I just wanted you to know how grateful we are.

#### Amber Status

**Percentage of long-term care clients receiving intensive home care - Target: 30%. Performance 27% at March 2020; increased to 29% at March 2021**

**Clients receiving intensive home care are those who receive more than 10 hours of home care per week. It does not include other Home Care services such as Community Meals and Technology Enabled Care (TEC).**

#### Care Homes

COVID-19 has had no bigger impact than it has on care homes. Our team play a leading role in delivering support and oversight to Care Homes across Renfrewshire through our involvement in daily huddles and clinical oversight, with multi-agency input from public health, Renfrewshire Council and NHS Greater Glasgow and Clyde.

At key times, staff testing positive has significantly reduced our workforce. We have supported staff to keep updated on the most recent guidance, have undertaken training to upskill staff and have worked tirelessly to support residents living in isolation. The commitment and dedication of all our staff, and that of partners, is truly recognised.

## Physical Disabilities

### Physical Disability Day Services - Disability Resource Centre

The Disability Resource Centre (DRC) promotes independent living for physically disabled and sensory-impaired people living in Renfrewshire through various leisure, social, educational and employment activities. In normal times, day services host around 40 group-work sessions per week.

Like many other services, the DRC was temporarily closed in line with national guidance. Those with long-term conditions were identified among the clinically extremely vulnerable groups, which meant isolation and mental health issues could become a challenge.

Working with our SPG groups and with support from the Corra Foundation Wellbeing Fund and Connecting Scotland, volunteers and employees co-produced Life Apart – a pilot project providing online workshops. The pilot concentrated on adapting options to online sessions on digital platform Zoom, bringing people together again. Funding allowed access to online inclusive arts, heritage, music, and dance workshops.

Initially many of the centre's service users were concerned about managing at home and losing their independence. However, the online groups have helped service users and their families who were shielding or self-isolating to cope with restrictions and keep in touch with peers and staff safely.

**Online groups: Here is a selection of feedback from some of the groups that have taken place during 2020/21:**

*"I missed all my friends and I would just sit about the house all day depressed, not getting dressed and eating too much, as I couldn't see anyone. The dance group was like a lifeline to me. I love the dance group; it makes me feel connected."*

*"It has been great having the phone calls over the past year, but the Zoom groups have been a life line for me; you have no idea how beneficial they have been. They are also great fun and cheer me up."*

*"It makes me feel so totally included and seeing everyone is really good for me. It has given me the confidence to become involved in other online groups as I find it easy to use Zoom now because I have had a lot of practice."*

The online groups were not suitable for everyone. People missed the DRC's Digital Suite and having face to face contact; customers with sensory impairments experienced additional pressures accessing online groups and preferred regular welfare calls.

## Child and Maternal Health

During the pandemic, the Universal Health Visiting Pathway was paused for face-to-face contact, except for the First Visit (new-born babies and the 6-week check). This was revised in May 2020 and again in November 2020. Currently, three points in the pathway are being delivered physically, with all other contacts taking place by telephone and using Near Me. The face-to-face contacts remain the Health Visitor's First Visit, the six-week development check, plus the 30-month ready to learn assessment, as well as any children at additional risk.

### Child Health 30-Month Assessment Uptake

**Green Status**

The overall uptake rate of the child health 30-month assessment for 2020/21 was 87% compared with 95.5% in 2019/20 against a target of 80%. This can be attributed to three months of initial lockdown from April to June 2020, when assessments were paused by the Scottish Government. However, there has been significant recovery in the latter stages of this year with performance at 93% at Quarter 3 (Oct-Dec 20) and 94% at Quarter 4 (Jan-Mar 21).

### Breastfeeding

Performance for exclusive breastfeeding at 6-8 weeks has been consistent from 2017/18 to 2019/20, with an increase to 29.5% at September 2020 - well above the 21.4% target. Performance has also exceeded target for exclusive breastfeeding at 6-8 weeks in the most deprived areas of Renfrewshire, with a rate of 20.8% at September 2020 (target: 19.9%).

**Green Status**

	2017/18	2018/19	2019/20	2020/21
Exclusive breastfeeding at 6-8 weeks	23.4%	24.4%	23.6%	Sep 20: 29.5%

**Green Status**

	2017/18	2018/19	2019/20	2020/21
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	14.5%	17.7%	16.7%	Sep 20: 20.8%

### UNICEF Baby Friendly Gold Award



In March 2021, we were successful in achieving the UNICEF Gold Award and are now accredited as a Gold Baby Friendly Service. The accreditation is awarded based on a set of evidence-based standards for maternity, health visiting, neonatal and children's services. It aims to provide parents with the best possible care so they can build close and loving relationships with their baby and feed their baby in ways which will support optimum health and development. To maintain gold status, we must submit annual evidence to show standards are being maintained and progressed. We were highly commended by UNICEF and the team was praised for its ongoing support, dedication and commitment to families.

## Childhood Immunisations

Promoting the uptake of pre-five childhood immunisations has remained a priority for us, with Health Visitors promoting this at every contact. The board-wide Immunisation Team continues to deliver, and figures show that attendance at Renfrewshire clinics sits at 70-75%, the highest across the board area. The Immunisation Team also delivered the childhood flu vaccine to 2-5-year-olds and not in school. The most up to date data shows an uptake rate of 65% in NHSGCC.

## Specialist Children's Services

**Red  
Status**

### Paediatric Speech and Language Therapy

At March 2020, performance for this indicator was 100%. Unfortunately, the pandemic saw waiting times increase during the months of April to June 2020. The team has responded well to the complexities of maintaining service, and has set up Therapy Help and Adviceline in May, implemented the use of Near Me, and used technology to maintain clinical intervention when face to face meetings were not possible.

Their hard work and dedication saw performance return to 100% from October to December 2020. However, the further periods of lockdown, an increase in referrals, restrictions on face-to-face contact, a lack of availability of community venues plus a reduction in staffing has unfortunately seen performance dip to 63% at March 2021. We anticipate an improvement in service by August 2021 as guidance continues to ease and staffing levels improve.

#### ADVICELINE

**100% of parents who used the service in February 2021 were happy with the outcome of their call and 100% of parents would recommend the service to others. Overall parents find the reassurance from a skilled professional helpful and Health Visitors have also commented on how useful it has been to be able to signpost families to the service.**

**Red  
Status**

### Child and Adolescents' Mental Health Services (CAMHS)

We have reduced the referral to treatment time waiting list. However, the pause to treatment during the early stages of COVID-19 and the significant reduction in staffing that has occurred during the year has resulted in an increase in waiting times. Despite this, Renfrewshire remains one of the strongest performing Partnerships in NHSGCC with 70.1% of patients seen within 18 weeks at March 2021 compared with 66.7% at March 2020 (target 80%). The NHSGCC average was 69.7%. Nurse-led prescribing has also now been established, which will help to reduce waiting times for Consultant Psychiatry appointments for ADHD medication.

### Paediatric Physiotherapy drop-in clinic feedback

Paediatric Physiotherapy drop-in clinics (age 0-5 years) have been very well received. 91% of children seen did not need any follow-up. Due to the pandemic this service has been replaced with Adviceline with good feedback from parents. Comments have included:

*'I felt very reassured about my child's development.'*

*'A great service. I was given good advice and reassurance.'*

*'My daughter was made to feel at ease. The staff were very friendly and we received good feedback.'*

### Renfrewshire Paediatric Disability Team

During the pandemic there were no restrictions on referral management and, due to adapted approaches, we have consistently met overall waiting time targets, despite a move of base to Aranthrue Centre. The Community Children's Nursing Team has continued to provide a critical face to face service and increased in-person activity – in response to clinicians at the Children's Hospital – in many cases preventing admission and attendance at hospital sites.



## Learning Disabilities

In a year that has been challenging for everyone, Renfrewshire Learning Disabilities Service (RLDS) worked hard to find alternative ways to provide support, developing and implementing a 4-Tier model to provide essential support to the most vulnerable adults with learning disabilities, in response to the COVID-19 pandemic.

Within this alternative support, a range of over 40 virtual activities and groups were created and delivered using various digital channels, offering an alternative way for supported people to engage with friends and peers whilst staying at home including:

- Makaton choirs
- Remote 'Gateway Clash' band sessions and recordings
- Fitness sessions including Zumba and more
- Home cooking sessions
- National Involvement Network (NIN) participation

## Carers' Survey

We asked carers in January and February 2021 to share their experiences of accessing services during the pandemic. Areas covered in the survey included service rating, what has worked well or what did not work as well over the last 12 months, COVID-19 challenges as a care-giver, communication and engagement and future expectations. We have highlighted some of the feedback below and all information will be used to inform continuous service improvement and tailor services to better meet the needs of both supported people and carers in 2021 and beyond.

*"Contact from all support workers, via phone, text messages, emails and direct contact where possible has been excellent. We have been kept up to date at all times."*

*"We are trying to manage my son's expectations. He doesn't understand timelines or the situation and just wants to see his friends and get back to normal."*

## Community Team

RLDS provides community-based support for adults with learning disabilities, enabling access to a comprehensive range of health and social work services for people in Renfrewshire who have a learning disability. Throughout the pandemic this work continued in various ways such as face-to-face contact in response to critical need, whilst adhering to all infection control guidelines using Microsoft Teams and Near Me to complete health and social work assessments. We also set up a range of digital platforms to provide information and activities. In addition, the team ensured all families and carers in the priority 1 & 2 groups received weekly telephone welfare contact to assess the needs of the main carer to respond quickly if necessary. As a result of this work the team received positive feedback as highlighted below:

*"I found Occupational Therapy so valuable during the pandemic, especially in a range of sensory activities."*

*"I just wanted to thank you for your supporting phone calls throughout this pandemic. Your thoughtful problem solving has been so helpful and sincere. I am so appreciative of your genuine interest in my wellbeing."*

## Digital Activities and New Ways of Working

- Staff have progressed digital skills to work virtually with supported people.
- Virtual trials have been completed with templates of 'you said, we did', leading to virtual groups being designed to focus on what supported people want to do and achieve.
- Where families/carers and supported people had no access to technology, the service was able to supply a tablet and access to broadband, supported by the team and day service staff.
- Created a sensory screening tool to gather information on the sensory needs of non-verbal clients.

## COVID-19 Vaccinations

The team gave families, carers and services easy read, accessible information to help people reach informed decisions about vaccination. The Nursing Team administered vaccines to people who needed additional support either in their homes or in our day services and were creative in their approach to ensure success. Feedback from families has been very positive and included the following quote:

*"I was so overwhelmed yesterday when S had his vaccine. I had to fight back the tears, I couldn't believe it!"*

## Mental Health

Good mental health and resilience are at the heart of our vision. The service has worked tirelessly throughout the pandemic to maintain service provision and ensure mental health and wellbeing is a priority across Renfrewshire.

Using a traffic light system, our team worked quickly to prioritise care levels and ensure our most vulnerable patients were prioritised while safeguarding cover for critical care services and support provision for some in-patient settings.

The pandemic has influenced how we have managed our services, but flexible working and the use of technology such as Near Me video consultation for routine assessments has helped us address some of the challenges. In addition, the re-establishment of daily multi-disciplinary team meetings has allowed prompt discussion of cases and ensured patients could be directed to the right care for their needs.

The staff and service adapted well by adopting new ways of working and supporting those having to shield for health reasons to work from home. While this has been challenging, staff responded quickly to the change in care provision and planning, to ensure movement throughout the secondary care service, re-establishing reviews and meeting using digital technology such as Microsoft Teams.

### Doing Well Service

In March 2020, we carried out a risk-assessment on the Doing Well service and decided to temporarily close it to enable staff to focus on supporting front line services. We resumed the Doing Well service in November 2020, including new referrals. The service successfully implemented digital appointments with the 'Near Me' system and all staff were provided with digital equipment so they could work from home.

By January 2021, 100% of patients were seen within 28 days and 100% of patients agreeable to either telephone or Near Me appointments were engaged in treatment within the national target of 18 weeks. The service has a number of patients on its waiting list who wish to wait for the resumption of face-to-face appointments and these patients are frequently reviewed to monitor any variants to their risk level.

#### Red Status

Unfortunately, at year end, performance for the percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks, has decreased slightly from 90.5% at March 2020 to 89.0% at March 2021, against the target of 100%. Impacted by staff taking annual leave accrued due to the initial response to the pandemic, staff vacancies and a phased retiral, it is anticipated performance will improve in the next few months once all posts are filled.

## Mental Health Strategy Update

Lessons learned from the pandemic have been used to review and refresh the 2018-2023 NHS Greater Glasgow and Clyde (NHSGGC) Mental Health Strategy. A key assumption on our recovery planning is that demand for mental health services and support will increase post-pandemic and the scale of this is difficult to quantify currently. This piece of work will support us to prepare for this eventuality. A number of new ways of working have been adopted and the refresh of the Strategy will allow for these to be considered as we move forward. A Refresh Steering Group has been established and is being led by Glasgow City Health and Social Care Partnership as the host HSCP for Mental Health planning responsibilities.

Renfrewshire HSCP's Head of Mental Health is a member of this Steering Group. It aims to refocus the strategic principles, goals and outcomes of the Mental Health system across all HSCPs in NHSGGC. It will consider what structures are required to ensure transformation, provision and delivery of mental health services can be delivered, considering current demands and national guidance. The refresh is expected to conclude in spring 2021.

## Action 15 Update

The Strategy is aligned to the Scottish Government's Mental Health Strategy 2017-2027 and Action 15 is one of 42 commitments given to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. Renfrewshire was allocated a share of these monies with a target of establishing an additional 27.2 mental health workers by the end of the four- year period. Each HSCP is accountable to its own Integration Joint Board for use of resources and the development of their own Action 15 Plan.

The pandemic has delayed recruitment, however we have highlighted some of the Action 15 posts that have been progressed in Renfrewshire this year:

## Occupational Therapy Support Workers

All seven inpatient wards have benefited from Action 15 funding to support the creation of Occupational Therapy Support Worker posts, providing a range of ward based therapeutic activities. These have included a memory box project in the Dementia wards, a pop-up vintage café and art therapy. Some activities had to be paused due to the pandemic such as museum visits, themed supper evenings and trips to the cinema, but these will be reinstated in a safe and carefully managed way as we progress from lockdown.

## Community Wellbeing Nurses

The Community Wellbeing Nurses are based within the Community Mental Health Team (CMHT), and work between the CMHT and GP surgeries. The aim is to improve patient care at the point of initial contact, improving access to services and liaison between services within local areas. The Community Wellbeing Nurses will work with existing services including the CMHT, GPs and Community link workers to improve links between these services, increase support to services and improve referrals made to secondary care, allowing all referrals to be triaged within the GP surgery.

## Community Safety Nurses

Two Community Safety Nurses took up post in January 2021 with the service beginning on 1 March 2021. These posts will establish links with GPs and Link Workers and work collaboratively with the Police, Fire and Rescue Service, Social Work and the CCTV Community Safety Hub, attending daily meetings as representatives for Mental Health. They will collate information and share with the relevant Mental Health service in Renfrewshire. They will also assist at the Drop-in Clinic for Women and Children First to support service users attending the service by offering low intensity psychological intervention, anxiety management, and will support staff within Women and Children First by offering guidance and advice. Secondary schools will also benefit from their support, initially with education and early intervention work regarding mental health.

## In Reach Service

During the pandemic we recruited two In Reach Workers to assist with a review of discharge processes. They will participate in a daily safety huddle, which will look at health and safety within ward environments, referrals to In Reach, discharge planning, risk identification and observation levels. The service has not yet begun, but it will aim to:

- Improve communication between inpatient services and the community with better inter-agency working.
- Improve patient care with patients seen by the right service, within the right team, at the right time.
- Improve the co-ordination of discharge, discharge planning and patient/family involvement in discharge planning.

## 'Hear for You' Helpline

The HSCP joined forces with Recovery Across Mental Health (RAMH) in Renfrewshire to launch 'Hear For You', a free telephone service designed to provide support for anyone struggling with practical, emotional or financial issues that have impacted on their lives as a result of the pandemic. The helpline can also signpost clients to other services in the community, when appropriate. Between April 2020 and March 2021, the service received 94 referrals and four re-referrals plus 21 enquiries, a total of 119. 67% of referrals were female and 33% were male, with the highest rate of referrals seen in the 46–55-year-old age group. The service is open Monday to Friday, 9am to 5pm on 0800 221 8904.

### Number of interventions by the service = 776:

Apr–Jun 20	Jul–Sep 20	Oct–Dec 20	Jan–Mar 21
140	75	111	298

### Main four reasons for referral 2020/21.

Most service users normally have more than one reason for the referral:

Depression	Anxiety	Loneliness	Other
36	59	32	28

## Suicide Prevention

COVID-19 has had a substantial impact on the service offered as face-to-face training has had to be paused and some types of training are unsuitable for virtual delivery. While it is too early for data to be available in respect of deaths by suicide as a direct result of the pandemic, it is widely expected that deaths by suicide and instances of self-harm will increase. While we are waiting for restrictions to lift our Choose Life Service Co-Ordinator has developed a suite of 'A Conversation about' sessions which will be delivered via Microsoft Teams in 2021. The topics covered are Mental Health, anxiety, depression, psychosis, suicide and staying safe, self-harm and ASIST. Initial uptake has been encouraging and has resulted in additional sessions being added to the programme. Funding has also been approved to purchase an online Living Works START programme, raising awareness of suicide prevention and enabling participants to connect people to help and safety. This will enable a programme to be run throughout Renfrewshire.

## Intensive Home Treatment Team

The Intensive Home Treatment Team (IHTT) has continued to provide an effective service, maintaining high standards of patient care. The team has adapted by using Near Me to conduct reviews and assessments over video link, which allows staff to see patients while reducing the risk of spreading the virus. However, if a patient is assessed as high risk, then face-to-face contact would be undertaken. Daily multi-disciplinary meetings take place with staff and a Consultant Psychiatrist to review patients at risk. The team has continued to develop relationships and partnerships with GP practices, inpatient teams, Community Mental Health Teams, Community Pharmacies and Junior Doctors.

The improvement in working relationships and processes has gained the team recent praise at the GP Forum, as well as from the Locality Bed Manager for the support IHTT has given to the Bed Management process. The team's hard work and ability to nurse service users in a community setting has resulted in the lowest rate of admission. Community pharmacies have also appreciated the IHTT support given to medication management in the community.





## Alcohol and Drugs

Renfrewshire's Alcohol and Drug Recovery Service (ADRS) has continued to provide essential services despite a reduction in face-to-face contact due to the impact of COVID-19. We have continued prescribing specialist medication, including essential Opiate Replacement Therapy and continued Blood Borne Virus Testing, albeit in limited numbers. The Acute Addiction Liaison Service continues to provide service users with essential pathways from acute settings to other services or return to their homes, reducing some of the pressures and demands on acute services. ADRS is also prepared and has contingency in place to provide support to those returning to Renfrewshire following early prison release.

### Renfrewshire Alcohol and Drug Commission

During 2018/19, Renfrewshire Community Planning Partnership agreed to establish an independent commission to form a true picture of drugs and alcohol use in Renfrewshire, and to make recommendations on what partners can do together to support local people and communities adversely affected by drugs and alcohol use. Comprising key representatives from across health and social care, housing, justice, third sector and higher education, the Commission – run in partnership with Renfrewshire Council – considered policy across areas including the support for people most in need, prevention and early intervention, and recovery. Work was delayed due to the pandemic, however the ADRS has now considered each of the recommendations of the Alcohol and Drug Commission. It has carried out a self-evaluation exercise and will take forward three proposals based on the Commission's recommendations: Assertive Outreach, Crisis Based Mental Health Service, and enhancing Peer Support. All proposals are aligned to the wider strategic direction of Alcohol and Drug Recovery Services and funding has been secured to drive them forward.

### Whole-Systems Review Implementation

The implementation of service improvements based on the Whole-Systems Review continue to progress. This includes the introduction of an integrated Alcohol & Drug Recovery Service which encourages, supports and embeds a culture more conducive to Recovery in Renfrewshire. This will be supported with improved access and choice of treatment including alcohol home detoxification and community rehabilitation. The re-design and launch of the new service is planned for late summer 2021.

## Recovery Hub

We have continued the development of the Recovery Hub which is nearing completion. We are part of a multi-agency Recovery Task Force which also includes representatives with lived experience. The Task Force has agreed a visual theme for the Hub and negotiations are underway to agree a programme of activities in collaboration with key partners. Our vision is a space that encourages and promotes growth, resilience and peer support. A programme that offers therapeutic/psychosocial interventions alongside creative arts, health and wellbeing activities and educational opportunities. This service will be the first of its kind in Scotland and will provide an invaluable resource for the people of Renfrewshire who are affected by Mental Health and/or Alcohol and Drugs. It is expected that a formal launch of the Recovery Hub will take place in summer 2021.

### Service User Feedback

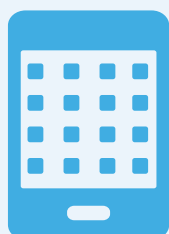
"Having access to online groups and forums has helped me to stay connected with peers which has supported me in my overall recovery journey."

## Involving Individuals with Lived and Living Experience

The Alcohol and Drug Partnership (ADP) is committed to ensuring individuals with lived or living experience are involved in all aspects of service planning and delivery. We have further embedded and strengthened this with their involvement in the recruitment process within ADRS, which led to a number of successful management appointments. We are also represented on the Recovery Taskforce, and an enhanced Peer Support Network. This means we have a total of six Peer Support Workers alongside a Recovery Development Worker. Each of the peer workers will have dedicated roles focusing on either supporting partners in preventing drug related deaths, key navigator roles or providing dedicated support to the Recovery Hub. Overall, the Peer Support Network will all have a key role in driving forward the recovery agenda in Renfrewshire in partnership with all stakeholders.

## Connecting Scotland

ADRS also secured 60 tablet devices from the Scottish Government's Connecting Scotland Fund for service users who do not have the IT kit to get online. This has provided options for video consultations as part of NHS Near Me and access to online recovery support and activities.



# 60

tablets obtained from Scottish  
Government's Connection Scotland Fund.



### Green Status

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

Waiting times for referral to treatment within 3 weeks have remained stable with performance at 95.8% at December 2020 compared with 95.9% at March 2020 (Target: 91.5), and above the overall rate for Scotland which is 95.7% for the same period. This can be attributed to an internal review of administrative processes which has led to a more efficient way of recording waiting times data. There has also been a slight decrease in referral activity due to COVID-19, with most individuals being assessed by telephone, which has led to quicker assessments being carried out.

### Green Status

**Reduction in Alcohol Related Hospital Stays. Rate per 1,000 population aged 16+. Target: 8.9 - green status**

We have exceeded our target for reducing alcohol related hospital stays. The latest data shows the rate at September 2020 at 7.9 while December 2020 was 7.4, compared with March 2020 when the rate was 8.4 (target 8.9). However, the September and December 2020 figures are provisional and likely to be incomplete at present.

## Alcohol Brief Interventions (ABIs)

ABIs has shown to prevent and reduce the harm caused by alcohol misuse, which contributes significantly to ill-health and social harm. Screening individuals on their alcohol use provides an opportunity to identify those who are putting their health at risk by drinking hazardedly and harmfully. Conducting an ABI provides a means to raise awareness with the individual around their drinking habits and in turn help them to consider reducing their alcohol intake. The standard for ABIs states that 80% of ABIs should be carried out in three priority settings - Primary Care, A&E and Antenatal, with the remaining 20% in wider settings such as mental health or criminal justice services. The proposed dedicated post will be responsible for delivering ABIs across these areas, as well as providing training to key stakeholders to embed ABIs within practice. The recruitment and implementation of the post will be progressed as soon as face to face interventions are possible as we recover from the pandemic.

### Online Book Club - 'Passionate about Recovery'

The new book group 'Passionate about Recovery' started on 2 February 2021, with five individuals signing up. The first book chosen was Booker Prize winner Shuggie Bain by Douglas Stuart. All participants received a copy of the book in a 'welcome pack' with a notebook, bookmark, hot chocolate and cookies. Participants' note that they have felt challenged but excited by the book, the discussions, and the potential to help steer the group in the coming months.

#### Service User Feedback

"The book club has been a great way to discuss challenging topics. The empathy, shared experience, moral discussion and human insight, provided the depth, warmth, caring, and human understanding that has supported us in continuing to progress our own recovery."

### Recovery Newsletter

We published the first Recovery Newsletter in December 2020. It provided an update on the new Recovery Hub, as well as information about online activities which will be available during 2021. The second issue provided further progress reports and a 'Recovery Statement' setting out the principles underpinning the Recovery Hub. The third issue out published in April will feature information on our new Focus Group, including feedback from previous group participants.

### Recovery Facebook Page

The Hub Facebook page will form part of a wider social media presence and communication strategy leading up to the launch of the new service (and beyond!). It links with the wider recovery community across Scotland and will be a forum to share information and resources.



## Palliative and End of Life Care

COVID-19 has claimed many lives. A number of our teams, including District Nursing (DN), Care Homes, and Rehabilitation and Enablement Services (RES), have supported the extra strain on palliative and end of life care.

Each of these services have played a part to support people in their preference to have end of life care needs met at home or in a homely setting. This is already a crucial service in Renfrewshire, however during the pandemic there have been additional pressures, particularly for care homes, around the impact of COVID-19 outbreaks.

We increased nursing support to local authority homes by employing a further three care home liaison nurses for a fixed term, in addition to the essential Advanced Nurse Practitioner (ANP), DN and RES services provided. Hospices also linked in with care homes and wider HSCP services to provide ongoing support to staff providing palliative care to residents and patients affected by COVID-19.

In line with the Strategic Framework for Action (SFA) on Palliative and End of Life Care, our aim remains that by 2021 everyone in Renfrewshire who needs palliative care will have access to, and benefit from it, regardless of age, gender, diagnosis, social group or location.

### Palliative Care strategy

Our draft Palliative Care strategy has been slowed by the impact of COVID-19. The Palliative Care Joint Planning, Performance and Implementation Group (JPPIG) last discussed the draft strategy in December 2020. There are plans to restart and refresh the group in the coming months with support from the HSCP Head of Strategic Planning and Health Improvement and both local Hospices.

## Improving the Cancer Journey

The Macmillan 'Improving the Cancer Journey' (ICJ) project launched in Renfrewshire in January 2020. The project aims to support people affected by cancer by building on existing links in local communities to deliver high quality, accessible care, centred on the individual's holistic needs assessment. We want everyone who is diagnosed with cancer in Renfrewshire to be able to easily access all the support they need, as soon as they need it, so they can live as well and as independently as possible. There have been 338 referrals into the service since its launch, with 29% of referrals coming from HSCP partners. Since the end of March 2021, referrals can be made by GPs via SCI Gateway. The service has also helped generate a massive £342,774.00 in benefit entitlement.

# 338

referrals since January 2020

# £342,774

achieved in benefit entitlement

### CASE STUDY

Mr. S was diagnosed with Hodgkin's Lymphoma in June 2020 and contacted ICJ Project after receiving a letter letting him know about the service. The service has adapted to lockdown and can now send its Holistic Needs Assessment to service users' smart phones and tablets for remote completion. Mr S was able to score the concerns that mattered to him and this enabled ICJ worker Karen to view and discuss these concerns with him on the phone.

Mr S was particularly concerned about finances due to a reduction in the family's income. Karen referred Mr S to the Macmillan Advice Works Team to apply for a Macmillan grant to help with the increasing cost of travel to and from the hospital for treatment. This was awarded and helped towards the cost of fuel. A referral to Warmer Home Scotland was also made with a view to reducing the family's home energy costs.

## Primary Care

Many aspects of our COVID-19 response and planned recovery have built upon our Primary Care Improvement Plan (PCIP), enabling GPs to focus on their expert medical generalist role. These steps have included:

- All 29 GP practices are benefiting from a new community phlebotomy service.
- All 29 GP practices have a Community Link Worker. From 1 April 2021 a new provider took over the contract to deliver this service which offers non clinical support to patients to live well through strengthening connections between community resources and primary care. Appointments may be face to face in the practice, on video call or on the phone and will last around 45 minutes. Over the coming months the offer to take part in some small group work sessions will be progressed. This is a great way to connect with other people who are having similar experiences, develop new skills and learn from one another.
- Multi-disciplinary teams are being extended that will be responsible for some of the activities currently performed by the GP.

Other key developments include:

- Investment in 'Near Me' to allow GP practices to offer digital triage and consultations (telephone or video) as standard to reduce footfall in practices.
- Introduction of 'Near Me' to patients in care homes wherever possible.
- The development of a COVID-19 Assessment Centre (CAC), to assess symptomatic patients in a safe space away from each GP practice.
- All 29 GP practices signed up to deliver the Over 80s COVID-19 Vaccination Programme and the majority have taken forward the Over 75s and shielding cohort. Practices have been effective in organising their vaccinations clinics. We thank all our practices for their commitment in supporting the vaccination programme to protect our local population.

### Seasonal Flu Vaccination Uptake – Autumn/Winter 2020

The seasonal flu vaccination programme was significantly larger and more complex than in previous years, with an increase in the number of people to be vaccinated in the eligible groups. We also had to deliver the vaccine in a socially distanced way for both our staff and the patients who accessed the service.

We delivered the programme in a variety of different ways to maximise uptake during the pandemic. We firstly established a mass community vaccination centre at St Mirren Park, Paisley. We also delivered vaccinations through previously established models, including our housebound team, and in care homes. Listening to people's feedback, we also established vaccination capacity at community pharmacies in outlying villages – Bishopton, Erskine and Bridge of Weir / Houston – to serve residents with mobility or transport issues who faced challenges attending St Mirren. This was in addition to pharmacy provision previously established to serve cross-border GP practices in Lochwinnoch and Beith.

We have highlighted the flu vaccination uptake in Renfrewshire below. Notwithstanding the significant challenge to deliver the programme and the understandable apprehension of the public to attend for their vaccinations at this time, three out of four of our eligible groups saw a substantial increase in vaccine uptake. At 80.1% and above the national target of 75%, the over 65s uptake saw an increase of 4.7% compared with 2019/20.

### Green Status

Season 2020/21 Flu Vaccine Uptake Averages:  
as at Week 15 (end of uptake surveillance period)

	Over 65s	Under 65s in at risk groups All at risk (Exc.Pregnant women and carers)	Pregnant (not in clinical at risk group)	Pregnant (in clinical at risk group)
2020/21	80.1%	53.2%	49.4%	65.1%
2019/20	75.4%	44.2%	54.0%	59.5%

Source: NHS Information Services, April 2021

*'I found information about the flu drop-in clinic online and had a friend drive me from my home in Lochwinnoch to St Mirren Park for my flu jab. I am registered partially sighted and have very reduced mobility so I was rather concerned. My fears were unfounded. I did not even have to get out of the car. The nurse and needle came to me! Thank you.'*

**Member of the public**

## Unscheduled Care

Unscheduled care is the unplanned treatment and care of a patient, usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances and emergency admissions to hospital. We are working with hospital services to avoid unnecessary admissions and focusing on keeping people supported at home where possible.

We contributed to the draft NHSGGC Unscheduled Care Joint Commissioning Plan pre-COVID-19, which is currently being reviewed and refreshed taking into account the learning gained from the pandemic. An update on this programme will be submitted to the IJB meeting in September 2021, along with the finalised NHSGGC Unscheduled Care Joint Commissioning Plan.

We continue to monitor progress on the six Ministerial Strategy Group (MSG) indicators as part of our overall performance management process. The data presented below is the most up to date confirmed figures for Renfrewshire.

### Ministerial Strategic Group Indicators

- Emergency admissions (18+)
- Unscheduled Hospital Bed Days for Acute Specialties (18+)
- A&E attendances (18+)
- Delayed discharge bed days (18+)
- Percentage of last 6 months of life spent in the community (all ages)
- Percentage of 65+ population living at home (unsupported).

Table 1 shows the data for these performance indicators for the 5-year period 2016 – 2021. The overall impact of the pandemic on unscheduled care indicators remains unpredictable and it is important to note that comparators for 2020/21 cannot be drawn from previous years' data.

**Table 1: Ministerial Strategic Group Indicators 2016/17 - 2020/21**

Ministerial Strategic Group Indicators	2016/17	2017/18	2018/19	2019/20	2020/21
Number of emergency admissions	22,448	19,681	18,958	18,173	Feb 21 12,976
Number of unscheduled hospital bed days (acute specialties)	128,961	130,409	144,712	126,904	Feb 21 96,252
A&E attendances	45,910	44,684	47,718	47,297	Feb 21 28,795
Acute Bed Days Lost to Delayed Discharge	3,205	4,680	6,085	9,122	8,759
Percentage of last six months of life spent in Community setting	86.9%	88.4%	87.2%	87.4%p	Data Unavailable
Balance of care: Percentage of 65+ population living at home (unsupported)	90.4%	90.4%	89.8%	89.9%p	Data Unavailable

**p: provisional – not yet published**

### COVID-19 Impact on Unscheduled Care Performance

In relation to bed days lost to delayed discharge, three issues have impacted on performance: legal processes, care home availability and care at home resources, although there has been recent improvement in all areas.

## Legal Processes

The legal process involved in complex cases significantly slowed during the pandemic due to the pause in court proceedings. However the courts have scheduled hearings again and patients are now able to be discharged with agreed care plans in place.

## Care Home Availability

Care Home availability was restricted by COVID-19 outbreaks, which made placements more complex. A reduction in outbreaks now means there is increased placement choice and availability and the COVID-19 vaccination programme will ensure a reduction in possible future outbreaks.

## Care at Home Resources

The Care at Home service was affected by high rates of staff sickness absence, with a number of staff stepping back from work in line with national guidance. These factors affected care package availability for discharge. With staff absence rates stabilising, there have been no Care at Home delays from hospital for over four months.

## Delayed Discharge Performance - National Position

Renfrewshire's delayed discharge performance remained strong in 2020/21 – fifth position of the 32 local authorities. For bed days lost to delayed discharge our rate was 1,997.1 per 100,000 population. The range varied from a rate of 964.9 at position one, to 11,845.2 at position 32. The Scottish average was 5,366.9. Our performance improved further in April 2021 with Renfrewshire in first position across all local authority areas in Scotland for bed days lost to delayed discharge.

## Emergency admissions, unscheduled hospital bed days and A&E attendances

The reduction in emergency admissions, unscheduled hospital bed days and A&E attendances mirrors a national trend, with Public Health Scotland suggesting three possible reasons:

- Changes in behaviour: individuals not wanting to use health services or delaying treatment because they do not want to burden the NHS or were anxious about the risk of infection.
- A pausing of preventative and non-urgent care such as some screening services and planned surgery.
- Other indirect effects of interventions to control COVID-19 e.g. changes to employment and income, access to education, social isolation, family violence and abuse, changes in the accessibility and use of food, alcohol, drugs and gambling, or changes in physical activity and transport pattern.

Understanding which factors are responsible for changes in health and social care use during the pandemic is difficult and a number of national research projects are underway to help understand this in more detail.



## Reporting on Lead Partnership Responsibilities: Podiatry

We are the lead Partnership for Podiatry Services across NHS Greater Glasgow and Clyde. Podiatrists are health care specialists who treat problems affecting the feet and lower limb. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections.

COVID-19 has significantly impacted on the Podiatry Service's face-to-face care delivery. However, this challenge offered the opportunity to maximise the use of a combination of face-to-face and telephone and video consultation using Technology Enabled Care (TEC), whilst providing optimal patient care and assessment. During this time, the Podiatry Service focused on patients with a higher degree of risk and clinical need:

### CASE STUDY

**Mrs B, 66-year-old female in the shielding category.**

**Medical History:** Type 1 Diabetic with six year history of Charcot and foot ulceration.

**Pre COVID-19 Plan:** Twice weekly face-to-face appointments with self-management plan in place to support dressing changes at home.

**Current Management:** Real-time assessment through 'Near Me' including treatment plan, antibiotic cover, frequency of dressings and onward referral.

**Patient Involvement:** With guidance, patient's husband felt confident to change dressings twice weekly and apply daily emollient. This led to an improvement in tissue quality which may not have been achieved in a clinical setting. The patient has also become familiar with her own wound leading to changed behaviour from 'clinical-led' to 'patient involved' discussions.

**Outcome:** Patient's foot completely healed within 12 weeks.

**Mental Health and Wellbeing:** Patient reported improvement in her overall general health and wellbeing and is a great advocate of the Near Me system.

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## **Carers**

## Outcome 6: Carers

### Outcome 6

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

Renfrewshire HSCP's Carers' Strategy (2020-22) was approved by the Integration Joint Board on 26 June 2020. Carers were involved in the development of the Strategy to ensure it reflects the support they need to continue to care. The Strategy's key priority is the identification of unpaid carers. You can read the Strategy online at:

**<https://www.renfrewshire.hscp.scot/AdultCarersStrategy>**

Local and national surveys have highlighted how the pandemic has impacted on carers, including an increased caring role and its effect on physical and mental wellbeing. The support carers normally get from family and friends has been reduced and carers reported that they were delaying an Adult Carer Support Plan because they were prioritising support for the person they care for. This has also contributed to decreases in other areas, such as training and group support, where older carers have reported they were not confident enough to use online support.

We have worked with Renfrewshire Carers' Centre to develop targeted support during the pandemic, including:

- Developing a triage system for 130 carers who are providing personal care to access PPE.
- Vaccination—supported carers to register to receive their vaccination.
- Completing Adult Carer Support Plans remotely.
- Regular check-in calls to find out if support needs have changed.
- Moving training, one-to-one and group support online (Alzheimer and Dementia, Parent Carers, Male Carers, Mental Health Carers).
- Providing a loan scheme for carers who didn't have access to technology.
- Providing COVID-19 specific training courses including: Autism Quarantine Anxiety, Energy Booster during COVID-19, and Helping Carers Cope during Lockdown.
- Providing opportunities for online peer support and social interaction, including Stroke Café (with Stroke Scotland) and Family Bingo Drumming, Companionship walks, Family Bingo, Flower arranging, Art workshop, Guitar lessons, and live music.

Furthermore, we have identified non-recurring one-off Carers' Act funding of £200,000. The funding is available due to lower than expected demand for respite. It will be used to support carers in line with the Strategy, as well as to continue to respond to the challenges of caring during the pandemic and to develop a sustainable Carers' Partnership.

**815**

new carers received  
support (876 in  
2019/20)

**86**

carers completed an  
Adult Carer Support  
Plan (162 in  
2019/20)

**1,172**

carers provided with  
information and advice  
(1,209 in 2019/20)

**116**

carers attended condition  
specific support groups  
(135 in 2019/20)

**15,020**

contacts with carers via  
telephone calls, email,  
and letters (14,276 in  
2019/20)

**£24,060**

awarded in Time to Live grants  
to support carers and to enable  
them to have a break (£11,276  
in 2019/20)

**165**

carers accessed online  
training; 109 carers were  
accessing training for  
the first time (220 and  
142 in 2019/20)

Performance is expected to improve during 2021/22, as we implement the actions in the Carers' Strategy to achieve its priority of identifying more carers, embed learning from local surveys conducted with carers during the pandemic and support the third sector led Carers Partnership which is developing innovative support for carers.

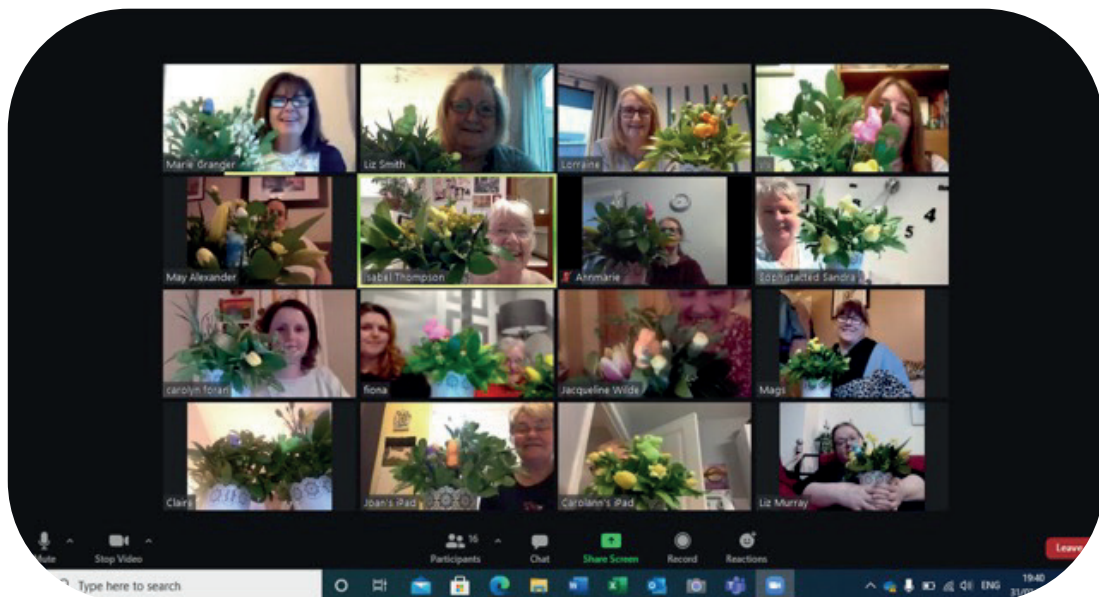
## Case Study

Mrs T (77) cares for her husband, Mr T (85). Mr T was diagnosed with Alzheimer's disease and Vascular Dementia six years ago. Mr T also experiences Angina and has heart failure. Mrs T became aware of Renfrewshire Carers' Centre through Mr. T's Post-Diagnostic Dementia Link Worker.

Mrs. T has accessed a range of support including yoga, mindfulness and relaxation techniques, a drumming group and a 12 week personal training and exercise course.

Mrs. T submitted a Time to Live grant application for raised beds in her garden. The grant met the costs of materials, labour, and plants. Three raised flower beds have now been installed which are fully accessible to Mr and Mrs T and they are enjoying spending time together in their garden.

### Carers' Centre Flower Arranging Session





## **Safer Services**

## Outcome 7: Safer Services

### Outcome 7

People using health and social care services are safe from harm.

The HSCP's commitment to Safer Services is integral to how we work. In this section we have included an overview of the two key areas that support this outcome – our Quality, Care and Professional Governance Framework and Adult Support and Protection. We have highlighted some of the ways we ensure people using our services are kept safe from harm and how we support the delivery of safe, effective and person-centred health and social care services. We have also shared information on our Joint Inspection of Adult Support and Protection and Inspection of Services. Monitoring and evaluation play a key part in ensuring our services continue to meet statutory standards and obligations. The HSCP has a positive approach to feedback and welcomes this to improve services, inform continued improvement and ways of working.

### Governance

Priorities remain to ensure our supporting governance arrangements continue to be in place. At the beginning of the pandemic, some of our HSCP governance arrangements were suspended, however these have now been fully reinstated using virtual methods.

We have also strengthened governance arrangements locally within Mental Health, Addictions and Learning Disabilities.

Over the last year new arrangements were necessary to significantly strengthen oversight of care homes and help care providers deal with pandemic pressures. We have provided an overview of this work below:

## Oversight of Care Homes

On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide granular scrutiny, support and oversight of care home and care at home services. The guidance required that from 18 May 2020, clinical and care professionals at NHS boards and local authorities will have a leading role in the oversight for care homes in their area.

This resulted in the following governance arrangements being introduced to strengthen clinical and care oversight of care homes across Renfrewshire:

- **Daily Huddle:** jointly chaired by the HSCP Interim Chief Officer and the Chief Social Work Officer (CSWO), the membership included (at a minimum) a senior HSCP Head of Service / Manager, HSCP Clinical Director / Senior Clinician, HSCP Chief Nurse / Senior Nurse, HSCP Contracts and Commissioning Manager, Service Planning and Policy Manager, Chief Executive's Service and representation from the Care Inspectorate and Public Health Scotland. The huddle is 'responsible and accountable' for providing oversight, analysis and response to emerging issues; infection prevention and control; and for the clinical and care support provided to service users including testing and vaccinations. Each day the huddle reviews the daily care home status report and the care home updates included in the TURAS daily safety huddle tool, to ensure the appropriate advice and support is provided to all care homes – and where appropriate, clear improvement action plans are in place. The meeting also sets out the programme of assurance visits to care homes, which are led by the Senior Nursing Team and have more recently been expanded to include joint visits with Social Work colleagues.
- **Renfrewshire Clinical and Care Oversight Group weekly multi-disciplinary team (MDT) meeting:** chaired by Public Health Scotland with representation similar to the daily huddle. This group is responsible for analysing all aspects of COVID-19, infection control, testing, training and support; classifying each care home using the Scottish Government agreed rating and completing the local return to the Director of Public Health, NHS Greater Glasgow and Clyde. There is also a requirement for the MDT to escalate issues via the Chief Officer / Director Nursing to the Chief Executives of the Council and NHS respectively.
- **Fortnightly Care Home Peer Support Meeting (initially held weekly):** led by the Clinical Director with support from contracts and commissioning officers and the enhanced care home liaison team. This meeting provides a forum for clinical and care advice and support to all registered homes in Renfrewshire. This meeting is well attended by all care homes and has been so successful that it is intended this meeting is continued beyond the pandemic.

These three groups build on the work already underway in Renfrewshire including the HSCP mobilisation plan and the ongoing regular contact with care homes.

In addition, a Greater Glasgow and Clyde Care Home Assurance and Governance Group has been established and meets weekly to provide strategic oversight of support, testing, vaccination; infection control, staffing and care standards for care homes within the wider Health Board area. The group is led by the Directors of Nursing and Public Health and includes representation from the Care Inspectorate, Scottish Care, CSWO, Clinical Directors and HSCP commissioning managers and service managers. To support the strategic group a series of sub-groups have also been operational and includes a weekly governance group, fortnightly adult services sub-group and the fortnightly care at home testing group.



## Adult Support and Protection (ASP)

To ensure that people using our services were kept safe from harm during the pandemic response, a monthly (initially held fortnightly) meeting of key stakeholders from the Renfrewshire Adult Protection Committee (RAPC) was convened. This group considered Adult Support and Protection governance from both operational and strategic perspectives, including:

- The impact of COVID-19 on inter-agency service delivery.
- Risk areas from across all RAPC members, including workforce-related issues.
- Specific ASP practice concerns or risks arising, and mitigating actions required. Analysis of ASP data and identification of any actions required.
- Review of national ASP COVID-19 guidance and development of local guidance to supplement this
- Specific case discussions.

This group, which was supplementary to quarterly RAPC meetings, reported directly to Chief Officers, who met at an increased frequency to discuss issues arising across public protection agendas. The RAPC COVID-19 sub-group ended in August 2020, recognising that operational ASP governance could revert to its previous arrangements as there was confidence it was sufficient. RAPC and its sub-committees reverted to quarterly meetings.

In the initial few months of the pandemic, weekly ASP contributions were made to the HSCP Mobilisation Plan and Risk Matrix, which allowed for frequent oversight of ASP operations by the HSCP Senior Management Team. This ensured statutory adult protection duties were maintained within Renfrewshire. The frequency of reporting lessened with need over time.

Throughout the pandemic Renfrewshire has provided a weekly ASP data contribution to the dashboard for COSLA and for the National Chief Officers Group dataset. This national minimum weekly data set is enhanced locally to assist in local ASP governance and data quality assurance.

During 2020/21, three Large Scale Investigations (LSIs) were undertaken within care homes in Renfrewshire, as per the Adult Support and Protection (Scotland) Act 2007. These were triggered by concerns raised during Daily Huddles – including COVID-19 Care Home Assurance visits led by the HSCP – and concerns raised by the Care Inspectorate as part of their inspection activity. LSI meetings occurred on a weekly basis with the LSI Teams and the relevant HSCP Head of Service to ensure that appropriate scrutiny of these specific care homes was occurring, alongside the provision of sufficient safeguards and support to the homes. These enhanced governance arrangements for three particular care homes during COVID-19 were introduced due to the identified risks.

## Annual Governance Report

Our Annual Governance Report, which normally brings together all our work streams and includes data and activity from throughout the year, has unfortunately been paused. However, we continue to monitor progress via our parent organisations and outputs are taken to our Quality, Care and Professional Governance Executive Group.

### Care Inspectorate – Key Question 7 Inspections

The Care Inspectorate, together with colleagues from Health Improvement Scotland and Health Protection Scotland, have undertaken inspections of adult care homes under new duties to evaluate infection prevention and control introduced by the Coronavirus (Scotland) (No. 2) Act and subsequent guidance which came into force on 27 May 2020.

These unannounced Inspections have focused on answering the key question (known as key question 7 as it has been augmented with already existing quality frameworks): “How good is our care and support during the COVID- 19 pandemic?” Care Homes are given an overall evaluation on a six-point scale for this question and the following quality indicators are also evaluated:

- 7.1: People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
- 7.2: Infection control practices support a safe environment for both people experiencing care and staff.
- 7.3: Staffing arrangements are responsive to the changing needs of people experiencing care.

The scrutiny carried out by the joint inspection team is led by intelligence and based on risk. This means information is gathered, risks are assessed, and intensity of scrutiny is based on this data. Scrutiny involves a range of activities, of which inspection is one element. The Care Inspectorate also maintains oversight of care services through data gathering, concerns and complaints, notification requirements, registration and more, including video consultation and virtual visits (using ‘Near Me’) to services during the pandemic.

The range of information used to consider risk has included intelligence gathered from the clinical and care oversight daily huddle, and weekly multi-disciplinary meetings, consistently attended by Care Inspectorate staff since its formation. For example, information gathered from the assurance visits is used to help determine and prioritise inspections, though the decision-making for this remains the responsibility of the Care Inspectorate. Inspection evaluations are discussed with the Partnership and if improvements are required, these affect the RAG ratings submitted to Public Health on a weekly basis.

The table below provides a breakdown of the Key Question 7 grades as at 31 March 2021.

Care Home	How good is our care and support during the pandemic?
Ailsa Lodge	3 Adequate
Beechmount	3 Adequate
Braemount	3 Adequate
Cochrane	3 Adequate
Craigielea	4 Good
Elderslie	3 Adequate
Erskine	4 Good
Hunterhill	4 Good
Jenny's Well*	2 Weak
Mosswood	3 Adequate
Westerfield	3 Adequate

\*Care home closed March 2021

### Six-point Scale

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

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# **Effective Organisation**

## Outcome 8: Effective Organisation

### Outcome 8

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

The last year has further demonstrated the commitment, dedication and flexibility of the health and social care workforce in Renfrewshire. We continually seek to support our people to develop and deliver person-centred, safe and effective care and support. This section provides an overview of our current workforce demographics and gives an update on some of the key activities to support our workforce. In particular, we outline how we have worked to support our staff's health and wellbeing during COVID-19. This has and will remain a core priority for the HSCP.

### Supporting Staff Wellbeing

Our workforce has been incredibly flexible, dedicated and resilient throughout the pandemic. However, we recognise the importance of providing additional support to help staff maintain their wellbeing. Their physical and psychological wellbeing is pivotal to the sustainability of our workforce and ensuring we continue to deliver effective services.

We currently hold the Healthy Working Lives Gold Award and have maintained this year on year. Before the pandemic we organised health and wellbeing events, provided information and offered a variety of exercise classes and walking groups for staff. This core activity laid the groundwork for supporting staff through the past year and will help us to embed systems of wellbeing as services remobilise. Examples of the support we have provided include:

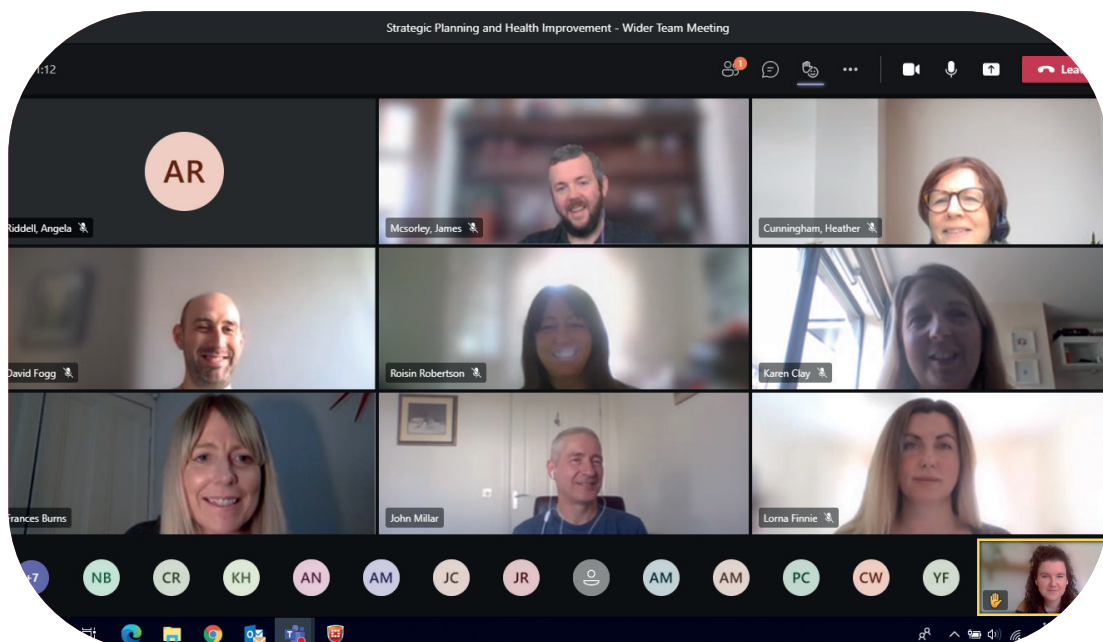
- Identifying a workforce wellbeing champion to provide guidance to staff on managing their wellbeing and the support available to them.
- Using the HSCP's communications team and networks to keep staff informed of the opportunities to engage in activities and highlight services to support mental health and wellbeing, such as the national wellbeing hub at [www.promis.scot](http://www.promis.scot).
- Providing facilities for rest and recuperation for NHS staff within rest and relaxation hubs on hospital sites and providing six rest locations for Care at Home staff across Renfrewshire.
- Providing support through our Organisational Development resource and facilitating access to training, tools and coaching to support managers to lead their teams in unprecedented circumstances.
- Linking staff to national, board-wide and local resources and support for health and wellbeing including the Renfrewshire Bereavement Network, the 'Hear for You' helpline, activities such as Yoga4Health and Health at Hand, and access to the Staff Listening Service and Mental Health check-in for NHS GGC staff.
- Continued working with HR colleagues in our partner organisations to review clinical care governance procedures, undertake workplace risk assessments, develop guidance for managers and staff to support those shielding, provide advice on use of PPE and available testing and support staff with long COVID.

## Our Workforce

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrewshire HSCP Total		As % of Available Workforce
	Headcount	WTE	Headcount	WTE	Headcount	WTE	%
16-20	2	1.36	3	3	5	4.36	0.22
21-30	88	69.43	122	113.2	190	182.63	8.40
31-40	191	154.35	263	217.23	454	371.58	20.08
41-50	251	206.71	301	247.63	552	454.34	24.41
51-60	443	356.7	387	327.19	830	683.89	36.71
61-65	108	81.78	77	63.70	185	145.48	8.18
66+	17	10.96	8	6.62	25	17.58	1.11
Total	1,100	881.29	1,161	978.57	2,261	1,859.86	

Our workforce demographics are summarised in the table above. These characteristics provide important detail to inform our workforce planning:

- 46% (45.1% 2019/20) of the combined HSCP workforce is over 50 years old.
- The largest age band is 51-60 with a significant proportion of circa one quarter of the workforce being in the 41-50 age band. This raises challenges regarding the future capacity of services and the potential loss of significant organisational and practice knowledge.
- Less than 10% of the workforce is aged 30 or under.
- The workforce is predominantly female – 85% of both health and social care staff.
- Within these statistics, particular recruitment and retention challenges have been identified within Care at Home, CAMHS, Psychological Therapies, District Nursing, Mental Health Inpatients Nurses and Healthcare Support Workers.



## Sickness Absence

Managing sickness absence and having a healthy workforce continue to be one of our priorities. NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council – the two employers of HSCP staff – monitor sickness absence rates in different ways. The Local Delivery Plan (LDP) standard is for NHS Boards to achieve a sickness absence rate of 4% or less. In line with reporting requirements for Scottish Councils, Renfrewshire Council's staff absence is expressed as a number of work days lost per full-time equivalent (FTE) employee. The annual target for 2020/21 was 15.3 days.

The sickness absence level for NHS staff at March 2021 was 5.65%, an increase of 0.95% on the March 2020 figure of 4.7%. However, the absence average for the calendar year 2020 was 5.41% compared with 6.43% in 2019, which illustrates a year-on-year trend improvement.

### Red Status

Absence rate (%)	March 2019	March 2020	March 2021
NHS	5.3%	4.7%	5.65%

Absence figures for Adult Social Work shows an encouraging improvement from 18.0 days lost per FTE at March 2020 to 13.5 at March 2021.

### Green Status

Absence rate (Work Days Lost)	March 2019	March 2020	March 2021
Adult Social Work	17.4	18.0	13.5

Musculoskeletal, stress and mental wellbeing & respiratory were the main reasons recorded for absence across both NHS and Council employees. We remain focused on working with NHSGGC and Renfrewshire Council to implement existing attendance policies, support staff and improve sickness absence performance.

The figures above do not include absences relating to COVID-19. These absences are recorded separately as Special Leave by both employing organisations and do not count towards an employee's sickness absence record. In addition, absences due to long COVID are also recorded in this way. As our understanding of the impact of long COVID develops, future consideration will be given to how we can support staff most effectively and consistently. NHSGGC, for example, has established a dedicated HR support team for staff suffering from long COVID.

## Workforce Planning and Organisational Development

Health and Social Care workforce planning, locally and nationally, has been adapted during the last year in response to the wide-ranging consequences of COVID-19. Previous plans to develop a three-year workforce plan by April 2021 have been revised to focus on the development of a one-year interim plan covering 2021/22, followed by a three-year plan from April 2022 onwards.

A revised Workforce and Organisational Development group has led the development of this plan and have drawn on feedback from staff surveys and from service managers and team leaders through service-focused workshops with our Leadership Network. The plan reflects support undertaken in the last 12 months as well as that planned moving forward. It will consider:

- The impact of COVID-19 on our workforce and the continuation of support provided to our staff, including access to support (nationally, board-wide and locally) to maintain physical and psychological wellbeing, facilities for rest and recuperation, and the provision of Organisational Development training and support.
- The continued need to live with COVID-19 and the maintenance of related services, including the COVID Assessment Centre (CAC), PPE provision, support to care homes, staff and resident testing and expanded winter Flu and COVID-19 vaccination programmes.
- Continuing to resource and deliver essential services within national guidelines and to implement recovery plans where this is possible.
- Developing our workforce through targeted Organisational Development support, which helps managers and staff to develop within the context of COVID-19 restrictions.

## iMatter and Staff Engagement

The iMatter staff survey was paused in 2020, so there is no updated data for the Improve the overall iMatter staff response rate indicator (Outcome 8). However, we have continued to engage with staff on a variety of levels, including the Scottish Government's Everyone Matters Mental Health and Wellbeing survey and a number of surveys with team leaders and staff. We also conducted a Staff Experience Project with employees who, during our initial pandemic response, were repurposed to frontline COVID-19 specific services. We will use the results and emergent themes to inform our communications, organisational development activity and workforce plan, as well as our ongoing work to support staff health and wellbeing throughout the duration of the pandemic and beyond.

One example of our approach to staff engagement includes weekly BUZZ meetings, which have been introduced in Alcohol and Drug Recovery Services (ADRS) to improve communication between staff and senior management. All staff are encouraged to meet with senior managers to pause, reflect, share experiences, good news stories, as well as updates on service delivery. The BUZZ meeting also allows staff to offer welfare support while working in an agile way. It gives colleagues the opportunity to meet up and encourages a team ethos. Feedback so far has been very positive.



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## **Our Approach to Supporting Organisational Change**

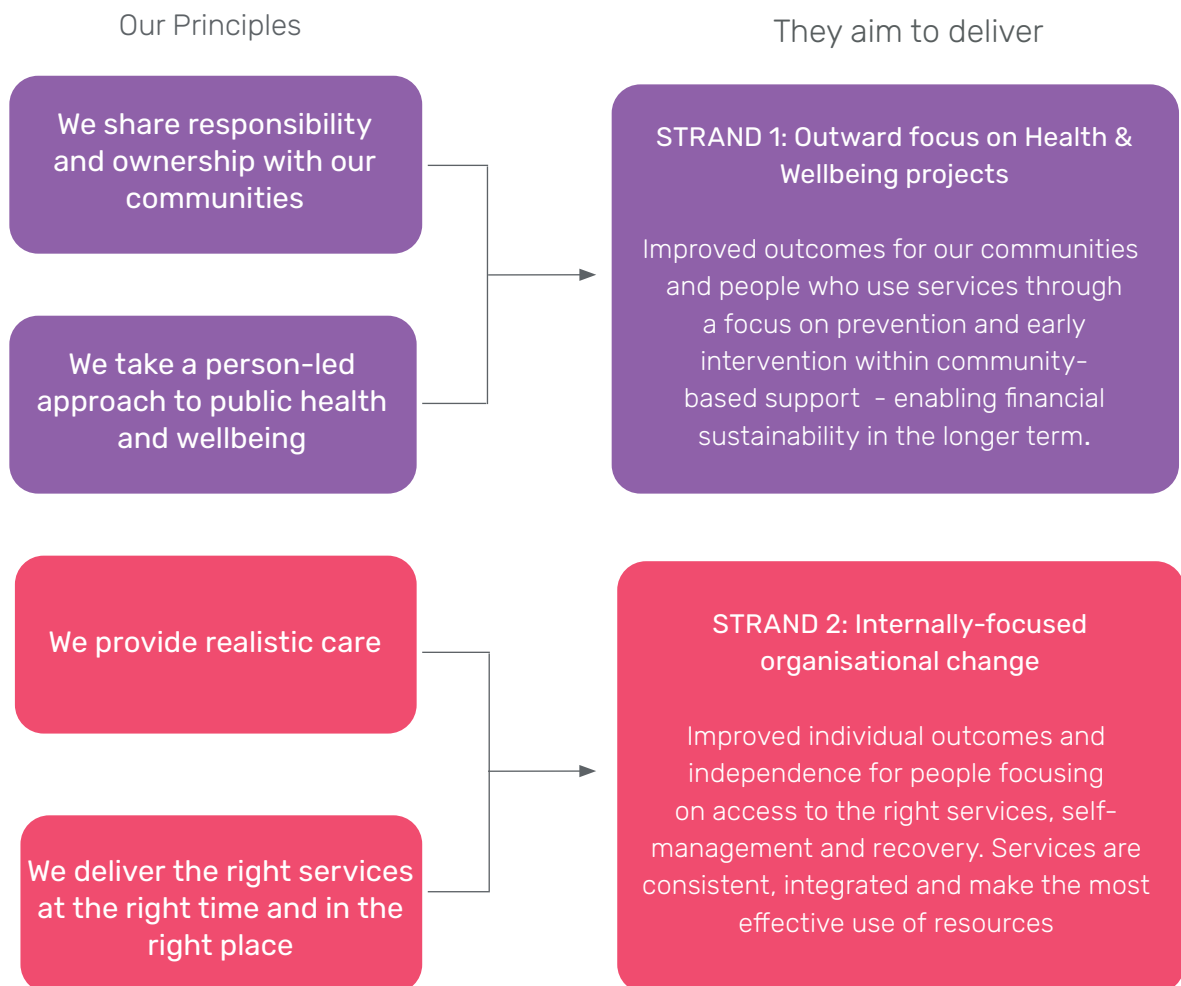
## Outcome 9:

### Our Approach to Supporting Organisational Change

#### Outcome 9

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

Recent published Annual Performance Reports (APRs) have described our approach to delivering organisational change through a Change and Improvement Programme. In 2020/21, we expected to capture this activity within a refreshed Transformation Programme to deliver two strands of activity (i) A community-led approach to improving Health and Wellbeing; and (ii) Internally focused organisational change, in line with the HSCP's agreed guiding principles:

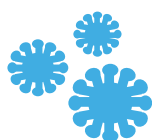


This transformation programme was paused at the outset of COVID-19, to enable services to focus on adapting and responding to the pandemic. Nevertheless, it is clear that in review, the impact of COVID-19 on our services and local communities has reinforced the guiding principles set out above. Our response required significant degrees of organisational change at pace, and our Change and Improvement team was deployed to support our Local Response Management Team (LRMT) and services to:

- Develop initial scenario planning to enable a robust early response.
- Develop and update mobilisation plans as the pandemic progressed.
- Design and implement new service delivery models (such as the tiered model of support within Learning Disability Services).
- Develop, implement, and flex recovery and renewal plans and governance to reflect the changing phases of the pandemic.
- Develop and implement significant additional programmes of work, including the Winter Flu and COVID-19 vaccination programmes.

From September 2020 onwards, we have re-focused on the delivery of change activity which was progressing prior to COVID-19. This activity was prioritised to reflect the ongoing COVID-19 response and to manage demands on partnership staff. In addition, Strand 1 activity has also been progressed with Strategic Planning Group (SPG) partners with the completion of a funding application process for the development of community-led projects delivering against the SPG's six health and wellbeing priorities. These projects will utilise the agreed funding during 2021/22.

The COVID-19 response and ongoing change activity is described in further detail throughout this Annual Performance Report. As examples, the breadth of organisational change undertaken during 2020/21 includes, but is not limited to:



Delivery of a fast-paced, flexible, and robust response to COVID-19



Progression of Totalmobile and ECLIPSE towards implementation in early 2021/22



Confirmed funding for a range of community-led health and wellbeing projects through the SPG



Working with partners to deliver an expanded Winter Flu and COVID-19 vaccination programmes



Development of an updated vision and objectives for our Health Improvement service



Completion of a Test of Change for Analogue to Digital Telecare



Progression of the Alcohol and Drug Recovery Service delivery model and Recovery Hub



Rapid implementation of digital technology for remote working and to ensure patient and service user access

## Supporting Change through Communication

Effective communication is central to the successful delivery of organisational change, and this has been particularly true during the pandemic. Our communications team has been critical in supporting communications with staff, external stakeholders, and partners throughout the last 12 months. In particular, our approach to communications has sought to support staff to understand new and updated guidance and to support their health and wellbeing, ensuring our people can find and access support when they need it. Our services have been supported to communicate service changes clearly and quickly with service users, their families and carers through targeted messaging and through use of the HSCP website for service updates.

In 2020/21 we engaged with staff in a variety of ways to understand their views on the approach to communications. This will inform the development of an updated Communication Strategy at an appropriate point in 2021/22.

## Data and Digital

### Digital Connectivity

Digital technology has been instrumental in enabling our response to COVID-19. Following the announcement of lockdown restrictions in March 2020, a significant proportion of our staff had to move to remote working practices. This meant utilising connective technology such as Microsoft Teams to develop our pandemic response at pace. Examples of our digital developments have been identified throughout this report.

The roll out of technology to support service user access also accelerated to make greater strides than anticipated 12 to 18 months ago. This has enabled service users to continue to access services where face to face interactions have not been possible - through the use of NHS Near Me for consultations with GPs in Primary Care, and within Community Mental Health and Addictions services.

Within this context, connectivity for service users and care home residents has been essential where social and family bonds have been impacted. During 2020/21, we have supplied iPads to care homes to support video calls and contact with loved ones where visiting has not been possible.

Older People Services, Alcohol and Drug Recovery Services (ADRS) and Housing Services within the HSCP and partners have also made successful applications to Connecting Scotland to obtain iPads and devices to support vulnerable individuals within our communities. The Sheltered Housing Service has also provided digital support to tenants throughout lockdown. Approximately 44 new devices were sourced for tenants through donations and applications supporting them to use their devices to keep in touch with friends and family, and to remain independent. Some examples include: a tenant was able to contact family and a new grandson via Facetime; another tenant who was able to contact their family in Australia to see them, rather than a phone call; and another who was able to access online banking with digital support, meaning they were able to shop independently.

The Sheltered Housing Team is continuing to expand activities on their online Facebook group, 'The Golden Surfers', and provide distanced digital support for new and current device users. The Service has also worked in collaboration with Renfrewshire Digital

community group DigiRen, led by Renfrewshire Council and Engage Renfrewshire, to provide information on digital working and support for third sector organisations during the pandemic.

### **Delivering our Digital Commitments**

We have continued to make good progress in delivering the digital priorities set out in our Strategic Plan. This activity reflects service demands and priorities during the pandemic and can be summarised as follows:

- **Implementing the ECLIPSE social care case management system:** we have continued to progress the implementation of ECLIPSE within Adult Services, working with individual services to determine necessary requirements. The system went live for Adult Services on 1 June 2021.
- **Implementing Totalmobile scheduling and monitoring for Care at Home:** The implementation of Totalmobile was paused due to the pandemic however supporting preparation has continued and a phased implementation began in April 2021.
- **Upgrade telecare from analogue to digital technology:** Work on the analogue to telecare upgrade recommenced in September 2020 with the delivery of a test of change for digital alarms in partnership with Inverclyde HSCP. This test of change has informed the broader roll out which is now being planned in detail to support implementation by 2023, aligned to the accelerated national rollout date, brought forward from 2025.

Alongside this activity, we have contributed to the development of Renfrewshire Council's Digital Strategy through a 'Digital Health and Social Care' work stream which will encompass the activity outlined above, and additional data and digital priority actions. Delivery of these actions will be supported by the recruitment of a Digital Business Lead, scheduled to take place later in 2021.



The background is a solid teal color. It features several decorative elements: a large, light-teal circle centered on the page; a smaller, darker-teal circle centered within the larger one; and several light-teal rounded rectangles of varying sizes and orientations scattered around the top and bottom edges of the page.

## **Financial Performance and Best Value**

## Financial Performance and Best Value

In this section of our report, we present an overview of financial performance for 2020/21 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, our revised five-year Medium Term Financial Plan and the associated Recovery and Renewal Programme, and we look ahead to Future Challenges for 2021/22 and beyond.

### Financial Performance

Financial Year 2020/21 was an unremitting year for public services. Budgetary restraints and financial pressures linked to reducing resources, a changing demographic and increased demand for services were compounded by the pandemic and associated response. COVID-19 significantly disrupted the IJB's delivery of its 2020/21 Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in-year savings, and transformation changes were disrupted and delayed.

Through regular updates to the IJB from the Chief Finance Officer and by ensuring decisions taken throughout 2020/21 were taken to support medium- and long-term financial sustainability, the IJB has continued to deliver financial balance in 2020/21. This has been achieved through a combination of:

- Flexible use of recurring and non-recurring resources.
- Drawdown of general and earmarked reserves to deliver on specific commitments including, for example, PCIP and ADP approved spend.
- Delivery of approved savings through the Change and Improvement Programme and other operational efficiencies, which delivered a significant underspend in 2020/21. This reflects the impact of COVID-19 on some areas of activity including recruitment to key posts, the effects of the pandemic on Older People's Care Home admissions and reduction in prescribing costs.

### Our Commitment to Best Value

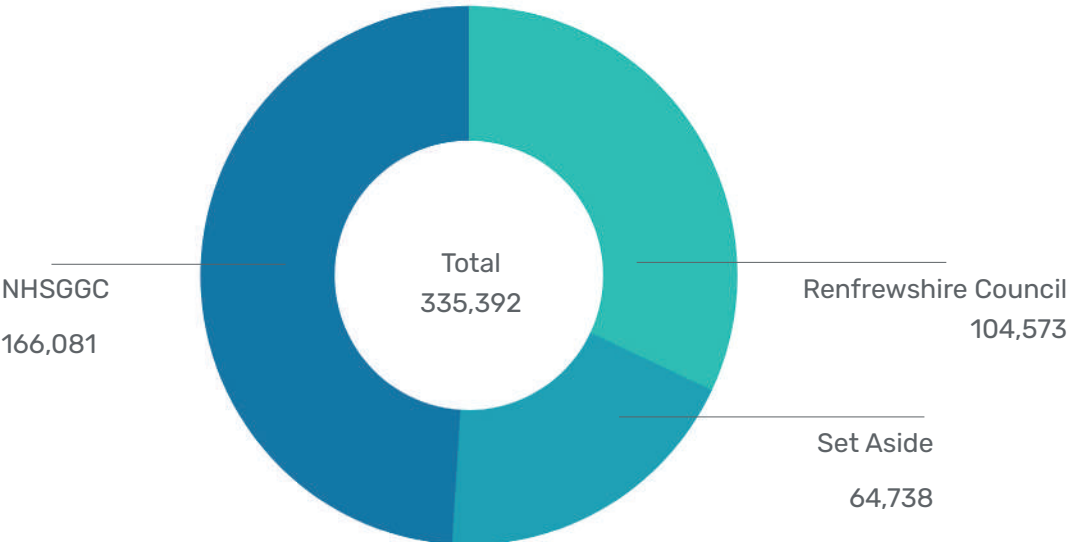
Renfrewshire IJB is accountable for the stewardship of public funds and ensuring that its business is conducted under public sector best practice governance arrangements, including ensuring that public money is safeguarded, properly accounted for and used economically, efficiently and effectively and 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.

Resources Available to the IJB 2020/21

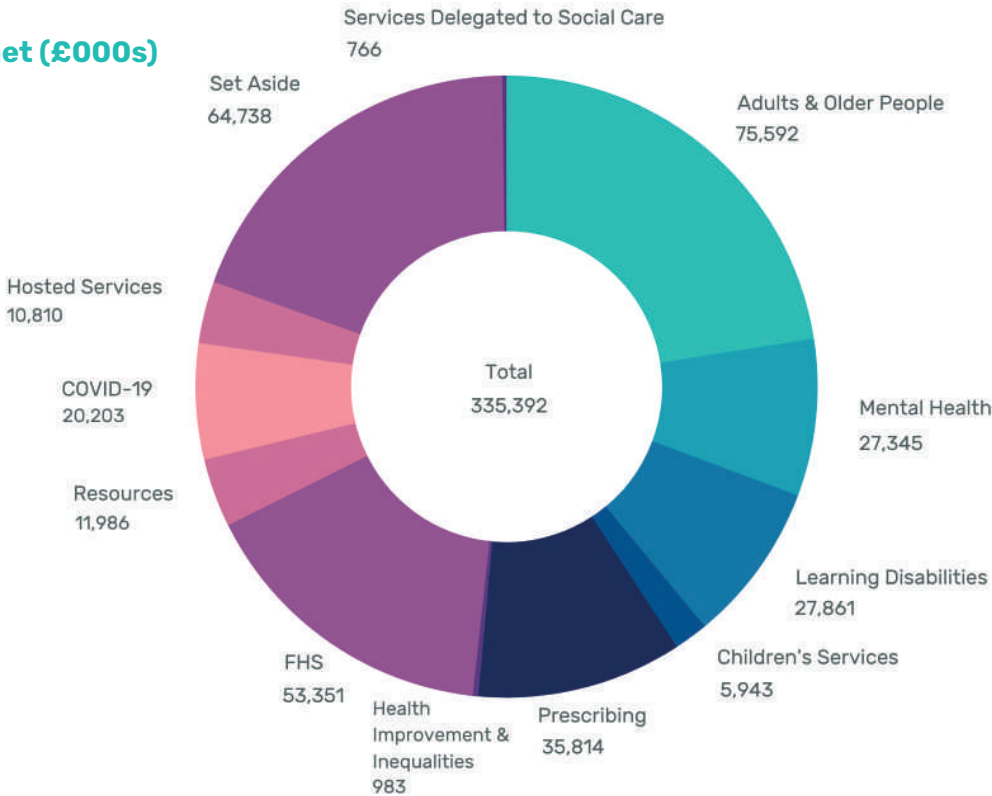
Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire. This is funded through budgets delegated from both Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGG). The resources available to the IJB in 2020/21 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £335,392m. The following charts provide a breakdown of where these resources come from, and how it is split over the range of services we deliver.

Resources available (£000s)



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £64,738m (based on actual spend and activity). This budget is in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area. The IJB is responsible for the strategic planning of these services but not their operational delivery.

Our budget (£000s)





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 four years. (Please note: The following figures are taken from the IJB Annual Accounts Comprehensive Income and Expenditure Statement).

Funding Type	2020/21 £000's	2019/20 £000's	2018/19 £000's	2017/18 £000's
Renfrewshire Council	104,573	193,797	89,107	82,500
NHS GGC	166,081	143,218	134,432	133,343
Set Aside	64,738	56,497	57,461	29,582
<b>TOTAL</b>	<b>335,392</b>	<b>293,512</b>	<b>281,000</b>	<b>245,425</b>

Care Group	Actual Outturn				
	2020/21	2019/20	2018/19	2017/18	2016/17
	£000's				
Adults & Older People	72,628	71,944	69,706	68,711	64,218
Mental Health	26,827	24,984	23,328	24,815	23,787
Learning Disabilities	27,861	27,269	25,760	23,611	21,269
Children's Services	5,943	5,970	5,058	5,023	5,013
Prescribing	34,814	35,276	35,942	36,271	35,007
Health Improvement & Inequalities	890	710	939	1,044	1,083
Family Health Services	53,351	48,535	45,282	45,138	43,706
Resources	6,665	6,273	4,011	1,810	757
COVID-19	12,610				
Hosted Services	10,810	11,098	10,603	10,109	10,387
Set Aside	64,738	56,497	57,461	29,582	29,582
Other delegated services	766	912	880	1,363	1,220
Movement in Reserves	17,489	4,044	2,030	-2,052	5,494
<b>TOTAL</b>	<b>293,512</b>	<b>293,512</b>	<b>281,000</b>	<b>245,425</b>	<b>241,523</b>

## Summary of Financial Position 2020/21

The overall financial performance against budget for the financial period 2020/21 was an underspend of £8.396m, prior to the transfer of balances to General and Earmarked Reserves. The final outturn position for all delegated HSCP services in 2020/21 net of transfers to reserves is summarised in the following table. (Please note: the net expenditure figures below differ from those shown in the table above due to differences in the presentation of earmarked reserves, resource transfer and social care fund adjustments).

Care Group	Revised Budget	Actual Spend to Year End (before movement to reserves)	Revised Variance	Adjustment to Reserves	Variance		
2020/21							
	£000's					%	
Adults and Older People	56,176	54,455	1,721	(2,227)	88	0%	underspend
Mental Health	26,130	25,208	922	(109)	604	2%	underspend
Learning Disabilities	17,579	17,245	334	-	(51)	0%	overspend
Children's Services	6,482	5,943	539	-	539	8%	underspend
Prescribing	36,926	35,814	1,112	-	1,112	3%	underspend
Health Improvement and Inequalities	983	790	193	(193)	-	0%	breakeven
Family Health Services	53,358	53,351	7	-	7	0%	underspend
Resources	9,099	8,438	661	(3,549)	(2,888)	-32%	overspend
Hosted Services	11,399	10,810	589	-	589	5%	underspend
Resource Transfer	-	-	-	-	-	0%	breakeven
Social Care Fund	-	-	-	-	-	0%	breakeven
Set Aside	64,738	64,738	-	-	-	0%	breakeven
NET EXPENDITURE (before delegated services)	282,868	276,790	6,078	(6,078)	0	0%	breakeven
Other Delegated Services	1,051	766	285		285	27%	underspend
NET EXPENDITURE before COVID	283,919	277,556	6,363	(6,078)	285	0%	underspend
COVID-19	21,670	19,637	2,033	(2,033)	-	0%	breakeven
NET EXPENDITURE	305,589	297,193	8,396	(8,111)	285	0%	underspend

## Medium Term Financial Plan

The revised Medium Term Financial Plan, approved by the IJB in November 2019, could not predict the pandemic. With the impact of COVID-19, the IJB shifted focus to the delivery of essential services. This led to the pausing of transformational activity in March 2020 and required a significant degree of service change within a short period of time, ultimately having a substantial financial impact.

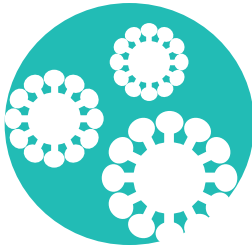
In November 2020 the IJB approved the CFO's Financial Outlook 2021/22. This report described the CFO's estimated financial outlook for Renfrewshire IJB for 2021/22, taking into account the impact of COVID-19, and, recommending key actions with regards the IJB's medium term financial strategy, principally an undertaking to build up contingency reserves to strengthen the HSCPs financial resilience.

The IJB's financial planning arrangements remain subject to active review using a scenario-based approach, continuing to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB.



## **Future Challenges**

## Future Challenges



### COVID-19

The most significant challenge faced by Renfrewshire HSCP (since March 2020) and its partner organisations (and all HSCPs across Scotland) has been responding to the pandemic. The delayed impact of disruption to planned care for individuals due to COVID-19 and the anticipated, but as yet unknown, increase in service demand from adults with mental health concerns and other conditions which have been unmet or unidentified, present a level of uncertainty never before faced by the HSCP. The challenges arising from this situation are unprecedented, and will continue to impact beyond this financial year.



### Brexit

The EU Exit transition period formally ended on 31 December 2020. The impact of Brexit on the IJB is yet to be fully realised, and as yet unknown challenges may arise in future. In the shorter-term, the deadline for applications to the EU Settlement Scheme is 30 June 2021 which could create additional stress for affected staff, and have a potential knock-on impact on service provision. Both NHS GGC and Renfrewshire Council have ongoing communication plans in place to provide the necessary information to relevant staff.



### Continued Complexity of IJB Governance Arrangements, and future uncertainty

The complexity of IJB governance arrangements continues to be the subject of review and consideration. Linked to this, the recommendation in the Independent Review of Adult Social Care for a National Care Service – and the uncertainty on how this could be established and governed – presents potential future challenges.



## Shortage of Key Professionals

A shortage of key professionals – compounded by COVID-19, Brexit, and an ageing workforce – continues to present a challenge. Workforce succession planning in key areas is underway to help to mitigate the impact of this.



## Prescribing Costs

Prescribing costs continue to represent one of our main financial risks, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.



## Managing Demand from Ageing Population

The scale of evolving demographic and socio-economic demand-led cost pressures continue to be a key financial risk moving forward.

# APPENDIX 1 – Renfrewshire Integration Joint Board Scorecard 2020–2021

Performance Indicator Status	Direction of Travel	Target Source	
✔ Target achieved	↑ Improvement	N	National Target
⚠ Warning	↓ Deterioration	B	NHSGGC Board Target
● Alert	— Same as previous reporting period	L	Local Target
📊 Data only		M	MSG Target


National Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Exclusive breastfeeding at 6–8 weeks	24.4%	24.4%	Sep 20 29.5%	21.4%	↑	✔	B
Number of Alcohol brief interventions	306	224	53	–	–	📊	

National Outcome 2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Percentage of clients accessing out of hours home care services (65+)	89%	90%	90%	85%	—	✔	L
Number of clients on the Occupational Therapy waiting list (as at position)	349	315	159	350	↑	✔	L
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%	100%	100%	100%	—	✔	N
Percentage waiting for dementia post-diagnostic support within 12 week standard	–	25%	0% (all contacted within 12-week standard)	–	–	📊	N

National Outcome 2 (continued)	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community						
	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Number of unscheduled hospital bed days; acute specialties (18+)	131,451	126,729p	Feb 21 96,252p	-	-		M
Number of emergency admissions (18+)	17,083	18,168p	Feb 21 12,976p	-	-		M
Percentage of long term care clients receiving intensive home care (national target: 30%)	28%	27%	29%	30%	↑		N
Number of delayed discharge bed days	6,085	9,122	8,759	-	-		M
Homecare hours provided - rate per 1,000 population aged 65+	444	414	390	-	-		-
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	99%	-	-		-
Population of clients receiving telecare (75+) - Rate per 1,000	40.17	50.00	46.00	-	-		-
Percentage of routine OT referrals allocated within 9 weeks	52%	42%	41%	-	-		-
Number of adults with a new Anticipatory Care Plan	185	159	201	-	-		-












National Outcome 3		People who use health and social care services have positive experiences of those services, and have their dignity respected					
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Percentage of deaths in acute hospitals (65+)	42.7%	39.6%	Dec 20 36.1%	42%	↑	✓	L
Percentage of deaths in acute hospitals (75+)	41.6%	38.6%	Dec 20 34.2%	42%	↑	✓	L
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	94.0%	92.3%	86.8%	90%	↓	▲	N
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	82.5%	66.7%	70.1%	80%	↑	●	N
A&E waits less than 4 hours	89.5%	87.4%	Feb 21 87.4%	95%	—	—	N
Percentage of NHS staff who have passed the Fire Safety LearnPro module	45.6%	80.2%	84.4%	90%	↓	●	B
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	86.5%	90.5%	89.0%	100%	—	▮▮▮	B
Number of routine sensitive inquiries	249	200	* Unavailable as not carried out during lockdown	—	—	▮▮▮	—
Number of referrals made as a result of the routine sensitive inquiry being carried out	1	1	* Unavailable as not carried out during lockdown	—	—	▮▮▮	—






National Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	2.4	1.5	1.0	3.1	↑	✓	L
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	93.0%	94.4%	Sep 20: 93.3%	80%	↓	✓	N
Uptake rate of child health 30-month assessment	93%	95.5%	87%	80%	↓	✓	N
Percentage of children vaccinated against MMR at 5 years	97.2%	99.0%	Dec 20 96.5%	95%	↓	✓	N
Percentage of children vaccinated against MMR at 24 months	96.0%	95.0%	Dec 20 98.8%	95%	↑	✓	N
Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data)	8.7	8.4	Dec 20 7.4p	8.9	↑	✓	N
Emergency admissions from care homes	823	746	506	-	—		-
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	—	✓	B
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	74.4%	95.9%	Dec 20 95.8%	91.5%	—	✓	N







National Outcome 4 (continued)	Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Reduce drug related hospital stays – rate per 100,000 population	219.8	2019/20 data not available until Oct 2021	2020/21 data not available until Oct 2022	170	-		N
Reduce the percentage of babies with a low birth weight (<2500g)	6.3%	6.7%	Sep 20 6.1%	6%			B
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	63%	100%	63%	95%			B
Emergency bed days rate 65+ (rate per 1,000 population)	262	279	228	-	-		-
Number of readmissions to hospital 65+	1,368	1,366	1,038	-	-		-

National Outcome 5	Health and social care services contribute to reducing health inequalities						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Smoking cessation – non-smokers at the 3-month follow-up in the 40% most deprived areas	165	173	Dec 20 110	Q3 133 Annual 182			N
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	17.7%	16.7%	20.8%	19.9%			B
Number of staff trained in sensitive routine enquiry	94	28	* Paused due to COVID-19	-	-		-
Number of staff trained in Risk Identification Checklist and referral to MARAC.	133 (Mental Health, Addictions, Children's Services Staff)	64	* Paused due to COVID-19	-	-		-

National Outcome 6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Number of carers accessing training	229	255	165	220	↓		L
Number of adult support plans completed for carers (age 18+)	93	162	86	-	-		-
Number of adult support plans declined by carers (age 18+)	78	34	51	-	-		-
Number of young carers' statements completed	78	68	49	-	-		-

National Outcome 7	People using health and social care services are safe from harm						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Number of suicides	13	16	Data available autumn 2021	-	-		-
Number of Adult Protection contacts received	2,723	3,106	3,487	-	-		-
Total Mental Health Officer service activity	723	683	627	-	-		-
Number of Chief Social Worker Guardianships (as at position)	113	110	115	-	-		-
Percentage of children registered in this period who have previously been on the Child Protection Register	24%	11%	29%	-	-		-

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	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
% of health staff with completed TURAS profile/PDP	48.7%	49.3%	41.7%	80%	↓		B
Improve the overall iMatter staff response rate	64%	* Paused. Result currently unavailable	* Paused. Result currently unavailable	60%	-		B
% of complaints within HSCP responded to within 20 days	81%	78%	82%	70%	↑		B
Sickness absence rate for HSCP NHS staff	5.39%	4.75%	5.65%	4%	↓		N
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	17.43	18.08	13.50	Annual 15.3 days	↑		L

National Outcome 9		Resources are used effectively in the provision of health and social care services					
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Formulary compliance	78.5%	78.1%	Feb 21 77.5%	78%	↓		L
Prescribing cost per treated patient	£83.23	£91.34	Feb 21 £88.37	£86.63	↑		L
Total number of A&E attendances	61,174	60,238	Feb 21 35,484	-	-		
Total number of A&E attendances (18+)	47,718	47,295	Feb 21 28,795	-	-		M
Care at Home costs per hour (65 and over)	£26.40	£23.05	Annual Indicator Due early 2022	-	-		-
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	5.88%	4.05%	Annual Indicator Due early 2022	-	-		-

National Outcome 9 (continued)	Resources are used effectively in the provision of health and social care services						
Performance Indicator	18/19 Value	19/20 Value	20/21 Value	Target	Direction of Travel	Status	Target Source
Net residential costs per week for older persons (over 65)	£298	£272	Annual Indicator Due early 2022	-	-		-
Prescribing variance from budget	0.5% over budget	2.61% under budget	5.72% under budget	-	-		-
% of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	95.4%	90.1%	67.0%	90%	↓		B
% of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC	93.5%	91.4%	62.0%	90%	↓		B
% of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde)	91.1%	81.7%	77.0%	90%	↓		B
% of diabetic foot ulcers seen within 4 weeks in NHSGGC	87.4%	81.2%	75.0%	90%	↓		B

### Notes

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

p Denotes provisional data

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**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

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**Report by: Interim Chief Officer**

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**Heading: Development of an Interim Workforce Plan 2021/22**

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## **1. Summary**

- 1.1. This report provides an update to the Integration Joint Board on the development of an interim workforce plan for Renfrewshire IJB, covering the period 2021/22.
- 1.2. The report provides an overview of the process which has been followed to develop the plan and describes the structure and content of the interim workforce plan, which is provided as an appendix to this paper. The interim plan was submitted to the Scottish Government, subject to approval by the IJB, on 30 April 2021 in line with the deadline set by government.

## **2. Recommendations**

It is recommended that the IJB:

1. Review and approve the interim workforce plan for 2021/22;
  2. Note that updates on progress in delivering the actions in the interim workforce plan will be brought to future IJB meetings; and
  3. Note that a draft workforce plan for 2022 to 25 will be brought to the IJB in March 2022 for approval.
- 

## **3. Background**

- 3.1. Guidance on the development of an interim one-year workforce plan for the period 2021/22 was received from the Scottish Government on 3 February 2021. The guidance had initially been expected in December 2020 and because of the delay in publication, the deadline for submission of the interim plans to the Scottish Government was extended from end March 2021 to end April 2021.
- 3.2. The approach which has been adopted by the Scottish Government reflects the impact of the COVID-19 pandemic, and the uncertainty this has caused. The interim plans therefore centre on short- and medium-term drivers, with a particular focus on how the HSCP is supporting, and will support, staff health and wellbeing as we move through and beyond the pandemic.
- 3.3. Work will commence during the summer period on the development of a detailed three-year workforce plan covering 2022 to 2025. This will build on

the foundations which are set out in the interim plan which is the focus of this paper. It is also critical that the workforce plan for 2022-25 aligns with the Strategic Plan for the same period and which is the subject of an accompanying paper to the IJB at this meeting.

- 3.4. As this work progresses, there will be increased opportunities to engage with staff at all levels of the HSCP to ensure that developing proposals reflect the needs and views of our services and our staff.

#### **4. Development of the Interim Workforce Plan for 2021/22**

- 4.1. A Workforce Planning and Organisational Development Group was convened to take forward development of the interim plan. This group is led by the Head of Strategic Planning and Health Improvement, with input from staff-side, NHS and Local Authority HR, Training and Development, Organisational Development and Change and Improvement.

- 4.2. A range of actions were undertaken by this group to gather views from across the HSCP as the basis of the interim plan. These included:

- Completion of three planning workshops with members of the HSCP's Leadership Network. These sessions were structured by Head of Service areas and covered participants' views on objectives for developing the workforce within their own services, considering current challenges facing the workforce and short, medium, and long-term objectives for workforce development.
- Assessment of existing feedback received through the Everyone Matters survey and additional surveys undertaken to understand the views of staff on the impact of and response to COVID.
- Undertaking a comparative assessment of partner organisation plans to ensure alignment and identification of dependencies within the IJB's interim workforce plan.
- Sharing the draft interim workforce plan with other HSCPs within the NHS GGC boundary for wider reference.
- Review and discussion of the interim plan by the Senior Management Team, including clinical and nursing professional leads and Chief Social Work Officer.
- Testing draft sections of the plan as they were developed and sharing a full draft of the plan with the Staff Partnership Forum (SPF), which formed an agenda item at the SPF in April 2021.

#### **5. The Content of the Interim Workforce Plan**

- 5.1. A copy of the draft workforce plan is provided as Appendix 1 to this paper. The plan has been developed using a template and guidance provided by the Scottish Government for consistency across all IJBs. The plan consists of six sections, covering:

- Local Background and Scope of the Plan

- Stakeholder engagement related to workforce planning
  - Supporting Staff Physical and Psychological Wellbeing
  - Short-term workforce drivers
  - Medium-term workforce drivers
  - Supporting the workforce through transformational change
- 5.2. In developing the plan, greater focus has been given to the development of the Staff Wellbeing and Short-term workforce drivers sections to reflect the period covered by the plan, and the immediate focus on a continued response to and recover from the pandemic where possible, and the support that our staff will need throughout this period. The plan identifies a range of ongoing workforce actions that will continue to be delivered, and additional commitments that will be taken forward in the year to the end of March 2022.
- 5.3. Looking further ahead, the plan also identifies medium-term workforce drivers, which will increasingly reflect the recommencement of the HSCP's paused transformation programme. The actions which have been identified from April 2022 onwards are necessarily high level at this stage and will be further assessed and refined as part of the work to be undertaken on the full workforce plan for 2022 to 25.
- 6. Next Steps**
- 6.1. Work has commenced with the Workforce Planning and Organisational Development Group on the development and agreement of actions to support delivery of the interim plan. Progress against these actions will be tracked over the remainder of the year to March 2022.
- 6.2. Work will also commence shortly on the approach and timescales for the development of the full workforce plan for 2022-25.
- 6.3. Updates on progress made against the actions within the interim workforce plan will be brought to future meetings of the IJB.

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## Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – This report and supporting appendix set out the actions which will be taken by the HSCP to support and develop the partnership's workforce in the year to March 2022. Actions identified will be monitored on an ongoing basis.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – No implications from this report.

9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

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**List of Background Papers** – None

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# **Renfrewshire HSCP**

## **Interim Workforce Plan 2021/22**

## Section 1 – Background (Refer to Annex 1 for indicative Content)

### The context of this Plan – our vision and values

**Renfrewshire Integration Joint Board's (IJB) vision is for Renfrewshire to be a caring place where people are treated as individuals and supported to live well.**

This vision guides what and how health and care services are delivered in Renfrewshire, and how the staff working for Renfrewshire HSCP support patients and service users. This vision is underpinned by the HSCP's guiding principles for change, which were agreed in early 2020 with partners and key stakeholders and cover the following:

- We share ownership and responsibility with our communities
- We take a person-led approach to health and wellbeing
- We provide realistic care
- We deliver the right services at the right time and in the right place

Furthermore, HSCP staff continuously seek to deliver the values set out by their employing organisations, as set out in the table below. Whilst these values differ in their wording, they ultimately guide staff to deliver collaboratively with a focus on being respectful with one another and service users and patients and delivering person-centred care.

NHS GGC Values	Renfrewshire Council Values
<ul style="list-style-type: none"><li>• Care and Compassion</li><li>• Dignity and Respect</li><li>• Openness</li><li>• Honesty</li><li>• Responsibility</li><li>• Quality</li><li>• Teamwork</li></ul>	<ul style="list-style-type: none"><li>• We are <b>fair</b>, we treat each other and everyone we deal with respectfully and work hard to build trust in Renfrewshire Council.</li><li>• We are <b>helpful</b>, we care about getting things right and are always approachable.</li><li>• We are great <b>collaborators</b>; we work as one team and with people who care about this place.</li><li>• We value <b>learning</b> to help us innovate, improve and deliver better services.</li></ul>

### The Scope of this Plan

This one-year interim plan sets out the context and future direction for the development of, and support to, the workforce of Renfrewshire HSCP who are employed by NHS GGC and Renfrewshire Council to undertake the planning and delivery of community health and adult social work services in Renfrewshire. The plan covers the period from April 2021 to March 2022 and reflects the priority of the IJB being on ensuring the wellbeing of staff and continuing to respond to and recover from the COVID-19 pandemic.

The plan does not describe every action to be taken but aims to further Scotland's National Health and Wellbeing Outcomes, in particular outcomes 8, "People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide." and 9, "Resources are used effectively and efficiently in the provision of health and social care services". The plan outlines the IJB's key challenges and responses, taking account of the needs and opinions of partners and of local and national policy direction.

Alongside this plan work will continue to develop a three-year workforce plan for implementation from April 2022. The 3-year plan will provide further detail on how the IJB will ensure that the workforce is adequately resourced and has the qualifications,

knowledge, skills and resilience required to deliver safe, fit purpose services that deliver real improvements to the health and wellbeing of Renfrewshire's population.

Lead responsibility for the development and delivery of the Plan sits with the Health and Social Care Partnership's (HSCP) Head of Strategic Planning and Health Improvement, on behalf of the Senior Management Team. The Plan, and regular updates on its progress, are reported to and scrutinised by the Integration Joint Board.

### **Setting the Context for Workforce Planning – Renfrewshire's Demographics**

National Records of Scotland (NRS) statistics, most recently from 2018, project that by 2043:

- The number of working people aged 16 to 64 living in Renfrewshire will grow very slightly by 1.8%
- The number of children will fall by 8.5%.
- Those aged 75 and over will grow significantly, by approximately 72%.
- The population is expected to grow by 4.3% from the 2018 base level.

More broadly, life expectancy in Renfrewshire is lower than the Scottish average. We know that the gap in life expectancy (and in other outcomes) is influenced by the pattern of inequalities in Renfrewshire - many of Renfrewshire's communities are found in the three most deprived areas as defined by the Scottish Index of Multiple Deprivation (SIMD). In addition, a survey on the impact of COVID-19 carried out by the Public Services Panel in Renfrewshire found that 62% of panel members who responded (897 responses in total) felt they were managing finances well or quite well, compared with 74% before the pandemic.

Taken together, this demographic context will inform what services are needed in Renfrewshire, and how they must be delivered. This in turn will guide the shape of the health and care workforce in future, and the support and skills development that staff will need.

### **The Current Workforce**

The HSCP has staff who are employed by Renfrewshire Council (Local Authority) and staff who are employed by Greater Glasgow and Clyde NHS Board (Health). A recent assessment of our workforce in February 2021 noted that:

- The workforce is evenly split, with 1100 (881 WTE) Council Social Care (Local Authority) employees and 1161 (979 WTE) NHS (Health) employees.
- The workforce is ageing – with an average age of 49 for Local Authority staff and 46 within our Health workforce.
- The workforce is predominantly female – 85% of both Health and Local Authority staff.
- The workforce is committed to Renfrewshire – 77% of Local Authority staff and 46% of health staff live in the area. Average length of service is 13 years for Local Authority staff and 11 years for Health Staff.
- The annual turnover rate is currently 10% for Local Authority employees and 9% for Health employees.

### **The Approach to Workforce Planning**

The IJB and HSCP's approach to workforce planning is driven by national, regional, and local strategies and policies which set the context and direction of travel for the provision of health and social care in Renfrewshire. It reflects the IJB's existing Strategic Plan, and the full Workforce Plan to be developed will also reflect the IJB's updated Strategic Plan from 2022, the developing Market Facilitation Plan, and the IJB's Medium-term Financial Plan. Workforce Planning will also continue to actively consider the external context, in particular COVID-19 and the further development of the recommendations from the Independent Review of Adult Social Care.

It takes account of and complements the workforce plans and organisational strategies from both NHS Greater Glasgow and Clyde (reflecting the interim plan also developed by NHS GGC) and Renfrewshire Council, recognising their role as employers of HSCP staff and key partners in integration. Both organisations are represented within the partnership's workforce planning activity, and the HSCP contributes to the development of our partner organisations' workforce strategies and plans to ensure they are informed by local demands and priorities (for example Renfrewshire Council's People Strategy which will launch in Spring 2021). Alongside this, ongoing joint working with regards operational service delivery and governance continue to inform workforce requirements.

It also builds on the Workforce and Organisational Development Strategy which has shaped the HSCP's workforce since its inception and, as noted, aligns with commitments set out in the IJB's Strategic Plan 2019-22 which focused on ensuring that the workforce is configured to meet future challenges, has the training to enable it to do so, and is supported by robust recruitment and retention activity.

The COVID-19 Pandemic, however, has impacted on previous plans requiring some activity to be paused, hastening other activity and leading to new priorities. The current situation requires that we work in an adaptive way and rely heavily on the commitment, goodwill and flexibility of the workforce. In addition, the HSCP has worked in innovative and more collaborative ways with partners and the adaptability and flexibility of the voluntary and independent sector workforce in Renfrewshire has made a critical contribution to the pandemic response locally. Indeed, the collaborative response of the voluntary sector and its joint approach to supporting communities further underlines the sector's impact and the importance of involving third and independent sector partners in service planning.

The development of this interim Workforce Plan, and later plans, draws on this experience and has been led by a Workforce and Organisational Development Group with membership drawn from both Health and Local Authority employers representing Human Resources, change and improvement, workforce, organisational development, learning and education, trade unions and staff partnership. This group is accountable to the HSCP's Senior Management Team and ultimately the IJB and has undertaken the following in development of this plan:

- Undertaking workshops with the HSCP's Leadership Network of managers from across all service areas to determine current challenges, and short, medium and long-term objectives.
- Engaging with services to understand current workforce challenges, including issues around recruitment and retention.
- Reviewing the breadth of lessons learned and staff engagement activity undertaken to understand the positive and negative impacts of COVID and identifying key themes to inform workforce planning.
- Reviewing and testing emerging proposals and setting out the approach to developing a more detailed workforce plan for 2022.

## **Section 2 – Stakeholder Engagement (Refer to Annex 1 for indicative Content)**

Renfrewshire HSCP engages with partners from across sectors on an ongoing basis as part of operational service management, service planning and the continuous



improvement of our services (as set out in Section 1). This includes public sector partners, the Third Sector Interface for Renfrewshire (Engage), and providers from the third and independent sectors. This engagement does not, at this stage, cover discussions on the size and nature of the combined health and social care workforce in Renfrewshire (recognising that mapping of this in detail can be challenging due to the nature of current funding streams), however it does enable a number of opportunities to engage and work collaboratively around service challenges and opportunities. This is undertaken through a range of routes:

### **Strategic Direction and the Strategic Plan**

As noted in Section 1, prior to COVID-19, Renfrewshire IJB had agreed four guiding principles to shape the transformational activity taken forward by the HSCP. The HSCP's transformational activity was paused due to the COVID-19 pandemic. However, it is clear that the pandemic has reinforced the importance of these principles, and the changes necessitated in the last 12 months (such as the increased use of digital consultation) have in many cases enabled the HSCP to progress delivery against the principles. They will be further embedded in future recovery and renewal activity.

More widely, the HSCP has undertaken a range of work with the Strategic Planning Group to progress community-based work aimed at delivering upon the first two principles which will provide a community-based approach to improving health and wellbeing. Funding has been allocated to a range of projects focused on delivering six health and wellbeing priorities agreed between SPG members (these priorities are (i) healthy and active living; (ii) loneliness and social isolation; (iii) early years and vulnerable families; (iv) housing as a health issue; (v) inequalities; and (vi) mental health and wellbeing). These projects are intended on enabling a third sector and community-led approach to developing responses which improve wellbeing and address inequalities.

Taken together, the above approaches will shape the way in which services are delivered in Renfrewshire in future, by the HSCP, partners and key stakeholders. This will also inform the HSCP's longer term workforce and organisational development needs, which the Workforce Plan from 2022 onwards will describe in further detail.

The above principles and strands of activity will form the basis of the IJB's next Strategic Plan, which will cover the period from 2022-25. Work is now commencing on the development of the Strategic Plan. It will be supported by 'Planning Groups' with service user, provider, unpaid carer, staff-side, Trade Union and service representatives which will have responsibility for developing agreed commitments for each care group. The Strategic Planning Group will also undertake its statutory role in guiding the development of the Strategic Plan – with a broad representation of stakeholders involved.

In addition, the HSCP will also be developing its next Market Facilitation Plan (MFP) over the next 18 to 24 months, with the key principles of this set out in the Strategic Plan. The MFP will be developed with key stakeholders and providers and will be critical in setting out the direction of travel for collaborative working, the future approach to the commissioning and joint delivery of services, and the shape of the workforce needed to deliver health and social care across Renfrewshire. The achievements made during the COVID pandemic have reinforced the importance of sustained involvement of the third and independent sectors in the development and delivery of these plans, with a particular focus on codesigning preventative and community-based interventions.

### **Staff, Staff Side and Trade Union engagement**

The development of this interim plan reflects engagement with managers and team leaders through a number of workshop sessions and existing engagement and consultation mechanisms which are utilised to discuss emerging service challenges. The development

of a more detailed Workforce Plan will build on these over the course of 2021/22. The routes used include:

- Reinstatement of a Workforce and Organisational Development group to guide the direction of workforce planning and organisational development moving forward.
- Completion of information gathering sessions with managers through service-focused sessions of the Leadership Network.
- Regular Trade Union meetings within Services on a whole range of workforce matters, including the opportunity to share information on service reviews, projects, plans emerging issues etc.
- Joint Trade Union Liaison Forum, through which Renfrewshire Council HR&OD have 6 weekly meetings with Trade Unions and which provide an opportunity for two-way discussion on emerging workforce matters and the progress of key workforce strategies.
- Joint Consultative Board (JCB) group updates which provide data on the number of cases relating to supporting attendance, disciplines, grievances and number of agency workers employed by the Service. These meetings are attended by Renfrewshire Council Members and Trade Unions, with attendance from Council services.
- Ongoing engagement and consultation through the Staff Partnership Forum, which includes Heads of Service and staff partnership representatives from across health and social care services.

### **Engaging with Providers and Independent Contractors**

The workforce employed externally to NHS GGC and Renfrewshire Council by providers and as independent contractors is a critical element of the overall health and social care workforce locally and nationally. This includes independent contractors such as GPs, who the HSCP engages with regularly through delivery of the Primary Care Improvement Programme and as part of ongoing service provision and response to COVID-19.

The arrangements which Social Care Providers have with their own staff are underpinned by contractual obligations with the Council. These are a key focus of the HSCP's contract monitoring process and practice, which is supported through Provider Forum meetings.

During the COVID pandemic the HSCP and Council has provided support to providers to promote workforce sustainability and resilience in the following ways:

- Payments to compensate for additional COVID costs to support staffing levels and their protection.
- Inclusion in the testing and vaccination programmes.
- Access to occupational health and wellbeing support (GP practices).
- Direct support through regular fora and meetings.
- Oversight and assurance processes.

In addition to ongoing operational engagement, the HSCP will engage with partner organisations in the development of the 3-year Workforce Plan to be implemented from 2022.

### **Section 3 - Supporting Staff Physical and Psychological Wellbeing (Refer to Annex 1 for indicative Content)**

Workforce sustainability has been a key organisational priority prior to the current pandemic, and staff physical and psychological wellbeing is pivotal to this. Previous Workforce Plans have recognised the correlation between staff wellbeing and high absence and turnover. Reflecting this, workforce wellbeing and organisational development are central elements of the HSCP's developing recovery plans. The Partnership has appointed a senior

responsible officer focused on staff health and wellbeing and, in recognition of the support required by the workforce, additional funding has been identified to develop a detailed Organisational Development Programme and delivery plan to sit alongside the Strategic Plan and underpinning transformation activity. This will provide additional support to the range of partners and is complimentary to the existing workforce support provided.

It is evident from national and local intelligence; workshop sessions with managers; and staff feedback, that COVID has exacerbated many pre-existing pressures on staff; brought a range of new challenges; but also highlighted some opportunities and learning to better inform and support the workforce going forward.

### **Absence and Turnover**

It is clear that where staff wellbeing is reduced, absence and turnover increase and this in turn places tremendous pressure on the remaining staff to maintain service provision. These challenges are compounded by the existing staff demographic, where older staff retiring can leave a gap in the experience and service knowledge within some teams.

The main reasons for absence across both NHS and Council employees are musculoskeletal; stress & mental wellbeing; and respiratory.

Absence statistics within the HSCP in 2020 showed:

- An improved position for NHS employee absence compared with previous calendar years, with a 12-month average of 5.41% total absence inclusive of short- and long-term absences.
- This compared with 6.43% in 2019, and 5.62% in 2018.
- 10.4 working days lost for Local Authority employees for the period March to December 2020 against a target of 15.3 days for the full year. This shows an improving trend.

### **COVID Impact on Staff Wellbeing**

Over the last year, the Senior Management Team has noted with great appreciation the flexibility; dedication and resilience the workforce, providers and unpaid carers have demonstrated to ensure critical health and social services continue to be delivered in these unprecedented, challenging circumstances:

- Quickly mobilising new service delivery models which involves adapting to working in new ways including adopting new digital solutions; use of PPE; testing regimes and constantly ensuring services align with rapidly changing national guidance.
- Staff being deployed to support a range of new COVID services and to support areas of greatest pressure.
- Management across services of capacity challenges arising from changes in demand for services; new areas of focus including enhanced support for areas such as care homes and care at home; and the direct impact of the virus on workers who required and continue to require additional support.
- A different approach to managing services, many of which moved to a remote platform with the growth of remote working and consultation.
- For some staff, particularly front-line workers, the devastating impact of COVID, such as those working in care homes where the impact has been felt acutely.
- Staff continue to balance the demands of work along with the personal impact of the pandemic, with issues such as loneliness and isolation arising from the restrictions on movement and different work patterns and demands; childcare responsibilities and home schooling; the impact on individuals' mental health (the full longer-term impact of which is still unknown); bereavement and, for some, managing the longer-term side effects of illness related to COVID.

- For example, a recent analysis of HSCP social care staff who have accessed Renfrewshire Council's counselling support service showed most support was sought around personal circumstances. 8% cited a combination of personal and work stress, and for 8% it was solely work related.

### **Staff Physical and Psychological Wellbeing**

RHSCP currently hold the Healthy Working Lives Gold Award and have maintained this year on year. Prior to the pandemic the HSCP organised health and wellbeing events, provided information and offered a variety of exercise classes and walking groups for staff. This has laid the groundwork for supporting staff through the pandemic and will enable the HSCP to embed systems of wellbeing as services remobilise.

During the pandemic the HSCP's communication team and networks have been utilised to inform staff of the opportunities to engage in activities and highlight services to support mental health and wellbeing. A workforce wellbeing champion who links with other HSCPs and NHS Greater Glasgow and Clyde Board has been identified to help achieve benefits from collective action in the development and provision of wellbeing support.

Having established several support systems, including the services offered by Renfrewshire Council and NHS GGC, these will continue to be provided in the year ahead and will be reviewed as necessary. A fortnightly Chief Officer message, which goes to all staff within the HSCP, has consistently had staff welfare as a focus, including listing a range of support services at the end of every message. The specific support offered to staff is as follows:

#### Facilities for staff for rest and recuperation

Ensuring suitable facilities are available for staff to have some down time whilst delivering essential services. NHS staff have access to Rest and Relaxation hubs on hospital sites and there are six locations across Renfrewshire for Care at Home staff. The HSCP and partners will continue to offer these facilities and will review as part of remobilisation activity.

#### Training and support for managers

During the pandemic, the HSCP's organisational development resource provided (and will continue to provide) focussed support to managers as required using telephone and Microsoft Teams to facilitate access to training and tools, coaching, and facilitating development of their leadership style and skills; their team structures, processes and culture; and our values and behaviours.

In addition, to provide managers with the tools to support staff, training will continue to be provided, including SAMH Mental Health in the Workplace, online resilience sessions and online sessions on Caring Conversations.

#### Support Services for staff

Staff are encouraged on an ongoing basis to take advantage of a range of resources and support which are provided locally and those which are also available to them nationally and through our partner organisations. These include:

- Virtual Brief Coaching Service (local provision for NHS staff)
- The Renfrewshire Bereavement Network, a new service established in partnership between the HSCP and Local Hospices to provide Bereavement Counselling for people living or working in Renfrewshire
- 'Hear For You' helpline: Anxiety – newly established helpline commissioned by the HSCP in response to COVID – newly established in partnership between the HSCP and Local Hospices for people living or working in Renfrewshire
- Activities for staff including Yoga4health; Health at hand - Scottish Ballet; Managing your energy; and on-line exercise classes (available to all staff)
- The National Wellbeing Hub at Promis.scot (available to all staff)

- Staff Listening Service (NHS GGC staff)
- Mental Health Check-in (NHS GGC staff)
- A new Psychological Therapies service being set up by OH (NHS GGC Services)
- The Workforce Specialist Services, delivered by NHS Practitioner Health (Nationally provided)

#### Organisational guidance and policy

The HSCP will continue to work with HR colleagues in both NHS GGC and Renfrewshire Council, staff side and trade unions to ensure guidance and policy evolves as understanding of COVID develops. Some examples from the last year include:

- Continuous review of clinical care governance procedures, particularly in relation to infection control, to protect staff and service users and also try to alleviate the concerns of frontline staff working in high-risk environments.
- Introduction of workplace risk assessments in light of the increased risk of COVID for those who are black, Asian and minority ethnic.
- Development of new manager guidance and training materials to support staff on areas such as shielding staff; appropriate use of PPE (including videos); COVID testing; supporting staff with Long COVID.
- Annual leave policies have been adapted to allow staff to carry forward additional days.
- The NHS has established a dedicated HR Support team for the support and management of Long COVID.

#### **Remobilisation Planning – Further Supporting Health and Wellbeing**

Further engagement sessions will be undertaken with a wider range of staff to inform the full Workforce Plan and to ensure joint development of our workforce priorities. Engagement will also be undertaken with providers and key stakeholders to determine the needs of the wider health and care workforce in Renfrewshire and to determine common actions as part of remobilisation planning.

In the coming months as COVID-related infections in the community and in hospital continue to fall and staff return to their core roles and routine tasks, it can be expected that there will be an increase in the level of mental health related absences especially in front line staff. It is anticipated that staff may experience mental health challenges as they reflect upon and come to terms with their experiences during the pandemic waves. Occupational Health teams are prepared for this eventuality.

Through the analysis of local and national data and feedback from recent manager and staff side sessions, several areas have been highlighted for future action. These are set out across the short- and medium-term drivers below.

#### **Section 4 – Short Term Workforce Drivers (Living with COVID) (Refer to Annex 1 for indicative Content)**

Remobilisation and recovery plans are ongoing within NHS Greater Glasgow and Clyde and Renfrewshire HSCP. NHS GGC has, building on the progress made in previous remobilisation plans, developed its third remobilisation plan to cover the period from April 2021 to March 2022.

The HSCP are also continuing to review and update recovery plans to reflect the current circumstances of the pandemic. All services are focused on the continued response to the pandemic, reflecting the additional restrictions that have been in place since early January 2021 but which are now beginning to ease. The recovery plans cover services delivered by the HSCP and our partners and recognise that there will be continued uncertainty in the

coming year which will impact upon how services are delivered. In this section we set out our approach across four key themes:

- Supporting staff wellbeing.
- Living with COVID-19 and delivering additional COVID services including the vaccination programme.
- Effectively resourcing and delivering essential services.
- Developing the organisation and our workforce.

We have considered feedback from staff, managers, Trade Union representatives and the leadership group to inform this section of our workforce plan.

### **Theme 1: Supporting Staff Wellbeing**

#### *Focus within this theme:*

Many staff have fed back that they have been under pressure to deliver all that was needed during 2020/2021. All staff have been working within an ever-changing environment involving responding to the pandemic whilst keeping essential services in place. Staff have had both additional duties and responsibilities at work and various personal challenges, and they have noted the degree and pace of change which has been delivered in the last 12 months.

A key short-term driver must therefore be the ongoing prioritisation of health and wellbeing support for our staff.

#### *Key Workforce Actions:*

- 1.1. Continued provision of local, regional and national health and wellbeing support, as outlined in section 3.
- 1.2. Identify and commence implementation of support to assist line managers and teams to developing working practice and team identity in a remote-working setting, and to support our staff to strengthen relationships and reduce feelings of isolation or disconnectedness when working in different locations.
- 1.3. Ensure that staff, new and existing, have easy access to the most up-to-date guidance, risk assessments, vaccinations, health and wellbeing support and equipment (e.g., PPE) to enable them to do their jobs safely. This will be from the point of staff induction and regularly thereafter.
- 1.4. Review existing communication processes and implement an updated communications strategy to ensure staff feel engaged and are able to access and receive updates at the right time.
- 1.5. Consideration of how Long COVID is managed moving forward. Currently all COVID sickness is recorded as Special Leave whereas other conditions are managed under long-term sickness. As understanding of Long COVID develops work will need to be undertaken to clarify processes for supporting and managing staff who are suffering, address inconsistencies and ensure fairness of treatment for all staff.
- 1.6. Improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics and enable the further promotion of diversity and equality within the partnership.
- 1.7. Continue to monitor and manage absence and the reasons for this and implement additional support where necessary.
- 1.8. Maintain a focus on capacity planning in the development of remobilisation activity and the HSCP's transformation programme to take account of staff fatigue; absence levels; vacancies and the build-up of annual leave.
- 1.9. Implement the National Whistleblowing Standards in line with guidance.

## Theme 2: Living with COVID-19

### *Focus within this theme:*

The pandemic has required the introduction of new, and the adaptation of existing, services (such as flu vaccination) to accommodate the changing needs of the population. These include:

- PPE Provision
- COVID Assessment Centres
- Staff testing
- Support to Care Homes, including the oversight and testing teams
- Expanded winter flu vaccinations and COVID-19 vaccinations
- Support to those suffering long COVID (both staff and local residents)
- Accommodation in line with social restrictions
- Adopting new national guidance and policy

Each of these elements is expected to remain in place for at least the next 12 months, with some elements such as increased use of PPE and expanded vaccination programmes remaining in place in the medium to long-term. This means that the HSCP must ensure there is the right people in the right place at the right time and to ensure that these staff are adequately protected with appropriate equipment and access to vaccinations.

### *Key Workforce Actions:*

- 2.1. Monitor and manage the need for the COVID Assessment Centre, including working with NHS GGC and the other HSCPs within the Greater Glasgow and Clyde boundary to refine and develop the CAC model as required to meet fluctuations in demand, and to ensure that a robust and sustainable staffing model is in place.
- 2.2. Work with partners, reflecting national guidance, to assess the need for a “vaccination workforce” and contribute to the development of this flexible group of staff as appropriate.
- 2.3. Across all areas we will continue to assess the most effective delivery model and will seek to formalise staffing arrangements, where appropriate, through secondments and creation of temporary posts to ensure we have ongoing capacity to deliver.
- 2.4. Assess, as evidence emerges, the impact of Long COVID on our local population, to inform the demand for and shape of future services that will be required (for example respiratory nursing, physiotherapy, mental health support). This will guide the skills and experience we require in our workforce in the medium term and beyond.
- 2.5. Continued delivery of the “Huddle” model and care home reporting. Senior managers will continue to meet regularly (daily at present) to ensure the right level of ‘responsibility and accountability’ for providing oversight, analysis, and response to emerging issues. The care home status report will continue to be utilised to ensure the provision of appropriate advice and support to all homes and to ensure the workforce in each home continues to be effectively supported.
- 2.6. Continued testing of care home staff and residents to identify infections and proactively manage any outbreaks, and the provision of ongoing guidance, equipment, access to vaccinations and support for staff to support them in their roles.
- 2.7. Assess the degree to which additional staff may need to take on additional caring responsibilities as a result of COVID-19 and support staff through application of NHS GGC and Renfrewshire Council carer policies.

- 2.8. Continue to work closely with independent contractors on the delivery of core services and new ways of working as part of the ongoing COVID response and seek to understand any sustainability issues and support needs.

### **Theme 3: Resourcing, Delivering and Supporting Essential Services**

#### *Focus within this theme:*

The HSCP will continue to deliver essential services and, where possible based on the impact of the pandemic, recover health and care services that have been reduced in the last 12 months. This will focus on (i) enabling staff to return to their substantive posts in a phased and managed approach (with the exception of those COVID services which are required to continue over the course of the next year); (ii) ensuring services are adequately resourced, supported by good data and robust recruitment processes; and (iii) working with providers and unpaid carers to ensure support vulnerable individuals in Renfrewshire.

#### *Key Workforce Actions:*

- 3.1. Develop updated recovery plans with our workforce to agree key actions which enable the increased provision of services when safe and provide a clear pathway for staff to understand how their roles will develop in the next 12 months. Where staff have been deployed, this will help support development of a roadmap for their return to their substantive posts when possible.
- 3.2. Run rolling recruitment programmes for critical posts including Care at Home workers, Mental Health Inpatients Nurses and Healthcare Support Workers, and identify additional actions to attract candidates for hard to fill posts.
- 3.3. Support the development of the day support workforce as services recover and as services move towards a blended building-based and community-based support model, reflecting the impact of COVID on pre-existing models of care.
- 3.4. Implement agreed recruitment action plans for CAMHS and Addiction and Drug Recovery Services (ADRS) to address existing gaps in the staffing establishment within these services.
- 3.5. Progress recruitment of additional District Nursing posts in line with additional Scottish Government investment, following agreed plan for Renfrewshire (47.8 posts to be in place by 24/25 across NHS GGC).
- 3.6. Progress School Nursing recruitment in line with available funding and recruitment targets.
- 3.7. Continued delivery and support of local and Greater Glasgow & Clyde Board-wide Action 15 commitments in Year 4 of the funding allocation. We will continue to work with partners and the Scottish Government to determine future steps for Action 15 beyond the current allocation.
- 3.8. Ongoing assessment of risks to service provision as a result of (i) a proportion of staff remaining unvaccinated or (ii) any future move towards a requirement for all staff to be vaccinated.
- 3.9. Continue to work collaboratively, supportively and on an equal basis with contractors and third and independent sector providers in determining the nature and form of health and care services provided in Renfrewshire.
- 3.10. Continue to carry out the duties of the Carers Act and work with key stakeholders to assess the impact of COVID-19 on unpaid carers and identify, where necessary, additional or different support which should be commissioned to meet the needs of unpaid carers.
- 3.11. Primary Care Improvement Plan implementation to continue recruitment to the extended multi-disciplinary team in support of General Practice.

### **Theme 4: Developing the Organisation and the Workforce**



*Focus within this theme:*

The HSCP's developing transformation programme was paused at the outset of COVID-19 along with pre-existing change and improvement activity. However, the HSCP has recommenced the delivery of pre-existing change and will seek to develop and embed the transformation programme when appropriate within the context of COVID-19. This work will need to reflect the changes created by COVID.

*Key Workforce Actions:*

- 4.1. Commence assessment of our existing vision, values, and behaviours to ensure that they reflect recent and forthcoming changes and align with the HSCP's guiding principles and the values of our partner organisations.
- 4.2. Building on existing feedback, work with the workforce to assess the impact of the changes made in response to COVID on them, identify good practice and areas for further development (examples of this include increased adoption of technology with all our staff groups, flexible service delivery models and multi-disciplinary working). As part of this approach, the HSCP will identify additional support that staff may require as services recover.
- 4.3. Continue to support and develop staff, through change management and training, in delivery of existing change activity, such as the implementation of Totalmobile scheduling in Care at Home, Eclipse – the new social care management system; the digital switchover in telecare, and the implementation of recommendations from the addictions and learning disability service reviews.
- 4.4. Develop the scope and expected timelines for the HSCP's transformation programme in line with the guiding principles. Develop branding and key messaging to support staff to understand the aims of the programme, how they can contribute, and implications for the HSCP in future.
- 4.5. Develop a benefits management framework to support staff to understand how to assess the potential impact of proposed change and to measure this during implementation.

## **Section 5 – Medium Term Workforce Drivers (Refer to Annex 1 for indicative Content)**

As remobilisation and recovery plans continue to develop, it is still uncertain what ongoing impact Covid-19 will have on services during and beyond 2021/2022. There are positive signs that infection rates are decreasing however it is challenging, at present, to state with any certainty the likely impact for citizens and staff moving into and out of the latter part of 2021. However, lessons can be drawn from recent experience and robust plans will be maintained to combat the challenges faced over the past year.

The view on the medium-term drivers set out within this plan will therefore remain flexible and will be subject to refinement and possible change as new priorities emerge or existing priorities necessarily change. They will be further assessed during the development of the full Workforce Plan for implementation from April 2022 onwards. Actions commenced in 2021/22 will also continue into the medium term.

The key medium-term workforce drivers are set out against core themes below. These reflect both Renfrewshire's local context, and those challenges which are replicated across Scotland. These medium-term drivers will be reflected in the HSCP's approach to delivering transformation and will require collaborative working with partners and providers, and for existing roles to adapt and the workforce to develop new skills to support the delivery of the agreed guiding principles.

### **Theme 1: People**

The health and care workforce, within the HSCP and including providers and unpaid carers, is hugely committed and has shown significant flexibility during COVID. However, the

workforce is also ageing, which may lead to future gaps in our services and the loss of key knowledge and experience. Current figures show that 55% of Council employed staff and 44% of NHS employed staff are aged 50 or over, and there are similar challenges within the independent contractor workforce.

Aligned with the ongoing uncertainty as a result of COVID, potential structural change within the system, and changing demographics which will shift the nature of demand for health and social care, the current workforce will need to develop to address potential mismatches in capacity vs demand. We will:

- Consider medium term management and staffing requirements for COVID services based on the impact of the vaccination programme and future projected need.
- Continue to identify opportunities to support staff to improve and sustain good health and wellbeing, also recognising the potential financial impact that COVID may have had on staff and their families.
- Continue to assess the ongoing impact of separate Terms and Conditions for NHS and Council staff.
- Review existing job descriptions to ensure that they are fit for purpose and meet the needs of the HSCP in line with future service requirements.
- Ensure services are aware of current age demographics within staff cohorts to inform succession planning.
- Consider in the medium term any staff wishing to retire and the opportunities for flexibility for them to remain in HSCP employment to fit their needs and those of the organisation – through options for a ‘retire and re-employment’ approach.
- Work with independent contractors, third sector partners and providers to embed joint consideration of workforce planning across the wider health and care workforce. This will create opportunities for the HSCP, providers and the third sector to enhance strategic workforce planning.
- Support staff to understand the implications of recommendations taken forward following the Independent Review of Adult Social Care and enable staff to contribute to local planning and implementation.
- In partnership with TU and Professional body representatives, partake in activity, locally and nationally, to define the process for supporting staff whose preference is not to be vaccinated.
- Consider opportunities for cross-partner CPD by sharing insights, experience and knowledge and contributing to a confident, adaptable and resourceful workforce.

## **Theme 2: Recruitment and Retention**

Recruitment and retention continue to be a challenge across health and social care nationally and within core service areas. In the medium-term, the HSCP will renew focus on proactive identifying and addressing gaps within the workforce. We will:

- Consider the medium-term impact of local and national drivers on the partnership’s ability to attract a wider pool of candidates and develop a responsive action plan.
- Work with staff, independent contractors, the third sector, providers and communities to determine the shape of future services as part of our strategic planning processes, assess what this means in terms of staffing requirements, and agree how any gap between current and future need can be addressed.
- In delivering remobilisation plans, consider opportunities for a more responsive service through flexible staff roles, enabling the HSCP to have the required organisational capacity and flexibility, and to offer enhanced career opportunities for staff.
- In addition to the above development of career opportunities, support improved retention through the provision of support for staff health and wellbeing and skills

enhancement as part of detailed organisational development plans, as outlined throughout this Workforce Plan.

- Work with both NHS GGC and Renfrewshire Council to identify all vacancies and staff shortages within the area and develop a joint plan to fulfil these requirements in a fair and equitable way.
- Continue recruitment to key MDT (multi-disciplinary team) roles through PCIPs, in support of sustainability, recruitment and retention within general practice.

### **Theme 3: Recovery and Wider Transformational Change**

The immediate focus continues to be on continued response to the pandemic and, where possible, service recovery. Moving into the medium term however, the HSCP will refocus on broader organisational change and transformation which reflects ongoing financial constraints within health and social care. Within this context, there is also the opportunity to reflect on the rapid pace of change and transformational gains made during COVID and to identify further opportunities to modernise practice and to achieve the objectives of improving life quality through prevention and community-based intervention. Joint working with providers will be a critical element of this including, but not limited to, the development of an updated Market Facilitation Plan and the consideration of what and how services are commissioned and provided in future. We will:

- Consider how COVID-19 has changed ways of working, and the positives and new challenges created, including the identification of opportunities for innovation in working practices going forward in the next Workforce Plan.
- Review the need for additional COVID services in the medium-term (such as an ongoing vaccination programme) and consider how to incorporate these as sustainable delivery models.
- Ensure that transformational change is supported by a robust communications and engagement strategy and that the appropriate change management and organisational development support is in place.
- Consider opportunities across RHSCP to introduce new roles and training packages that will allow Renfrewshire to “grow our own” staff to improve and positively influence capacity versus service demand.
- Engage with providers and key stakeholders as part of the development of the full Workforce Plan, and in the development of a revised Market Facilitation Plan to consider how services are commissioned more collaboratively and to ensure that commissioning intentions are widely understood and agreed.
- Ensure RHSCP continue to participate in ongoing discussions with regards the Independent Review of Adult Social Care and recommendations for a ‘national care service’ and improvements to terms and conditions within adult social care. The detail of these recommendations will need to be further defined.
- Within the above, assess emerging challenges relating to the resourcing of the implementation of review recommendations to ensure that frontline services are not negatively impacted.

## **Section 6 – Supporting the workforce through transformational change (Refer to Annex 1 for indicative Content)**

### **Key Activities to support the workforce through transformational change**

Over the course of 2021/22 and beyond, when it is appropriate to do so, Renfrewshire HSCP will seek to re-start their transformational change programme that was halted due to the pandemic. To deliver a workforce that has “the right people, in the right place, at the right time”, this change needs to be supported by robust communication and organisational development strategies that ensure fairness, equity and opportunity for all stakeholders and staff. To support our workforce through change:

- Staff will be engaged, and have a voice, in all activity that affects them, using all available communication channels to keep staff informed and involved. The HSCP will also continue to engage and communicate with Trade Unions and Professional bodies.
- We will engage with key stakeholders to agree transformational impacts on staff requirements for the next 12 – 36 months and update the Workforce Plan to reflect this
- We will communicate with all staff currently deployed in Covid-19 roles to agree their preference to remain or return to their substantive/alternative role.
- As we move into recovery, support the development of new and re-established teams allowing time for staff to reconnect and start the healing process.
- Promote collaborative working with cross-sector partners and key stakeholders to support the achievement of better outcomes.
- Develop and embed sustainable operational models for the Covid-19 services and recruit where necessary.
- Consider the professional governance aspects of change; preferences of those involved; and the estate, equipment, and training requirements to sustain digital and blended delivery models.
- Identify opportunities for the development of existing roles and support staff with training/education to attract the right people into vacant posts.
- Review roles and support staff and independent contractors to operate 'at the top of their license' with additional training where required.
- Plan the future offering for supporting and developing leaders who welcome and drive change as an integral part of a successful organisation.
- Collaborate with HR and OD services to ensure the long-term sustainability of change, through effective design and delivery of learning initiatives for staff and managers.
- Review change management processes and amend, to ensure that they encourage and engage staff to adopt change as an opportunity for improvement for them and the organisation.
- Determine the need to further define and develop the culture and leadership style to embrace change and improvement activity.

*Leading change through a pandemic is far from simple – and is highly ambiguous given fluctuating levels of restrictions and the lack of control over these. (CIPD October 2020)*



**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Interim Chief Officer**

**Heading: Developing Models of Care**

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

## 1. Summary

- 1.1. The current policy context for integrated health and social care services, driven through the Independent Review of Adult Social Care (Feeley Review) and the recently published national Self-directed Support framework alongside service remobilisation, focuses on the enablement of choice, flexibility and control in service provision.
- 1.2. This context is reflected in national good practice and in the HSCP's guiding principles. The report considers how these policy drivers and our guiding principles will be applied to the development of models of care across the different care groups supported by the HSCP. A key element of this activity will be considering how choice and flexibility can be best delivered through Self-directed Support (SDS), and this paper sets out the Partnership's current position regarding the utilisation of SDS locally.
- 1.3. In particular, this paper focuses on the development of models of day support. It sets out initial thinking on a proposed direction of travel and features of a future day support model which will further enhance the level of choice and control individuals' have over the support they access.

## 2. Recommendations

It is recommended that the IJB:

1. Note the assessment of current policy drivers for developing models of care, and the relationship with the HSCP's guiding principles (sections 3 to 4);
2. Note the HSCP's current position with regards take-up of Self-directed Support options and the findings of national audits of the implementation

of Self-directed Support which provide a case for further development (section 5);

3. Note the current position of day support for older people, people with physical disabilities and people with learning disabilities, reflecting the impact of the COVID-19 pandemic (sections 7 to 8); and
4. Approve the direction of travel and proposed features set out for the development of day support, based on policy and good practice, subject to further development and consultation with stakeholders (section 9).

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### **3. Background and the Policy Context**

- 3.1. Enabling individuals to have choice, control and flexibility over the health and social care services and support they access has been at the centre of national policy and decision-making for several years. The Social Care (Self-directed Support) (Scotland) Act 2013 set out these principles in legislation, with the Public Bodies (Joint Working) (Scotland) Act 2014 furthering the integration of health and social care with individuals at the centre of service planning.
- 3.2. The core objectives of these legislative building blocks have been central themes in national policy across support for older people and those with disabilities, including but not limited to 'A Fairer Scotland for Older People'; 'A Fairer Scotland for Disabled People'; the 'See Hear' strategic framework for people with a sensory impairment; 'The Keys to Life'; and the 'Shared Vision for Independent Living'. Each of these policies seeks to celebrate the diversity and experience of all parts of society, break down barriers to participation and address inequalities. In particular, they focus on promoting independent living, choice and opportunity.
- 3.3. Each of these drivers for how care is delivered have been further reinforced through recent policy developments in Scotland, including:
  - The Independent Review of Adult Social Care which makes broad recommendations for the future of Adult Social Care, with a focus on (i) shifting to a more consistent and fairer model of care; (ii) enabling and promoting the rights and capabilities of individuals; (iii) enabling independent living which improves outcomes; and (iv) putting individuals at the centre of the planning process.
  - The publication of the National Self-directed Support Framework in March 2021. This framework has been developed in recognition that the full intended impact of the original Act has not yet been achieved nationally, with variation in practice across areas. The framework includes 11 standards which are expected to be incorporated into future Care Inspectorate thematic inspections focused on Self-directed Support.
- 3.4. These elements will be central to the development of the IJB's Strategic Plan for 2022-25, which is the subject of an accompanying paper to the IJB, and which will set out the direction of travel for service development over this period. This plan will be collaboratively developed with Care Planning Groups and the Strategic Planning Group, ensuring a cross-representation of views.

3.5. The policy drivers are also underpinned by the breadth and depth of the impact of the COVID-19 pandemic, which has necessitated the implementation of alternative models of care and will also require different approaches moving forward to reflect service user feedback and ongoing guidelines around physical distancing and the use of existing buildings. More broadly, it is projected that the pandemic will change the future needs and demands of service users, which must be reflected in service provision.

3.6. Responding to these identified drivers, this paper seeks to provide further detail on a direction of travel for day support services, considering the key elements of:

- The HSCP's *agreed guiding principles* and how these will help to shape models of care in future;
- The *national and local position with regards delivery of Self-directed Support* and how this sets out a case for further assessment and development;
- The *supporting evidence base* which reinforces the HSCP's guiding principles and highlights the importance of choice, flexibility and control in service provision;
- Current *demographic indicators* for older people, people with a physical disability and those with learning disabilities and the *impact of COVID on pre-existing delivery approaches*; and
- How each of these elements contributes to a *proposed direction of travel for day support*.

#### 4. **Renfrewshire HSCP's Guiding Principles and their influence on Models of Care**

4.1. Renfrewshire HSCP developed four guiding principles for service change collaboratively with staff and partners within the Strategic Planning Group. These principles were subsequently approved by the IJB in March 2020:

- We share responsibility and ownership with our communities.
- We take a person-led approach to public health and wellbeing.
- We provide realistic care.
- We deliver the right services at the right time and in the right place.

4.2. These principles have been reinforced by the experience of the pandemic, and they can be applied to the development of models of care across all care groups. In practice, these principles align with the policy drivers set out above and will:

- Be centred on the human rights of each individual, enabling equality of access, participation and opportunity.

- Enable individuals to have choice and control over flexible packages of care and support – designing services around the individual rather than being guided by historic approaches and locations of care.
- Focus on the strengths of individuals and what they can achieve rather than what they are not able to do.
- Be focused on prevention and early intervention and, where possible, support rehabilitation and recovery for individuals.
- Recognise that the HSCP is not always best-placed to support individuals, with a focus on supporting people within their communities, in partnership with providers and the third sector.
- Recognise the importance of individuals' relationships, friendships and common interests, and enable a range of opportunities to support these.

## **5. Renfrewshire's current position for Self-directed Support (SDS)**

5.1 Self-directed Support (SDS) is the underlying mechanism through which people are able to exercise choice and control over the services they access. It is not how services themselves are delivered but is a key enabler of person-centred services and improved outcomes, and it supports the HSCP to deliver on the guiding principles set out above.

5.2. As noted in Section 3.3 however, the National Framework for SDS has been created in part in recognition that there is variation in how SDS is applied between areas and to support greater consistency and sharing of best practice. This follows several national audits and reports which have identified challenges in how SDS has been implemented. These include:

- Audit Scotland's 2017 report which found limited evidence that authorities had fully implemented the SDS strategy, with greater leadership and permission required for staff to be bold and innovative. Audit Scotland also found tensions for providers in providing flexible services and retaining staff.
- The Care Inspectorate's Thematic Review of SDS in 2019 identified both positive experiences and areas for development in how SDS is applied, noting that most supported people are positive about SDS but in practice more needs to be done to inform and enable people to fully participate. However, discussions and decisions about options, choice and control were not routinely documented in case records and reporting on personal outcomes was inconsistent, making it difficult to evaluate progress in SDS.
- Self-Directed Support Scotland and the ALLIANCE published the 'My Support, My Choice: National Report' in October 2020 which found that most people felt SDS had improved their social care experience. However, a significant minority reported issues in accessing information, gaining access to all SDS options and for those in rural



areas meaningful choices were much more limited. The report itself made over 60 recommendations to increase the effectiveness of SDS.

5.3. Within this context of national variation in practice, it should be noted that SDS uptake in Renfrewshire has continued to increase in each financial year since 2017/18, in terms of the number of clients, total spend and overall spend as a percentage of the gross cost of Adult Services provision.

5.4. The 2020/21 position in comparison to 2017/18 is shown in Table 1 below. The table demonstrates the increased uptake across SDS Options 1 to 3, with an increase of 65% in the number of clients and 161% in the total spend in delivering these options, evidencing an ongoing positive trend in uptake.

SDS Option	2017/18		2020/21	
	No. of clients	£	No. of clients	£
Option 1	267	£2.637m	287	£3.506m
Option 2	102	£0.696m	238	£1.659m
Option 3	395	£0.865m	736	£5.791m
<b>Total</b>	<b>764</b>	<b>£4.198m</b>	<b>1261</b>	<b>£10.956m</b>

5.5. However, Option 3, under which the HSCP is responsible for determining and arranging the services provided, accounts for over half of the SDS support packages in place. Options 1 and 2, where a person takes a direct payment or is in charge of how the SDS payment is spent, accounted for 42% of all packages (by client) in 2020/21.

5.6. In addition, in February 2021 the Improvement Service published the 2019/20 Local Government Benchmarking Framework (LGBF) performance data for all Scottish local authorities. This included benchmarking on SDS (Direct Payments and Managed Personal Budgets) spend for adults aged 18 and over as a percentage of total social work spend on adults of that age. This benchmark showed a percentage spend figure for Renfrewshire of 4.05%, meaning that Renfrewshire had moved from 11<sup>th</sup> to 24<sup>th</sup> place out of 32 local authority areas.

5.7. Further analysis of this performance indicator has highlighted a change in how this comparison was calculated in 2018/19, as Option 3 spend (where the HSCP determines the services provided) was not taken into account. Were this to be included, the benchmark figure for Renfrewshire would be 7.84% (rather than 4.05%). Nevertheless, there is evident opportunity for further development of how SDS is applied and accessed locally.

5.8. Each of the elements outlined in this section of the report therefore combine to create a positive case for the review and further development of how Self-directed Support Renfrewshire and nationally. Fundamentally this describes an opportunity to improve outcomes for people by enabling them to exercise greater choice and control in the support they receive. This opportunity exists across all care groups, and the HSCP has sought to develop a direction of

travel in this context for the model of care for day support for older people, and people with disabilities. This is set out in further detail in the following sections of this report.

## **6. Reflecting good practice in the development of models of care**

6.1. The development of future models of care will reflect the current and emerging policy environment and will draw upon leading policy and practice from across Scotland and more widely throughout to ensure that day support is flexible and fit for the future. The HSCP has undertaken a literature review to determine the key components of successful day support models. In summary, the key findings from this review of existing evidence include:

- Community-based approaches to providing support can improve outcomes by promoting equity and increasing people's choice and control (Source: Public Health England, Community-centred approaches to Health and Wellbeing, 2015).
- Community-centred approaches can improve the health and wellbeing of individuals by (i) building on existing community resources, assets and capacity; (ii) enhancing community capability for improving advice and support; and (iii) delivering collaboratively and in partnership (Source: Public Health England, 2015).
- The move towards greater personalisation is focused on the empowerment of individuals. For older people, centre attendance and participation in interventions within them impact positively on their mental health, social contacts, physical function, and quality of life as well as contribute towards sustaining health. However, some attenders can experience better outcomes than others (such as the isolated, those lacking mobility, on low incomes or younger), suggesting that day centres do not maximise outcomes for some individuals and broader choice would be beneficial (Source: Cambridge University: Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived, 2018).
- While traditional public health models are important, they could and should be complemented by considering available community assets, whose factors can help develop resilience and promote positive health and wellbeing within the community (Source: BMJ: Open Assets in a global context, 2019).
- The disability experience is multi-factorial and people with disabilities face significant attitudinal, physical and communication barriers that hinder their full participation in communities. However access to and use of communities assets (including services, places, businesses and people) can increase the participation of people with disabilities (Source: BMC Public Health, Columbia 2020).

6.2. These characteristics are embedded in good practice across the UK. This includes the Wigan Deal which focuses on the strengths, assets and talents of

individuals and access to community resources. Kirklees Council has moved to the provision of day opportunities for those with complex dementia, to allow people to live independently for as long as possible by providing day services, events and outings which also provide a break for carers and family. The Shared Lives model, utilised by Kirklees and other authorities, also provides day support within an individual's home at times which suits them most.

6.3. There are also many examples of good practice for people with physical and learning disabilities. This includes the Quality Checking project run by the Council and the NHS in Gloucestershire that uses lots of ways to check for quality and includes people with learning disabilities. They visit services to see undertake quality checks on services, checking how well they are doing and asking people what they think of the services provided. Scottish Borders HSCP's physical disability strategy has been developed to set out six clear ambitions built around enabling people with a physical disability to live the life they choose, have control, make informed choices and to participate fully in education, employment and their communities.

6.4. These examples of good practice will inform the future of models of care for day support developed within Renfrewshire.

## **7. Models of Care for Day Support: the Renfrewshire Demographic Context**

### *Older People*

7.1. People in Renfrewshire are living longer but not necessarily healthier lives, often experiencing multiple long-term conditions. This is changing the nature and volume of demand for care and support. There were 14,842 people aged 75 years and over in Renfrewshire in 2018, with a projected increase of 72% in these numbers by 2045 (Source: National Records of Scotland). People aged 75 years and over accounted for 34.22% of all emergency admissions to hospital in 2018-19.

7.2. Renfrewshire is also projected to see a 47% increase in dementia prevalence by 2035. Current prevalence is 2,994 people at 2017, with a projected prevalence of 4,400 by 2035. This means that care and support services need to be increasingly designed to meet the needs of people with dementia and their unpaid carers.

7.3. This demographic context provides clear evidence of the requirement to continue to develop support to older people to represent the broad spectrum of need within our local communities. Services need to be flexible to suitably support those who are highly independent through to frail older people and those with dementia.

7.4. This was echoed in the report on future considerations for services for older people, provided by Journey Associates following a process of engagement with a range of stakeholders, including service users, families and carers. A final version of this report was shared with the IJB in November 2020. It set out the key action areas and themes by which support should be developed, considering partnership working, place, information and communication and enablers (such as transport and technology).

- 7.5. The findings from the engagement amplified a number of key points: (i) community-based services should enable access and connection and reduce loneliness and social isolation; (ii) services within the community should develop to be dementia-friendly and accessible to everyone; and (iii) existing community assets should be used and built upon to support broader and easier access, including the exploration of service provision which is not building-based or considers alternative uses for existing buildings.

*People with a learning disability*

- 7.6. The Scottish Commission for Learning Disability publishes an annual report, 'Learning Disability Statistics Scotland' which reports statistics about adults with a learning disability who are known to Scottish local authorities. The most recent annual report published was in 2019.
- 7.7. The data gathered by the Commission shows that in Renfrewshire 826 adults with a learning disability are known to the local authority and HSCP. 39.6% of these individuals at the time of publication lived with a family carer and 437, or 44.6%, of these adults were identified as attending a day service. This compares with a significantly lower average across Scotland of 18.2% of adults attending a day centre, and as a result the local position does not align with national policy such as 'The Keys to Life'.
- 7.8. More widely, the Commission's annual report also provide statistics on the number of adults with a learning disability with access to employment and Further Education opportunities. In 2019, these figures showed that (i) 1.3% of adults with a learning disability in Renfrewshire were in employment compared with a Scottish average of 4.1%; and (ii) 10.8% of adults with a learning disability were in Further Education, whereas across Scotland the average figure was 4.9%. It should be noted that these figures do not consider the complexity of individual needs and should therefore be considered within this context.
- 7.9. The review of Learning Disability Services completed by Paradigm in 2019 considered the views of people with a learning disability on what they want from the services they access. People highly value the support they accessed at that time, and families and carers did raise concerns with regards any significant change to traditional services. However, the importance of choice, flexibility and meaningful activity was central to the feedback received including flexibility in when people go out, the opportunity to have a job, to leave home and to form relationships.
- 7.10. Fundamentally, those involved in the process wanted access to opportunities and activities that most people are able to take for granted. This also reflects the changing demands and expectations of younger people with learning disabilities. Following the Paradigm report, the HSCP continued to work co-productively with the Learning Disabilities Planning group to progress the recommendations made. This work was paused at the outset of the pandemic, with activity now underway to determine how it can be most effectively restarted.

*People with a physical disability*

7.11. The most recent census data notes that there are 12,593 people in Renfrewshire with a physical disability – 7.2% of the population compared to 6.7% across Scotland. Older people are more likely to have a physical disability. Only 1.1% of 16–24-year-olds have a physical disability, but this rises to 34.6% of those over 85 having a disability. In addition, 6.9% of Renfrewshire's population are deaf or have partial hearing loss, and 2.4% are blind or have partial sight loss.

7.12. For these individuals, physical disability is a broad term which encompasses a range of disabilities of differing complexity, of individual experience, and in age as highlighted by the statistics in paragraph 7.10. It is therefore essential that support for those people who require it is flexible, person-centred and built around the specific needs and desired outcome of each person.

## **8. Developing interim models of day support**

8.1. Day support services across Renfrewshire were significantly impacted by the COVID-19 pandemic with the necessary closure of building-based provision. This posed significant challenge to the continued provision of support to vulnerable individuals across Renfrewshire. It is also clear at the time of writing that the use of buildings will remain severely limited for the foreseeable future in terms of both the buildings that can be utilised, and the capacity of those for staff and service users.

8.2. However, the changes enforced by the pandemic have also provided the opportunity for the HSCP to develop broader offerings to support people digitally and through community outreach. These approaches are described further in the remainder of this section of the report. As recovery from the pandemic becomes possible, these interim models will provide additional learning for the HSCP which can be used to inform the future shape of day support.

### *The impact of COVID and an interim model of Day Support for older people and people with a physical disability*

8.3. Day Support for Older People in Renfrewshire has been provided from five Day Support Centres across the region. Prior to COVID-19, there were a total of 323 people who used these day centres, with positive perceptions of the support and safety and security provided by day centres amongst service users and family. However, the average utilisation of available spaces within these centres varied significantly, with an overall average utilisation of 56%. This suggests that for many older people the day centre-based model does not offer the choice and flexibility in support that they seek.

8.4. Day support for people with a physical disability or sensory impairment is provided through the Disability Resource Centre (DRC). Whilst the average utilisation of the Centre on a weekly basis was 85% before the pandemic, within this figure Fridays in particular saw significantly lower utilisation, at an average of 63%.

8.5. Previous reports to the IJB have described the impact of COVID-19 on day support services for older people and people with physical disabilities. Building-based provision within Renfrewshire's five Day Support Centres for

Older People was necessarily closed, as was the Disability Resource Centre for individuals with a physical disability. Older people have been supported through weekly welfare calls throughout the period of closure, with a programme of virtual support for those who previously attended the DRC.

8.6. As reduced infection levels have allowed, the HSCP has focused on the development of an interim 'hub and spoke' model of day support for older people and individuals with a physical disability. The hub and spoke model recognises that it is not possible to reopen all day care buildings immediately. The day care buildings at Johnstone, Montrose and Renfrew continue to be utilised as drop-down facilities for care at home staff, who currently have no access to the network of staff facilities within extra care, sheltered housing and care homes.

8.7. The hub opened on 19 April 2021, following sign off from Health and Safety, the Chief Social Work Officer and Environmental Health. All staff within the hub received a full induction and PPE, and Test Kit were distributed, in line with safe working practices. Visits to service users' homes commenced with over 100 visits completed by mid-May. The number of service users supported through outreach will continue to grow as the model is embedded. These visits included both indoor and outdoor activity and feedback has been positive from service users and staff. Welfare calls to all other service users continue. The HSCP has also received 52 iPads and free Wi-Fi for 12 months, from Connecting Scotland, which will enable the further enhancement of digital support.

#### *Learning Disability Tiered Model for Day Support and Respite*

8.8. At the outset of the pandemic, Renfrewshire Learning Disability Services (RLDS) implemented a four-tier model of day support and respite model to enable the continued provision of essential support to the most vulnerable adults with learning disabilities and their families, where risk to their welfare is assessed as critical. The services provided at each tier are as follows:

- Tier 1 – Care at Home via Welfare Calls and Door Stop Visits
- Tier 2 – Access to Daily Exercise/Community Outreach support
- Tier 3 – Outreach Day Respite (Based at Anchor/Spinners Gate) (necessarily paused when Renfrewshire was under Tier 4 restrictions)
- Tier 4 – Crisis Overnight Respite (Based at Weavers Linn)

8.9. The model was designed to incorporate day/respite services working in close partnership with the Integrated Community Team. An additional aim was to ensure that some of RLDS most vulnerable service users continued to receive support. Planned day and respite services, via controlled referral pathways, were offered in response to assessment of risk indicators as part of telephone monitoring contacts.

8.10. As local and national restrictions have eased, the HSCP has sought to reopen day centres on a reduced capacity basis. During week commencing 8 March 2021, the Corporate Management Team approved the reopening of the Mirin Day Service, which is located within the Lagoon Leisure Centre. Access to Mirin was made possible due to the utilisation of the Lagoon as a

mass vaccination centre (with separate access available). The initial occupancy of the day service was limited to 10 people initially, moving to 20 when it has been deemed safe to do so. The Milldale Day Service, located at On-X, reopened on 26 April 2021 and Paton's Resource Centre has also been reopened for use by staff only at this time.

- 8.11. RLDS continues to utilise the tiered model as the safe re-opening of wider building-based services develops. More widely, the RLDS team has also identified and is assessing an opportunity to participate in the next phase of the Healthcare Improvement Scotland / iHub Learning Disability Collaborative which will consider new models for learning disability support. This assessment will consider the areas of alignment with the direction of travel set out in this report.

- 8.12. The Learning Disability Planning Group continues to meet every three weeks, providing the opportunity for engagement with a range of stakeholders including carers and service user representatives, and this group will continue to be integral to decision making within the ongoing response to and recovery from the pandemic.

#### *Evaluating the Interim Models*

- 8.13. Evaluation of these interim models is a critical step in understanding the experience of staff, service users and their families and carers. This feedback will enable the HSCP to understand the positive impacts that the model has had on individuals' wellbeing and opportunities where the models can be further developed, and this evidence will be used to inform future models of day support.
- 8.14. This evaluation will be carried out using a number of methods. Service users, carers and family will be asked to complete surveys and questionnaires and will be supported by further one-to-one discussion and focus groups with these individuals and with staff. Staff are also capturing relevant feedback from informal discussions to support the collation of additional anecdotal and case study evidence to support future decision-making.
- 8.15. Some of the feedback and case studies which have emerged already are set out below. Each of these is provided in summary however they form part of a growing evidence base on the impact of the interim models of support:

#### **Feedback**

*"Recently I have felt so much better since I had outreach support. Amazing, life saving and I'm not being dramatic."*

*"I [felt] no hope for the future and isolated. Outreach has helped me to gain confidence. I think it's brilliant."*

#### **Case study One**

A service user was keen to use direct payment funding to create an additional indoor space in the garden to focus on their hobbies. In doing so, the person now has their own space and privacy and can now have a beer with their Grandad, and they can use the space all year round.

#### **Case Study Two**

A service user used their direct payments to purchase an indoor camera system which once installed has allowed their husband to have a break from his caring role. He could see via his phone that his wife was fine and being cared for appropriately.

#### **Case Study Three**

Using SDS enabled a client to be supported with personal care, meal/drink preparation, medication and physiotherapy exercises. The benefits realised were better flexibility and the client's full time carer (sister) has been able to continue her volunteering role.

## **9. Proposed features of future day support models**

9.1. The research and assessment highlighted throughout this report, aligned with national policy and the HSCP's guiding principles, has enabled the Partnership to develop a high-level direction of travel for the future of day support in Renfrewshire. This also reflects previous work undertaken under the Older People's Services Review and the Learning Disability Services Review and the additional necessity to review models of care as a result of the COVID-19 pandemic.

9.2. The core proposed features identified are:

- Proposals further develop the HSCP's approach to enabling choice, control and flexibility for individuals and deliver upon the recommendations of the Independent Review of Adult Social Care and the National Self-directed Support Framework.
- Services will focus on enabling people to live as independently as possible, for as long as possible, within their own homes.
- Services focus on the needs of individuals rather than providing group support and recognise the importance of supporting existing relationships and friendships and enabling the development of new relationships within communities (both geographic and interest-based).
- The support provided by the HSCP and within communities will focus on supporting meaningful activity for each person, including but not limited to the pursuit of interests, access to employment or education.
- In meeting the needs of individuals, the need for and use of buildings will be assessed and will change in the most appropriate way to reflect changing demand.



- The learning and feedback gathered from the interim models implemented due to the pandemic will be assessed and used to guide further development of day support models, reflecting the importance of community outreach alongside support provided within buildings.
- Day support will be provided in partnership, reflecting, and maximising the use of the assets within Renfrewshire's communities and the skills, expertise and breadth of provision available within the third sector.
- Enhanced communication and information provision will support staff and service users, carers and families to understand and access the breadth of community-based support available, providing opportunity to meet individual needs.
- People will be supported through a range of means, including further development of the use of digital technology as an additional strand of support and to enhance opportunities for engagement.

## 10. Next Steps

- 10.1. The IJB is asked to approve the proposed direction of travel and development approach as set out above. This will contribute to the further development of Renfrewshire's approach to Self-directed Support and enhance the opportunity for individuals to exercise choice, control and flexibility over the services they access.
- 10.2. Subject to the IJBs approval, the HSCP will subsequently define a development plan for the enhancement of Self-directed Support and the interdependent development of models of care for day support to address (i) resource requirements; (ii) timescales and (iii) the development of a consistent approach and supporting processes across different care groups. Further updates on progress will be provided to the IJB.

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## Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No immediate implications from this report. However, further development of the interim day support models and future design activity will seek HR guidance and implement required organisational development support for staff.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – The direction of travel set out in this report, and the ongoing impact of COVID-19 will necessarily require ongoing consideration of how buildings are used a part of any agreed future model of day support.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No immediate implications from this report, however future developments of day support will consider all equality and human rights implications and undertake supporting equality impact assessments.

8. **Health & Safety** – No implications from this report. The implementation of interim arrangements for day support have engaged Health and Safety advice throughout.
  9. **Procurement** – No implications from this report.
  10. **Risk** – No implications from this report.
  11. **Privacy Impact** – No implications from this report.
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**List of Background Papers – None**

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**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Chief Officer**

**Heading: Scottish Government Investment for District Nursing:  
Renfrewshire HSCP Plan**

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) regarding Scottish Government investment to District Nursing, aligned to the Health and Social Care Workforce Plan recommendations published in December 2019.
- 1.2. The report provides an overview of the outline plan across Greater Glasgow and Clyde, and more specifically planning intentions for Renfrewshire HSCP.
- 1.3. The report refers to Appendix 1 (Additional Funding paper) and Appendix 2 (Funding Letter Board Nurse Director), which provides further information for members to consider.

## 2. Recommendation

It is recommended that the IJB:

1. Note the content of the paper;
2. Note current progress in relation to the plan;
3. Note that the request for approval of the creation of an earmarked reserve to fund the Additional Investment in Respiratory Services was included within the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board; and
4. Note that the funding for the Investment in Nursing Assurance across Renfrewshire Care Homes was made available late on in 2020/21

and has been carried forward in earmarked reserves to be drawn down as required and is included within the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board.

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### **3. Background**

- 3.1. In 2018 a national modelling exercise was undertaken which identified a 12% investment was required to the District Nursing workforce in order to address the gap between demand and supply, and in consideration of demographic change, including a growing older population.
- 3.2. The Health and Social Care Integrated Workforce Plan subsequently committed to an additional 375 nurses across Scotland.
- 3.3. In consideration of DN services being central to the delivery of essential and urgent care during Covid 19, and to recovery, targeted investment to grow the workforce will support services across Scotland. An enhanced workforce is key to ensuring people can be cared for at home or in a homely setting, reducing avoidable admissions to hospital and enhancing provision in primary care.
- 3.4. In late 2020, the Scottish Government wrote to boards with regard to the allocation of funding for Nov 2020- April 2021, and recurring funding until 2024/25.
- 3.5. The board allocation across GG&C is £10,081,786 equating to 47.8 skill mixed posts, Renfrewshire's allocation is £1,396,592 equating to 7.4 skill mixed posts realised at end point 24/25.
- 3.6. Appendix 1 details an overview of funding and justification for posts to be created.

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### **4. Renfrewshire Plan**

<b>Post</b>	<b>Band</b>	<b>Final WTE</b>
DN Advanced Nurse Practitioner	B7	2
Community Staff Nurse	B5	2
Health Care Support Worker	B3	3.4
		<b>7.4 WTE</b>

4.1 Justification for specific posts is provided in Appendix 1, however in Renfrewshire the justification to develop new ANP roles is anticipated to have multiple benefits for patients and for the sustainability of services:

- Creation of more senior decision making roles, which will enhance assessment and treatment planning for patients and families and streamline the patient pathway, as an element of the District Nursing Team. This will include an evolving Out of Hours component which has already realised a number of benefits in relation to admission avoidance and diverting of referrals to GP OOH at weekends.
- This aligns with the ambitions of Transforming Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District Nursing service and enhance resilience. These roles will link with the wider ANP team and provide the potential to form the building blocks of future Hospital At Home models.
- Additional Band 5 roles, the intention being to grow these staff by undertaking DN SpQ programme in order to reach the required model of Band 6 qualified District Nurses.
- Succession planning: due to the creation of an enhanced career pathway it is anticipated that staff who are supported to undertake SpQ would consolidate their practice and be retained within the service, with the potential to develop further as a DN ANP. There is optimism that this would avoid these highly trained staff seeking similar opportunities elsewhere across services.
- Band 3 roles: this will enhance support to DN teams, ensuring that the registered workforce is able to focus on more complex needs and interventions, again aligning with the ambitions of Transforming Roles

## **5. Additional Investment in Respiratory Services**

5.1 Respiratory service referrals have increased exponentially over recent years, particularly in relation to prevention of admission for patients with Chronic Respiratory Disease, the aim being to support their care needs at home.

5.2 The implications of the Covid 19 pandemic have been significant for this cohort of patients, and the GG&C wide Community Respiratory Response Team have been able to provide safe and effective alternatives to admission, the Renfrewshire Respiratory Nurse Specialist being a designated first responder as an element of this team.

- 5.3 Currently the Respiratory CNS holds 87 patients on her caseload who require oxygen therapy, many of whom are nearing end of life and require frequent interventions to maintain them safely at home. There are also a further 35 patients on the caseload who do not use oxygen therapy but require regular input to be maintained safely at home.
- 5.4 Additionally, the service has been receiving an average of 44 referrals for prevention of admission every month. The existing Respiratory CNS is currently working overtime each week to maintain the caseload.
- 5.5 Current resource WTE 1.0 Respiratory Nurse Specialist working within wider RES team.
- 5.6 The respiratory nurse also has a focus on self-management education with patients and carers and was involved in the implementation of the COPD Rescue medication pathway which was developed and tested in Renfrewshire as an output of the Respiratory Interface Group. This was then adopted and will be implemented across Greater Glasgow and Clyde. This includes identifying appropriate patients in order to supply a COPD card which subsequently allows them to be able to seek treatment independently via pharmacy when they identify exacerbation, thus preventing delay and enhancing patient control. The Respiratory nurse is able to work proactively with patients to assist them with identifying warning signs to start the rescue medication promptly.
- 5.7 The respiratory nurse has also, as part of a QNIS Catalyst for Change project, continued to run a support group virtually targeting patients from hard to reach groups. This group has shown to be beneficial for the patients, provide a means to provide individualised and group education and has provided direct clinical support to patients who may not previously have engaged with services.
- 5.8 This aligns with both current research which has evidenced that people from disadvantaged communities are less likely to engage with services, hence experiencing poorer outcomes, and additionally Renfrewshire data evidencing that there are higher numbers of people with respiratory conditions in SIMD 1 categories. As the above cohort of patients are more likely to be admitted to hospital, targeting this group for the Take a Breather initiative may result in improved outcomes for these patients.
- 5.9 Considering the above the service would benefit from an enhanced resource with the objective of reaching more patients with respiratory conditions, working with them to self-manage and focus referrals towards community assessment and treatment to prevent avoidable admission.
- 5.10 Given current evidence regarding longer term impacts of Covid 19, including Covid fatigue, additional resource is likely to have a range of positive outcomes. This will involve a change of focus for the role and creates a need to increase the resource of the respiratory specialist nurse/AHP.

- 5.11 The Senior Management Team have agreed to the proposal for funding for 2 years for 2 WTE Band 6 nurses and 1 WTE Band 6 AHP who have significant respiratory experience and/or qualification to work alongside the current Respiratory CNS.
- 5.12 One of the posts will be expected to have current respiratory experience and the other post will have a Mental Health qualification, as access to psychological therapies has also been identified as a gap for patients and families.
- 5.13 Fixed term roles would create the opportunity for the Band 7 Respiratory Nurse Specialist to:
- Facilitate the sharing of knowledge and skills in management of respiratory conditions in the community
  - Facilitate the opportunity to more effectively manage the large caseload, subsequently organising the caseload to delegate patients with less complex needs to the Band 6, with the cRNS focusing on people with more complex needs
  - Provide the opportunity for a test of change to offer Pulmonary Rehab to people at home, this has been identified as a gap across GG&C as the ability to access/travel to central venues can be challenging for patients.
  - Create a more resilient and responsive service, potentially providing a limited OOH response
  - Maintain links with the Community Respiratory Response Team
  - Enhance education for nursing and medical staff, therefore creating resilience in the event of conclusion of a fixed term resource
  - Create potential for the Band 6 posts to undertake V300 Independent Prescribing to enhance the ability to manage the clinical journey for patients, aligning with the ambitions of Transforming Roles
  - Consider a focused piece of work in relation to Anticipatory Care Planning aligned to the Unscheduled Care programme, this may be viable through existing resource.
  - Evaluate the benefits/improved outcomes in order to inform services going forward.
- 5.14 The cost of this proposal is £412,427 over 2 years and will be funded from earmarked reserves, as detailed in the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board.
- 6. Investment in Nursing Assurance across Renfrewshire Care Homes**
- 6.1 HSCP's have been advised that ongoing nursing assurance should continue until at least March 2022 as an element of ongoing arrangements.

- 6.2 Costs incurred were requested by the Board Nurse Director and a non-recurring amount allocated. Resource proposed is as below:
- Band 7 Practice Development Nurse (one year): opportunity to implement consistent core education/training across Care Homes and Care at Home including Tissue Viability/Food, Fluid and Nutrition/Pressure Relieving Equipment.
  - Extension of additional Care Home Liaison Nurse posts until end March 2022.
- 6.3 The cost of this proposal is £127,329 and will be funded from earmarked reserves, as detailed in the Chief Finance Officer's Financial Report 1 April 2020 to 31 March 2021 to this board.

## 7. Next Steps

- New DN ANP posts are currently at recruitment stage
- Posts related to the proposed enhancement of the Respiratory Team will be discussed with Staff Side partners and progress thereafter to recruitment following IJB approval.
- Posts in relation to Nursing Assurance will be progressed following IJB approval

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## Implications of the Report

1. **Financial** – Funding received in two tranches, May 70% and November 30%. There is joint engagement with CFO regarding recurring funding and with finance partners GG&C wide
2. **HR & Organisational Development** – Discussions and agreement have taken place both board wide and locally regarding new posts
3. **Community Planning** – No implications from this report
4. **Legal** – No implications from this report
5. **Property/Assets** – No implications from this report
6. **Information Technology** – No implications from this report
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – No implications from this report
9. **Procurement** – No implications from this report
10. **Risk** – None.
11. **Privacy Impact** – No implications from this report

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## List of Background Papers – None

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# NHSGGC District Nursing- Additional Funding

## 1. Summary

- 1.1 Scottish Government (SG) committed in the integrated health and social care workforce plan for Scotland to increase District Nursing (DN) posts by an additional 375 nurses over the next 5 years, based on the current national skill mix.
- 1.2 In December 2020 SG allocated funding to Health Boards, and latterly provided indicative levels of funding up to financial year (FY) 2024/25. That funding allocated is summarised in the table below, along with the intended distribution for each of NHSGGC's HSCPs:

*Table 1: DN Funding by year and HSCP allocation*

Year	East Dun	East Ren	Glasgow	Renfrewshire	Inverclyde	West Dun	TOTAL
20/21*	38,583	34,767	275,755	68,826	34,767	44,150	496,848
21/22	120,768	108,822	863,125	215,430	108,822	138,191	1,555,157
22/23	164,369	148,110	1,174,740	293,207	148,110	188,082	2,116,618
23/24	207,624	187,086	1,483,883	370,367	187,086	237,577	2,673,623
24/25	251,571	226,686	1,797,971	448,761	226,686	287,865	3,239,540
<b>TOTAL</b>	<b>782,916</b>	<b>705,470</b>	<b>5,595,474</b>	<b>1,396,592</b>	<b>705,470</b>	<b>895,864</b>	<b>10,081,786</b>
<b>% SPLIT</b>	<b>8%</b>	<b>7%</b>	<b>56%</b>	<b>14%</b>	<b>7%</b>	<b>9%</b>	

\*6 months allocation

- 1.3 Funding is being allocated by SG on an earmarked basis, and will be formally approved each year by Parliament as part of the SG budget process. Allocations will be confirmed for the coming financial years following approval of the budget, usually by the end of January, and allocation will be 70% in May and 30% in November.

## 2. Current Position

- 2.1 Funded Establishments for DNs within NHSGGC's 6 Health and Social Care Partnerships (HSCP) are based on the 2012 model; one band 6 per 9,000 PP, two point two band 5 for each band 6, 0.5 WTE band 3 for each band 6, and one band 7 per 10 band 6 posts. Adjustments have been made based on local context and the needs of individual services.
- 2.2 The table below shows the current funded establishment and vacancy position for DN in hours service for March and November 2020. The funded establishment position describes District Nursing (day service) including non-clinical Nurse Team Leader band 7 posts, but excluding PCIP and temporary Practice Teacher band 7 roles.

Table 2: Current DN funded establishment and vacancy position

	NHSGGC District Nursing		
	Funded Est (WTE) Mar 2020	Funded Est (WTE) Nov 2020	Vacancy (WTE) Nov 2020
Band 7	10.1	10.1	1.0
Band 6	142.9	142.9	30.4
Band 5	314.1	315.1	8.1
Total	467.1	468.1	39.5

- 2.3 Some of the band 6 vacancies are expected to be filled in Sept 21 by band 5 staff currently progressing through the SPQ course. There are currently 32 students due to graduate in September 2021.

### 3. Proposed utilisation of additional funding

- 3.1 An indicative workforce planning exercise has been conducted to establish a road-map for each HSCP expanding its DN workforce within the expected financial framework to 2023/24. The first few years' implementation of this planned expansion and completion of the associated tests of change will inform further planning, with the current forecasted expansion being 47.8 WTE (approx.10%). Future planning exercises will extend to 2024/25 and seek to maximize utilisation of the planned investment by Scottish Government.

Table 3: DN recruitment forecast

Current End Point Forecast	24/25	Cost (£)
Band 7	13.8	2,847,413
Band 6	15.0	3,090,000
Band 5	13.0	2,121,750
Band 4	0.0	0
Band 3	6.0	687,660
<b>Total Additional WTE &amp; Cost</b>	<b>47.8</b>	<b>8,746,823</b>

Total Current Funding Allocation (£)	10,081,786
Still To Be Committed (£)	1,334,963

- 3.2 This is a workforce planning exercise based on indicative funding from SG and is subject to review. It should be noted that this exercise has been conducted with the intention of reviewing post viability and carrying out tests of change during the workforce expansion, so the current end-point of 47.8 WTE additional workforce is expected to vary.

- 3.3 Further consideration will be given to this framework, particularly for FYs 23/24 and 24/25, following analysis of the success of ANP recruitment and the impact on workforce stability and turnover rates following expansion of the workforce. Consideration of additional posts will combine a variety of inputs depending on the bands concerned, with examples of these inputs below:

Band 7: A number of HSCPs intend to appoint to Band 7 DN ANP (or tANP) posts. This aligns with the ambitions of Transforming Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District Nursing service and enhance resilience. Some of these roles are intended to be an element of Hospital at Home Tests of Change. New posts will be evaluated in order to establish impact and decide on further investment. There are clear indications of the impact of these posts related to avoidance of unnecessary hospital admission even at this early stage.

Band 6: A number of additional posts are planned, however there is concern about a lack of available candidates for recruitment. HSCP's are currently supporting 32 students in order to attain local succession planning aligned to the 2012 model, in addition HSCPs plan to recruit to additional Band 5 posts to develop via the HSCP SpQ programme, so over time the Band 6 qualified DN workforce will grow. This growth will be additional to the current model and will address vacancies in the qualified Band 6 DN workforce. As there will be advanced clinical opportunities available as this workforce grows, it is anticipated that this will subsequently enhance retention rates, as opposed to staff seeking development opportunities in other areas of service.

Band 5: Additional Band 5 recruitment has commenced across the board, a number of these employees are likely to progress to undertaking DN SpQ in September 2021, therefore maintaining succession planning in relation to the Band 6 role. Additional Band 5 posts will also enhance resilience in the support of enhanced numbers of staff undertaking the SpQ programme, particularly as backfill has been a pressure in previous years.

Band 3: The addition of Band 3 posts will enhance support to services, to ensure that the registered workforce focus on more complex clinical interventions, so shifting the balance of care, and creating further opportunities which align with the ambitions of Transforming Roles.

**4. Recommendation**

- 4.1 This paper sets out a proposed road-map for the expansion of the DN workforce and is based on a collaborative workforce planning process between nursing leadership, service management, and management accountants.
- 4.2 The paper has been submitted to the Chief Officer Tactical Group and Board Nurse Director to advise on progress. GG&C IJB's will also be advised of funding and local plans.
- 4.3 Further updates on the progress of recruitment campaigns, and the finalisation of annual funding will be provided, along with progress updates required by SG.

**Greater Glasgow and Clyde NHS Board**

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Dear Shiona,

**Adult Social Care funding Nurse Director**

Thank you for arranging via the Care Home Oversight Group to inform the Nurse Director of costs incurred in carrying out the duties associated with Care home assurance in the face of the ongoing pandemic.

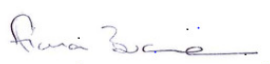
We have collated the costs incurred across the 6 HSCPs and the corporate function and as expected costs exceed the funding available. We have therefore determined to proportion the available funding using a hybrid approach which measures both care home numbers and numbers of residents.

The funding which I plan to transfer to Renfrewshire is included in the table below and I trust this is acceptable

HSCP	No of Care Homes (all types)	No of residents	HSCP Allocations	
Glasgow City	101	3845	53.68%	£451,664
Renfrewshire	26	1096	14.56%	£122,535
Inverclyde	20	636	9.75%	£82,041
East Dun	18	634	9.21%	£77,471
West Dun	12	480	6.54%	£55,030
East Ren	12	440	6.26%	£52,670
<b>Totals</b>	<b>189</b>	<b>7131</b>	<b>100.00%</b>	<b>£841,411</b>

The Director of nursing will be in touch separately to discuss the professional expectations going forward.

Yours sincerely



**Fiona Buchanan**  
 Principal Finance Manager  
 NHS Greater Glasgow and Clyde