

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

Date	Time	Venue
Friday, 20 November 2020	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 McElean: John Matthews: Frank Shennan: Karen Jarvis: Dr Shilpa Shivaprasad: Louise McKenzie: Diane Young: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Amanda Walton: Dr Stuart Sutton: David Leese: 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 of Meeting

<https://www.youtube.com/watch?v=7bkp4ZLYa4k>

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.

- | | | |
|-----------|--|------------------|
| 1 | Minute | 5 - 12 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 2 October 2020. | |
| 2 | IJB Rolling Action Log | 13 - 14 |
| | Rolling action log. | |
| 3 | IJB Audit, Risk and Scrutiny Committee Membership Update | 15 - 16 |
| | Report by Chief Officer. | |
| 4 | IJB Audited Annual Accounts 2019/20 | 17 - 88 |
| | Report by Chief Finance Officer. | |
| 5 | Financial Outlook 2021/22 | 89 - 106 |
| | Report by Chief Finance Officer. | |
| 6 | Financial Report 1 April to 30 September 2020 | 107 - 140 |
| | Report by Chief Finance Officer. | |
| 7 | Recovery and Renewal Planning Update | 141 - 254 |
| | Report by Chief Officer. | |
| 8 | COVID-19 Response and Recovery Operational Update | |
| | Report by Chief Officer. (not available - copy to follow) | |
| 9 | Performance Management Mid-year Report 2020/21 | 255 - 268 |
| | Report by Chief Officer. | |
| 10 | Non-financial Governance Arrangements | 269 - 288 |
| | Report by Chief Officer. | |
| 11 | Annual Report of the Chief Social Work Officer | 289 - 310 |
| | Report by Chief Social Work Officer. | |

12 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 29 January 2021.



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

Date	Time	Venue
Friday, 02 October 2020	10:00	Remotely by MS Teams ,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor James MacLaren) (all Renfrewshire Council); Margaret Kerr, Dorothy McErlean, John Matthews and Frank Shennan (all Greater Glasgow & Clyde Health Board); Louise McKenzie (Council staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Amanda Kelso (Trade Union representative for Health Board); David Leese, Chief Officer (Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Mark Conaghan, Legal & Democratic Services Manager (on behalf of Clerk), Elaine Currie, Senior Committee Services Officer and Julie Hughes, Assistant Committee Services Officer (all Renfrewshire Council); Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Shiona Strachan, Acting Head of Health and Social Care (Paisley), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley); Jean Still, Head of Administration, Amanda Kilburn, Finance Business Partner, James Higgins, Project Officer, David Fogg, Service Improvement Manager and John Miller, Communications Officer (all Renfrewshire Health and Social Care Partnership); and Mark Ferris, Senior 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

Karen Jarvis (Registered Nurse); Dr Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); David Wylie (Health Board staff member involved in service provision); Dr Stuart Sutton (Registered Medical Practitioner (GP)); and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership).

Declarations of Interest

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

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 28 August 2020 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

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

Sederunt

Fiona Milne joined the meeting prior to consideration of the following item of business.

3 Membership Update

The Head of Administration submitted a report providing an update on membership of the IJB and the IJB Audit, Risk and Scrutiny Committee.

The report intimated that Diane Young, Operations Manager (Mental Health), would replace David Wylie as a non-voting member of the IJB as the Health Board staff member involved in service provision with effect from 1 November 2020.

The report requested that that the IJB identify a representative non-voting member to sit on the IJB Audit, Risk and Scrutiny Committee to replace David Wylie.

The Chair thanked David Wylie for his contribution to the work of the IJB and intimated that she would contact David to thank him personally as he was not in attendance at the meeting.

DECIDED:

(a) That it be noted that Diane Young would replace David Wylie as the Health Board staff member involved in service provision; and

(b) That it be noted that the IJB would agree a replacement non-voting member to sit on the IJB Audit, Risk and Scrutiny Committee.

4 Financial Report 1 April to 31 August 2020

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 August 2020 and the projected year-end position for the year ended 31 March 2021.

The report intimated that as highlighted to members in the financial report considered on 31 July 2020, the financial implications of the COVID-19 pandemic on the HSCP's services would become clearer over time. The current projected year-end position would therefore be subject to change as the magnitude of the financial impact on our services emerged.

The significant additional commitment required by external providers, budget managers and the finance team to track and make payments in relation to costs associated with COVID-19 was recognised.

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 cost to the HSCP of the response to COVID-19. This provided clarity of the potential risk of COVID-19 on the delegated 2020/21 IJB budget.

The IJB year-to-date position was an overspend of £3.2 million and the projected outturn for 2020/21 was an overspend of £8.1 million. This position included the next actual and estimated costs in relation to COVID-19 and prior to the transfer of any ringfenced balances to general and earmarked reserves at the financial year end. The key pressures were highlighted in section 4 of the report.

The revenue budget position of the HSCP and Health for the financial period 1 April to 30 August 2020 and the year-end position was detailed in Appendices 1 and 2 to the report; the revenue budget position of Adult Social Care and 'other delegated services' for the period 1 April to 21 August 2020 and the year-end position was detailed in Appendices 3 and 4 to the report; Appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the projected movement in reserves; Appendices 8 and 9 to the report detailed the vacancy position for the HSCP as at 31 August 2020 by client group and job description; and the letter to the Cabinet Secretary and her response formed Appendices 10 and 11 to the report.

The report also provided information on Scottish Government funding 2020/21; the delegated health budget update 2020/21; reserves; a summary of the 2020/21 Scottish Living Wage; and information on the National Care Home Contract 2020/21.

Following discussion, the Chief Officer intimated that development sessions could be arranged to provide members with further detail in relation to recruitment and vacancies and on COVID-19 spend. This was agreed.

DECIDED:

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

- (b) That the projected year-end position for 2020/21 be noted;
- (c) That the current estimated financial assessment of the potential revenue consequences of the COVID-19 pandemic for 2020/21 be noted; and
- (d) That development sessions be arranged to provide members with further detail in relation to recruitment and vacancies and on COVID-19 spend.

Declaration of Interest

John Matthews declared an interest in the following item of business as he was Chair of the NHSGGC Public Health and Wellbeing Committee.

5 COVID-19 Recovery and Renewal Planning Update

The Chief Officer submitted a report providing an update on the HSCP's response to COVID-19 and ongoing recovery activity, focusing on activity undertaken since the last IJB meeting on 28 August 2020.

The report provided information on service operational updates; the Recovery and Renewal programme governance; taking forward Strand 2 activity; the Older People's Services Review; and enablers of ongoing transformation through recovery and renewal.

Members then heard from the Heads of Service who provided updates in relation to their specific service.

DECIDED:

- (a) That the operational service updates provided be noted;
- (b) That the progress made in developing the HSCP's approach to defining recovery and renewal planning governance, subject to external events, aligned with the partnership's transformation objectives be noted; and
- (c) That the progress made on taking forward the Older People's Services Review be noted.

6 Annual Performance Report 2019/20

The Chief Officer submitted a report relative to the HSCP's Annual Performance Report 2019/20, a copy of which was appended to the report.

The report intimated that The Coronavirus (Scotland) Act 2020 allowed for the postponement of the publication of Annual Performance Reports and the Scottish Government had confirmed that 2019/20 Annual Performance Reports had been granted an extension to 31 October 2020. The IJB at a meeting held on 26 June 2020 decided that publication of the HSCP Annual Performance Report 2019/20 be postponed until 12 October 2020.

The Annual Performance Report 2019/20 was structured around the nine National Health and Wellbeing Outcomes and described the HSCP's performance in a number of different ways recognising that information was used and understood differently by different audiences.

The report covered the period April 2019 to March 2020. It was noted that data was not yet available for all performance measures and that the National Core Integration Indicator would be updated to reflect the most recent data once published.

It was too early to say how substantial the pandemic's impact would be on performance measures. However, health and wellbeing outcomes in more deprived areas had been impacted.

DECIDED: That the Renfrewshire HSCP Annual Performance Report 2019/20, as appended to the report, be approved and published on the HSCP website on 12 October 2020.

Sederunt

Stephen Cruickshank left the meeting during consideration of the following item of business.

7 Non-financial Governance Arrangements

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2019 to 31 March 2020, as detailed in the Appendix to the report.

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

The report proposed that the reporting timetable for non-financial governance reports be amended and that the annual report be presented to the IJB in June of each year and the six-monthly update presented to the IJB in November of each year.

DECIDED:

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

(b) That the change to the timetable be approved and that the annual report be presented to the IJB in June of each year and the six-monthly update presented to the IJB in November of each year.

8 Update on Primary Care Improvement Plan 3

The Chief Officer submitted a report providing an update on the delivery of Renfrewshire HSCP's Primary Care Improvement Plan (PCIP).

The report intimated that before the COVID-19 pandemic, the HSCP was over halfway through the PCIP cycle. On 23 March 2020, the Scottish Government wrote to all Integration Authority Chief Officers and Chief Finance Officers advising that work related to PCIP and tracker returns should be paused until the impact of COVID-19 had

significantly reduced. The Scottish Government wrote again on 25 August 2020 and provided a COVID-19 PCIP 3 template which required to be completed and returned to the Scottish Government by 16 October 2020, a copy of which was appended to the report.

The aim of the template was to establish the current position on delivery, the impact of COVID on existing plans, and to understand how the extended multi-disciplinary team would continue to be developed between now and March 2021. It was noted that this information was not required to go through the formal IJB sign-off process, however, as per the MOU, the work to complete the return must involve the IJB and GP sub-committee and be agreed with the Local Medical Committee.

Locally, implementation of the PCIP had remained steady with a number of the MOU priorities set out within Year 1 2018/19 and Year 2 2019/20 being successfully delivered.

DECIDED:

(a) That the progress towards delivery to date be noted; and

(b) That it be noted that the COVID-19 PCIP 3 template required to be submitted to the Scottish Government by 16 October 2020.

9 Equality Outcomes 2020/24 Action Plan

The Chief Officer submitted a report relative to the final draft of the Equality Outcomes 2020/24 Action Plan, a copy of which was appended to the report.

The report intimated that the IJB had a statutory duty to publish a set of Equality Outcomes every four years. The IJB approved the 2020/24 Equality Outcomes and Mainstreaming Progress report in March 2020 and a draft action plan, based on the outcomes, had now been developed.

Community health and wellbeing was central to the HSCP's recovery and renewal planning and plans recognised that a partnership, community led approach was pivotal to improving health and wellbeing outcomes.

An update report highlighting activities within the Equality Outcomes Action Plan would be presented to the IJB in September 2022 and an Equality Outcomes and Mainstreaming Progress report against these actions would be submitted in 2024.

DECIDED:

(a) That the final draft Equality Outcomes 2020/24 Action Plan be approved; and

(b) That it be noted that regular updates, in line with statutory requirements, would be provided to the IJB.

10 Renfrewshire HSCP Winter Plan 2020/21

The Chief Officer submitted a report relative to Renfrewshire HSCP's Winter Plan 2020/21, a copy of which was appended to the report.

The report intimated that planning for winter 2020/21 within the context of COVID-19 was underway across NHSGGC, taking account of learning and adaptation from the service responses to the pandemic. The draft Winter Plan described additional actions being taken to prepare for the winter period in Renfrewshire and it was noted that this should be read in conjunction with the draft NHSGGC Unscheduled Care Commissioning Plan.

The Chair referred to the flu centre operating at St Mirren Park, Paisley, and concerns raised with elected members in relation to public transport to this venue. The Chair advised members that this was not ordinarily a matter for the IJB as it was an operational matter. Further, that she was raising this matter as Councillor James MacLaren had indicated that he would be submitting an amendment to the report and the Chair requested that the Chief Officer provide the background to the location of the flu centre in Renfrewshire.

The Chief Officer then provided members with a detailed update in relation to this year's flu vaccination programme and the establishment of the flu centre at St Mirren Park, Paisley.

DECIDED:

(a) That Renfrewshire HSCP's draft Winter Plan 2020/21 be approved; and

(b) That it be noted that the Plan would be aligned to the NHSGGC Winter Plan and would be a flexible, live document to allow the HSCP to review and reprioritise as necessary as it responded to the changing circumstances surrounding the pandemic.

Recording of Dissent

Councillor James MacLaren being the mover of an amendment which failed to find a seconder requested that his dissent be recorded.

11 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 20 November 2020.

IJB Rolling Action Log - 20 November 2020

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
20/09/19	MoU between IJBs and Hospices	Report update on local delivery in Renfrewshire to future meeting	Frances Burns	20/11/20	Service Level Agreements (SLAs) between the IJB and both hospices (Accord and St. Vincent's) have been updated taking account of the MoU. The SLAs have been agreed by each of the hospice Chief Executives. Action completed
31/01/20	Performance Management End of Year Report 2019/20	Submit report to future meeting relative to the proactive steps taken in relation to target for PDPs	Frances Burns	20/11/20	Update included as part of the Performance report being considered at this meeting. Action completed
	Draft Unscheduled Care Commissioning Plan 2020/25	Submit finalised Plan to the IJB later in the year for approval	David Leese	early 2021	Work is underway across NHSGGC to review this Plan within the context of COVID-19 and the resultant changes to some service models. It is expected that an update on this will be brought back to all IJBs within NHSGGC in early 2021 for consideration, rather than late 2020 as originally anticipated.
2/10/20	Membership of IJB Audit, Risk and Scrutiny Committee	Submit report re appointment of non-voting member replacing David Wylie	David Leese	20/11/20	Report being considered at this meeting. Action completed

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
	Financial Report 1 April to 31 August 2020	Arrange developments session to provide members with further detail in relation to recruitment and vacancies and on COVID-19 spend	David Leese	20/11/20	Information included in the Financial report being considered at this meeting. Development session will be held in December 2020.

To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Head of Administration

Heading: IJB Audit, Risk and Scrutiny Committee Membership Update

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

1. Purpose

- 1.1. The purpose of this report is to provide an update on the membership of the Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee.

2. Membership Changes

- 2.1. At the IJB meeting on 2 October 2020, a report was submitted to note changes to the IJB membership and to agree a replacement non-voting member to sit on the IJB Audit, Risk and Scrutiny Committee.
- 2.2. Following the above meeting it has been suggested that Diane Young take on this role, effective from 20 November 2020.

3. Recommendation

It is recommended that the IJB:

- Agree that Diane Young will take on the role of a non-voting member of the Audit, Risk and Scrutiny Committee.

Implications of the Report

1. **Financial** – None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.
4. **Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
5. **Property/Assets** – None.
6. **Information Technology** – None.

7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – None.

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)

To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Finance Officer

Heading: IJB Audited Annual Accounts 2019/20

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

1. Summary

- 1.1 The 2019/20 Annual Accounts were submitted to the IJB for approval on 26 June 2020 and then submitted for audit to Audit Scotland.
- 1.2 The Assistant Director of Audit (Local Government) has provided an audit opinion which is free from qualification.
- 1.3 Under the Local Authority Accounts (Scotland) Regulations 2014, which came into force from 10 October 2014, the IJB must meet to consider the Annual Accounts and approve those accounts for signature no later than 30th September. However, for the 2019/20 Annual Accounts, due to the ongoing Coronavirus pandemic, additional flexibility in terms of the approval process for the audited accounts was provided under the Coronavirus (Scotland) Act 2020. In essence, each council (including IJB's as they are "section 106" bodies under the terms of the Local Government Scotland Act 1973) were permitted to set their own timetable for approval of the audited accounts; however, Scottish Ministers indicated in Finance Circular 10/2020 that they considered audited accounts should be published (and therefore approved by the IJB) no later than 30 November 2020.
- 1.4 In order to comply with these requirements, the 2019-20 Annual Accounts are now attached for approval.
- 1.5 The Assistant Director of Audit (Local Government) also provided a report to the IJB Audit, Risk and Scrutiny Committee detailing matters arising over the course of the audit which was considered at the meeting held on 13 November 2020.

2 Recommendation

2.1 It is recommended that the IJB:

- Approve the Annual Accounts for 2019/20 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Implications of the Report

1. **Financial** – The 2019/20 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2020.
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – An audit opinion free from qualification demonstrates the IJB's compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
5. **Property/Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the IJB's website.
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
11. **Privacy Impact** – none

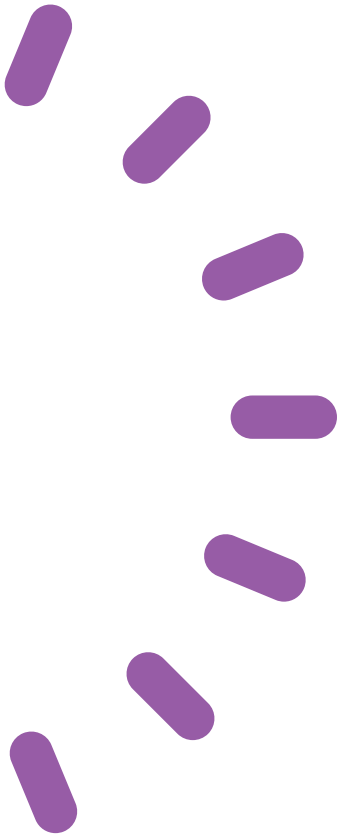
List of Background Papers – None

Author: Sarah Lavers, Chief Finance Officer

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

Annual Accounts 2019/2020



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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 2020.

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

These annual accounts have been finalised within the context of the COVID-19 outbreak across the UK in late February 2020, and the impact of following government guidance throughout March 2020. The Health and Social Care Partnership's (HSCP) response to mitigating against the impact of COVID-19 had significant impact both financially and upon business as usual service delivery models. The uncertainty and challenges arising from this situation are unprecedented and will continue to impact beyond the next financial year.

The IJB and the HSCP's Senior Management Team would like to take this opportunity to convey our thanks for the magnificent work that our staff have undertaken across health and social care to ensure that services to those in need in Renfrewshire continue to be delivered safely and effectively.

Role and Remit of Renfrewshire Integration Joint Board

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

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

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

The Vision for the IJB is:

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

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

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

A Profile of Renfrewshire

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



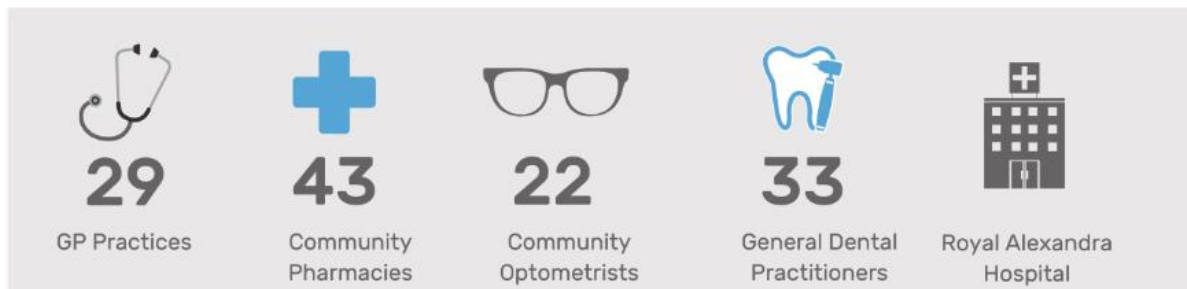
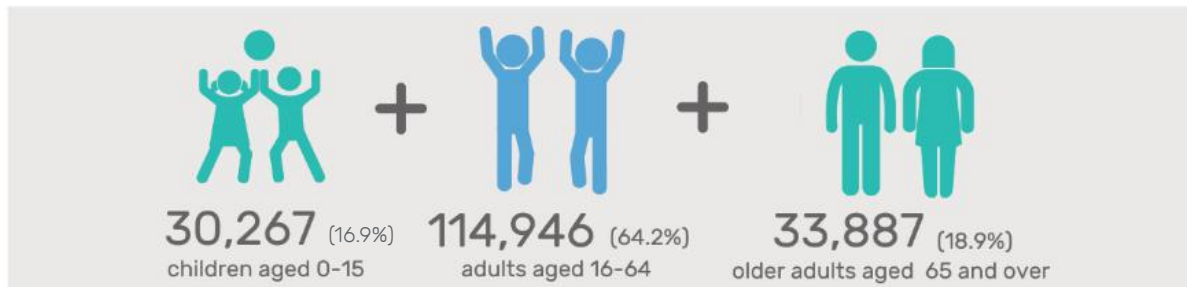
Renfrewshire Population

179,100

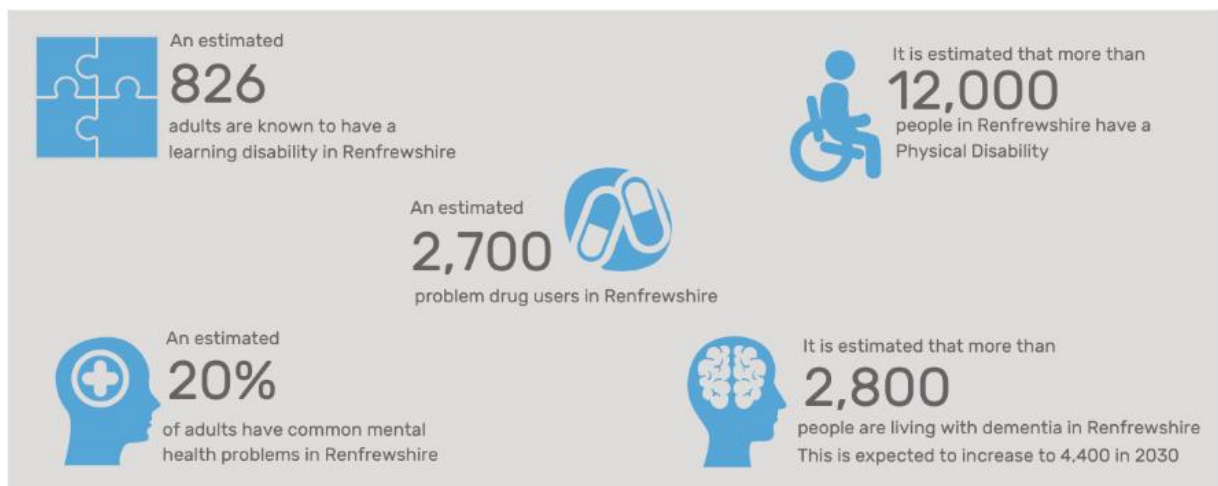
(2019 National Records of Scotland), which is 0.7% increase from previous year



It comprises:

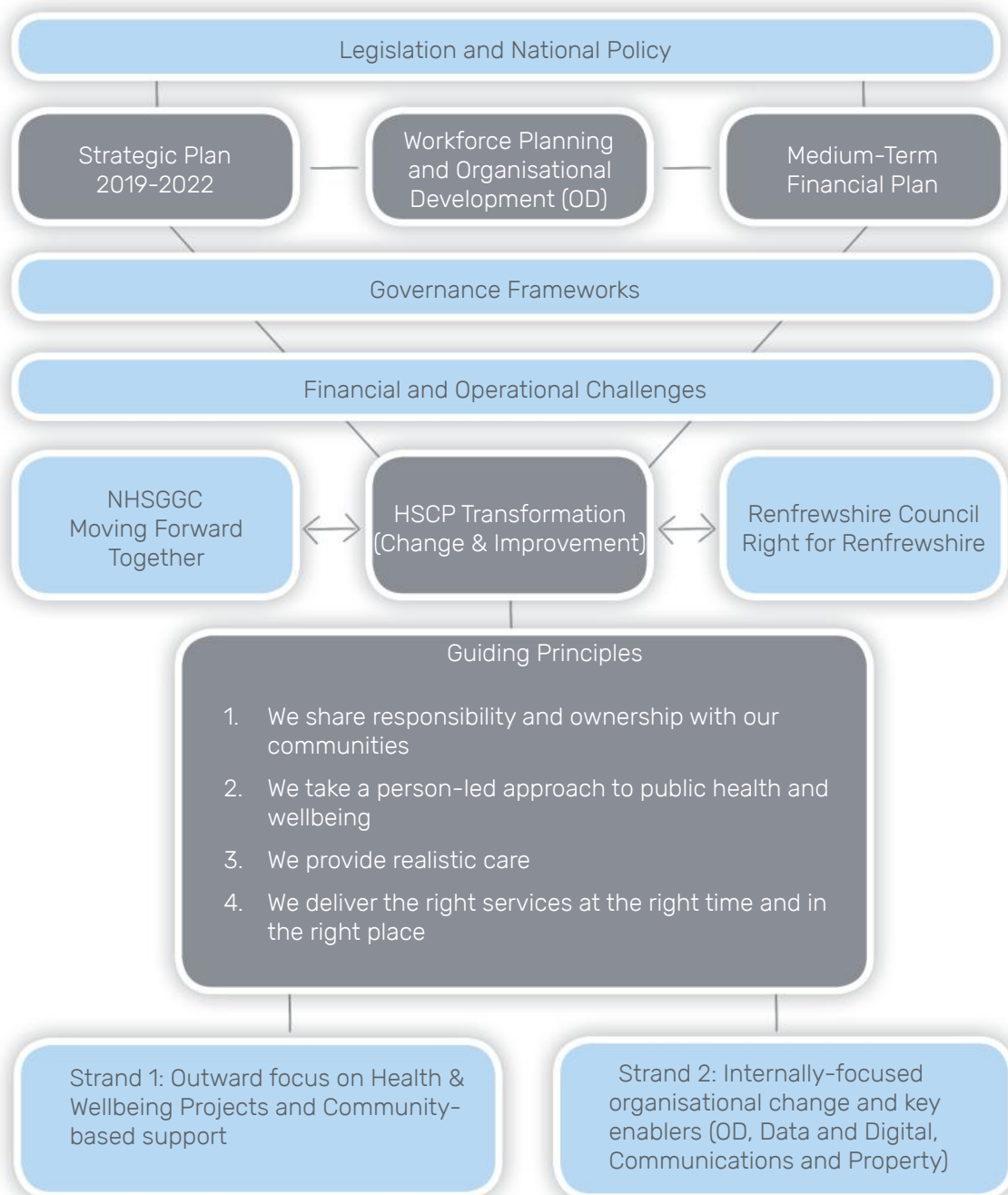


Demographic Profile:



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

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



Strategic Plan 2019-22

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

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

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

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

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

Setting the Strategic Direction for our Services

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

- Continued implementation of Renfrewshire's Primary Care Improvement Plan (PCIP)
- Development of our Carers' Strategy for Renfrewshire 2020-22, to be published in Summer 2020
- A Renfrewshire Dementia Strategy created jointly with partner organisations, to be published in 2020
- A draft Renfrewshire Palliative Care Strategy
- Contribution to 'The Challenge is Change', a Strategic Commissioning Plan for NHSGGC which has been completed in draft in March 2020 and will be further updated to reflect the impact of COVID-19
- A draft Renfrewshire Suicide Prevention Strategy

Continuing to provide Self-Determination and Choice

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

Improving Outcomes through Continuous Improvement

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



Engaging with our Staff

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



Early Intervention, Prevention and Harm Reduction

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



A Healthy Renfrewshire: Improving Health & Wellbeing

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

Renfrewshire's Medium-Term Financial Plan

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

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

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

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

However, the above projections do not consider the severe impact which the COVID-19 pandemic has had and will continue to have on Renfrewshire IJB's financial position. The full extent of this impact will not be fully known until the pandemic has passed, which may not be until financial year 2021/22. Financial recovery from these impacts will take even longer to achieve.. The HSCP continues to monitor additional spend incurred as a result of COVID-19 and provides regular updates to the Scottish Government on this developing position. Consequently, existing savings proposals are unlikely to be delivered in full in financial year 2020/21 and both service budgets and savings plans will need to be continually reviewed and re-baselined as the COVID-19 situation progresses.

Ultimately, this means that a step-change in the HSCP's approach to service change and improvement will be absolutely essential over the coming years. The IJB has put in place a Recovery and Renewal programme, with supporting governance, to take forward the necessary transformational (or 'renewal' activity') to address these financial challenges.

Medium Term Financial Strategy

The IJB's Medium Term Financial Strategy seeks to enable delivery of the following key objectives which will support financial balance:



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

- Tier 1 savings which can be derived through ongoing efficiencies and furthering integrated working within 2020/21. A total of £1.934m Tier 1 savings have been agreed by the IJB against overall savings requirements of £2.619m, the balance of £0.685m were approved in previous years to be delivered in 2020/21. However, as noted above, delivery of these will be subject to the ongoing COVID-19 response requirements.
- Tier 2 savings should be delivered by 2024 through the creation of a transformation programme within the HSCP, building on the progress made to date through Change and Improvement work. As of March 2020, the estimated budget gap for period 2021/22 to 2023/24 was between £9m and £19m. The long-term impact of COVID-19 will however play a significant role on how we deliver our transformation programme including the ability to make significant cost reductions within tight timescales.

Overview of Services Delivered by Renfrewshire HSCP

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


The diagram on page 14 provides a summary of the services delivered by the HSCP across health and social care, shown by an indicative scale of associated budget. Our services are delivered in 2 geographical localities (Paisley and West Renfrewshire) and each has a Locality Manager co-ordinating a range of multi-disciplinary teams and services. The 29 GP practices within Renfrewshire operate in 6 clusters – two in Paisley and four in West Renfrewshire.

In the first year of our Strategic Plan 2019-22, the HSCP has made strong progress in developing services to deliver the objectives identified with our strategic planning partners. These achievements are described in further detail in the Strategic Plan section of this management commentary.

Overview of our Services

The diagram below provides an overview of the range of services provided by Renfrewshire HSCP, including those which are hosted on behalf of NHSGGC. The size of the bubbles provides an indicative representation of the scale of budget aligned with each service area.





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

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

Change and Improvement

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

Our Workstreams

Optimising Joint and Integrated Working and Shifting the Balance of Care

We proactively develop our health and social care services, so that the benefits of integration and joint working with our partners are achieved. Strategic commissioning will inform our service design approach to ensure we plan and deliver better outcomes and support the financial sustainability of the Partnership.

Statutory Requirements, National Policy and Compliance

We implement national policy and legislation in our processes and approach to delivering services. As we do this, we manage the wider service delivery financial and workforce impacts that new policies can create.

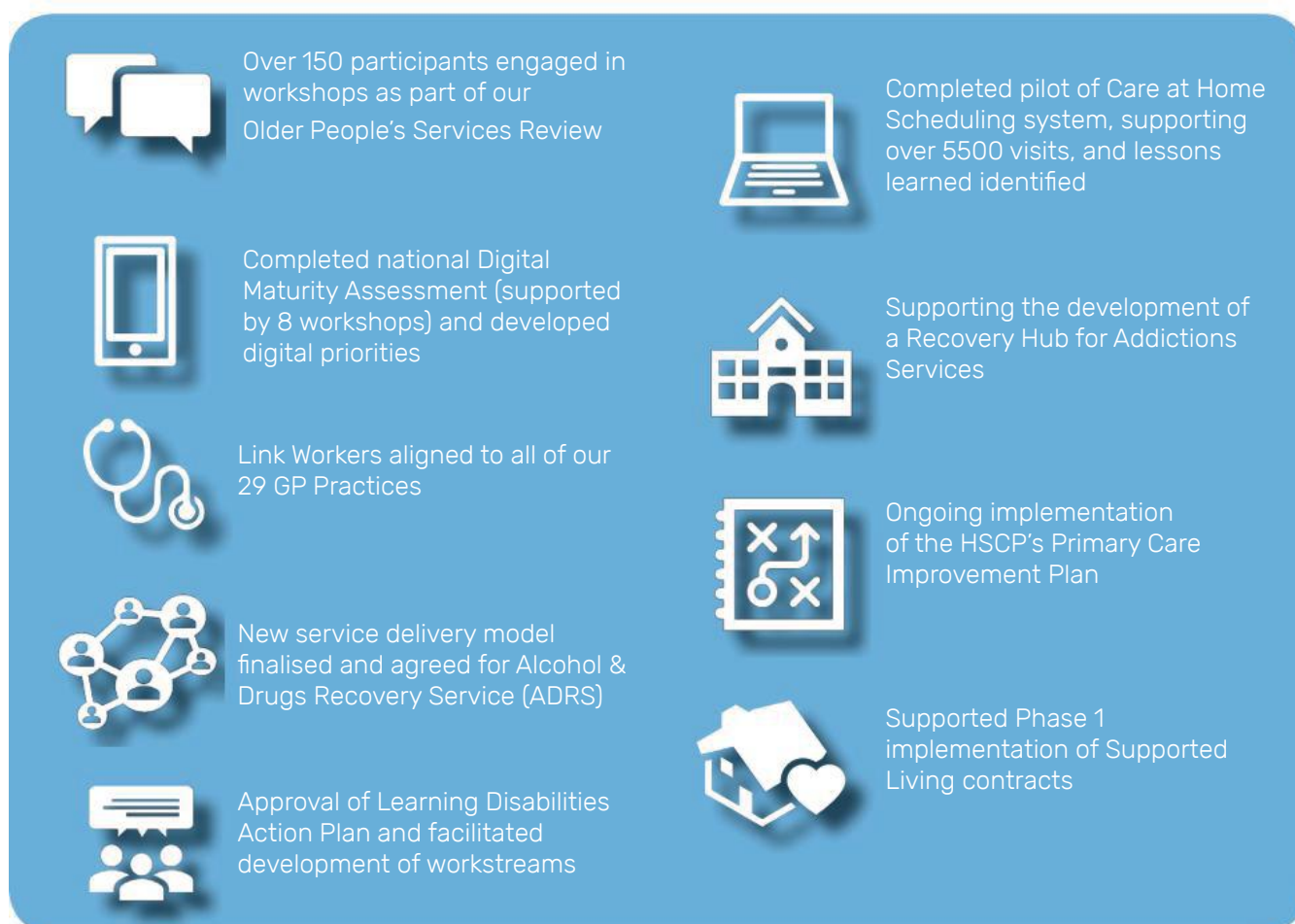
Service Reviews

We undertake regular service reviews to ensure our services are modern, flexible to individual needs, outcome-focused and financially sustainable. We seek to address health and wellbeing inequalities in our communities. Our reviews take account of changing demographics, demand for services, changes in policy and the views of service users and carers.

Delivering Safe and Sustainable Services

We continually identify innovative approaches to delivering services which allow us to work in smarter and more efficient ways.

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



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



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

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

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



Responding to the COVID-19 pandemic

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

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

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

LRMT and Governance initiation (March)

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

Service Mobilisation Planning (March to April)

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

Implement Service Change (March to April)

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

Ongoing Response in Financial Year 2020/21

Stabilisation (April onwards)

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

Recovery planning (May onwards)

- Review international experience to recovering from disasters and/or significant incidents to inform planning
- Determine and implement recovery planning structures
- Undertake lessons learned of changes implemented and determine whether changes should be maintained, adapted or reverted to pre COVID-19 approach
- Define phased approach to developing services to reflect expected phased changes to lockdown
- Review, revise and re-establish transformation programme with a focus on recovery and renewal alongside ongoing response.

Assessing the Impact of COVID-19

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

Impact on Renfrewshire HSCP's workforce

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

Impact on Service Provision

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

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

Cont...

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

Financial Performance

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

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

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

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

The HSCP's Strategic Direction

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

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

Moving Towards Recovery and Renewal

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

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

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

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

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

Challenges in delivering Recovery and Renewal

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

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

Service Performance

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

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

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

100%
2019/20



63%
2018/19

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

We achieved this via the following methods:

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

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

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

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

1.5
2019/20



2.4
2018/19

99.1%
Q3, 2019/20



71.4%
Q3, 2018/19

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

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

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

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

95.5%
2019/20



93%
2018/19

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

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

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

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

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

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

90.5%
2019/20



86.5%
2018/19

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

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

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

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

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

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

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

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

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

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

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

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

20.5%
Q3, 2019/20



24.4%
2018/19

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

66.7%
2019/20



82.5%
2018/19

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

The number of delayed discharge bed days lost

Target: 4,501

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

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

This work has included:

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

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

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

8,161
Feb 2019/20



6,085
2018/19

27%
2019/20



28%
2018/19

Percentage of long term care clients receiving intensive home care

Target: 30%

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

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

Sickness absence rate for HSCP Adult Social Care staff (work days lost per FTE).

Target: 11.7 Days (Q3 Target)

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

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

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

13.64
Q3. 2019/20



17.43
2018/19

4.75%
2019/20



5.39%
2018/19

Sickness absence rate HSCP NHS staff.
Target: 4%

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

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

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

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

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

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

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

746

2019/20



823

2018/19

Financial Performance

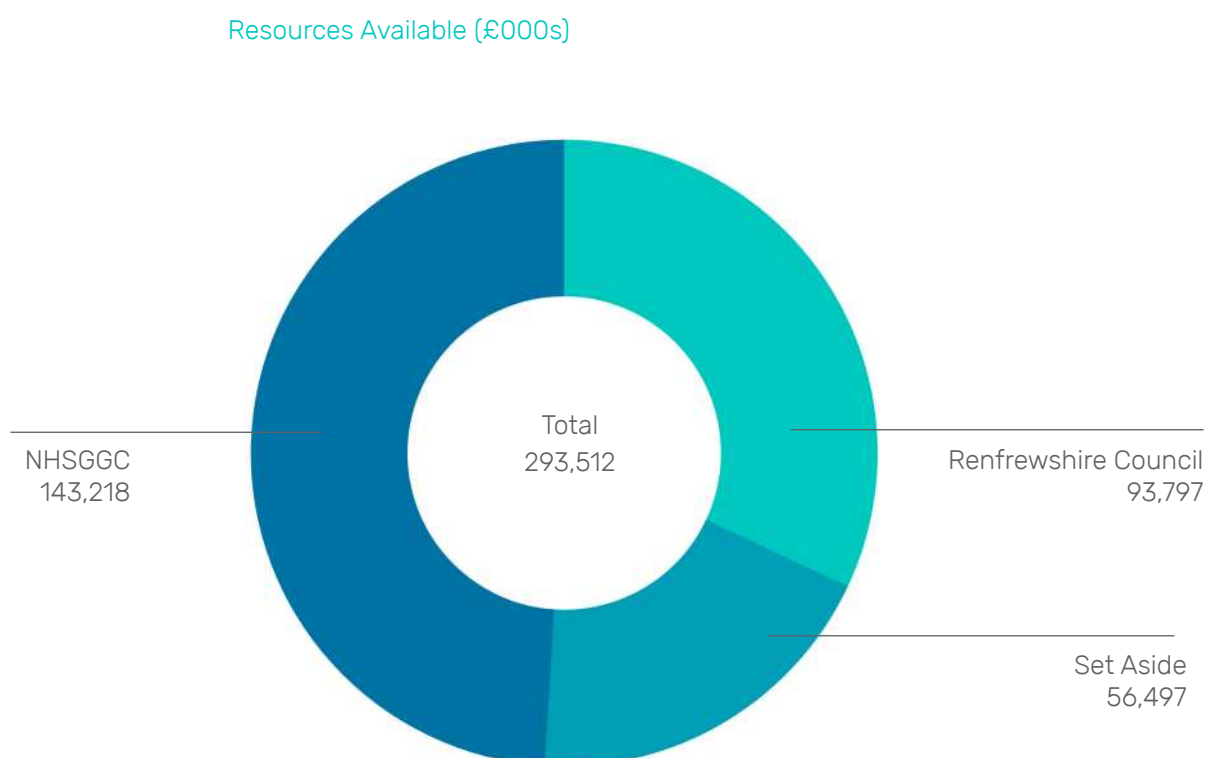
The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures which are reflected in regular monitoring reports by the Chief Finance Officer (CFO) to the IJB. This also requires the IJB to have robust financial arrangements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

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

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

Resources Available to the IJB 2019/20

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



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

Summary of Financial Position

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

As detailed in the following table the final HSCP outturn position for 2019/20 was an underspend of £4.351m, (including Other Delegated Services) prior to the transfer of balances to Earmarked and General Reserves.

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

Final HSCP Outturn Position 2019/20

Care Group	Budget	Actual (before movement to reserves)	Revised Variance	Adjustment to Reserves	Actual Year End (reflecting movements to Reserves)	Variance		
2019/20								
	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults and Older People	64,856	63,693	1,163	(754)	64,447	409	1%	Underspend
Mental Health	23,213	22,592	621	(130)	22,722	491	2%	Underspend
Learning Disabilities	16,516	16,582	(66)	-	16,582	(66)	0%	Overspend
Children's Services	6,146	5,821	325	(15)	5,836	310	5%	Underspend
Prescribing	36,221	35,277	944	(443)	35,720	501	1%	Underspend
Health Improvement and Inequalities	1,042	710	332	(100)	810	232	22%	Underspend
Family Health Services	48,534	48,534	-	-	48,534	-	0%	Breakeven
Resources	6,053	5,469	584	(2,858)	8,327	(2,274)	-38%	Overspend
Hosted Services	11,324	10,877	447	(49)	10,926	398	4%	Underspend
Set Aside	56,497	56,497	-	-	56,497	-	0%	Breakeven
Other Delegated Services	914	912	2	-	912	2	0%	Underspend
NET EXPENDITURE	271,315	266,964	4,351	(4,349)	271,313	2	0%	

The CIES (on page 58) describes income and expenditure by client group across the HSCP. The financial statements (pages 58 to 69) are prepared in accordance with the Code of Practice on Local Authority accounting supported by 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 2019/20 was an overall surplus / increase to reserves of £4.044m, (a net increase of £3.573m to general reserves and £0.471m to earmarked reserves).

The table below summarises how the £4.044m increase to reserves in 2019/20 was realised:

	£000's
2019/20 Final Outturn	4.351
<u>less:</u>	
Other Delegated Services	-0.002
= 2019/20 underspend transferred to reserves at year end	4.349
<u>add:</u>	
In year adjustments approved by the IJB on 20 March 2020	1.963
<u>less:</u>	
total reserves drawn down in 2019/20	-2.268
= movement in reserves 2019/20	4.044



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

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

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

Adults and Older People	Year End Outturn
	Underspend £409K

Continued pressures within the Care at Home service

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

Employee costs – Adult Social Care

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

Addictions (including the Alcohol and Drug Partnership (ADP))

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

Adult Community Services

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

Mental Health	Year End Outturn
	Underspend £491K

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

Children's Services	Year End Outturn
	Underspend £310K

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

Health Improvement and Inequalities	Year End Outturn
	Underspend £232K

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

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

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

Hosted Services	Year End Outturn
	Underspend £398K

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

Prescribing	Year End Outturn
	Underspend £501K

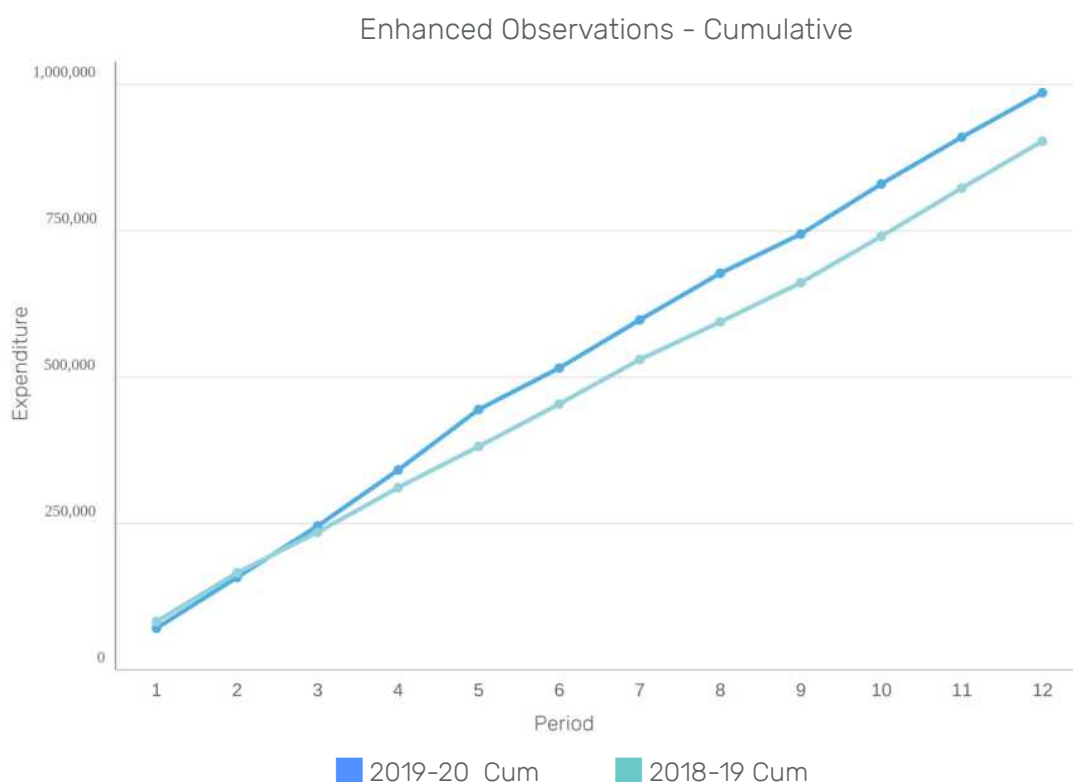
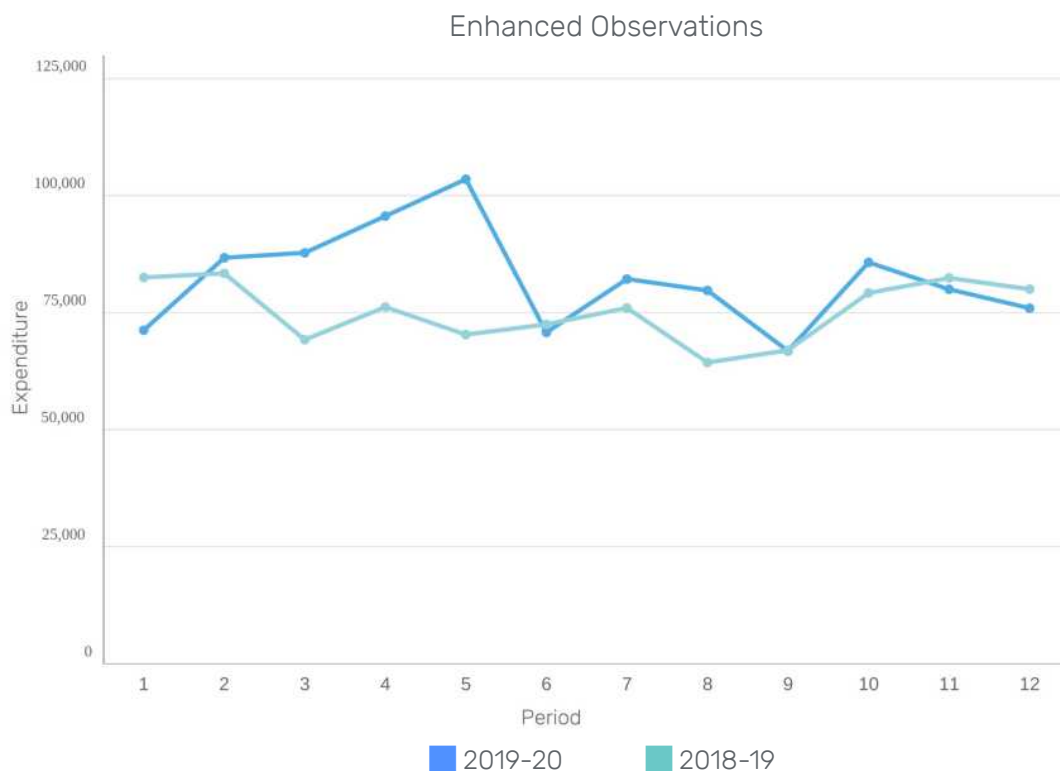
To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2019/20, agreed a net increase of £2.1m to the prescribing budget. This net increase was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives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

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

Enhanced Observations

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

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



COVID-19 Pandemic 2019/20 Financial Impact

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

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

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

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

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

Host	Service	Actual Net Expenditure to Date £000's	Consumed by other IJB's £000's
Renfrewshire	Podiatry	6,869	5,784
Renfrewshire	Primary Care Support	4,229	3,565
TOTAL		11,098	9,349

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

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

Future Challenges

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

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

The key financial risks and pressures for Renfrewshire include:

COVID-19 Response

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

Brexit

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

EU Exit



Continued Complexity of IJB Governance Arrangements

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

Shortage of key professionals

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

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



Set Aside Arrangements

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

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

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



Prescribing costs

The increased costs of drugs, that have a short supply, create additional financial pressures for the IJB. The COVID-19 outbreak is also projected to have had a material impact on prescribing costs. To assist in mitigating risks associated with prescribing volatility, the IJB, as part of its financial planning for 2020/21 agreed a net increase of £1.1m to the prescribing budget.



Investing in Digital Technology

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



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

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



Managing Increasing Demand from an Ageing Population

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



Acknowledgements

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

Councillor Jacqueline Cameron

Chair, Renfrewshire Integration Joint Board

Date:



David Leese

Chief Officer

Date:



Sarah Lavers CPFA

Chief Finance Officer

Date:



Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on **20 November 2020**.

Signed on behalf of Renfrewshire IJB

Date:

Councillor Jacqueline Cameron

Chair, Renfrewshire Integration Joint Board

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

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

Sarah Lavers CPFA
Chief Finance Officer

Date:

Remuneration Report

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

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

Voting Board Members

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

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

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

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

There were no exit packages payable during the financial year.

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

Officers of the IJB

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

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

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

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

Pension Benefits

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

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

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

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

Disclosure by Pay Bands

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

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

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

David Leese
Chief Officer

Date:

Annual Governance Statement

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

Scope of Responsibility

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

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

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

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

Purpose of the Governance Framework

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

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

Governance Framework and Internal Control System

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

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

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and, Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Performance and Personal Development (PPD) schemes are also in place for all staff, the aim of which is to focus on performance and development that contributes towards achieving service objectives
- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Audit, Risk and Scrutiny Committee, as appropriate.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government.
- The HSCP has an Organisational Development and Service Improvement Strategy developed in partnership with its parent organisations. Progress, including an update on the Workforce Plan, is reported annually to the IJB.
- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.
- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by NHSGGC and Renfrewshire Council in relation to the operational delivery of health and social care services.
- Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.
- The IJB's approach to risk management is set out in its Risk Management Strategy and the Corporate Risk Register. Regular reporting on risk management is undertaken through regular reporting to the Senior Management Team and also to the IJB Audit, Risk and Scrutiny Audit Committee for their review and comment.
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by the external auditors, Inspectorates and the appointed Internal Audit service to the IJB's Senior Management Team, the main Board and the Audit, Risk and Scrutiny Committee.
- The HSCP's medium term approach (Tier 2) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. A key element of the Tier 2 approach is the implementation of the HSCP's Transformation Programme. A Programme Board which will provide governance and oversight of progress has been established, and through implemented governance structures, all transformational activity will reflect and contribute to the delivery of four guiding principles which have been developed to align with the key principles set out in the Financial Plan.

Review of Adequacy and Effectiveness

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

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

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

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

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

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

Roles and Responsibilities

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

The IJB complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for RHSCP'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.

Significant Governance Issues due to the Impact of COVID-19

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

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

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

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

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

As noted in the Management Commentary, the HSCP has worked to reshape existing and implement new services in its COVID-19 response. As part of this ongoing response, alongside recovery activity, the HSCP is actively seeking to understand the impact and equalities and human rights requirements of the measures implemented to identify which could be retained or adapted to improve services and continue to meet individuals' outcomes. In doing so, robust financial and service change governance structures have been put in place through the HSCP's Recovery and Renewal Steering Group to complement and contribute to the IJB's existing governance mechanisms. The HSCP also continues to play an active role in NHS Greater Glasgow and Clyde and Council family governance structures.

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

Action Plan

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

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

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



Update on 2018/19 Action Plan

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

Conclusion and Opinion on Assurance

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

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

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

Councillor Jacqueline Cameron
Chair, Renfrewshire Integration Joint Board

Date:

David Leese
Chief Officer

Date:

Independent auditor's report to the members of Renfrewshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Renfrewshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of Renfrewshire Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 7 January 2019. The period of total uninterrupted appointment is two years. I am independent of Renfrewshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Renfrewshire Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Renfrewshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Audit, Risk and Scrutiny Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Renfrewshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Audit, Risk and Scrutiny Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements**Opinions on matters prescribed by the Accounts Commission**

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Cornett, FCPFA

Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Comprehensive Income and Expenditure Statement

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

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

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

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

Movement in Reserves Statement

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

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

Balance Sheet

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

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

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

The unaudited accounts were issued on 26 June 2020 and the audited accounts were authorised for issue at a meeting of the IJB on 20 November 2020.

Balance Sheet signed by:

Sarah Lavers CPFA
Chief Finance Officer

Date:

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

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

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

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

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

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

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

Reserves

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

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

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

Indemnity Insurance / Clinical and Medical Negligence

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

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

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

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

Debtors

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

Note 2: Critical Judgements and Estimation Uncertainty

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

In responding to the COVID-19 pandemic the HSCP's priority in relation to responding to the emerging situation in March 2020 was ensuring that services continued to be delivered safely and effectively, whilst still protecting the most vulnerable people within our communities. This resulted in significant service changes being implemented, from March 2020. An estimate of the costs incurred in 2019/20 (£0.781m) in relation to COVID-19 and the HSCP's mobilisation plan is included in the 2019/20 CIES. This included anticipated additional costs such as: staff overtime and agency cover; personal and protective equipment; and, increases in provider costs. The estimate used for provider costs was based on National Guidance from the Scottish Government which recommended an uplift of 25% against 2019/20 budgeted provider costs. It is anticipated that this expenditure will be reimbursed by the Scottish Government therefore a corresponding credit entry (-£0.781m) was also made in 2019/20 against the miscellaneous income code.

Note 3: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Finance Officer on 20 November 2020. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

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

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

Note 4: Expenditure and Income Analysis by Nature

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

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

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

Note 5: Taxation and Non-Specific Grant Income

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

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

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

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

Note 6: Short Term Debtors and Creditors

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

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

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

Note 7: Usable Reserves

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

The following tables show how reserves are allocated:

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

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

Note 8: Additional Council Services Delegated to the IJB

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

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

Note 9: Related Party Transactions

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

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

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

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

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

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

Note 10: IJB Operational Costs

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

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

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

Note 11: VAT

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

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

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

Note 12: External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2019/20 are £26,560, compared to £25,000 in 2018/19 an increase of 6.4% . There were no fees paid to Audit Scotland in respect of any other services.

Note 13: New Standards issued but not yet adopted

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

Note 14: Prior Year Restatement

NHS Greater Glasgow & Clyde are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year. Funding contributions from the Health Board have also been amended to reflect the actual costs linked to set aside.

This has resulted in an increase in both expenditure and income by £26,993 with expenditure on set aside increasing from £268,337 to £295,330 and Taxation and Non-Specific Grant Income increasing from £254,007 to £281,000, resulting in no net impact on the surplus reported of £2,031.

To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Finance Officer

Heading: Financial Outlook 2021/22

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

1. Purpose

- 1.1 This report provides an update to the IJB on the Financial Outlook previously outlined to the IJB in March 2020 in the Chief Finance Officer's (CFO) "2020/21 Delegated Health and Social Care Budget paper". It describes the CFO's estimated financial outlook for Renfrewshire Integration Joint Board (IJB) for 2021/22, taking into account the impact of COVID-19 during 2020/21 and recommending key actions with regards the IJB's medium term financial strategy.

2. Recommendation

It is recommended that the IJB:

- Note the assumptions and context of the financial outlook for 2021/22 and the levels of uncertainty that exists in relation to these assumptions; and the ongoing expectation of the IJB being required to continue to plan for further significant budget gaps going forward.
- Note that the potential financial and economic impact of COVID-19 represents a significant additional risk to the IJB, and the wider public sector going forward.
- Note the significant disruption to the IJB's delivery of its 2020/21 Financial Plan, and Transformation changes to bring forward and develop the second tranche of savings for 2021/22 and beyond through our 'renewal' programme due to COVID-19.
- Agree to take forward Audit Scotland's key recommendation from their Annual Audit report 2019/20 as highlighted in section 6.12 of this report, "The board should remain focussed on the financial challenges facing RIJB and continue to ensure decisions are taken to support medium and long-term financial sustainability".
- Agree per section 6.3 and 9.6, that in order to provide further financial resilience, the IJB should continue to work towards its agreed strategy to establish its targeted level of general reserves

- Agree per paragraph 9.12 to prudently progress 2021/22 financial planning on the basis of a range of funding scenarios from our partners organisations from a reduction of 1% to an increase of 2%.

3. Introduction

- 3.1. Renfrewshire IJB is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme between Renfrewshire Council and NHS GGC. It 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. The budget delegated by our two partner bodies, is used by the IJB to commission services, which are delivered by Renfrewshire Health and Social Care Partnership (HSCP). The principles of the funding allocated by the two partner organisations is set out in the Integration Scheme, however, utilisation of this funding is delegated to the IJB.
- 3.2. 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.
- 3.3. The role of the Section 95 Officer (Chief Finance Officer) for the IJB includes both the adherence to professional standards as well as compliance with “The Local Government (Scotland) Act 1973 section 95, which clearly states that:

“...every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

for the IJB this includes the requirement to ensure a balanced budget is set.

4. 2021/22 Overview

- 4.1. This report sets out the Chief Finance Officer’s (CFO) estimated financial outlook for Renfrewshire Integration Joint Board (IJB) for 2021/22, outlining the main financial pressures on health and adult social care services and potential implications of the CFO’s current assumptions regarding the anticipated budget pressures for 2021/22.
- 4.2. As previously reported, the IJB faces significant financial disruption as a consequence of the COVID-19 pandemic and associated emergency response. The financial impact of COVID-19 on the IJB is likely to be subject to continual change in line with decisions being taken at government level in response to the developing management of the emergency response across the UK. Members will recall that in March the Scottish Government provided in principle confirmation that all reasonable additional costs associated with the crisis will be fully funded, in addition, following on from the CFO’s recommendation, the IJB sought more specific formal follow up confirmation from the Scottish Government on this funding commitment in early July. It is therefore on the basis of this funding commitment that the current financial year is being progressed
- 4.3. It was also recognised that assessing the full financial impact of COVID-19 on the IJB would be a complex process, with limited clarity and significant uncertainty linked to both costs and funding over the course of 2020/21 and

beyond. In this context the IJB needs to update its financial strategy for 2021/22 and beyond to reflect these changes.

- 4.4. As previously highlighted to members, COVID-19 has 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. Transformation changes have been disrupted and delayed; as has work to bring forward and develop the second tranche of savings for 2021/22 and beyond through our 'renewal' programme. The degree to which the HSCP is able to step back up and deliver this strategic transformation programme is subject to uncertainty and will largely be determined by a range of factors including:

- the ongoing response to COVID-19; and
- ongoing service delivery priorities including flu vaccinations and winter service provision; and
- the recommendations of the national review of adult social care; and
- the availability of resources within operational services and Change and Improvement, to deliver complex change requirements.

5. **Medium Term Financial Outlook**

- 5.1. Previous reports to the IJB have highlighted that the economic outlook was one of relatively weak growth by historical standards, with Scotland lagging that of the UK as a whole.

- 5.2. In addition, 2020/21 represents the first year where over estimated tax receipts from previous years require to be repaid by Scotland to the UK treasury. The Scottish Government decided to maximise spending in 2020/21 by using its borrowing powers to reduce the impact of c£200 million of negative fiscal reconciliation adjustments in 2020/21. This will however have to be repaid, and along with the estimated fiscal reconciliation for 2021/22 of c£350 million, adds a significant pressure which will need to be managed by the Scottish Government over future years.

- 5.3. Overall, the 2020/21 budget in Scotland grew by c3.6% in real terms, compared to 2019/20. This increase was mainly due to Barnett consequential adjustments from spending increases by the UK Government. However, after adjusting for new responsibilities and duties, the local government allocation was a cash standstill (real terms cut) reflecting the Scottish government's policy priorities of protecting spending in eg the NHS and Police. There is also added uncertainty over the additional resources announced by the Scottish Government after the stage 1 debate of the 2020/21 budget, as these were funded through the use of in-year flexibility leaving real uncertainty over whether all of this additional funding will be baselined from 2021/22 onwards.

5.4. Impact of COVID-19 on the Economy

- 5.4.1. Across all nations, economies are experiencing the most significant period of economic decline in history. Public Health responses to COVID-19 required large parts of the economy to be closed down as part of the lockdown arrangements operating across almost all major economic regions globally. This action has therefore resulted in the most significant reduction in economic activity ever experienced, with recovery gradually beginning to emerge as National Government's ease lockdown restrictions. However, even with this gradual easing, many restrictions continue to apply and consequently the return to normal economic activity levels will be over a longer than envisaged period.

- 5.4.2. The initial prospect of a quick economic recovery has not been realised with a much less certain outlook emerging, with recovery linked to the possibility of a

vaccine or effective treatment which would allow a return to normal social and economic activity. It is also clear that there is a risk of more permanent economic damage, as increasing numbers of businesses are failing to survive the crisis, with specific sectors significantly damaged, and, others where recovery will take much longer.

5.4.3. The response of the UK Government to deploy fiscal interventions to support businesses and the economy through the COVID19 emergency has been unprecedented, with unparalleled levels of borrowing to support businesses across the economy to survive so that they can resume activity and contribute to the economic restart.

5.4.4. As recently reported by HM Treasury, the total UK Government debt has now exceeded £2 trillion. Higher levels of debt will result in significant additional interest and repayment costs moving forward. However, due to the current historically low rates of borrowing the UK Government is currently able to access, the overall annual debt servicing costs remain relatively stable, this will however be subject to the impact of further decisions taken by the UK Government to manage the current crisis.

5.5. Potential Impact on Public Expenditure

5.5.1. As highlighted in section 5.4 above, the UK Government has borrowed significantly more in 2020/21 than planned. The impact of this level of borrowing on future spending plans has yet to be clarified and will be critical for public finances. In essence the options available would need to consider:

- Tax increases to raise additional revenues
- Reduction in public spending
- Increasing borrowing to support public spending, investment and spending power in the economy.

5.5.2. The approach taken will be critical for the Scottish Government budget and will impact directly on public sector financial settlements in Scotland for 2021/22. For example they may choose to borrow more, whilst historically low rates exist and seek to protect or increase investment in the public sector to stimulate growth and jobs, and may chose not to materially vary or change taxes - particularly in the short term to protect consumer spending and private sector investment.

6. **Financial Sustainability: IJB's Medium-Term Financial Outlook**

6.1. The economic context at national level is now subject to significantly greater uncertainty than that which existed pre-COVID-19. The measures taken by national governments to respond to COVID-19 has extended the impact from not just being a public health crisis but also to one of being an economic crisis of an unparalleled extent. The impact this will ultimately have over medium-term public expenditure plans across both the UK and Scotland, is currently unclear. However, the risk to the IJB's financial outlook being more negative than previously predicted has increased considerably.

6.2. The IJB's financial strategy for 2021/22 therefore needs to reflect the current and ongoing impact of COVID-19, including: the direct costs associated with treating and preventing the spread of the disease; and the costs associated with changing models of both health and social care as people and organisations move further away from institution-based care and more towards care at home. For example, the IJB has already started to see noticeable growth in care at home packages for people with complex needs resulting in additional capacity and financial pressures.

- 6.3. In addition, it is anticipated that over the course of 2021/22, the IJB will be required to fully utilise its unallocated reserves to provide financial cover for any shortfall in the delivery of its planned savings. It is therefore critical that the IJB works to replenish these in order to provide further financial resilience, adding to the medium- term financial pressure the IJB will require to address.
- 6.4. In November 2019, the IJB approved its Medium-Term Financial Plan 2020/21 to 2024/25, which identified a challenging financial outlook. The IJB agreed to create a transformation reserve to support a step-change in the HSCP's change activity.
- 6.5. The Financial Plan set out a two-tiered approach to delivering savings, where Tier 1 short-term savings would be delivered in 2020/21 and Tier 2 savings would be achieved over the period 2021/22 to 2023/24 through transformational change with the Transformation Programme as the key process to address the estimated net budget gap (for the period 2021/22 to 2023/24) of between £9 million to £19 million. Tier 1 savings proposals were approved by the IJB on 31 January 2020.
- 6.6. As highlighted in previous reports to the IJB, COVID-19 has significantly impacted on the delivery of our approved Financial Plan for 2020/21 with the implementation of a number of 2020/21 savings proposals agreed by the IJB in January 2020 having to be paused at the outset of the pandemic. Scoping of planned transformational activity also paused in March 2020. However, the IJB's current medium-term financial strategy remains valid in terms of the requirement to deliver significant recurring savings over the medium term.
- 6.7. The CFO's reports to the IJB in July and October 2020, provided a summary of the impact on the IJB and its partner organisations in responding to Covid-19. It is likely that the financial pressures caused by Covid-19 will move the IJB towards the "worst case scenario" articulated in the Medium Financial Plan. In addition, there is now a risk that the level of savings that the IJB will be required to deliver could exceed this "worst case scenario" as evidenced by the updated figures detailed in sections 7 and 8 this report which reflect the most current data available. The scale of the challenge ahead will be largely dependent on the level of support from the Scottish Government, and our capacity to take forward our Transformation Programme.
- 6.8. In this context it is critical that the IJB remains focused on delivering the transformation programme and seeking to deliver the targeted savings for 2021/22, focusing on mitigating the risk of financial instability. The financial strategy is required to place greater focus on protecting the immediate stability of the IJB, both financially and from a service perspective.
- 6.9. The plan is to address these challenges through our Recovery and Renewal Plan, building on our Covid-19 response to date and implementing both recovery and renewal plans in tandem. Details of the approach to be taken for 2021/22 and the associated challenges created by COVID-19 in achieving this, are included in a separate report to this meeting "COVID-19 Recovery and Renewal Planning Update".
- 6.10. As highlighted in the report above, IJB members should be aware that any identified savings options will be assumption-based due to the significant degree of uncertainty which exists within health and social care at this time. These include, but are not limited to:
- The unknown timescales of the pandemic, and the number of additional future waves of infection to emerge.

- The full impact of COVID-19 on our local communities including on employment, inequalities and mental health and wellbeing.
- The associated financial impact of COVID-19, and the degree of additional funding which will be provided by the Scottish Government to cover costs incurred.
- The overall fiscal framework (as outlined earlier in this report) within which the public sector will need to work in the next financial year. The UK Government has confirmed that on 25th November 2020 a one-year spending announcement will be made and not as previously planned a 3-year spending review. Decisions relating to Tax and Borrowing will be considered in March 2021 along with consideration of the economic forecast. As a consequence, as announced by the Finance Secretary, Kate Forbes, on the 11th November 2020, the Scottish Government's budget will be published on 28 January.
- The recommendations to emerge from the national review of Adult Social Care, and the structural and financial implications of this.

6.11. The HSCP continues to work with partners within NHS GGC and Renfrewshire Council to understand the developing budget position for FY 2020/21, and to determine a balanced budget for FY 2021/22 as outlined in sections 7 and 8 of this report. In particular, the council is potentially facing a more challenging outlook than previously envisaged.

6.12. IJB 2019/20 Annual Audit Report Key Recommendation

6.12.1. In the 2019/20 Annual Audit Report from the IJB's external auditors, one of their main focuses was on the financial sustainability of the IJB:

“ Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered”.

6.12.2. Within the report they highlight that:

“Corporate ownership and engagement at all levels within IJB commissioned services will be the key factor in determining the success or otherwise of the Transformation Programme and the Recovery and Renewal Plan. It is essential that Heads of Service take the lead in working with corporate Officers, specifically the Chief Officer and Chief Finance Officer to identify and implement practical actions to take forward this programme and plan”.

6.12.3. In addition, one of the key recommendations of the report is that the:

“The board should remain focussed on the financial challenges facing RIJB and continue to ensure decisions are taken to support medium and long-term financial sustainability”.

6.12.4. In light of the above, it is therefore essential that the IJB and the HSCP Senior Management Team take forward the CFO's recommendations highlighted within this report.

7. **Delegated Adult Social Care Budget 2021/22**

7.1. In addition to the ongoing impact of COVID-19 across all service areas, similar to 2020/21, demographic and socio-economic factors continue to drive significant demand and cost pressures for 2021/22 in the delegated Adult Social Care budget relating to:

- Funding of the 2021/22 pay award;
- Cost pressures arising from contractual arrangements which are subject to renewal;
- Financial impact of the negotiated application of the increased living wage across the sector;
- Increases associated with the National Care Home Contract;
- Ongoing pressure on the Care at Home service in relation to costs associated with shifting the balance of care, by supporting people to live safely at home for as long as possible and facilitating prompt discharge from hospital; and
- Increasing number and complexity of care packages required to support adult clients to live as independently as possible in the community.

7.2. The Chief Finance Officer, using a range of informed assumptions, has estimated that the demand and cost growth for Adult Social Care in 2021/22 linked to the areas highlighted above, and in section 9 of this report, is likely to be in the region of a gross increase between c£3.9m and c£6.4m. Members should however be aware that due to COVID-19 the current levels of demand on Care at Home Services, and, the number of admissions to Care Homes are not in line with our 'normal projected levels of activity' which we would use to assess the future pressure on these budgets. Consequently, our ability to project on future demand is more complex than in previous years, and therefore the figures we are currently using are heavily caveated.

8. **Delegated Health Budget 2021/22**

8.1. In addition to the ongoing impact of COVID-19 across all service areas, similar to Adult Social Care, demographic and socio-economic factors continue to drive significant demand and cost pressures for our delegated Health services in 2021/22 including:

- Pay Inflation and impact of Agenda for change circa;
- Inflationary linked increases on non-pay eligible budgets; and
- Prescribing cost and volume impact;

8.2. Using a range of informed assumptions, the Chief Finance Officer has estimated that the demand and cost growth for Delegated Health Services (not including Set Aside) in 2021/22 linked to the areas highlighted above, and in section 9 of this report, is likely to be in the region of a gross increase between c£4.0m and c£5.1m.

9. **Cost Pressures and Demand**

9.1. In line with the approach taken in the Medium-Term Financial Plan a scenario-based approach continues to be adopted to estimate future cost pressures and demand. Potential outcomes have been considered over: low, medium, high and worst-case projected positions. The low projection outlines a more optimistic outlook, while the worst-case indicates the position if pressures emerge at the higher end of current projections.

9.2. Using the above range of scenarios, current projections for the period 2021/22 to 2025/26 include a wide range of assumptions in respect of key cost pressures and demand, highlighting a potential budget gap within a range of £46.5m to £69.2m for this period. This assumed budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations. In addition, it is important to note that these projections are prior to any mitigating action being taken.

- 9.3. The projected budget gap is based on a range of demand and cost pressures which could be faced by the IJB over the medium term. These assumptions are informed by the national context; effect of new statutory obligations; increasing demographic and demand pressures as well as the impact of COVID-19. Appendices 1 to 3 set out the four scenarios to illustrate the potential financial impact assuming minimum, medium, high and worst case increases e.g. pay inflation, contract price increases.
- 9.4. The financial projections for 2021/22 include a range of key assumptions for which there remains significant and real uncertainty. These include:
- **The impact of COVID-19 across a range of areas** including provider payments, significant increases in demand etc
 - **Future funding allocations from Partner Organisations** may be subject to greater downward pressure due to a worsened financial outlook for our partner organisations (reference paragraph 9.10)
 - **Future Pay Settlements:** the move to multi-year settlements provided a degree of certainty over pay pressures through to 2020/21. However, uncertainty will once again arise in relation to pay pressures as the previous 3-year agreement has now come to an end. In addition, 2020/21 was the final year of the current valuation of pension commitments, with a likely change in employer contribution rates from 2021/22.
The sustainability of future pay awards at similar levels, in the context of an expectation of further reductions in resources, will be a major challenge for the IJB to manage in future years. Employee costs represent 31% of the IJB's net budget. Inflationary pressure in this area represents a significant pressure for the IJB eg every 1 % increase to current pay rates represents an additional cost of c£818k per annum.
 - **Demand led Pressures:** the scale of evolving demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward. Historically, our services have been able to manage this demand through the transformation of services, which has enabled gains in productivity and effectiveness to secure delivery of more services from the money they have received. However, our ability to continue to manage the current and projected demand levels into the future is limited without significant service redesign and transformation in our approach to delivery of our services. In addition, the impact of COVID-19 on a range of our services has already been significant and is likely to continue well into the future. As highlighted in paragraph 6.2 there is already noticeable growth in care at home packages for people with complex needs resulting in additional capacity and financial pressures.
 - **Prescribing:** with the ending of the risk sharing arrangement across NHSGGC Partnerships on 31 March 2018, prescribing costs now represents 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. In addition, the impact of COVID-19 on the ability of our pharmacy staff and GP's to deliver on prescribing efficiencies and initiatives has been and will continue to be severely impacted. The full extent of the ongoing impact of COVID-19, the production of a vaccine and BREXIT on the prescribing budget are currently unknown.

- **Inflation and Contractual Commitments:** Non-Pay inflationary pressures reflect anticipated annual increases to payments to third parties, and in the main reflect anticipated increases linked to contracts such as the National Care Home Contract and Supported Living Framework. The impact of COVID-19 on provider sustainability will also impact on all of our contractual commitments, the extent of which will emerge over future months and may require current assumptions to be updated significantly.

9.5. The following table provides a high-level summary of the gross estimated budget pressures (based on “medium case” scenarios ref Appendices 1 to 3) in relation to the above for 2021/22. (Members should note that these scenarios are regularly updated to ensure that the CFO has early sight of any significant changes):

Type of Pressure	Using Medium Case Scenarios		
	Health £000's	Social Care £000's	Overall Position £000's
Contractual	77	1,496	1,573
Pay	2,020	1,029	3,049
Demand	540	1,021	1,561
Living Wage		687	687
Prescribing	1,836		1,836
Total Pressures	4,473	4,233	8,706

9.6. As recommended by the CFO in previous reports to the IJB and in paragraph 6.3 of this report, it is important that the IJB works to create sufficient reserves to provide temporary funding to drive transformation, and, build up contingency reserves during the course of the financial year. In addition, members should note that Audit Scotland will continue to closely monitor the IJB's position to ensure unallocated general working balances remain at an appropriately prudent level.

9.7. As previously discussed with members, the delegated health budget includes a number of budget areas which cannot be considered for planned savings, namely:

- Resource Transfer from the NHS is used to directly fund social care services provided directly through the Council or commissioned from third party organisations;
- Prescribing budget has a clear clinically led approach to cost containment and volume control as part of an NHSGGC system wide approach and one that is built up from the prescribing patterns of individual GPs and informed by known costs;
- Family Health Service budgets directly fund income to contracted services such as GPs;
- Social Care Fund is passed directly through to Renfrewshire Council for allocation to the Adult Social Care Budget;
- Mental Health services protection in line with the Scottish Government's directions; and
- Health Visitors funding – this is a ring-fenced allocation from the Scottish Government in line with their priority to increase the number of Health Visitors.

- 9.8. The following table shows that taking all of the above into account, the remaining budget against which any savings targets need to be delivered is circa £29.874m, (11.81%) the majority of which are employee related budgets.

Health Budget Influencable Spend	2020-21 £'000
2020-21 Budget	204,666
Add: Resource Transfer & Social Care Fund	33,850
Add: Action 15 and PCIP Allocations	2,044
Add: LA Covid Funding	9,419
Add: Health Covid Funding	2,897
	252,876
Less:	
Set Aside	-58,192
Resource Transfer	-21,596
Prescribing	-38,500
FHS	-51,385
Social Care Fund	-12,254
Mental Health (Per SG Direction)	-20,702
Action 15	-441
PCIP	-1,603
Health Visitors (Ring fenced Funding)	-3,666
ADP (Ring Fenced Funding)	-1,703
COVID Allocation	-12,316
Non-Recurring Budget	-644
	-223,002
= Remaining Budget against which Savings can be applied	29,874
% of Budget against which Savings can be applied	11.81%

- 9.9. As outlined in the 'Medium Term Financial Plan', and further described in this report, it is likely that from 2021/22, the budget position for IJBs will be subject to significant demand and cost led financial pressures.
- 9.10. In addition, it was clear from Renfrewshire Council's own Medium-Term Financial Outlook, that it anticipated it would be subject to significant pressure over the medium term. Its most recent update to its financial outlook has highlighted the risk of a further deterioration in its medium-term financial outlook linked to the impact of COVID-19 and a risk of a further period of constraint and reduction in core funding for LG in Scotland. In this context there is a greater risk that any uplift in funding to the IJB similar to that provided in previous years may not be deliverable.
- 9.11. Over the past couple of years, the HSCP has benefited from resources passed through from Health as part of the local government settlement arrangements. This has been a key factor in maintaining the current financial stability of the Partnership. However, as highlighted earlier in this report, it should be recognised that the Scottish Government is likely over the medium term to face an increasingly challenging financial position which may place the ability for a pass through of resources from Health to HSCP's under increasing pressure.

- 9.12. In the context of para 9.10 and 9.11 our financial planning should therefore prudently progress on the basis of a range of funding scenarios from our partners organisations from a reduction of 1% to an increase of 2%. On this basis, the IJB should continue to plan for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years. The likely scenario is that a significant level of further recurring savings will be required. At the same time, we need to deliver sustainable and modern services which meet the needs of service users and their families. Consequently, savings options which do not align with the guiding principles for transformation previously agreed by the IJB will require consideration. Therefore, prior to the next IJB meeting on 29 January 2021, the HSCP proposes that this activity is underpinned by further engagement with the IJB through Development Sessions in December and January and is supported by additional engagement between IJB members and Heads of Service to discuss emerging savings proposals in further detail.
- 9.13. It is therefore essential that the IJB continues to focus on the need to pro-actively progress its transformation and modernisation agenda, maintaining a medium-term perspective of the financial challenges and where appropriate generate reserves to help to:
- Address medium-term pressures on the assumption that the financial position is more than likely to get more pressured;
 - To provide temporary funding to drive transformation; and,
 - Build up contingency reserves in line with Audit Scotland's recommendations which will be crucial in ensuring the financial sustainability of the partnership in the medium term.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package
10. **Risk** – The potential financial and economic impacts of COVID-19 represents a significant additional risk to the IJB, and the wider public sector going forward.
11. **Privacy Impact** – none.

List of Background Papers – none.

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Summary of Combined Unavoidable Adult & Health Services 2022 - 2026						
Based on Recurring Budget 2020/21	21-22	22-23	23-24	24-25	25-26	TOTAL
LOW SCENARIO						
Contractual Pressures	£1,403,204	£2,097,080	£2,731,726	£3,027,569	£3,252,646	£12,512,224
Pay Pressures	£2,893,062	£3,002,673	£3,116,466	£3,234,603	£3,357,251	£15,604,054
Demand Pressures	£1,398,673	£1,231,594	£1,690,803	£1,473,102	£1,268,917	£7,063,089
Living Wage	£686,977	£651,384	£657,427	£663,646	£670,045	£3,329,480
Prescribing	£1,468,612	£1,527,356	£1,588,451	£1,651,989	£1,718,068	£7,954,476
Total Pressures	£7,850,528	£8,510,087	£9,784,873	£10,050,909	£10,266,928	£46,463,324
MEDIUM SCENARIO						
Contractual Pressures	£1,573,524	£2,378,817	£3,076,802	£3,404,085	£3,658,296	£14,091,525
Pay Pressures	£3,048,969	£3,163,725	£3,282,833	£3,406,460	£3,534,779	£16,436,767
Demand Pressures	£1,560,532	£1,399,524	£1,864,995	£1,653,755	£1,456,235	£7,935,041
Living Wage	£686,977	£651,384	£657,427	£663,646	£670,045	£3,329,480
Prescribing	£1,835,765	£1,927,553	£2,023,931	£2,125,127	£2,231,384	£10,143,760
Total Pressures	£8,705,767	£9,521,003	£10,905,989	£11,253,074	£11,550,740	£51,936,573
HIGH SCENARIO						
Contractual Pressures	£1,975,990	£2,898,425	£3,689,471	£4,061,533	£4,351,258	£16,976,677
Pay Pressures	£3,204,876	£3,324,777	£3,449,200	£3,578,318	£3,712,307	£17,269,479
Demand Pressures	£2,313,109	£2,177,132	£2,668,496	£2,484,038	£2,314,221	£11,956,995
Living Wage	£686,977	£718,768	£725,437	£732,299	£739,361	£3,602,842
Prescribing	£2,019,342	£2,130,405	£2,247,578	£2,371,194	£2,501,610	£11,270,129
Total Pressures	£10,200,293	£11,249,508	£12,780,182	£13,227,382	£13,618,757	£61,076,122
WORSE SCENARIO						
Contractual Pressures	£2,374,194	£3,413,771	£4,285,979	£4,699,221	£5,024,458	£19,797,624
Pay Pressures	£3,360,784	£3,485,829	£3,615,567	£3,750,175	£3,889,836	£18,102,191
Demand Pressures	£2,847,568	£2,723,617	£3,227,277	£3,055,391	£2,898,430	£14,752,283
Living Wage	£686,977	£853,537	£861,457	£869,605	£877,991	£4,149,567
Prescribing	£2,202,918	£2,335,093	£2,475,199	£2,623,711	£2,781,133	£12,418,054
Total Pressures	£11,472,441	£12,811,849	£14,465,478	£14,998,103	£15,471,848	£69,219,719

Summary of Unavoidable Adult Services 2022 - 2026						
Based on Recurring Budget P7 2020/21	21-22	22-23	23-24	24-25	25-26	TOTAL
LOW SCENARIO						
Contractual Pressures	£1,325,694	£2,017,245	£2,649,496	£2,942,872	£3,165,409	£12,100,716
Pay Pressures	£873,081	£901,893	£931,655	£962,400	£994,159	£4,663,188
Demand Pressures	£966,749	£791,031	£1,241,428	£1,014,740	£801,388	£4,815,336
Living Wage	£686,977	£651,384	£657,427	£663,646	£670,045	£3,329,480
Total Pressures	£3,852,501	£4,361,553	£5,480,007	£5,583,658	£5,631,002	£24,908,720
MEDIUM SCENARIO						
Contractual Pressures	£1,496,015	£2,298,983	£2,994,572	£3,319,388	£3,571,058	£13,680,016
Pay Pressures	£1,028,989	£1,062,945	£1,098,022	£1,134,257	£1,171,688	£5,495,901
Demand Pressures	£1,020,626	£846,120	£1,297,757	£1,072,336	£860,280	£5,097,119
Living Wage	£686,977	£651,384	£657,427	£663,646	£670,045	£3,329,480
Total Pressures	£4,232,606	£4,859,432	£6,047,779	£6,189,627	£6,273,072	£27,602,516
HIGH SCENARIO						
Contractual Pressures	£1,898,480	£2,818,590	£3,607,241	£3,976,837	£4,264,020	£16,565,169
Pay Pressures	£1,184,896	£1,223,997	£1,264,389	£1,306,114	£1,349,216	£6,328,613
Demand Pressures	£1,557,240	£1,394,809	£1,858,791	£1,645,993	£1,446,845	£7,903,678
Living Wage	£686,977	£718,768	£725,437	£732,299	£739,361	£3,602,842
Total Pressures	£5,327,593	£6,156,165	£7,455,859	£7,661,243	£7,799,441	£34,400,302
WORSE SCENARIO						
Contractual Pressures	£2,296,684	£3,333,937	£4,203,749	£4,614,524	£4,937,221	£19,386,116
Pay Pressures	£1,340,803	£1,385,050	£1,430,756	£1,477,971	£1,526,744	£7,161,325
Demand Pressures	£2,091,700	£1,941,294	£2,417,572	£2,217,347	£2,031,054	£10,698,966
Living Wage	£686,977	£853,537	£861,457	£869,605	£877,991	£4,149,567
Total Pressures	£6,416,165	£7,513,818	£8,913,534	£9,179,448	£9,373,009	£41,395,973

Summary of Unavoidable Health Services 2022 - 2026						
Based on Recurring Budget P6 2020/21	21-22	22-23	23-24	24-25	25-26	TOTAL
LOW SCENARIO						
Contractual Pressures	£77,510	£79,835	£82,230	£84,697	£87,238	£411,509
Pay Pressures	£2,019,980	£2,100,780	£2,184,811	£2,272,203	£2,363,091	£10,940,866
Demand Pressures	£431,925	£440,563	£449,374	£458,362	£467,529	£2,247,753
Prescribing	£1,468,612	£1,527,356	£1,588,451	£1,651,989	£1,718,068	£7,954,476
Total Pressures	£3,998,027	£4,148,534	£4,304,866	£4,467,251	£4,635,927	£21,554,604
MEDIUM SCENARIO						
Contractual Pressures	£77,510	£79,835	£82,230	£84,697	£87,238	£411,509
Pay Pressures	£2,019,980	£2,100,780	£2,184,811	£2,272,203	£2,363,091	£10,940,866
Demand Pressures	£539,906	£553,403	£567,239	£581,420	£595,955	£2,837,923
Prescribing	£1,835,765	£1,927,553	£2,023,931	£2,125,127	£2,231,384	£10,143,760
Total Pressures	£4,473,161	£4,661,571	£4,858,210	£5,063,447	£5,277,668	£24,334,057
HIGH SCENARIO						
Contractual Pressures	£77,510	£79,835	£82,230	£84,697	£87,238	£411,509
Pay Pressures	£2,019,980	£2,100,780	£2,184,811	£2,272,203	£2,363,091	£10,940,866
Demand Pressures	£755,868	£782,324	£809,705	£838,045	£867,376	£4,053,317
Prescribing	£2,019,342	£2,130,405	£2,247,578	£2,371,194	£2,501,610	£11,270,129
Total Pressures	£4,872,700	£5,093,343	£5,324,323	£5,566,139	£5,819,315	£26,675,821
WORSE SCENARIO						
Contractual Pressures	£77,510	£79,835	£82,230	£84,697	£87,238	£411,509
Pay Pressures	£2,019,980	£2,100,780	£2,184,811	£2,272,203	£2,363,091	£10,940,866
Demand Pressures	£755,868	£782,324	£809,705	£838,045	£867,376	£4,053,317
Prescribing	£2,202,918	£2,335,093	£2,475,199	£2,623,711	£2,781,133	£12,418,054
Total Pressures	£5,056,276	£5,298,031	£5,551,944	£5,818,655	£6,098,838	£27,823,745

To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2020 to 30 September 2020

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 September 2020 and the projected year end position for the year ending 31 March 2021.
- 1.2. As previously highlighted to members, 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 will become clearer as financial year 2020/21 progresses. These impacts are likely to continue over the medium term and at least over the next few financial years. Additional uncertainty remains over the HSCP's financial position due to the continually changing situation; the potential for future spikes in demand for services which could create additional delivery and financial pressures and the associated impact of these on the HSCP's transformation and savings plans, which require ongoing review and realignment.
- 1.3. The table in paragraph 3.2, includes the consolidated summary members are familiar with, plus an added level of detail showing the current estimated cost to the Health and Social Care Partnership (HSCP) 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:

- Note the in-year position at 30 September 2020;
- Note the projected year-end position for 2020/21; and
- Note the current estimated financial assessment of the potential revenue consequences of the COVID-19 pandemic for 2020/21.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £20k and the projected outturn for 2020/21 is an overspend of £134k. This position includes the net actual and estimated costs in relation to COVID-19, and, is prior to the transfer of any ring-fenced balances to General and Ear Marked Reserves at the financial year end.

Division	Year to Date Position	Projected Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £1,210k	Underspend £2,297k
Net COVID -19 Actual and Projected Costs	Overspend (£1,190k)	Overspend (£2,431k)
Total Renfrewshire HSCP (inclusive of COVID-19)	Underspend £20k	Overspend (£134k)

The key pressures are highlighted in section 4.

- 3.2. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 5 and 6 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £1,210k	Underspend £2,297k

- 4.1. The overall net underspend for the HSCP at 31 August 2020 is an underspend of £1,210k, with an anticipated year-end underspend of £2,297k, assuming that the current trajectory of spend continues throughout this financial year. Members should note this does not include the net costs associated with COVID-19.
- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) are based on the current funding received to date.
- 4.3. The current and projected underspend includes a drawdown of £732k to date, from ear marked reserves as detailed in the following table and in Appendix 8.

Drawdown of Reserves 2020/21

Earmarked Reserves	Amounts Drawn Down in 2020/21
	£000's
PCTF Monies Allocated for Tests of Change and GP Support	-85
Primary Care Improvement Program (19/20) (20/21)	-264
GP Premises Fund - Renfrewshire share of NHS GGC funding for GP premises improvement	-37
ADP Funding	-106
Mental Health Action 15 (19/20) (20/21)	-130
Mental Health Strategy Interim Support Pending Completion of Psychology Review	-85
Renfrewshire Wide Prevention and Early Intervention Programme	-25
TOTAL EARMARKED RESERVES	-732

- 4.4. The main broad themes of the current and projected outturn are in line with those previously reported to members and include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £817k	Underspend £1,523k

- 4.4.1. 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* – Currently, the Care Home budget is projecting an underspend which is offsetting the above pressures within the Care at Home service. This position reflects the impact of COVID-19 on the ability of care homes to take new admissions. In addition, greater numbers of clients are choosing to remain at home for longer which is in turn placing a significant pressure on our care at home services. It is unclear whether this trend will continue throughout the remainder of this financial year.
- *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 the Rehabilitation and District Nursing services.

Mental Health Services	Year to Date Position	Year End Outturn
	Underspend £240k	Underspend £459k

- 4.4.2. 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). In addition, these underspends are also currently offsetting the overspend in relation to the Mental Health Action 15 programme which has now been adjusted to reflect receipt of Tranche 1 Action 15 funding.

The full year forecasted pressure for Action 15 has therefore been reduced from an overspend of £715k to an overspend of £223k. As soon as clarification for the remaining 2020/21 funding is received, the forecast will be amended as appropriate.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £171k	Underspend £342k

- 4.4.3. 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 to Date Position	Year End Outturn
	Overspend (£489k)	Overspend (£978k)

- 4.4.4. The overspend within Resources is mainly in relation to the Primary Care Improvement Programme (PCIP). As at the 30th September the HSCP has

received £1.867m of its 2020/21 allocation compared to the current full year expenditure forecast of £2.942m. As soon as clarification for further funding is confirmed the forecast will be amended as appropriate.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £311k	Underspend £622k

- 4.4.5. The underspend in Hosted Services is 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 has reduced spend on single use instruments within the Podiatry service.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £177k	Underspend £354k

- 4.4.6. To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2020/21, agreed a net increase of £1.4m to the prescribing budget. This net increase was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives across NHS GGC, and the potential impact of tariff reductions. In addition, at its meeting of 26 June 2020, the IJB approved an increase to the Prescribing earmarked reserve to provide further resilience over 2020/21. This increase to the prescribing earmarked reserve is in anticipation that: the delivery of 2020/21 prescribing efficiencies and initiatives are unlikely to be delivered in full; to protect against cost and volume increases directly linked to the impact of COVID 19; and the potential impact of BREXIT.
- 4.4.7. Based on the current data available the prescribing budget is projecting an underspend for 2020/21. However, early indications are that there will be a number of items impacted by short supply, the full impact of which is not yet clear.
- 4.4.8. At this stage in the financial year, given that we are currently projecting an underspend and there is an earmarked reserve of £1m for Prescribing, it is anticipated that any move to an overspend can be met from the reserve balance. However, the full extent of the ongoing impact of COVID-19, the production of a vaccine and BREXIT on the prescribing budget are currently unknown.

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) and its partner organisations (and all HSCPs across Scotland) has been responding to the COVID-19 pandemic.
- 5.2. As highlighted above, and in previous reports by the CFO to the Board, the HSCP's response to mitigating against the impact of COVID-19 and the uncertainty and challenges arising from this situation are unprecedented, and, will continue to impact beyond this financial year.
- 5.3. The CFO regularly provides estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. This feeds into the collective NHS GGC response together with our five partner HSCPs in the NHS GGC Board wide area. These assume a phased

approach to costs tailoring off towards the latter part of this financial year. Members should note that this position is dependent on the Scottish Government's ability to move through the phases of their route map as planned. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.

- 5.4. The following table summarises the main areas of expenditure which the HSCP has incurred, and, is projected to incur as a result of the current emergency arrangements – these include: provider sustainability payments; loss of income; and, the cost of savings which have been delayed in their implementation. To date £6.687m has been spent responding to COVID-19, of which £2.153m relates to health services excluding hospices, and, £4.534m relates to social care services.

Total Estimated Costs at 20/10/20							
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	558	419	977	595	440	1,035	2,013
Provider Sustainability Costs	-	-	-	2,127	2,568	4,696	4,696
PPE	26	11	37	734	-	734	770
Delayed Discharge & Care at Home	-	-	-	299	530	828	828
Community Hubs	338	1,330	1,667	-	-	-	1,667
Hospices Loss of Income	-	693	693	-	-	-	693
Unachieved Savings	302	352	655	300	206	506	1,161
Loss of Income	-	-	-	187	187	374	374
FHS costs	769	188	957	-	-	-	957
Other Costs	160	835	995	292	300	593	1,588
TOTAL	2,153	3,828	5,982	4,534	4,232	8,765	14,747

- 5.5. The actual impact may however be higher or lower than currently estimated, depending upon a wide range of influencing factors including: the time taken to move through the route map of recovery; the impact of Test, Trace, Isolate and Support (TTIS) on our internal services as well as our externally contracted services; in addition costs associated with provider sustainability payments are wholly dependent on Scottish Government decisions in relation to the level and duration of support providers are to receive.
- 5.6. Currently, the projections only extend until the 31 March 2020/21. However, it is likely that some expenditure commitments will extend well into 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.
- 5.7. Funding of costs associated with COVID-19, for services delegated to the IJB, is being routed through NHS GGC and passed through to the IJB. To date the IJB has received a total of £3.594m to meet the costs of responding to COVID-19. This equates to £2.901m for social care services and £0.693m for hospices. A further allocation of £8.722m has been distributed for both health and social care services, giving the IJB a total allocation of £11.623.

- 5.8. Further work is required to assess the further funding allocation of £8.772m, to understand the split of funding against Health and Social Care and the potential implications for the IJB.
- 5.9. The table below shows that in total, funding of £12.316m has been confirmed (including Hospices), leaving a current estimated funding gap of £2.431m.

Confirmed Funding Sources to Support Renfrewshire IJB's COVID-19 Response	£000's
Share of total SG funding for COVID-19 Response	11.623
Hospice Funding Allocation (Accord and St Vincent's)	0.693
Total Confirmed Funding to date	12.316
Less: Estimated Costs @ 20/10/20	14.747
= Current Funding Gap	-2.431

- 5.10. Discussions with the Scottish Government in relation to future funding allocations are ongoing. The Scottish Government, who are themselves working with the unprecedented uncertainty of COVID-19, appreciate the position of the IJB and the additional spend incurred and projected. However, whilst these discussions are on-going, the actual and projected financial position of the IJB remains uncertain with the risk that the IJB will be required to partially fund any remaining gap.

6. Current Vacancy Position

- 6.1. As highlighted throughout section 4, and Appendices 1 to 3 of this report, Employee Costs are projecting a significant underspend throughout all services.
- 6.2. Recruitment has been delayed due to COVID-19 restrictions but continues to be progressed for vacant posts in all services.
- 6.3. Appendices 9 and 10 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 7. The table details the amounts still held by the Scottish Government which relate to previous years allocations and which will be released at the discretion of the government subject to qualifying spend being incurred.
- 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. Delegated Health Budget Update 2020/21

- 8.1. At its meeting of 20 March 2020, the IJB agreed to delegate responsibility for the Chief Officer in consultation with the Chair, to accept the 2020/21 delegated health budget subject to the expected uplift of 3% reflecting the Board's uplift

for 2020/21 including any final adjustments in relation to recurring budget adjustments at month 12.

- 8.2. The formal 2020/21 delegated health budget offer was delayed this year due to the impact of COVID-19. However, on 2 November 2020 the Assistant Director of Finance for NHS GGC wrote to the CO formally confirming the 2020/21 Financial Allocation to Renfrewshire Health and Social Care Partnership (Appendix 11). The CO in consultation with the Chair has now agreed to accept this budget, which is in line with the CFO's anticipated budget uplift.

9. Other Delegated Services

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	829	-	0%	breakeven
Women's Aid	237	237	-	0%	breakeven
NET EXPENDITURE	1,066	1,066	-	0%	breakeven

- 9.1. 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.

- 9.2. The Projected outturn position to 31 March 2021 is a breakeven.

10. Reserves

- 10.1. As detailed in Appendix 8, the opening IJB reserves position for 2020/21 was £9.517m. This figure comprised £8.116m of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £1.401m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to 0.63% of the IJB's net budget (not including set aside).
- 10.2. As detailed in Appendix 8 and paragraph 4.3, based on current projections for 2020/21 a total of £0.732m of ear marked reserves have been drawn down to date.
- 10.3. The table in Appendix 8 provides further details on the remaining balances held in reserves by the IJB.

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

- 11.1. For 2020/21, the new Living Wage rate has been set at £9.30, an increase of 30p from the 2019/20 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a 3.3% increase will be applied as per communication issued by the Scottish Government.
- 11.2. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. All Care at Homes providers have accepted the increase. For supported living services, all 10 providers have now also accepted the increase.

- 11.3. The 4 Contracted providers of adult residential services within Renfrewshire have been offered an increase of 3.3% for the payment of the new Scottish Living Wage.
- 11.4. All Scottish Living Wage uplifts will be from the 6th April 2020, as per the Guidance for Commissioned Services issued by COSLA in consultation with the Scottish Government on the 17th April 2020.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
11. **Privacy Impact** – none.

List of Background Papers – None.

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Direction from the Integration Joint Board		
1.	Reference Number	201120-04
2.	Date Direction issued by IJB	20 November 2020
3.	Date from which Direction takes effect	20 November 2020
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	Yes, 021020-04
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2019-22), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the 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	January 2021.

Appendix 1

HSCP Revenue Budget Position 1st April 2020 to 16th October 2020

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	41,170	3,001		303		44,474	45,030	(557)	-1%	overspend
Property Costs	209	-		-		209	298	(90)	-43%	overspend
Supplies and Services	9,885	4,886	(10,977)	51		3,845	4,406	(561)	-15%	overspend
Third Party Payments	30,726	2,728		-		33,454	35,937	(2,483)	-7%	overspend
Purchase Of Healthcare	1,387	510		13		1,910	1,930	(20)	-1%	overspend
Transport	432	21		-		453	358	96	21%	underspend
Family Health Services	42,939	1,993		-		44,933	45,494	(561)	-1%	overspend
Support Services	38	-		-		38	32	6	17%	underspend
Transfer Payments (PTOB)	3,873	(2,059)		-		1,814	2,295	(481)	-27%	overspend
Resource Transfer	10,138	660	(10,798)	-		(0)	-	(0)	0%	overspend
Set Aside	28,249	554		-		28,803	28,803	-	0%	breakeven
Gross Expenditure	169,046	12,295	(21,775)	366	-	159,932	164,583	(4,652)	-3%	overspend
Income	(15,569)	(3)			(366)	(15,938)	(20,611)	4,672	-29%	underspend
NET EXPENDITURE	153,476	12,291	(21,775)	366	(366)	143,993	143,973	20	0%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with	Drawdown From	Reserves Budget	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	36,358	(1,449)		63	(63)	34,909	34,092	817	2%	underspend
Mental Health	11,295	826		108	(108)	12,121	11,881	240	2%	underspend
Learning Disabilities	8,350	888		-	-	9,238	9,256	(18)	0%	overspend
Children's Services	2,920	253		-	-	3,173	3,002	171	5%	underspend
Prescribing	18,710	541		-	-	19,250	19,073	177	1%	underspend
Health Improvement & Inequalities	431	31		13	(13)	461	461	-	0%	breakeven
FHS	22,993	2,699		-	-	25,693	25,693	-	0%	breakeven
Resources	1,797	1,061	(140)	182	(182)	2,717	3,206	(489)	-18%	overspend
Hosted Services	5,536	70		-	-	5,606	5,295	311	6%	underspend
Resource Transfer	10,138	660	(10,798)	-	-	(0)	-	(0)	0%	overspend
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0%	breakeven
Set Aside	28,249	554		-	-	28,803	28,803	-	0%	breakeven
Other Delegated Services	574					574	574	-	0%	breakeven
COVID 19	-	6,158	(4,710)	-	-	1,448	2,639	(1,190)	0%	overspend
NET EXPENDITURE	153,476	12,291	(21,775)	366	(366)	143,993	143,973	20	0%	underspend

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

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with £000's	Drawdown From £000's	Reserves Budget £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	79,870	5,972		606		86,448	87,548	(1,101)	-1%	overspend
Property Costs	390	-		-		390	557	(167)	-43%	overspend
Supplies and Services	19,636	9,771	(21,954)	101		7,555	8,618	(1,063)	-14%	overspend
Third Party Payments	57,062	5,067		-		62,129	66,741	(4,612)	-7%	overspend
Purchase Of Healthcare	2,774	1,020		25		3,819	3,859	(40)	-1%	overspend
Transport	803	39		-		842	664	178	21%	underspend
Family Health Services	85,879	3,987		-		89,866	90,988	(1,123)	-1%	overspend
Support Services	71	-		-		71	59	12	17%	underspend
Transfer Payments (PTOB)	7,193	(3,824)		-		3,369	4,263	(894)	-27%	overspend
Resource Transfer	20,275	1,321	(21,596)	-		-	-	-	0%	breakeven
Set Aside	56,497	1,108		-		57,605	57,605	-	0%	breakeven
Gross Expenditure	330,450	24,461	(43,550)	732	-	312,093	320,902	(8,809)	-3%	overspend
Income	(29,157)	141			(732)	(29,748)	(38,423)	8,675	-29%	underspend
NET EXPENDITURE	301,293	24,602	(43,550)	732	(732)	282,345	282,479	(134)	0%	overspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with £000's	Drawdown From £000's	Reserves Budget £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Adults & Older People	68,436	(2,722)		127	(127)	65,714	64,191	1,523	2%	underspend
Mental Health	22,403	1,619		215	(215)	24,021	23,563	459	2%	underspend
Learning Disabilities	15,592	1,652		-	-	17,244	17,269	(25)	0%	overspend
Children's Services	5,840	505		-	-	6,345	6,003	342	5%	underspend
Prescribing	37,419	1,081		-	-	38,500	38,146	354	1%	underspend
Health Improvement & Inequalities	861	61		25	(25)	923	923	-	0%	breakeven
FHS	45,987	5,399		-	-	51,385	51,385	-	0%	breakeven
Resources	3,593	2,121	(281)	365	(365)	5,434	6,412	(978)	-18%	overspend
Hosted Services	11,071	140		-	-	11,211	10,589	622	6%	underspend
Resource Transfer	20,275	1,321	(21,596)	-	-	-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0%	breakeven
Set Aside	56,497	1,108	-	-	-	57,605	57,605	-	0%	breakeven
Other Delegated Services	1,066	-				1,066	1,066	-	0%	breakeven
COVID 19	-	12,316	(9,419)	-	-	2,897	5,328	(2,431)	-84%	overspend
NET EXPENDITURE	301,293	24,602	(43,550)	732	(732)	282,345	282,479	(134)	0%	overspend

Funded by:

Renfrewshire Council	73,325
NHS Greater Glasgow & Clyde	209,752
Drawdown of Earmarked Reserves	(732)
TOTAL	282,345

Appendix 2

Health Revenue Budget Position 1st April 2020 to 30th September 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	23,884	2,787	-	303	-	26,974	27,443	(469)	-2%	overspend
Property Costs	18	-	-	-	-	18	19	(1)	-7%	overspend
Supplies and Services	8,943	4,886	(10,977)	51	-	2,902	3,049	(146)	-5%	overspend
Purchase Of Healthcare	1,387	510	-	13	-	1,910	1,930	(20)	-1%	overspend
Family Health Services	42,939	1,993	-	-	-	44,933	45,494	(561)	-1%	overspend
Set Aside	28,249	554	-	-	-	28,803	28,803	-	0%	breakeven
Resource Transfer	10,138	660	(10,798)	-	-	(0)	-	-	-	
Gross Expenditure	115,558	11,391	(21,775)	366	-	105,540	106,737	(1,198)	-1%	overspend
Income	(1,696)	1,033	-	-	(366)	(1,030)	(1,030)	-	0%	breakeven
NET EXPENDITURE	113,862	12,423	(21,775)	366	(366)	104,510	105,708	(1,198)	-1%	overspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Addiction Services	239	- 25	-	-	-	214	228	(14)	-7%	overspend
Addiction Services - ADP	1,117	- 251	-	53	(53)	866	866	-	0%	breakeven
Adult Community Services	5,041	58	-	10	(10)	5,099	5,052	48	1%	underspend
Children's Services	2,920	253	-	-	-	3,173	3,002	171	5%	underspend
Learning Disabilities	587	23	-	-	-	610	555	55	9%	underspend
Mental Health	9,979	372	-	42	(42)	10,351	10,154	197	2%	underspend
Mental Health - Action 15	-	220	-	65	(65)	220	332	(112)	-51%	overspend
Hosted Services	5,536	70	-	-	-	5,606	5,295	311	6%	underspend
Prescribing	18,710	541	-	-	-	19,250	19,073	177	1%	underspend
Gms	11,935	865	-	-	-	12,800	12,800	-	0%	breakeven
FHS Other	11,058	1,834	-	-	-	12,893	12,893	-	0%	breakeven
Planning & Health Improvement	431	31	-	13	(13)	461	461	-	0%	breakeven
Primary Care Improvement Prog	-	802	-	132	(132)	802	1,339	(537)	-67%	overspend
Resources	1,797	259	(140)	51	(51)	1,915	1,867	49	3%	underspend
Set Aside	28,249	554	-	-	-	28,803	28,803	-	0%	breakeven
Resource Transfer	10,138	660	(10,798)	-	-	(0)	-	-	-	
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	-	
COVID 19	-	6,158	(4,710)	-	-	1,448	2,991	(1,542)	-106%	overspend
NET EXPENDITURE	113,862	12,423	(21,775)	366	(366)	104,510	105,708	(1,198)	-1%	overspend

**Health Budget Year End Position
1st April 2020 to 31st March 2021**

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	47,768	5,575		606		53,949	54,886	(938)	-2%	overspend
Property Costs	36					36	39	(3)	-7%	overspend
Supplies and Services	17,886	9,771	(21,954)	101		5,805	6,098	(293)	-5%	overspend
Purchase Of Healthcare	2,774	1,020		25		3,819	3,859	(40)	-1%	overspend
Family Health Services	85,879	3,987				89,866	90,988	(1,123)	-1%	overspend
Set Aside	56,497	1,108				57,605	57,605	-	0%	breakeven
Resource Transfer	20,275	1,321	(21,596)			-	-	-		
Gross Expenditure	231,115	22,782	(43,550)	732	-	211,079	213,475	(2,396)	-1%	overspend
Income	(3,392)	2,065			(732)	(2,059)	(2,059)	(0)	0%	overspend
NET EXPENDITURE	227,723	24,847	(43,550)	732	(732)	209,020	211,416	(2,396)	-1%	overspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Addiction Services	478	(50)				428	456	(28)	-7%	overspend
Addictions Services - ADP	2,233	(502)		106	(106)	1,731	1,731	-	0%	breakeven
Adult Community Services	10,083	116		21	(21)	10,199	10,103	96	1%	underspend
Children's Services	5,840	505				6,345	6,003	342	5%	underspend
Learning Disabilities	1,175	45				1,220	1,109	111	9%	underspend
Mental Health	19,958	744		85	(85)	20,702	20,309	393	2%	underspend
Mental Health - Action 15	-	441		130	(130)	441	664	(223)	-51%	overspend
Hosted Services	11,071	140				11,211	10,589	622	6%	underspend
Prescribing	37,419	1,081				38,500	38,146	354	1%	underspend
Gms	23,870	1,731				25,600	25,600	-	0%	breakeven
FHS Other	22,117	3,668				25,785	25,785	-	0%	breakeven
Planning & Health Improvement	861	61		25	(25)	923	923	-	0%	breakeven
Primary Care Improvement Prog	-	1,603		264	(264)	1,603	2,678	(1,075)	-67%	overspend
Resources	3,593	518	(281)	101	(101)	3,831	3,734	97	3%	underspend
Set Aside	56,497	1,108				57,605	57,605	-	0%	breakeven
Resource Transfer	20,275	1,321	(21,596)			-	-	-		
Social Care Fund	12,254		(12,254)			-	-	-		
COVID 19	-	12,316	(9,419)			2,897	5,982	(3,085)	-106%	overspend
NET EXPENDITURE	227,723	24,847	(43,550)	732	(732)	209,020	211,416	(2,396)	-1%	overspend

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2020 to 16th October 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Employee Costs	17,146	214	-		17,359	17,447	(88)	-0.5%	overspend
Property Costs	190	-	-		190	278	(88)	-46.5%	overspend
Supplies and Services	934	-	-		934	1,349	(415)	-44.4%	overspend
Third Party Payments	30,726	2,728	-		33,454	35,937	(2,483)	-7.4%	overspend
Transport	431	21	-		452	356	96	21.2%	underspend
Support Services	38	-	-		38	31	6	17.1%	underspend
Transfer Payments (PTOB)	3,362	(2,059)	-		1,303	1,784	(481)	-37.0%	overspend
Gross Expenditure	52,826	904	-	-	53,730	57,183	(3,453)	-6.4%	overspend
Income	(13,785)	(1,036)		-	(14,821)	(19,492)	4,671	-31.5%	underspend
NET EXPENDITURE	39,041	(132)	-	-	38,909	37,691	1,218	3.1%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Older People	26,280	(1,451)	-	-	24,829	23,846	983	4.0%	underspend
Physical or Sensory Difficulties	3,324	211	-	-	3,535	3,768	(233)	-6.6%	overspend
Learning Difficulties	7,763	865	-	-	8,628	8,702	(73)	-0.8%	overspend
Mental Health Needs	1,317	234	-	-	1,550	1,395	156	10.0%	underspend
Addiction Services	356	10	-	-	366	333	33	9.0%	underspend
COVID 19	-	-	-	-	-	352	352		underspend
NET EXPENDITURE	39,041	(132)	-	-	38,909	37,691	1,218	3.1%	underspend

Adult Social Care Revenue Budget Year End Position
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 £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Employee Costs	31,842	397			32,239	32,402	(163)	-0.5%	overspend
Property Costs	353				353	517	(164)	-46.5%	overspend
Supplies and Services	1,735				1,735	2,505	(770)	-44.4%	overspend
Third Party Payments	57,062	5,067			62,129	66,741	(4,612)	-7.4%	overspend
Transport	800	39			839	661	178	21.2%	underspend
Support Services	70				70	58	12	17.1%	underspend
Transfer Payments (PTOB)	6,243	(3,824)			2,419	3,313	(894)	-37.0%	overspend
Gross Expenditure	98,105	1,679	-	-	99,784	106,197	(6,413)	-6.4%	overspend
Income	(25,601)	(1,924)		-	(27,525)	(36,200)	8,675	-31.5%	underspend
NET EXPENDITURE	72,504	(245)	-	-	72,259	69,997	2,262	3.1%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Older People	48,806	(2,695)			46,111	44,285	1,826	4.0%	underspend
Physical or Sensory Difficulties	6,174	391			6,565	6,997	(432)	-6.6%	overspend
Learning Difficulties	14,417	1,607		-	16,024	16,160	(136)	-0.8%	overspend
Mental Health Needs	2,445	434			2,879	2,590	289	10.0%	underspend
Addiction Services	662	18			680	619	61	9.0%	underspend
COVID 19					-	(654)	654		underspend
NET EXPENDITURE	72,504	(245)	-	-	72,259	69,997	2,262	3.1%	underspend

Renfrewshire Council 'Other Delegated Services'
1st April 2020 to 16th October 2020

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	140	140	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	8	8	-	0%	breakeven
Transport	2	2	-	0%	breakeven
Support Services	1	1	-	0%	breakeven
Transfer Payments (PTOB)	512	512	-	0%	breakeven
Gross Expenditure	662	662	-	0%	breakeven
Income	(88)	(88)	-	0%	breakeven
NET EXPENDITURE	574	574	-	0%	breakeven

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	446	446	-	0%	breakeven
Women's Aid	128	128	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	574	574	-	0%	breakeven

1st April 2020 to 31st March 2021

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	260	260	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	15	15	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Support Services	1	1	-	0%	breakeven
Transfer Payments (PTOB)	950	950	-	0%	breakeven
Gross Expenditure	1,230	1,230	-	0%	breakeven
Income	(164)	(164)	-	0%	breakeven
NET EXPENDITURE	1,066	1,066	-	0%	breakeven

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	829	-	0%	breakeven
Women's Aid	237	237	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,066	1,066	-	0%	breakeven

2020/21 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2020/21 Renfrewshire HSCP Opening Budget:	72,504
<u>Reductions:</u>	
Transfer to ICT Budget for Care @ Home Scheduling and Monitoring Tool	-245
Adult Social Care Budget as reported @ 16th October 2020	72,259

2020/21 Health Financial Allocation to Renfrewshire HSCP	
	£k
2020-21 Renfrewshire HSCP Financial Allocation	172,169
Add: Set Aside	57,605
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-20,618
= base budget rolled over	196,903
Additions:	
Budget Uplift - 3.00%	3,752
Podiatry Staff Transfer from Acute	116
Family Health Services - Adjustment	2,558
EMIS Funding - Primary Care Screening	19
	6,445
Reductions:	
Transfer of PCIP Pharmacy Budget Delayed	-288
Transfer of Historical Pharmacy Budget Delayed	-654
	-942
Non-Recurring:	
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
	726
Budget allocated as per 2020-21 Financial Allocation 31st May 2020	203,132
Budget Adjustments posted in month 3	
Reductions:	
Adjustment to Resource Transfer	-978
Transfer of MH Liaison Service to Glasgow	-212
	-1,190
Non-Recurring:	
Scottish Living Wage Uplift	281
Transfer to Scottish Living Wage to Social Care	-281
HOSPICES - LOSS OF INCOME	693
	693
Budget allocated as per 2020-21 Financial Allocation 30th June 2020	202,634
Budget Adjustments posted in month 4	
Non-Recurring:	
SESP Funding 20-21	305
Podiatry Transfer	-2
	303
Budget allocated as per 2020-21 Financial Allocation 31st July 2020	202,937
Budget Adjustments posted in month 5	
Non-Recurring:	
Tranche 1 - Primary Care Improvement Funding	1,603
GMS COVID Funding	129
GMS Non Cash Limited Adjustment	2,081
	3,813
Budget allocated as per 2020-21 Financial Allocation 31st August 2020	206,750
Budget Adjustments posted in month 6	
Reductions:	
Transfer of GOS Contractor Payments to Central GMS	-385
Non-Recurring:	
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
	2,655
Budget allocated as per 2020-21 Financial Allocation 30th September 2020	209,020

Appendix 7

Scottish Government Funding Streams

Funding Description	2018/19				2019/20					2020/21					Total	
	Per Allocation Letter	Received 1 st /2 nd Tranche	Balance held by SG (Variance)	Transfer to Earmarked Reserves	Per Allocation Letter	Received @ 31st March	Balance held by SG (Variance)	Drawdown from Reserves	Transfer to Earmarked Reserves	Per Allocation Letter	Received @ 30/09/2020	Allocation held by SG (Variance)	Drawdown from Reserves	Transfer to Earmarked Reserves	Allocation still held by SG at 30/09/2020	Balance Earmarked Reserves as at 30/09/2020
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
PCIF	1.554	1.465	0.089	-0.792	1.861	0.931	0.930	0.792	-0.264	3.735	1.867*	1.868	0.264	0.000	2.887	0.000
Action 15	0.374	0.333	0.041	-0.306	0.575	0.097	0.478	0.306	-0.130	0.814	0.441	0.373	0.130	0.000	0.892	0.000
ADP	2.139	2.139	0.000	-0.321	2.229	2.229	0.000	0.066	-0.453	2.308	1.731	0.577	0.106	0.000	0.577	0.602
TOTAL	4.067	3.937	0.130	-1.419	4.665	3.257	1.408	1.164	-0.847	6.857	2.172	2.818	0.500	0.000	4.356	0.602

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

Allocation held by Scottish Government relating to previous years will be released at the discretion of the government and only if additional qualifying spend incurred.

Appendix 8

Movement in Reserves

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 2020/21 c.£000's	To be Drawn Down 2021/22	To be Drawn Down 2022/23	Ongoing
	£000's	£000's	£000's	£000's	£000's				
PCTF Monies Allocated for Tests of Change and GP Support	380	-85		295	-85	21	✓		
Primary Care Improvement Program (19/20)_(20/21)	264	-264		0	-264	264			
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	277	-37		239	-37		✓		
District Nurse Rolling Recruitment Programme	202			202	0				✓
Prescribing	1,000			1,000	0		✓	✓	
ADP Funding	708	-106		602	-106		✓		
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49			49	0		✓		
Tec Grant	20			20	0		✓		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080			1,080	0		✓		
Health Visiting	32			32	0		✓		
Mental Health Improvement Works	150			150	0		✓		
Mental Health Action 15 (19/20)_(20/21)	130	-130		0	-130	130			
Mental Health Strategy Interim Support Pending Completion of Psychology Review	115	-85		30	-85	45	✓		
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				✓
ICT Swift Update Costs	27			27	0		✓		
Information Communcation Funding - Care @ Home Scheduling System	882			882	0		✓	✓	
Training for Mental Health Officers in HSCP	288			288	0		✓	✓	
Mile End Refurbishment	89			89	0		✓		
LA Care Home Refurbishment	300			300	0		✓		
Eclipse Support Costs (2 Year)	156			156	0		✓	✓	
Care @ Home Refurbishment and Uniform Replacement	24			24	0		✓		
Renfrewshire Wide Prevention and Early Intervention Programme	100	-25		75	-25		✓	✓	
Henry Programme - Pre 5 Obesity Training	15			15	0		✓		
TOTAL EARMARKED RESERVES	8,116	-732	0	7,384	-732	460			

General Reserves	Opening Position 2019/20	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20	Movement in Reserves 2019/20
	£000's	£000's	£000's	£000's	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	1,401			1,401	0
TOTAL GENERAL RESERVES	1,401	0	0	1,401	0
OVERALL RESERVES POSITION	9,517	-732	0	8,785	-732

**HSCP Vacancy Position at 16 October 2020
Per Client Group**

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	4.82	88.94	93.76
Mental Health	41.16	5.71	46.87
Learning Disabilities	1.30	7.27	8.57
Children's Services	4.31		4.31
Health Improvement & Inequalities	1.00		1.00
Resources	1.80		1.80
Hosted Services	6.25		6.25
TOTAL	60.64	101.92	162.56

HSCP Vacancy Position at 16 October 2020
Per Job Description

Job Description	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	2.80		2.80
Adult Services Co-ordinator		5.00	5.00
Care Assistant		0.54	0.54
Care at Home Team Manager		2.00	2.00
Caretaker		0.19	0.19
Change & Improvement Officer		1.00	1.00
Community Alarm Responder		5.68	5.68
Community Alarm Responder (Night)		0.81	0.81
Community Meals Driver		3.69	3.69
Data Quality Assistant		2.00	2.00
Day Care Officer		2.10	2.10
Day Service Assistant		4.08	4.08
Depute Manager		1.00	1.00
Dietetics	0.40		0.40
Escort/ Attendant		0.57	0.57
Finance, Planning & Improvement Manager		1.00	1.00
Home Care Team Leader		2.84	2.84
Home Care Worker		42.07	42.07
Medical & Dental			-
Mental Health Support Worker		0.19	0.19
Nursing Staff - Trained	33.84		33.84
Nursing Staff - Untrained	7.99		7.99
Occupational Therapist	2.60		2.60
Occupational Therapist Assistant	0.50		0.50
Operations Manager		1.00	1.00
Physiotherapist - Assistant	0.50		0.50
Podiatrist	5.25		5.25
Practical Support Team Member		1.03	1.03
Psychology	5.60		5.60
Senior Day Care Officer		0.50	0.50
Senior Social Worker		1.00	1.00
Service Co-ordinator		1.00	1.00
Service Delivery Scheduler		3.05	3.05
Social Care Assistant		3.93	3.93
Social Care Assistant (Nights)		1.25	1.25
Social Care Worker		1.75	1.75
Social Care Worker (Nights)		1.38	1.38
Social Work Assistant		1.00	1.00
Social Worker		5.89	5.89
Speech & Language Therapist	0.66		0.66
Team Leader		2.00	2.00
Team Manager		2.38	2.38
Technical Instructor	0.5		0.50
TOTAL	60.64	101.92	162.56

Greater Glasgow and Clyde NHS Board

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Date:
Our Ref: JH

Enquiries to: James Hobson
Direct Line: 0141-201-4774
E-mail: James.Hobson@ggc.scot.nhs.uk

Dear David

2020/21 Financial Allocation to Renfrewshire Health and Social Care Partnership

Further to my letter in March I can now confirm the Board's allocation to the HSCP for 2020/21.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2020/21 is 3.0% totalling £68.9m.

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 6 February 2020 states that *"In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3.0% over 2019/20 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £25.6m based on the recurring budget at 31 March 2020 and the partnership's share of this allocation is included in **Appendix 1**.

Set Aside Budget

During 2019/20 work has continued to identify the actual budgets and costs of unscheduled care services and these have been used as the basis for the set aside allocation for 2020/21. This is based on the final out-turn for 2019/20 uplifted by 3.0%. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2020/21:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Hobson', with a long horizontal flourish extending to the right.

James Hobson

Assistant Director of Finance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2020/21

Spend Categories	Renfrewshire Hscp
	£000s
Family Health Services *	49,453
Fhs Income*	(2,495)
Family Health Services Budget (Net)	46,958
Prescribing & Drugs	37,492
Non Pay Supplies	5,574
Pay	47,769
Other Non Pay & Savings	35,304
Other Income	(897)
Budget - HCH incl Prescribing	125,241
Total Rollover budget - NET	172,199
Adjustments:	
Non Recurring bud allocated to base	(174)
Realignment of Specialist Children's Services	
Budget Eligible for HCH & Prescribing uplift	125,067
<u>Uplifts</u>	
Scottish Government allocation	3,752
Revised Budget	175,951
<u>Set Aside Budget</u>	
Out-turn for 2019/20	56,497
Uplift at 3%	1,695
Allocation for 2020/21	58,192



To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Officer

Heading: Recovery and Renewal Planning Update

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

1. Summary

- 1.1. This report provides an update to the IJB on the HSCP's Recovery and Renewal Programme being implemented alongside the ongoing response to the COVID-19, and related impacts of the pandemic on the IJB's financial planning processes.
- 1.2. An update is provided on Strand 1 activity within the Recovery and Renewal programme, which is focused on the development of a community-led approach to improving health and wellbeing, continues to progress. An application process for funding to support projects which deliver on the health and wellbeing priorities agreed by the Strategic Planning Group has been launched. An evaluation panel is in place and assessment of proposals submitted will take place in December 2020.
- 1.3. Increased levels of infection locally have necessitated the prioritisation of the HSCP's continued response to the pandemic, alongside recovery activity where possible. An update to the IJB on the HSCP's operational response to COVID-19 and ongoing recovery activity, is provided in a separate paper to the IJB. In this context, while the HSCP continues to progress existing change activity (including Care at Home which is included as an update in this paper) and contractual commitments, available resources within services and Change and Improvement are currently very stretched and this is impacting our ability to deliver the Strand 2 programme as envisaged earlier in the summer. Consequently, the development of additional renewal activity will only be able to be taken forward on a prioritised basis and the HSCP will continue to flex its approach to medium-term transformation in line with operational priorities and available resources.
- 1.4. This report also provides an update of the impact of COVID-19 on the IJB's agreed Medium-Term Financial Plan approach, which set out a two-tiered process for delivering savings in FY 2020/21 prior to a strategic approach to

transformation contributing to financial sustainability from FY 2021/22 onwards. COVID-19 has significantly impacted upon the HSCP's ability to implement savings agreed by the IJB in January 2021 and has delayed opportunities to commence wider transformational activity, an impact which will continue over the winter period and into the next financial year. The HSCP therefore proposes the extension of the two-tiered approach into FY 2021/22 to include the identification of targeted savings opportunities and to recognise the continued need to prioritise COVID-19 response and recovery prior to entering a renewal phase.

2. Recommendations

It is recommended that the IJB:

- Note the progress made in implementing the Strand 1 community-led approach to improving health and wellbeing in Renfrewshire with partners in the Strategic Planning Group;
- Note the complex context influencing the HSCP's scoping and progression of Strand 2 renewal activity and the need to maintain flexibility in approach to transformation to enable the ongoing delivery of the HSCP's operational priorities;
- Note the contents of the Journey Associates final report delivered as part of the engagement phase of the Older People's review;
- Note the progress made in taking forward change activity with Care at Home; and
- Agree to the extension of the Medium-Term Financial Plan's two-tiered approach into FY 2021/22 and the process set out for developing savings options for the next financial year.

3. Background

- 3.1. The current level of restrictions in place across Renfrewshire, and Scotland more generally, are described in further detail in the operational update paper also provided to this IJB. These restrictions, and the second wave of increased infection levels which they are designed to combat, further underlines that progress through the COVID-19 pandemic is not linear and that health and care services will not move smoothly through response, recovery and renewal activity.
- 3.2. The pandemic has required the HSCP to continuously re-evaluate and reprofile the delivery of in-year savings and both the nature and phasing of change activity. As the second wave of infections has grown, the HSCP will continue to focus on its response to COVID-19 alongside recovery activity where this remains possible.
- 3.3. Plans for medium term transformation through the 'renewal' programme will continue to be scoped however the degree to which these can be progressed will be determined by a range of factors including (i) the ongoing response to

COVID-19; (ii) ongoing service delivery priorities including flu vaccinations and winter service provision; (iii) the recommendations of the national review of adult social care; and (iv) the availability of resources within operational services and Change and Improvement to deliver complex change requirements.

4. **Recovery and Renewal programme update**

Strand 1: Community-led approach to improving health and wellbeing

- 4.1. Following the last update to the IJB on Strand 1 activity in August 2020, the Strategic Planning Group has continued to progress work focused on determining health and wellbeing priorities which will form the basis of work over the next 12 months, and the supporting processes which will enable this activity. An agreed Terms of Reference is now in place to guide this work.
- 4.2. Subgroups, led by SPG members and including participating organisations beyond the Strategic Group, were formed to identify up to three areas of focus within each of the agreed health and wellbeing priority areas. The areas agreed are:

Priority	Areas of focus
Loneliness and social isolation	<ul style="list-style-type: none"> • Developing Neighbourhood approaches to tackling loneliness: supporting local solutions with local people • Supporting people transitioning at different life stages and experiencing increased risk of loneliness and isolation • Reaching and engaging with people fearing future loneliness, loss of purpose and fragile connectedness because of societal change
Lower-level mental health and wellbeing	<ul style="list-style-type: none"> • Awareness of and access to information and services • Communication barriers • Availability of counselling support
Housing as a health issue	<ul style="list-style-type: none"> • Preventing homelessness: Supporting people to remain in their home who have become homeless or who are susceptible to homelessness or who may need support from time to time to sustain their tenancy and maintain their health • Supporting older people and vulnerable groups to live independently and without the need for expensive specialist care • COVID-19 and specific support services who are affected by the pandemic
Inequalities	<ul style="list-style-type: none"> • Support to access health information and services • Specific action targeted at BAME communities given COVID-19 impact • Tackling digital inequality and barriers to support inclusion COVID-19 times
Early years and vulnerable families	<ul style="list-style-type: none"> • Easy to ignore families – face to face contact and food and essentials • Informal play and learning face to face for young children • Digital access and knowledge for families

Healthy and active living	<ul style="list-style-type: none"> • Inactivity: Reduced inactivity amongst those residents who are at risk as a result of COVID-19 by providing more accessible community projects • Community resilience: Increased knowledge, awareness and training about healthy eating, healthy and active lifestyles through the provision of local volunteering opportunities, training, support and resources which build community resilience • Free local sustainable activities: Improved access to free, fun, and sustainable activities / challenges which engage and motivate people to live healthy and active lives
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4.3. The HSCP has identified a pot of funding which will be allocated to support delivery of community-led projects which aim to deliver upon the above priorities. In total, £250k non-recurring funding is available through this process. A further £70k has been allocated for the acceleration of the 'Hear for You' helpline delivered by RAMH, and additional Action 15 funding was also identified to support priority areas within Adult Mental Health Support. Action 15 funding is subject to strict criteria and proposals are currently under consideration by the Mental Health and Wellbeing Steering Group.

4.4. A competitive application process for project proposals was launched on 23 October 2020. Proposals must be submitted by 25 November 2020 and will subsequently be assessed by an evaluation panel consisting of senior representation from the IJB, Renfrewshire Council and NHS GGC. Comprehensive guidance was issued to support the development of funding proposals, setting out the following criteria which applications must meet to be successful: (i) collaborative and inclusive; (ii) community-led; (iii) co-produced; (iv) evidence-based; (v) sustainable; (vi) scalable; and (vii) innovative and future-proofed.

4.5. As this is the first year in which such a process has been adopted, and awards are relatively small and non-recurring, applications are limited to SPG member organisations or groups involved in the priority subgroups only. This will enable a clear focus on the priorities identified by the SPG, to evaluate their impact, and to build on successes whilst ensuring the process remains manageable. Developing and broadening partnerships locally remains a key objective of SPG members. A further update on progress will be brought the IJB in January 2020.

Strand 2: Internally focused renewal activity

4.6. The HSCP continues to progress existing change activity alongside the ongoing response to and recovery from COVID-19. This includes progression of (i) the recommendations of the Addictions Review including implementation of a Recovery Hub; (ii) the Learning Disabilities review recommendations; (iii) continued development of the Older People's Services Review Programme; and (iv) implementation of the ECLIPSE case management system within Adults and Criminal Justice services following go-live of the system within Children's Services within Renfrewshire Council. Work also continues across the NHS GGC board area to transform Mental Health services in line with the NHS GGC Adult Mental Health Strategy 2018-2023.

- 4.7. This change activity is being delivered concurrently alongside the HSCP's response to COVID-19, which includes the ongoing provision of the Renfrewshire COVID Assessment Centre, provision of PPE and enhanced support for Care Homes. In addition, significant work continues to be undertaken to deliver this year's increased flu vaccination programme and to prepare health and care services for winter. There is consequently substantial existing demand on constrained resources within both operational services and in Change and Improvement support, which limits the HSCP's ability to progress renewal activity in the short-term.
- 4.8. Uncertainty also remains over the overall financial impact of COVID-19 on the HSCP, and the extent of additional funding which will be received from the Scottish Government to address these additional costs. The national review of adult social care may also identify recommendations which have a significant structural or operational impact on the IJB and HSCP. A National Care Service will be considered as a potential option for the future of adult social care.
- 4.9. The HSCP will therefore continue to maintain flexibility in the ongoing approach to recovery and renewal activity and in associated timescales, reflecting the fluid and changeable COVID-19 situation and ongoing and emerging operational priorities.

5. Strand 2 Older People's Services Review

Journey Associates Report

- 5.1. An update was provided to the IJB in October 2020, describing the work undertaken to progress the Older People's Services Review, building on progress made prior to the COVID-19 pandemic. This included the process of engagement undertaken by Journey Associates, work on which has been now been completed and a final report provided to the HSCP (work on which had been delayed due to the COVID-19 response). The final report is provided as an appendix to this paper.

Update on Care at Home

- 5.2. This paper also provides a further update on work which has continued to modernise Care at Home services following a pause during the crisis response to COVID-19.
- 5.3. Care at Home services have undertaken a series of development sessions to identify and implement improvements to support the service in managing challenges around increasing demand, recruitment, and retention, whilst also addressing requirements and recommendations from the Care Inspectorate report of October 2019, with an update of this provided to the Audit, Risk and Scrutiny Committee on 13th November 2020.
- 5.4. This work will create a vision for care at home services, a set of operating principles and a delivery model to underpin a strengthened operational structure. It will also be underpinned by an engagement and communications strategy for the service, incorporating involvement of both staff and trade unions, whilst providing awareness of the work underway.

- 5.5. In August 2020, a four-phase design roadmap was agreed by the development group, with these phases expected to take around 18 months to be fully realised. The phases included are:
- Phase 1: exploring current challenges, needs, aims and objectives for a future service model
 - Phase 2: focus on the current capabilities and issues whilst identifying opportunities for improvement and associated benefits
 - Phase 3: design and sign-off of the future service model, including the supporting implementation activity
 - Phase 4: the service model is fully implemented and is monitored and tracked against the agreed objectives and benefits to be delivered
- 5.6. It is anticipated that phase 1 will take between 4 to 6 months, however, it should be noted that within these timelines, fast-track opportunities may be identified which will be able to deliver improvements and benefit at a quicker pace.
- 5.7. Within Phase 1, a Vision and Structure workstream has been created, through which stakeholders will develop a vision for the service, and develop a revised service model and supporting structure which allows the service and our Care at Home teams to proactively work towards delivering the agreed vision. This workstream has made early progress and has sought to deliver on several fast track improvement opportunities.
- 5.8. For example, the workstream has introduced a new fast-tracked recruitment process for Home Care workers. Further to this, and in order to support the management and ongoing improvement work across Care at Home services, three senior management roles have also been developed and are currently being recruited to, with the objective of strengthening the management structure across the service.
- 5.9. The implementation of a scheduling and monitoring system, Totalmobile, continues with this nearing implementation stage and expected to commence over the coming months. Totalmobile is an electronic system which will provide functionality to support enhanced delivery of care at home services. Accessed by frontline staff through an application on their work mobile device, Totalmobile aims to empower the workforce with the ability to access information needed to deliver services efficiently. Providing a centralised way to determine the most efficient and effective use of resources, the system will provide staff with their scheduled care visits electronically and also gather a range of data to inform the management and operations of the service. The system aims to reduce risks associated to paper-based processes currently adopted by the service, whilst ensuring care services are provided in the most effective way.
- 5.10. Implementation of Totalmobile is a significant project, both in terms of scale and in terms of the transformational nature of change required, with it being a key enabler to future phases of Care at Home design work. Work is ongoing

to ensure dedicated operational and management resources are in place to support and ensure project success.

- 5.11. There are a number of change initiatives planned in both current and future phases of the design roadmap. These plans are subject to COVID pandemic progression and any subsequent impact this may have on Care at Home services, and the associated level of resource available to deliver change initiatives.

6. Financial planning for FY 2021/22 and alignment with Recovery and Renewal activity

- 6.1. The IJB agreed its Medium-Term Financial Plan (MTFP) in November 2019. This plan set out the IJB's two-tiered model for delivering financial sustainability by addressing short-term financial pressures, through 'Tier 1' savings in FY 2020/21, whilst embedding a strategic approach to transformation, 'Tier 2' from FY 2021/22 onwards.

- 6.2. A detailed update on the IJB's financial for 2021/22 is provided in a separate paper to this board. The COVID-19 pandemic has impacted upon this process significantly. Implementation of a number of FY 20/21 savings proposals agreed by the IJB in January 2020 was paused at the outset of the pandemic, and £1.178m of unachieved savings is incorporated within the HSCP's overall assessment of the projected financial impact of COVID. More widely, the scoping of the transformational activity also paused in March 2020. Consequently, service transformation is not expected to deliver savings within FY 2021/22.

- 6.3. The HSCP is therefore requesting an extension to the two-tiered approach into the next financial year, and Heads of Service are now developing options to deliver:

- Targeted or opportunistic financial savings within FY 2021/22.
- Options for service and organisational transformation which will be delivered in the medium-term and which will form the scope of Strand 2 'renewal' activity (alongside existing change activity) when resources and circumstances allow for this to be progressed.

- 6.4. The above options will need to be assumption-based due to the significant degree of uncertainty which exists within health and social care at this time. These include, but are not limited to:

- The unknown timescales of the pandemic, and the number of additional future waves of infection to emerge.
- The full impact of COVID-19 on our local communities including on employment, inequalities and mental health and wellbeing.
- The associated financial impact of COVID-19, and the degree of additional funding which will be provided by the Scottish Government to cover costs incurred. However, as noted in paragraph 4.2 of the Financial Outlook the Scottish Government provided in principle confirmation in March 2020 that all reasonable additional associated

with the crisis will be fully funded. The IJB also sought more specific follow up confirmation on this commitment in July 2020.

- The overall fiscal framework within which services and the public sector will need to work in the next financial year. The UK Government has confirmed that on 25th November 2020 a one-year spending announcement will be made and not as previously planned a 3-year spending review. Decisions relating to Tax and Borrowing will be considered in March 2021 along with consideration of the economic forecast. As a consequence, the Scottish Government budget will be pushed back into 2021/22, most likely early February 2021. A subsequent date for the Scottish Government's budget for FY 2021/22 is yet to be announced.
- The recommendations to emerge from the national review of Adult Social Care, and the structural and financial implications of this.

6.5. Based on the above context, it is prudent that financial planning progresses on the basis of a range of funding scenarios from our partner organisations, as outlined in paragraph 9.10 of the Financial Outlook for 2021/22, ranging from a reduction of 1% to an increase of 2%. Consequently, savings options which do not align with the guiding principles for transformation previously agreed by the IJB will require consideration. Therefore, prior to the next IJB meeting on 29 January 2021, the HSCP proposes that this activity is underpinned by further engagement with the IJB through Development Sessions in December and January and is supported by additional engagement between IJB members and Heads of Service to discuss emerging savings proposals in further detail.

6.6. Should it not be possible to identify and agree necessary savings with the IJB which deliver a balanced budget in FY 2021/22 the Chief Officer, working with the Chief Finance Officer and the Senior Management Team, will require to effect the necessary management action to implement a financial recovery plan with immediate effect to manage the budget shortfall. These programme actions would include:

- The Chief Officer requiring all discretionary spend decisions by him/her in partnership with the relevant Head of Service;
- Suspension, where necessary, of ongoing development initiatives;
- Holding, on a temporary basis, any 'non frontline' service vacancies. In doing so, only appointing to those posts which the Chief Officer considers to be a service priority. These decisions would be taken on an individual and fully risk assessed basis; and
- Review of all non-recurring monies and other budgets to determine where these can be used in-year to fund the budget shortfall.

6.7. Notwithstanding the above, the HSCP continues to work with partners within NHS GGC and Renfrewshire Council to understand the developing budget position for FY 2020/21, and to determine a balanced budget for FY 2021/22.

This will align with the ongoing consideration of targeted savings options as outlined above.

- 6.8. The options for transformational change identified by the Senior Management Team will be considered alongside existing change activity to determine the scope and phasing of renewal activity undertaken by the HSCP, and a process of prioritisation will be undertaken to ensure that the agreed scope will (i) deliver on the HSCP's guiding principles; (ii) the expected benefits of implementation (cost-benefit); and (iii) capacity and capability of the HSCP to deliver the required changes when taking into account wider demands on resources.

Implications of the Report

1. **Financial** – Financial implications are discussed above in this report. Further details are also provided in the Financial Outlook 2021/22 paper.
2. **HR & Organisational Development** – There are no immediate HR & OD implications from this report. However, as recovery and renewal planning progresses HR & OD implications will be identified and managers will liaise closely with staff-side and HR colleagues as appropriate.
3. **Community Planning** – Recovery and renewal planning, and in particular activity under Strand 1 of the programme, will involve consideration of the role of communities and community planning partners in future service delivery. Community planning governance and processes will be followed throughout.
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of recovery and renewal activity.
5. **Property/Assets** – No immediate implications however ongoing COVID guidelines around physical distancing, proposals for future service delivery models and the increased adoption of technology will impact upon the nature of property and assets used to deliver services.
6. **Information Technology** – Future proposals will require consideration of how technology can be most effectively adopted and utilised to support new ways of working.
7. **Equality and Human Rights** – There are no Equality and Human Rights impacts from this report. However, future proposals will be assessed in relation to their impact on equalities and human rights.
8. **Health & Safety** – None from this report.
9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Risks and issues arising during the COVID response are tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

List of Background Papers – Journey Associates, Renfrewshire HSCP Older People's Services Review Engagement Final Report

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Renfrewshire Older People's Services Review

Project Report — August 2020



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Addendum

This report relates to the Older People's Services Review Phase 2 (the Project). It presents the aims, process, and outputs for community-based services in Renfrewshire that form part of the RHSCP Older People's Services Review.

The Project involved stakeholder engagement and co-creation activities with over 200 participants between September 2019 and February 2020. All engagement work was, therefore, completed in advance of the Covid-19 crisis. The outputs presented reflect participants' contributions before the pandemic took hold. However, Covid-19 has provided an additional lens through which to view the outputs and suggestions. Some key themes have been amplified, such as addressing loneliness and social isolation. Others need to be reconsidered within a significantly changed context, such as the use of digital technology and enabling remote connections, and the experience of the pandemic has highlighted important learning to build on and take forward in shaping future community-based services, such as opportunities for volunteering.

Themes amplified in response to Covid-19:

- The prevention of **loneliness and social isolation** was a recurring theme across the Project and is mentioned in the Action Areas. Significant life changes, such as losing contact with friends and family and bereavement, are recognised triggers that can affect mental health and lead to loneliness and isolation, which may now be more prevalent in the wake of the pandemic. As a result, community-based services will have a vital role in supporting social connections post-Covid-19.
- RHSCP has experienced a new wave of **volunteering** through the setting up of Neighbourhood Hubs, a collaboration between RHSCP, Renfrewshire Council, and third sector partners to assist citizens with shopping and to support wellbeing through, for example, befriending phone calls. The success of volunteering programmes provides a strong basis for extending opportunities, including micro-volunteering, post-Covid-19.

Addendum

Themes to review in response to Covid-19:

- A clear message from participants related to **connecting with a human**, whether face-to-face or speaking to someone on the telephone. Covid-19 has encouraged many people to use technology more regularly and in new ways, such as for shopping online and keeping connected with friends and family. A change in attitude towards technology, and direct experience of keeping connected remotely, requires deeper exploration to identify new opportunities for digital solutions to complement those delivered in person.
- The need for a **centralised hub** providing access to the range of community-based services available was consistently mentioned by Project participants. The Neighbourhood Hubs were set up to provide a limited range of priority services in direct response to Covid-19. The success of the hubs will provide valuable learning to inform the potential for centralised services in the future. They have also highlighted the opportunity to explore provision of services that are not building-based as well as the new use of existing buildings.

Opportunities to build on new knowledge and learning

- The **Neighbourhood Hubs** have provided important insights and learning on centralising access to services. Engaging the local community through volunteering has resulted in new ways of working for staff. Many of the hub users have had no prior contact with RHSCP and so a wider community base has been reached, including those who would previously have been considered 'hard to reach'. The success of the service prompts questions: What might the opportunity be for Neighbourhood Hubs (or a form of them) in the delivery of community-based services? Where could they be based? What services might they provide? What role might technology play in the provision of future services? How to keep volunteers engaged?

The core messages in each of the Action Areas that will help inform future community-based services for older people remain valid and relevant despite Covid-19. Indeed, as mentioned above, some themes now seem even more important, and acting on others has been brought forward. This will provide valuable lessons to inform the next phase of the Review.

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The Older People's Services Review Phase 2 (the Project) was an ambitious programme of engagement to involve older people in the shaping of community-based services in Renfrewshire. The Project explored opportunities for enhancing future services in line with the wider strategic ambition of RHSCP's emerging Transformation Programme as reported in March 2020. This has community connectedness at its foundation and is underpinned by four guiding principles: shared responsibility and ownership with our communities; taking a person-led approach to public health and wellbeing; providing realistic care; and delivering the right services at the right time and in the right place.

Building on the outputs of Phase 1, the aim of the Project was to identify themes, insights and opportunities to improve, remodel and transform community-based services that meet the needs of older people. This was achieved through a tailored programme of person-centred engagement using a Design Thinking approach.

The Project culminated in the Define stage, providing clarity on the topics (Action Areas) that participants considered important for shaping community-based services to meet the needs of older citizens. This process is consistent with the Scottish Government's approach to service design, helping to ensure that the right topics are identified before moving towards generating ideas for future services.



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During a five-month period of activity, the project delivered 10 interviews, 12 workshops, a public event and a feedback session. It engaged with over 200 people with wide-ranging knowledge and experience of the delivery of community-based services for older people. These included those with lived experience, such as older people and carers, staff in health and social care roles, third sector representatives and wider community members.



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The Project delivered the following outputs:

Nine Action Areas: clearly defined topics that are user-focused and co-created with key stakeholders reflecting their needs and preferred outcomes. They are:

- 1.1 Caring for Carers
- 1.2 Accessing HSCP Services
- 1.3 HSCP Processes
- 2.1 Supporting a Culture of Volunteering
- 2.2 Re-imagining GP Surgeries and Services
- 3.1 Enhancing Community Connections
- 3.2 Making Information Accessible
- 4.1 Caring for Our Community
- 4.2 Engaging Community Businesses and Connectors.

Four Cross-cutting Themes: Partnership Working; Place; Information and Communication; and Enablers (e.g. transport and technology).

These are important considerations and should be addressed in the design solutions responding to each Action Area. These Cross-cutting Themes align with the Enablers identified in the Transformation Programme.

Six Personas derived from user research, representing a wide range of service users with different and multiple needs to ensure future services are relevant and desirable.

Service Project Principles to aid decision-making in the design of older people's services and ensure consistency of approach in line with the needs and desired outcomes of service users.

Project Packs providing collated information on each Action Area and the personas generated in the Co-design Workshops to support idea generation in the next phase of the Project, drawing on the rich and diverse ideas proposed by participants.

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Values and a Manifesto for Partnership Working co-created by members of the Reference Group and Steering Group to underpin true partnership working in the design and delivery of new and enhanced community-based services.

The 12 Output Statements presented below summarise the key messages from the outputs above and the wider insights gained through the Project. They are presented as considerations to support idea generation in the next phase of the project. These include:

The Co-design Process:

- **Build on the Knowledge Shared:** *The extensive knowledge and experience shared between stakeholders in the creation of the Action Areas should inform future engagement and the development of person-led, community-based solutions.*
- **Continue to Engage the Wider Community:** *Maintain regular contact with participants, updating them on*

- *progress and involving them in the subsequent phases of developing services.*
- **Finalise the Service Project Principles:** *Review and finalise the Principles to guide decision-making during idea generation in the Development phase.*



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Amplified Themes:

- **Mitigate Against Social Isolation and Loneliness:** *Ensure community-based services are designed to enable access and connection, to reduce the chances of loneliness and social isolation.*
- **Prioritising Dementia-friendly Communities:** *Given the projected increase in the numbers of people living with dementia, it is imperative that community-based services are dementia-friendly, helping make them accessible to everyone.*
- **Community Hub - Connect Existing Services:** *Build on existing community assets and explore how available services can be centralised and accessed more easily, in parallel with developing new services.*

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- **Keep the Human Connection:** *Explore how future services can be designed to be personal, human-centred and accessed in different ways. Ensure no one is excluded.*

Preparing for the Next Phase:

- **Review the Reference Group:** *A Reference Group with the appropriate composition of members should remain operational beyond Phase 2 and have an active role in shaping the design and delivery of new/enhanced services.*
- **Reference the Personas:** *Embed personas within the idea generation activities in the Development phase to guide decision-making. They may be expanded to include other characteristics.*
- **Review Title and Identity:** *Agree a name and identity for the Project to raise its profile and generate interest.*

During the Project activities, it was apparent that further research was required to fully engage day-care centres and those citizens who have had no contact with services in the community. Both groups could have an important role in the future of community-based services and should be included in future activities. In addition, further exploration is required on the provision of appropriate and flexible transport options that enable citizens to remain connected and that support individual choice and independence.

The Report concludes with a series of activities to prepare for the Development Phase, where potential solutions to the Action Areas are explored. These suggestions are provided to support RHSCP in applying and building on the outputs of Phase 2, as appropriate. Among other things it could involve auditing and prioritising the Action Areas for those that align

Executive Summary

with RHSCP strategic objectives and finalising the Project Service Principles. It could also include assembling Working Groups through careful selection of a cross-section of stakeholders. They will be responsible for driving the development phase for specific themes using the Project Packs created for each Action Area.

The engagement activities were concentrated in the Johnstone area to provide a local context and focus for activity and to build momentum with the local community.

Johnstone was selected as the population is broadly representative of the region and it is anticipated that the Action Areas and insights will broadly parallel the communities elsewhere. This means solutions generated in the Development Phase can be tested with and adapted to suit the needs of older citizens in other parts of Renfrewshire.



1. Project Overview

1.1 Project Overview / Introduction

The Older People Services Review Phase 2 (the Project) explored the opportunities for enhancing community-based services for older people in Renfrewshire, ensuring they are fit for purpose, relevant to changing needs and demands and support people to live well independently, in line with the Strategic Plan 2019-22 for Renfrewshire Health and Social Care Partnership (RHSCP).

In line with the emerging Transformation Programme to remodel and redesign RHSCP services, the Project connected with community-based services as a mechanism to support health and wellbeing by engaging and connecting citizens. In particular, the Project aligns with the outward-facing strategic objectives, with a focus on prevention and early intervention. It also focuses on working with the community, and nurturing shared responsibility and ownership for health and wellbeing. It connects with aspects of the Scottish Government's *A Fairer Scotland for Older People: framework for action (2019)* to celebrate older people and their role in the community, and to challenge inequalities, ensuring



citizens have access to the services they need to be “happy, healthy and secure in old age”¹. The Project initiated meaningful engagement with the wider community, including citizens, and delivery and support agencies. Consistent with the internally-focused objectives of the Transformation Programme relating to organisational change, it is anticipated new ways of working will result that will require a cultural change to enable partnership working, and that the outputs will inform future strategic commissioning.

1.2 Project Overview / Aim & Objectives

The Project sought to identify themes, insights and opportunities to improve, remodel and transform community-based services for older people in Renfrewshire, through a person-led, inclusive and tailored programme of engagement.

Phase 2 builds on the findings of Phase 1, which involved multi-stakeholder engagement with 40 participants over five workshops and identified six themes important for older people's community-based services: Place, Health and Wellbeing; Early Intervention and Prevention; Partnership Working, Information and Communication; Range of Services and Supports; People and Community; and Enablers. The Project tested and extended these initial findings to find areas of opportunity so RHSCP and partners could focus collaborative efforts to meet the needs of citizens from a community-based perspective. A partnership approach involved the direct participation of service users, carers, and the wider community, as well as third-sector and other organisations representing the diverse ecosystem of support and delivery of older people's community-based services.

The Older People's Services Review aims to maximise collective resources. By embedding a collaborative approach from the outset, the Project actively sought opportunities to increase community capacity. This approach is consistent with the priorities from the Christie Commission on the future delivery of public services (2011): "Effective services must be designed with and for people and communities – not delivered 'top down' for administrative convenience."

The outputs include a series of clearly defined Action Areas – topics that represent opportunities for RHSCP and partners to enhance older people's services delivered with and for the community. The Action Areas have been co-created through a process of continual engagement of key stakeholders, reflecting service-user needs and preferred outcomes, and drawing on the depth of knowledge and expertise of staff and participants across the sector. The Action Areas present a robust platform for RHSCP and partners to explore and co-create appropriate, person-led solutions to community-based services.

1.3 Project Overview / Drivers for Change

Driving factors that underpinned the review of community-based older people's services align with RHSCP strategic objectives and , in particular, two of the guiding principles of the Transformation Review. These are presented below.

Shared Responsibility and Ownership with our Communities:

- Help older people remain independent and minimise over-reliance on services
- Understand how best to support changes in people's behaviour to encourage active lifestyles and help people maintain physical and social mobility, reducing the risk of loneliness and social isolation
- Put in place activities to minimise the risk of loneliness and social isolation that can be detrimental to physical and mental wellbeing

Person-led Approach to Public Health and Wellbeing:

- Build on existing strengths and adopt a people-centred approach to services
- Ensure that older people have choice in the services available to them and control to spend their budget as they choose

Early Intervention and Prevention:

- Address the anticipated increase in the need for dementia-specific services
- Mitigate against loneliness and social isolation by supporting community connections
- Intervene early to improve outcomes, reduce frailty and vulnerability and help avoid unnecessary harm
- Sustain and grow the successful falls prevention initiatives in Renfrewshire, consistent with the Scottish Government's *National falls and fracture prevention strategy 2019-2024*.

1.3 Project Overview / Drivers for Change (cont.)

New Models of Delivery:

- Given the financial pressures and increasing demand for services, it is necessary to be smart with resources. This will mean doing things differently, finding new ways of providing services to help older people live well in the community.

These drivers connect with the Scottish Government's support for positive engagement with older people in the design of services, to challenge assumptions, collaborate in new ways, and "recognise and value the wisdom, knowledge and experience of older generations." (*A Fairer Scotland for Older People: A Framework for Action, 2019*).

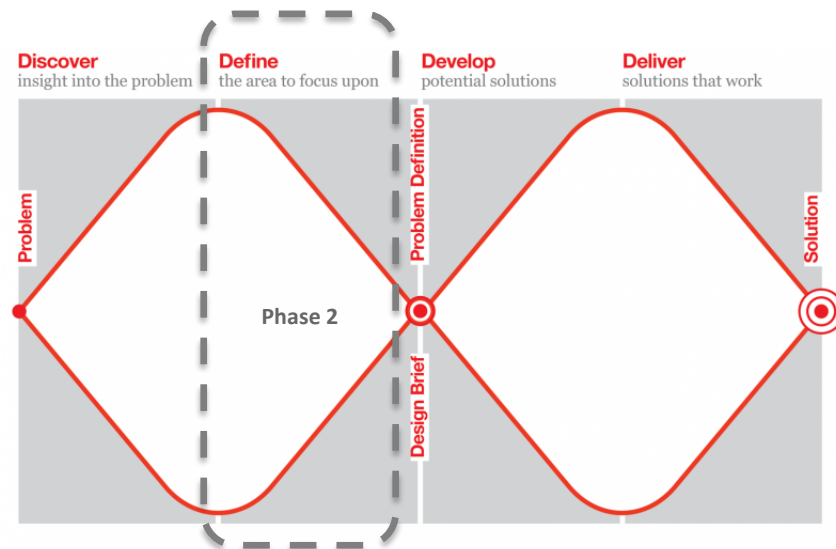
2. Design Thinking Approach

2. Design Thinking Approach / Overview

A Design Thinking approach, using the Double Diamond model (shown opposite), was taken to support inclusive participation and to enable participants to define together potential opportunities for action to enhance community-based older people's services. This holistic approach involved the direct engagement of diverse stakeholders: older adults, carers, RHSCP staff, third-sector organisations, and other community members.

Three principles guided the Design Thinking process: being **people-centred**, having a structured **process** for co-creation, and **preliminary testing** through continual cycles of sharing, testing and refining outputs during the process.

The Project focused on the Define stage and progressed and extended the findings from Phase 1 (Discover stage). This deeper exploration of the initial findings combined with the testing of outputs at each stage of engagement in Phase 2 ensured that the resulting Action Areas (see 9.3 below) provided robust and clearly articulated areas for action to enhance older people's services in the



Source: UK Design Council

future. This approach aligns with the Scottish Government's design approach which advocates knowing the problem before exploring solutions – ensuring you are designing the right thing.

2. Design Thinking Approach / Overview

The benefits of a Design Thinking approach include that it is:

- **User-focused**
Nurtures empathy and understanding of user needs and perspectives and challenges assumptions
- **Participatory**
Facilitates multi-stakeholder engagement, ensuring wide and varied perspectives and experiences of services are embraced
- **Inclusive**
Provides the support necessary to ensure that anyone can participate and that everyone has an equal voice
- **Co-creative**
Values the contributions of people who use services as well as those with professional knowledge and experience
- **Motivating and empowering**
Ensures that participants feel consulted and have an active role in shaping the future of their services.

I've enjoyed meeting people who use services, which has put life stories into reality and I understand the issues faced by others

I appreciate the opportunity to discuss ideas and possible changes...

There was such positive encouragement. No such thing as a bad idea...

Hopefully the future is bright for care services

There are many positive and good ideas that would help everyone manage and improve their wellbeing and ability to cope with health challenges

It's been good taking the time to talk and explore ideas

I've taken away creativity and enthusiasm

Examples of feedback from participants

3. Project Activities

3.1 Project Activities / Overview

The project consisted of six key strands of activity relating to:

1. Familiarisation and desk research
2. Steering Group (governance)
3. Reference Group (partnership network)
4. User Research (interviews and co-design workshops)
5. Staff Engagement
6. Feedback Session

Across the Project, the findings from Phase 1 were tested and verified with key stakeholder groups. This allowed consensus to be reached on which themes to prioritise for deeper exploration of the issues, challenges and opportunities faced by community-based older people's services.


Phase 2 involved a broader range of voices including service users; older adults and carers with lived experience; the wider community; and service-delivery organisations, including the third sector and charities. This holistic engagement of stakeholders enriched the co-creation process and helped ensure the 'right' focus of attention to enhance community-based

services, with many pertinent challenges explored and opportunities identified. As a result, RHSCP and its partners – through the Reference Group and citizen engagement – are well placed to explore potential solutions that are informed directly by key stakeholders and have user outcomes at their heart.

For each engagement, activities were carefully planned and bespoke materials were created to be action-oriented. They were also intended to nurture empathy for service users; ensure each individual had the maximum opportunity to contribute; enable a shared understanding of challenges and opportunities for future services; facilitate informed discussion; and record key messages for synthesis and analysis. Through skilled facilitation, a safe space was created to allow each participant to share their views, perspectives and ideas, ensuring effective knowledge sharing.

As shown in the Activity Map below, over a five-month period of engagement, the Project delivered 10 interviews, 12 workshops (150 participants), one public event (25 people were consulted) and one feedback session (30 participants).

3.2 Project Activities / Phase 2 Activity Map

Design Process Stage	Context setting		Discover user research	Define workshops		Opportunity & problem framing		
Timeline	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March / April
User Research		<ul style="list-style-type: none"> > Interviews part 1 x 6 people 	<ul style="list-style-type: none"> > Interviews part 2 x 4 people > Co-design Workshop 1A (29th Oct) > Co-design Workshop 1B (30th Oct) 	<ul style="list-style-type: none"> > Co-design Workshop 2A (12th Nov) > Co-design Workshop 2B (13th Nov) > SOOPIR Event (15th Nov) > Co-design Workshop 3A (26th Nov) > Co-design Workshop 3B (27th Nov) 			<ul style="list-style-type: none"> > Presentation of findings to group (5th Feb) 	
Reference group		<ul style="list-style-type: none"> > Reference Group Workshop 1 (4th Sept) > Reference Group Workshop 2 (26th Sept) 	<ul style="list-style-type: none"> > Reference Group sub-committee finalising values, manifesto and partnership principles > Reference Group theme sub-committee refining themes 		<ul style="list-style-type: none"> > Reference group Workshop 3 (9th Dec) 		<ul style="list-style-type: none"> > Presentation of findings to group (5th Feb) 	
Steering group	<ul style="list-style-type: none"> > Steering Group meeting 1 (7th Aug) 		<ul style="list-style-type: none"> > Steering Group meeting 2 (10th Oct) 		<ul style="list-style-type: none"> > Steering Group meeting 3 (18th Dec) 		<ul style="list-style-type: none"> > Presentation of findings to group (5th Feb) 	
Staff Engagement			<ul style="list-style-type: none"> > Staff Workshop 1 (1st Oct) > Staff Workshop 2 (30th Oct) 		<ul style="list-style-type: none"> > Staff workshop 3 (2nd Dec) 			
Desk research								

A more detailed Activity Map including Journey Associates activities can be found in Appendix 1.

4. Familiarisation and Desk Research

4. Familiarisation and Desk Research

The following summarises a selection of case studies that have informed our approach and can provide inspiration for further co-creative explorations of the future of older people's services.

The **Wigan Deal** exemplified asset-based working in public services, building on the strengths of individuals and communities to improve outcomes. The six-year initiative supported new cultural behaviours within Wigan Council and closer integrated working between health, care and third-sector professionals.

Emerging principles for creating robust **Dementia Friendly Communities** include adopting a social model of disability, rather than a medical model; taking an assets-based approach that identifies and mobilises individual and community 'assets'; being multi-generational; and providing appropriate training to staff and volunteers that goes beyond awareness-raising.

By embracing kindness, individuals and organisations can play an important role in tackling loneliness and social isolation, as

shown in North Ayrshire and reported in **The Practice of Kindness**.

The Design Council's '**Transforming Ageing**' Project ran a three-year learning programme connecting communities in south-west England with a range of third-sector and health organisations. Working in a co-productive way the partners and communities used human-centred design tools and developed six project briefs for social entrepreneurs to respond to.

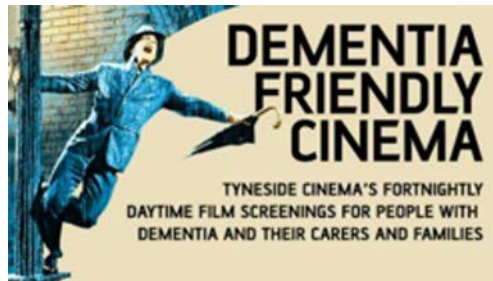
My Care, My Way is an integrated health and care service operating in 44 GP practices in West London. It provides health and care support tailored to the patient's needs. It empowers individuals to work in partnership with their GP with a focus on prevention, self-care and person-centred case management.

The **City and Hackney Innovation Fund** supports community-based innovative ideas. Projects focus on health and wellbeing services and information, resulting in improved health, increased self-management and more effective use of services.

4. Familiarisation and Desk Research

The following examples were presented in detail to the Co-design teams to stimulate thinking around innovative support services for older people.

- **Dementia Friendly Cinema** helps people living with dementia continue to feel a part of their community by selecting appealing films and adjusting the environment to suit their needs (being sensitive to sound and lighting and encouraging sing-alongs)
- **Homeshare UK** brings together people with spare rooms and people who are willing to lend a hand around the house in return for affordable, sociable accommodation
- **Southwark Circle** was a membership service providing on-demand support for the over 50s. A simple technology platform enabled a small local team to respond to practical requests
- **Amazon Echo** (or other platforms) uses artificial intelligence to learn user behaviors and preferences and suggests relevant activities to support their physical and mental health.



5. Governance / Steering Group

5. Governance / Steering Group

A Steering Group was assembled to provide governance for the project, ensuring that outputs and recommendations aligned with the Scottish Government's national priorities (e.g. A Fairer Scotland for Older People: A Framework for Action, 2019; and A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections, 2018) as well as regional priorities (e.g. Moving Forward Together, NHSGGC; RHSCP Strategic Plan 2019-22).

The Steering Group met bi-monthly led by Chief Officer David Leese, and was made up of 13 senior members from RHSCP, Renfrewshire Council, NHSGGC and Engage Renfrewshire, which represented third-sector organisations to mitigate any potential conflict of interest that might have arisen from involving commissioned organisations. The Steering Group was responsible for monitoring performance in relation to targets and risk. Consistent with the original intention, it is recommended that the Steering Group continues to operate beyond Phase 2, and into the subsequent phases of solution generation and new service delivery.

Members of the Steering Group also joined the Reference Group workshops, outlined below.



6. Partnership Model / Reference Group

6. Partnership Model / Reference Group

A new partnership model was sought by RHSCP with key organisations in the sector to support the co-creation of novel, sustainable ways of addressing the needs of older citizens through community-based services. For this purpose, a Reference Group was formed which extended the membership and role of the pre-existing SLWG from Phase 1 of the Project. It comprises 30 members representing the range of stakeholders concerned with shaping and delivering community-based services to older people, including several older people who access services themselves or who care for service users.

Taking an assets-based approach, the Reference Group drew on the knowledge and experience of those with specialist expertise across the multi-stakeholder ecosystem in Renfrewshire. Focused engagement with this broad range of stakeholders enhanced the understanding of user needs and enabled meaningful insights to emerge. The Reference Group acted as both advisor and 'critical friend' to the Project Team,

contributing to the development of the Service Themes and workshop content and providing access to service users, carers and staff.

A total of 54 members of the Reference Group and Steering Group participated in three workshops tailored to explore partnership working and to help shape the core content explored in the Co-design Team workshops.

Reference Group Workshop Participants

Workshop	RHSCP / Council Staff	3rd Sector	Older Person / Carer	Total*
1	14	6	3	23
2	11	4	-	15
3	9	6	1	16

* Where a participant was both a carer and an older person, they were categorised as both although only counted once in the Total column

6. Partnership Model / Reference Group

The first two workshops explored models for partnership working and generated an agreed set of six values and a manifesto, through an iterative process of drafting, testing with the group and refining. The values and shared purpose in the manifesto made explicit the foundations for ‘true’ partnership working between RHSCP, local agencies and third-sector and community groups, and are presented below. During the second workshop the Service Themes proposed for use in the Co-design Team workshops were critiqued and enhanced. The final Reference Group workshop reviewed the outputs from the Co-design activities and further evolved the Action Areas presented in Section 9.

The Reference Group played a vital role in the co-design process, offering deep insight and knowledge. A Reference Group with the appropriate composition of members should remain operational beyond Phase 2 and have an active role in shaping the design and delivery of new/enhanced services.

Reference Group Workshop Agendas



Reference Group Member Organisations



6. Partnership Model / Reference Group

The Manifesto and Values presented below were co-created by the Reference Group and Steering Group. They were generated through an iterative process of collective idea generation, drafting, testing, critique and refinement led by a sub-group of members.

Manifesto

We are committed to improving services for people over 65 years old so that they can live life as they choose and be connected to their communities.

- We will enable people to experience and deliver better health and social care services to work together.
- We will get this right by always listening and ensuring a rich diversity of voices is heard.
- We will continue to treat each other with respect and not assume we know what is needed or is best.
- We will build on each other's strengths, celebrate what is already working well, and agree on sustainable solutions.

6. Partnership Model / Reference Group

Values

Together we believe in...

Equality - We embrace equal collaboration, respect each other and value the diversity of perspectives. We promote independence, support self-determination and challenge inequality.

Openness - We are open so we build and maintain trusting relationships and create safe spaces to invite sincere and honest conversations. We use open communication channels to share knowledge.

Listening - We appreciate each other's unique experience and strengths. We listen! We are curious and will challenge biases and assumptions. We empower each other by learning from mistakes and sharing our knowledge and experiences.

Compassion - We are considerate of the needs of others, empathise with their situation and will support each other with a kind and caring spirit to achieve the greater good for all.

Creativity - We champion our collaborative way of working and actively seek creative approaches to ensure sustainable services. We will imagine the best possible futures and set clear goals that achieve outcomes that improve lives.

Courage - We enthusiastically and positively embrace innovative ideas and methods and are brave in our actions. We will push the boundaries to tackle complex social challenges to deliver the right services that offer the best value.

6. Partnership Model / Reference Group

The Reference Group agreed that a model for good partnership working required: Trust; Openness; Commitment; Collaborative Action (mutual support and community involvement); Collective Vision; and Inclusive, Adaptable and Courageous practices. Members suggested that to progress the partnership, it is necessary to have:

- An agreed vision
- A clear and concise plan
- Listening organisations
- A community drawing on external knowledge, professional leadership and people to drive the agenda
- The right tools and information

The values and manifesto go some way towards articulating the principles and vision. However, clear leadership and a detailed plan of engagement are required for the group to coalesce. Members identified that lack of drive, partner involvement and resources as well as bureaucracy and conflicts of culture could stand in the way of true partnership working.

It is suggested that the discussion is revisited to agree a model that provides a robust foundation for meaningful partnership working that can be sustained during the design and delivery of new services.



Renfrewshire
Health & Social Care
Partnership

Journey
Associates

7. User Research

7.1. User Research / Overview

The User Research strand involved a range of activities that supported a deeper understanding of what older people need from the services they use, what outcomes they want from them, and what other services they would like to have access to. These included:

- **In-person interviews** with 10 individuals to gain deeper insights into individual needs and experiences
- **Three co-design Workshops** that involved a mix of stakeholders, and tested and progressed ideas across consecutive workshops
- **A Public Event** that captured wider perspectives on services from citizens in the Renfrewshire region who were not directly involved in other aspects of user research
- **Feedback Session** to present the findings of the project for accuracy and to gain constructive feedback before finalising them

Each activity is described in more detail below.

7.2. User Research / Interviews

In-person interviews and observation of service users, carers and staff provided a deep and insightful understanding of needs and opportunities for different services. The service-user and carer interactions also provided rich data to build user personas (fictional characters based on real life that help us to connect emotionally to service users). These were used within the workshops to explore existing and future community-based services, and were enhanced through the participatory process.

Participants included one person with a learning disability (interviewed with their social worker), one person recovering from a stroke (interviewed with carer), and four people who attend day-care centres.

Persona / Alfie



Alfie is 69 and lives in supported accommodation in Paisley. Alfie has a learning difficulty.

Alfie's brother Billy and his wife usually comes to his flat every morning to help with cooking and cleaning.

Alfie's best friend is called Janet.

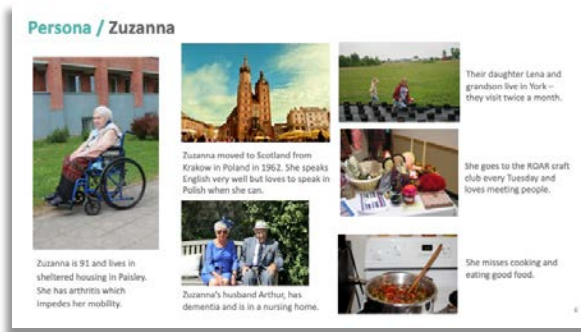
Billy & his wife have contracted shingles and are struggling to support Alfie. They are waiting for a call from Alfie's social worker.

Alfie enjoys going to yoga classes with Janet.

Alfie has type 2 diabetes and has to be careful with his diet.

Alfie loves music and going to gigs, pub quizzes and open mic nights. He goes with Billy.

Persona / Zuzanna



Zuzanna is 91 and lives in sheltered housing in Paisley. She has arthritis which impedes her mobility.

Zuzanna moved to Scotland from Krakow in Poland in 1962. She speaks English very well but loves to speak in Polish when she can.

Zuzanna's husband Arthur, has dementia and is in a nursing home.

Their daughter Lena and grandson live in York – they visit twice a month.

She goes to the RGAH craft club every Tuesday and loves meeting people.

She misses cooking and eating good food.

7.3. User Research / Co-design Workshops

Three bespoke and sequential Co-design Workshops were devised to support inclusion, gain a range of perspectives and draw on a broad range of experiences from stakeholders who had accessed or delivered services.

In total, 86 participants attended with 16 (19%) participating in all three workshops and 10 (12%) present at two of the three, providing a level of continuity across the workshops. An overview of types of participants is shown in the table opposite.

Attendance was voluntary with no incentives other than refreshments and lunch. All six workshops were well-attended and a general increase in numbers was noted as word of mouth generated interest and attracted new participants to Workshops 2 and 3.

Co-design Workshop Participants

Workshop	RHSCP Staff	Older People	Carer	3rd Sector	Other Service Users*	Total**
1	9	6	5	4	2	23
2	8	13	5	6	2	30
3	11	15	9	4	2	33

* Five participants had a physical disability and one had a learning disability

** Where a participant was both a carer and an older person, they were categorised as both although only counted once in the Total column

7.3. User Research / Co-design Workshops (cont.)

Workshops were hosted at Johnstone Town Hall with each one run twice to increase the opportunity for community participation. An overview of the agenda for each of the workshops is shown opposite.

Each workshop was user-focused and participatory and included service users, older people, carers, other citizens, third-sector and Reference Group representatives, and RHSCP staff. Participants worked in groups (each with a range of stakeholders) to ensure a broad range of views was heard on each topic.

The first workshop introduced the proposed Service Themes and a series of personas to explore outcome-focused services. The Service Themes presented were developed in response to participants' feedback, and the personas were further developed, with two new ones created to encompass ethnic and religious diversity.

Co-design Workshop Agendas



7.3. User Research / Co-design Workshops (cont.)

The revised Service Themes and personas were shared in Workshop 2. Innovative service ideas identified in the desk research were used to stimulate ideas on how existing services for older people could be enhanced, and what new services might be considered.

The ideas from Workshop 2 were categorized into sub-themes for review and further development in Workshop 3. Groups prioritised ideas which were developed further as newspaper headlines showing visions of future success, accompanied by high-level project delivery plans. Outputs across the workshops were analysed and synthesized into the Action Areas presented below in Section 9.



7.4. User Research / Public Event

To reach a wider audience, the project team manned a stall at the SOOPIR public event in Paisley Lagoon in November 2019.

At the event, 25 people, 24 of them aged over 65, shared their thoughts on what living well means to them and what they do to keep well. Using coloured pins they indicated on a map where they thought was the most caring place in Renfrewshire.

Independence, exercising, socialising, getting out and about, being active, attending clubs and keeping healthy were considered important for living well, as shown in the wordcloud opposite. Participants identified a range of physical and group-based activities that helped them to keep well. All activities involved socialising and 10 of the 13 took place out of the home, emphasising the importance of providing a range of activities in the community and ensuring easy access to them. This is concurrent with the themes from the Co-design Workshops which had a specific focus on the Johnstone area.

Interestingly, Johnstone had the greatest number of responses as the most caring place in Renfrewshire.

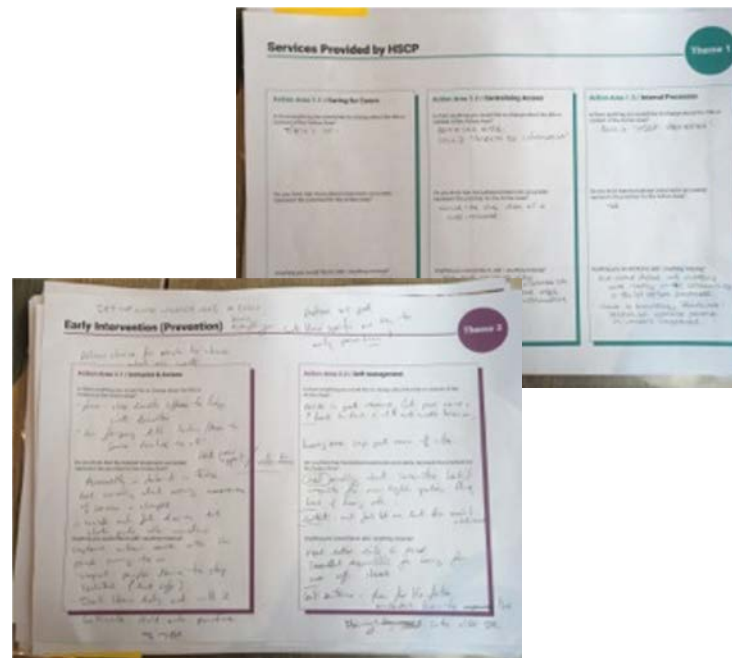
What does living well mean to you?



7.5. User Research / Feedback Session

The Feedback Session held on 5th February 2020 was open to participants across all activity strands of the Project, with 30 attending, including service users, carers, third-sector and RHSCP staff, and representatives from the Reference Group and Steering Group. A summary of the activities and outputs of the Phase 2 Older People's Services Review was presented. The main focus of this session was to present the Project findings, share the process and experience, test and validate the outputs for accuracy, and gather feedback on the nine proposed Action Areas distilled from the project activities.

As with previous engagement activities, multi-stakeholder collaboration was encouraged. Participants worked in four groups, each reviewing the Action Areas associated with one of the four Service Themes. Pre-printed templates with key questions were provided as prompts to ensure constructive feedback, with a view to refining and validating the Action Areas. The reviewed Action Areas form the key outputs of this report and inform the outputs statements for the Project.



Examples of completed feedback templates

8. Staff Engagement

8. Staff Engagement / Overview

Consistent with the RHSCP's emerging Transformation Programme, the service lead identified that capacity-building was necessary for staff to embrace new ways of working. It was also necessary to support service change with a particular focus on ensuring a consistent and efficient approach to the assessment and delivery of Self Directed Support (SDS). The detail of this engagement is contained in a separate report and summarised below.

Staff across multiple health and social care functions and from various locations across Renfrewshire enthusiastically took part in a series of three tailored, participatory workshops designed to collaboratively explore challenges and potential solutions to the assessment process. A total of 39 staff attended across the three workshops, representing a range of health and social care roles, as indicated in the table opposite. Five members of staff attended all three workshops and 10 members attended two of the three workshops, allowing for consistency in the progression of ideas of consecutive workshops alongside fresh perspectives.

Staff Workshop Participants

Workshop	Health	Social Care	Total
1	2	13	15
2	2	9	11
3	2	11	13

Social Care roles included:

- Reablement
- Occupational Therapy
- Social Work
- Adult Social Care
- Day Centre
- Service Coordination
- Direct Payment Development
- Change & Improvement

Health roles included:

- Rehabilitation & Enablement
- Physiotherapy
- Nursing

8. Staff Engagement / Overview

Consistent with Co-design and Reference Group workshops, each workshop built on the cumulative knowledge and outputs of the previous activities.

The diagram opposite provides an overview of the main focus and activities for each workshop. Workshop 1 started with participants relating in detail the current assessment process to uncover the associated challenges and opportunities for improvement. Staff worked in three groups and each developed a service-user journey map of the SDS process using the personas mentioned previously. These were supplemented with a series of complex scenarios for each service user, describing their particular circumstances to highlight deficiencies in the current system. Outputs were written up and shared with participants to conduct further research, in advance of Workshop 2, by sharing their user journeys with colleagues to gather feedback and generate a wider range of perspectives to inform the challenge.

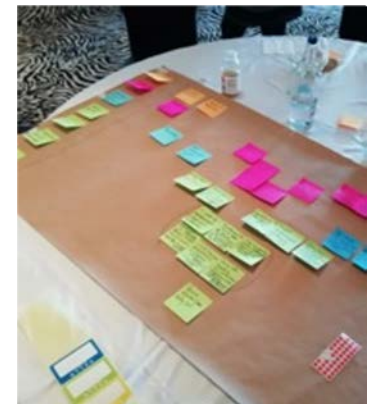
Staff Workshop Agendas



8. Staff Engagement / Overview (cont.)

Workshop 2 built on the findings of Workshop 1 combined with the staff research to create Challenge Areas that each group used to develop ideas to enhance the assessment journey. The final workshop involved a review and prioritisation of the ideas from Workshop 2 and the creation of outline actions plans to support implementation.

The Staff Engagement workshops generated three Challenge Areas and 20 potential actions to enhance the assessment process that should be reviewed and prioritised. The detailed outputs and recommendations from these activities are presented in a separate report.



9. Outputs

9.1. Outputs / Overview

This section provides an overview of the main outputs distilled from the project activities. These include:

- Johnstone as a demonstrator site
- Nine Action Areas aligned with the four Service Themes
- Four Cross-cutting Themes that are relevant for every project or opportunity and should be addressed in each of the potential solutions taken forward
- Six Service Project Principles to ensure that user outcomes are embedded in potential solutions, and to guide decision-making
- Six Personas that demonstrate a range of service-user characteristics, outcomes and needs
- Project Packs collating the relevant information to help inform idea generation in the Development Phase

Each output is provided in more detail below.



Map of Renfrewshire Area (from Google Maps)

9.2. Outputs / Johnstone as Demonstrator Site

Johnstone was proposed as a demonstrator site for the User Research aspects of the Project and was approved by The Steering Group in October 2019. Having a single location to concentrate activity was important for building momentum and, by making meaningful local connections, for gaining traction for co-creating future services, and putting new ideas into action.

Johnstone was considered a suitable pilot area as it exhibited average scoring on several socio-demographic data points for Scotland nationally and Renfrewshire regionally. It represents around 10% of the population of Renfrewshire and encompasses both urban and rural communities. It is also looking to become a Dementia Friendly town and has a proactive community which could help expedite future plans for change.



Map of Renfrewshire Area (from Google Maps)

9.3. Outputs / Action Areas

The Action Areas are a development of the four Service Themes evolved from Phase 1, with a deeper dive into each theme to identify specific areas for improvement. The four Service Themes were identified during the first Steering Group meeting when the eight themes identified during Phase 1 were reviewed in detail to align with the strategic priorities of RHSCP.

This led to the categorization of four Service Themes and four cross-cutting themes. The Service Themes are:

- Theme 1: Services Provided by RHSCP
- Theme 2: Health and Wellbeing
- Theme 3: Early Intervention (Prevention)
- Theme 4: Living in Our Community

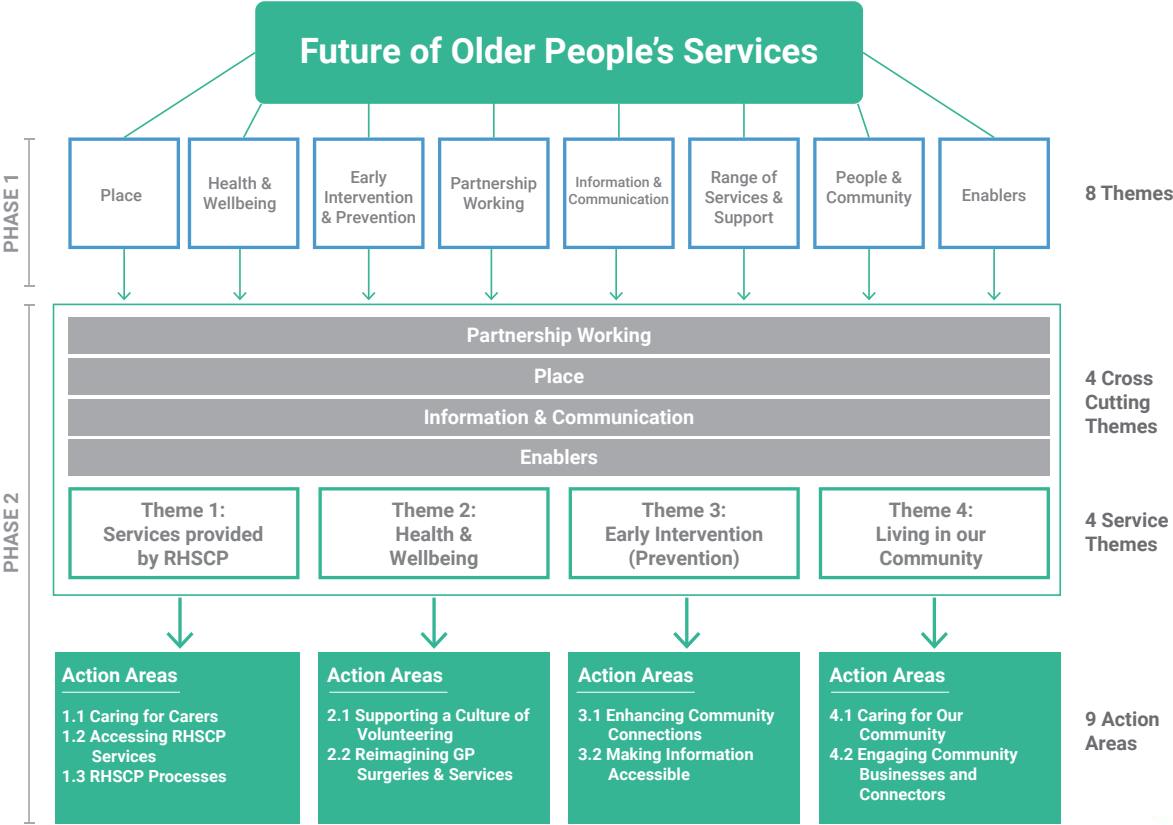
The cross-cutting themes were identified as relevant to the design and delivery of any service. They are:

- Place
- Partnership Working
- Information and Communication
- Enablers (such as transport and technology).

The Service Themes were tested and further developed in Steering Group and Reference Group workshops, providing the core content for detailed exploration in the Co-design Team workshops.

A visual mapping of the evolution of the Service Themes and how they connect to the Action Areas is presented below.

9.3. Outputs / Action Areas



9.3. Outputs / Action Areas

Nine Action Areas have been generated through a robust process of inclusive and collaborative engagement and have been shared, tested, reviewed and refined throughout Phase 2 of the Project. As a result, the Action Areas draw from rich, user-focused, multi-stakeholder knowledge, expertise and experience. They give clear focus for exploring potential solutions to the issues, challenges and opportunities related to community-based services for older people.

The Action Areas and associated Service Themes are:

Theme 1: Services Provided by RHSCP

- Action Area 1.1 Caring for Carers
- Action Area 1.2 Accessing RHSCP Services
- Action Area 1.3 RHSCP Processes

Theme 2: Health and Wellbeing

- Action Area 2.1 Supporting a Culture of Volunteering
- Action Area 2.2 Reimagining GP Surgeries and Services

Theme 3: Early Intervention (Prevention)

- Action Area 3.1 Enhancing Community Connections
- Action Area 3.2 Making Information Accessible

Theme 4: Living in Our Community

- Action Area 4.1 Caring for Our Community
- Action Area 4.2 Engaging Community Businesses and Connectors

An overview of the Service Themes and detailed descriptions of the associated Action Areas is provided.



Overview

Renfrewshire RHSCP provides a range of services for older people which are valued by the communities who use them. However, there is a need to enhance the spectrum of services provided to ensure that the needs of older adults are met and that better outcomes are achieved – these are the things that older people value, that give them pleasure and meaning and enhance their quality of life. Many older people want to remain independent and services should help citizens retain independence while accessing the support they need and without

stimulating an over-reliance on services. Each individual will value experiences and services in different ways, therefore, to deliver services that are outcomes-focused requires responsive and more flexible services.

To deliver services that meet citizen's needs, the workforce needs supported to enhance capability, think creatively and build confidence in new ways of working.



Action Area 1.1 / Caring for Carers

Carers play a vital role looking after and supporting older citizens. The caring role can vary considerably from providing occasional help though to deep involvement in all aspects of a loved one's life.

While caring for someone can be rewarding, it can also be challenging. The Carers (Scotland) Act 2016 was introduced to support carers in their role and ensure their health and wellbeing does not suffer as a result of this. However, participants suggested that more person-centred support for carers is needed and that carer support plans should be promoted and regularly reviewed. Young carers may face particular challenges that can affect their education and impact on social connections. Local authorities have a duty to offer support and to involve carers in the design of carer services.

Participants noted that many carers can feel isolated in their role, finding it very difficult to access information and find out about services and support that is available. Some carers will not seek help or may be dissuaded from asking for help as they will be met with resistance from the person they care for. It was suggested that existing carer support groups and activities should be more visible and that support be available in more locations.

Participants noted that the SDS process is challenging. This is particularly true for carers of people living with dementia. The SDS assessment should be triggered at the point of diagnosis and the process itself streamlined.

It is important that an individual's needs are acknowledged and their outcomes met to allow carers to have a good quality of life in their role, to plan ahead and prepare for the future. This could include accessing respite for carers and emotional support services.

Potential areas to explore include:

- Supporting the health and wellbeing of carers to help them fulfil their caring role while ensuring their outcomes are met
- Developing the assessment process and administration of SDS to ensure that it is accessible for carers
- Approaches (including the use of technology) that can help minimise the pressure on individuals or families who are caring for people with dementia

SDS is great once you get it. It's just a difficult and lengthy process to get through.



Action Area 1.2 / Accessing RHSCP Services

Feedback received suggested that having a hub as a designated and widely recognised 'go to' place where information on services and activities in the local community are readily accessible could help centralise access and enhance the wider active engagement of older people. This could be a physical hub complemented by centralised online information. It was suggested that, rather than having one regional hub for Renfrewshire, each town or community should have a local hub.

Participants commented that the hub could connect older people to what is going on in the wider community as well as to RHSCP services. This could include clubs, groups, and third sector activities. The hub could provide training for local businesses and organisations on adapting services to be more appropriate for older people including being dementia friendly and embracing kindness to tackle loneliness and social isolation. Existing community venues including day centres and libraries could be explored as potential hubs. Third sector organisations could provide the information and content that is accessed through the hubs.

Participants also thought that having a single point of contact in the hub who could assist with identifying services to suit individual needs and assessing eligibility; and that supporting citizens through the SDS process would make services more accessible.

Some people noted that they would be willing to pay for or contribute to the cost of services such as Care and Repair and taxi services.

Potential areas to explore include:

- Making information easily accessible by older people and the wider community in a way that reduces stigma
- Create a network of local hubs that share information across the region
- Exploring ways that people can pay for or contribute to the cost of services

You have to know how to navigate the system [ASeRT]- it's hard.

People have told us that it is very difficult to find and access relevant information, "you don't know what you don't know".



Action Area 1.3 / RHSCP Processes

Feedback from a selection of staff who attended the staff engagement workshops noted their ambition to work in more integrated ways. This would support improved communication and joined-up support between the services delivering health and social care. Feedback suggested that a care coordinator could be identified who has most regular contact with the service user and whom all other professionals should update on any changes. They could then liaise with families.

A more coordinated approach to delivering services could be enabled through IT systems that are accessible to all professionals and co-location of staff across the HSCP. Service Users with more complex needs would benefit from multi-disciplinary teams with a clear understanding of the roles and responsibilities of each team member. Although, it was noted that increasingly complex needs can present particular challenges for coordinating teams.

People noted that they liked the flexibility and choice that SDS can provide but do not feel clearly informed about it. It was suggested by both citizens and staff that having a designated person in place to help coordinate strands of activity and signpost to services would be beneficial.

Participants also suggested that a clearer focus on individuals' outcomes could allow for the provision of social time within service delivery. For example, at the moment, meals are delivered with no or little conversation, missing the opportunity to check in with the older person and to engage them in conversation. Having time to spend with a person

while they are eating can ensure they are receiving the nourishment they need and the social contact can help reduce loneliness, in line with Scottish Government strategy. This may be an opportunity to work more closely with third sector and community partners.

Feedback received also suggested that improving the commissioning and procurement processes could help improve equality in service provision across the region.

Potential areas to explore include:

- Continuing to develop a more integrated and coordinated approach to care which is outcomes-based
- Further developing SDS to clarify the offer and simplify the process
- Partnership working to help shift the focus of service delivery to better meet the outcomes of older people
- Delivering equality of access across the region

[Staff] just don't have time...[it seems] the targets are more important than people.

People have told us that, "the service feels disjointed wherever you are in the system"



Overview

Many older people want to remain independent for as long as they can while others need to be encouraged and supported to have an active role in their health and wellbeing. To support independence, older people should have the freedom to choose how they spend their time and which activities they take part in. To encourage citizens to be active and engaged, services must connect to the individual's personal outcomes – these are the things that are important to them in their life.

We need to find new ways of connecting with older people ensuring that they know how best to look after their own health and wellbeing. Information about what impacts our health and wellbeing should be easy to understand and services and activities that can support individuals to make positive choices should be easily accessible.

To enable older people to support themselves and retain their independence, we should take a strengths-based approach, drawing on the existing wealth of knowledge, skills and potential that our citizens and communities have access to.



Action Area 2.1 / Supporting a Culture of Volunteering

Volunteering may have a vital role to play in supporting individual health and wellbeing. It also helps to build social connections that benefit both the volunteer and the recipient and can reduce the potential for loneliness and isolation that can be detrimental to our health and sense of wellbeing.

Volunteering can be very rewarding and a great way to get people active in their communities, whether giving something back to the community, meeting new people or learning a new skill. To ensure no-one is exploited and the principles of mutuality and reciprocity are upheld, a 'volunteer ready' programme could help prepare people to volunteer. The programme could help build self-esteem and skills for people to volunteer effectively and that they can add to their CV. Volunteering could be incentivised and Renfrewshire volunteering prizes might encourage momentum and build a movement. Additional information on how to volunteer, training and ongoing support also needs to be in place.

Participants suggested that activities underpinned by shared interests are most rewarding. There are many types of volunteering programmes online and offline from those that offer assistance in taking people to

appointments (e.g. Emergency Mum); buddying services to learn something new (e.g. digital buddy groups in libraries), to those that help with shopping (e.g. at Braehead Shopping Centre). Soft options for volunteering (e.g. keeping an eye out for a neighbour) and micro-volunteering (small tasks that do not require significant time or commitment) also need to be easily accessible. It was suggested that the HSCP could be more proactive in signposting and linking volunteering opportunities to SDS. This would help ensure more of a two-way flow of information between programmes and potential beneficiaries and support grass-roots activity.

Mapping the variety of volunteering programmes could help identify opportunities for new ways to engage citizens, exchange life skills and build relationships (e.g. bringing generations together based on shared interests where older people teach young people how to play traditional card games, whilst young people teach older people how to do online shopping). This could build on the existing knowledge and expertise of organisations in Renfrewshire. It was suggested that existing halls and other community venues could be used to reach older adults and connect people to services and help others recognise vulnerabilities in their own communities.

Initiatives that connect the generations through shared interests earlier in life can help to break down social divides and reduce stigma.

RHSCP could connect citizens to volunteer programmes for services that are outside of its remit.

Potential areas to explore include:

- Encouraging and supporting connections between peers and across generations who have similar interests
- Helping older adults and carers to understand the variety of volunteer programmes that exist
- Putting in place the right structures to encourage volunteering and ensure citizens are 'volunteer ready' and are supported in their roles
- The role of RHSCP in signposting and linking existing RHSCP services with volunteer programmes

It gave me great pleasure to start a lunch club at the community hub - people get dressed up and enjoy going out together

Getting volunteers is difficult - often there aren't enough people and when you do get some, they often let you down



Renfrewshire
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Journey
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Action Area 2.2 / Reimagining GP Surgeries and Services

GP surgeries serve our local communities and can be a valuable route to connecting older people to other services and opportunities in the community. For many people, GP-based services can feel less daunting and more accessible than council-based services.

Community Link Workers based at GP surgeries provide access to community support and opportunities for citizens to self-manage their health and wellbeing.

As a hub serving all generations in the local community, participants suggested that GP surgeries could play a wider role in supporting the health and wellbeing of older adults through signposting to local services and groups. One suggestion was creating a 6-monthly 'what's on' brochure, targeted at vulnerable groups, funded by local businesses and disseminated through GP surgeries.

To support preventative action, it was also noted that increasing knowledge and awareness in the community to look after your own health and wellbeing could assist in keeping people healthier for longer.

A 'Social MOT' was suggested as a way of checking in with older adults and signposting to information, resources and activities that can help ensure good mental health and address the potential for loneliness or social isolation. This could be carried out by community connectors in a local GP surgery or alternative suitable locations.

Older people who attended the workshops said they would value having a deeper relationship with their GPs. Suggestions included having a single GP as the point of contact from the age of 65, helping to build the relationship, allowing for consistency, and reducing the need to have to repeat their history with different GPs. Workshop participants also suggested that longer appointments for older people could help them feel less rushed.

Some participants acknowledged that any proposals considering such changes would need to reflect the GP contract and Primary Care Improvement Plan which are currently being implemented and which set out the role of extended HSCP and NHS Board employed

health professions in and around general practice. These changes include new ways of working and signposting and support to patients.

Potential areas to explore include:

- Options around Community Health provision that would enable older people to have a more active role in their health and wellbeing
- The role of GP surgeries in connecting older adults to appropriate information and support
- The role of a 'Social MOT' as a means of supporting early intervention and prevention for health and wellbeing

My GP service feels smaller and more manageable - the Council feels huge

Once diagnosed you're forgotten about. It would be good to have [more regular] 3 to 6 month reviews.



Overview

The demographics of society are changing. Increasing numbers of people are living longer, often with multiple or complex health conditions requiring specialised support which demands more from our public services while public finances are increasingly constrained. Keeping well and having a good quality of life through older age can benefit from early intervention and preventative action. Supporting older people to maintain their independence, including choosing what to eat, keeping in touch with friends and family, and living in one's own home, are important in meeting personal outcomes and maintaining a good quality of life.

Loneliness and social isolation can be deeply detrimental to an individual's health and wellbeing. Supporting older people to remain connected and reducing the chances of social exclusion are vital. This is particularly important at times of transition, when life changes such as having a health scare, becoming a carer, or losing a partner can affect our health and wellbeing. Reaching those who do not engage with services, and before they are at risk, is a challenge.



Action Area 3.1 / Enhancing Community Connections

Connecting Citizens

Participants noted their view that citizens want existing activities such as arts and cultural activities (cinema and concerts), and Renfrewshire Leisure classes to be more accessible, including having better transport options. They suggested that services could be made more accessible through peer support, grassroots activities (such as setting up a lunch club for friends and neighbours) and volunteering opportunities as well as a having a community link worker hub. It was also suggested that it is important for services to be welcoming to encourage people to engage.

For some services, accessibility could be enhanced by making small changes, for example, having someone in a 'meet and greet' role, cinema showings with lights on and sing-alongs for those living with dementia, talking books to convey information, and using sign language and translation services. Other suggestions included engaging pubs, clubs (e.g. golf, bowling), leisure centres and other local amenities advised and supported by a compliance outreach programme.

Potential areas to explore include:

- Ensuring existing services and activities are accessible for everyone
- Supporting people to volunteer on a small scale in their own community
- Supporting older people to feel comfortable and confident to join a group for the first time

Loneliness & Social Isolation

To minimise loneliness and social isolation, feedback noted we need to find ways to reach seldom heard groups to ensure everyone has equitable access to services and in advance of crisis. Although, we must also respect people's desire to stay isolated (and safe).

People who are particularly vulnerable include those who have undergone a life transition such as retirement, losing a partner, becoming a carer, having a medical condition including mental health issues, and being housebound.

Potential areas to explore include:

- Engage those who are difficult to reach
- Engage those who have experienced a major change in life or crisis

It gave me great pleasure to start a lunch club at the community hub - people get dressed up and enjoy going out together



Action Area 3.2 / Making Information Accessible

Reaching Citizens

It was recognised that there is a broad range of existing services that citizens value but that can be difficult to find. ALISS (A Local Information System for Scotland) and WIRE (Well in Renfrewshire) are good information resources but they are not well known and can be difficult to access and need to be updated regularly. One professional took 16 clicks to access ALISS from the RHSCP website.

Feedback provided noted that information about services should be available in different formats. Suggestions included:

- Printed information that is easy to read and can be found in everyday settings – local newspapers, ‘keep’ leaflets like the waste collection diary, and be combined with information mailed to those over 65, e.g. notifications for pension and heating allowance and when signing up for services
- Online: information that is only available online can exclude citizens who do not have access. Resources like ALISS and WIRE could be made available in other formats including in posters and leaflets, and in local community venues such as libraries, housing associations, GP surgeries, leisure centres and hospitals. Phone numbers and direct email addresses should be easy to find

- Human connection: Stakeholders suggested that there should be a balance between online and in-person contact. Human interaction is very important as not everyone has access to or can use technology. While future generations will be more familiar and comfortable with online resources and apps, technology could be an isolating factor and exacerbate social isolation. Having a person at the end of the phone rather than a recorded message is preferable and more helpful for older people
- Multiple channels: information on services could be made available in different ways such as local radio, community groups, volunteer groups, housing associations and other community activities
- Supporting inclusion: information should be made accessible for those who are non-English speakers, blind, hard of hearing, lack literacy skills, dyslexic, etc.

Potential areas to explore include:

- Helping connect older adults to existing services
- Making information about existing services accessible for everyone
- Improving links to ALISS and other online resources



Action Area 3.2 / Making Information Accessible

Planning Ahead

Participants suggested that story-telling and sharing the journey of ageing with younger people could help build understanding and empathy between the generations. It could also allow people to plan for older age and help ensure they have choice and control over the services they consider important for their quality of life. We can future-proof for our needs by knowing what questions to ask, and what information or services are available and where to access them. It was suggested that we should plan for the future earlier in life, e.g. when at school and in mid-life.

Those who participated in the engagement sessions noted that many people value their independence and want to retain this. Providing prompts, such as activity planners can encourage individual action; and toolkits on how to start a group or activity locally can help guide and give confidence to initiate activity. Keeping physically active through groups and classes could also help reduce the risk of frailty and has the additional benefit of helping participants be socially connected reducing the chance of loneliness and social isolation.

Engaging with services and other community initiatives can be preventative and enable early intervention in identifying those at risk, whether related to frailty, the need for post-bereavement support or foot health. For older vulnerable adults, it was suggested that a more joined up approach is needed to connect with and introduce them to services earlier e.g. toenail cutting is one of the first signs of

things failing, therefore people who request a toenail cutting service should be targeted for other prevention services.

Many older people noted that they do not want to feel like a burden on their families or friends. Creating a care plan (such as an Anticipatory Care Plan) for the future puts the individual in control and can help avoid a crisis situation. Another suggestion was nurturing a shared or societal responsibility for caring for oneself.

Potential areas to explore include:

- Approaches to supporting a shift in mindsets to motivate people to manage their own health and wellbeing before reaching older age
- Providing useful support to help older people identify and look after their own needs throughout their lives
- Options for helping citizens of all ages understand the process of ageing and plan for the future and understand how to live thriving into older age
- Extending prevention and early intervention services to avoid crisis

You need to know what to search for to begin understanding how you need to be supported

I don't know what I'm entitled to

Things used to be really good and it raised expectations. People now need to recognise they have a responsibility to solve issues first before accessing services



Overview

The way that services are designed and delivered is changing. The needs of each individual are different and so the services or activities that they use will also be different.

We need to ensure that older people have access to local services that meet their needs and their desires. To do this we need to involve diverse voices in our community to help shape the services offered. Involving older people in the planning and deliver process, we can enable them to live independently by ensuring we create robust communities and safe, desirable neighbourhoods e.g. providing housing, access to transport, public services such as libraries, leisure and social activities.

Many citizens think we have lost a sense of caring in our communities. We need to encourage a culture of neighbourliness across the generations and all sectors of the community including local businesses, where embracing approaches to embed kindness and compassion can help counter loneliness and social isolation.



Action Area 4.1 / Caring for our Community

Intergenerational Connections

Participants recognised that activities that happen across the generations can be energising and motivating. They are particularly enjoyable where the connections are made through shared interests e.g. community choirs and reading groups with the focus on connection, inclusion and community rather than age. Feedback suggested that opportunities to share knowledge, skills and experience could help build stronger, more compassionate communities where older generations mentor younger people for example in cooking or life skills (such as communication and relational skills), and that younger people could support older adults to develop technology and digital skills. Opportunities for sharing knowledge or experiences and exchanging skills could be online and offline and be supported through Community Link Workers.

Potential areas to explore include:

- Supporting connections across the generations to build compassion and share knowledge that enhances each person's quality of life

We often talk about 'Getting it right for every child'. But we should be 'Getting it right for every adult' too!

Prioritising Dementia-friendly Communities

Dementia brings particular challenges for the person living with the condition and for those who support them. Those living with dementia need a broad range of support to live well in the community, and their needs can change over time. Support can include help remembering to eat and to take medication and they may need to be escorted shopping and to attend appointments and be encouraged to socialise.

Participants suggested that educating all sectors of the community (including young people, business owners and older adults) about how best to reduce the risk of dementia such as keeping active, eating well, keeping your brain active and socialising (alzdiscovery.org) could help keep people well for longer. Communication between services is key and Community Link Workers could have a valuable role here, for example, providing drop-in sessions at libraries. Bringing awareness to the symptoms and challenges faced by those living with dementia could help nurture empathy and understanding and encourage more kindness in the community. By addressing the needs of people with dementia, all citizens can benefit.

Potential areas to explore include:

- Options for helping communities to be dementia aware and considerate in the products and services they provide
- Ways to encourage more kindness to support vulnerable members of the community
- Options where technology could support those living with dementia and their carers.



Action Area 4.2 / Engaging Community Businesses and Connectors

Local businesses and tradespeople are key members of our community providing services and activities to a wide range of citizens. Participants proposed that local employees and organisations could be trained to provide relevant information and also help reach people who have not sought assistance nor used services in the past. In this way they could provide a new link to support and information that is available for older people helping to connect citizens in the community.

In developing this idea, stakeholders thought that linking with organisations like 'Trusted Traders' who vet and approve trades people, could identify opportunities for training on services available to older people and to signpost them to relevant assistance e.g. VAT-free goods for over 65 year olds, Care and Repair services, or that grants might be available to make adaptations to their home.

Community leaders and connectors could link older citizens to services and help with planning for the future. These could include solicitors, funeral directors, religious leaders, local clubs such as the Bowling Club or Polish Club, libraries, and local shop assistants. Local cafes and bars could run incentives for older people to socialise e.g. with a lunch discount or designating a space to encourage people to sit together and talk.

It was suggested that trust underpins the success of this type of activity. It was also noted that information should be made available and be disseminated through a range of information channels.

Potential areas to explore include:

- Options to engage with local businesses to create a more dementia-friendly, compassionate town
- Helping those delivering services to be aware of the needs of older people, e.g. bus drivers give enough time to enter and exit the bus, that music is not too loud, that flooring is not slippery, etc
- Options to engage with local businesses to help them be more aware of needs of older people in the community and the support available to them
- Opportunities to engage employers to encourage and motivate staff to look after their own health and wellbeing

I paid for the adaptations to my home from my own pocket. It was only after that I was told I could get a grant. Why didn't I know before?

One Saturday afternoon in Wetherspoons I saw 5 older men each sitting by themselves. It made me feel sad and I thought, wouldn't it be good if there was a way to connect them?

9.4. Findings / Cross-cutting Themes

The Cross-cutting Themes are recognized as important for the delivery of all future services. As such, each transversal theme should be considered and addressed during the design and delivery of future services.

The Cross-cutting themes are:

- Place
- Information and Communication
- Partnership Working, and
- Enablers (such as transport* and technology)

With regard to Partnership Working, a direct response to this topic has been initiated through the formation of the Reference Group, with their values and manifesto. Their

continued involvement will be vital in the future delivery of services.

The Cross-cutting Themes closely map onto the Enablers identified in the emerging Transformation Programme – Internal and External Property, Communications, Organisational Development, and Digital and Data.

Descriptions of the Cross-cutting Themes are presented below.

* Transport was not explored in detail in Phase 2 as the team were informed that an independent review was being undertaken of transport in the region.

9.4. Outputs / Cross-cutting Themes

Cross-cutting Themes

Place

Where is the best place for each service or activity to be accessed? This could be a physical location such as a community venue or online or a combination of both.

What is the best place to ensure that each service provides the best outcomes for citizens?

When thinking about where services are accessed from, are existing locations fit-for-purpose? If not, could they be made to be so?

Where else can services be delivered?

What venues can we partner with?

People have told us:

- We need to create 'safe spaces' for everyone where people feel comfortable whether they are by themselves or in company
- Some of the new community buildings are prohibitively expensive for groups to use.

Ideas that have been suggested:

- We would like to see the extended use of existing buildings, e.g. care homes that could be more accessible and open up to other members of the community such as school groups.

Information and Communication

How do we ensure that communications about services reach the people who need them or would benefit from them?

What are the key messages we need to share?

What are the best channels to do this?

How do we reach those who are difficult to reach?

People have told us:

- It is difficult to find information about services
- Newsletters are a good way to connect, quarterly would be ideal
- ALISS and Well in Renfrewshire exist, but you need to know that they are there, and many people do not
- Sheltered housing often provides activities but information about them is not widely known. You only find out about activities through people who live there
- Getting information from the Carers Centre is like accessing the secret service!
- It is important to have a person at the end of a phone - not a recorded message.

Ideas that have been suggested:

- There is a need for strong public health messages around wellbeing and mental health to help with the culture change needed
- RHSCP could have a presence in libraries and other community buildings to build awareness of activities and resources like ALISS and Well in Renfrewshire
- Create a leaflet on community services and activities to keep and refer back to, like the local waste collection diary
- Introduce the range of services for older people with a 65th birthday card to every citizen
- Free introductory classes could attract people to activities and services.

9.4. Outputs / Cross-cutting Themes (cont.)

Cross-cutting Themes

Partnership Working

Working in collaboration with local organisations and individuals underpins the future development and delivery of older people's services.

The Reference Group connected to the Project represents a broad range of expertise, knowledge and experience in shaping and delivering such services.

To enhance existing services and develop new services that meet the needs of users we need to consider:

Who are the key partners to involve?

What support is needed for this?

What needs to change to support collaborative working and to enable 'true' partnership working with RHSCP to thrive?

Enablers

What is needed to enable services to be delivered effectively to meet citizens' needs? What are the transport considerations? What role might technology play? What other enablers do we need to consider?

People have told us on Transport:

- Transport is vital to allow people to access activities and remain active in their communities
- There is a particular need for transport services that suit citizen's needs rather than operate to a fixed timetable. Some participants had to leave the workshop early as their transport had arrived
- Similarly, MyBus is a limited service in terms of the distance it can travel and times of operation, it does not operate in the evenings which can restrict an individual's choice of activities
- Older people can feel anxious about and unsafe using public transport, e.g. not all bus drivers show patience and understanding that older citizens require the access step and need more time entering and exiting a bus than other passengers
- A lack of transport provision to attend community-based services can lead to exclusion.

Ideas that have been suggested on Transport:

- Bus drivers should be trained to be sensitive to the needs of older people - especially on the time needed to enter, settle onto and exit the bus safely and to activate the step to assist citizens
- Provide more accessible transport, at a time that suits citizens' needs and supports their choices, including transport operating in the evenings, which is important for people to connect with their interests. Some people would be willing to contribute to the cost
- Extend the time on pedestrian crossings to allow people to cross the road in comfort
- Taxi+ services where drivers send passengers reminders in advance and offer additional assistance in and out of the vehicle
- Coordinating travel with other local citizens.

People have told us on Technology:

- Technology could be used to enable people to self-manage their health, e.g. for medical updates and results via text or online
- Cost can be a barrier to accessing technology, can it be made more accessible?

- Technology solutions that support people to live well in their own homes for longer by supporting their interests and hobbies and can give the user and family peace of mind e.g. voice activated tech and medication reminders, falls alarm and cameras
- Technology should not replace human contact but rather complement it.

Ideas that have been suggested on Technology:

- Provide older people with reconditioned iPads for free to encourage the use of technology

Ideas that have been suggested on Other Enablers:

- Could we develop a toolkit of best practice to motivate staff to use technology as an enabler e.g. remote technology solutions for people living in rural locations.

9.5. Outputs / Proposed Service Project Principles

Six Service Project Principles are proposed to guide idea generation and subsequent phases of the design process.

The Service Project Principles are drawn from the input from the User Research and the experience and expertise of the Reference Group. Adhering to the Service Project Principles as services are designed, enhanced and delivered, will keep co-design teams focused and help with decision making, ensuring proposed solutions for each of the Action Areas meet the needs of service users and align with the values of partnership working.

The Service Project Principles proposed are presented below.

In designing and delivering our services for older people:

We will... Put people at the centre

Creating services that recognise and respect people's needs by taking the time to understand their physical, emotional and technical needs and involving them in the design process

We will... Be respectful

Designing services and interactions that make people feel respected. We will treat each person as an individual and reduce stigma, e.g. addressing older people's desire for "being treated like people and not antiques"

We will... Be caring and kind

Designing and delivering services with compassion that in turn fosters empathy with service users. We do this by adopting a culture of kindness to help counter loneliness and isolation

9.5. Outputs / Proposed Service Project Principles

We will... Promote independence

Improving the health and wellbeing of citizens by designing services that are outcome-focused allowing people to have choice and control and to live as independently as possible while accessing the support they need

We will... Encourage connection

Involving the diverse voices within our communities to shape, test and enhance our services. Through deeper and regular engagement with our communities we will nurture a culture of connection to build safe and desirable services

We will... Ensure user safety

With the safety of users at the heart of the design of our services, whether online or by creating safe spaces where people feel comfortable to be by themselves or in company.

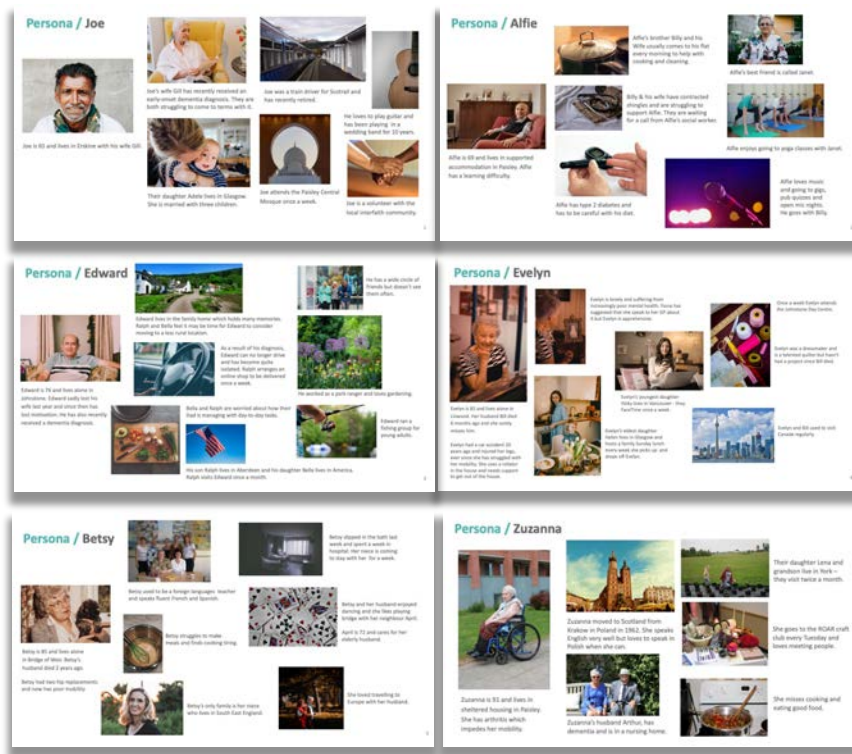
Agreeing and applying Service Project Principles is consistent with service design approaches taken by the Scottish Government's [seven principles for service design](#) and the UK Government's [Design Principles for Digital Service](#).

9.6. Outputs / Personas

Six personas representing a broad spectrum of service users were created from the user research and desk research. They represent a diversity of user needs and circumstances related to ethnicity and religious beliefs as well as mobility and cognitive impairments.

The personas performed a vital role in the development of the Action Areas and helped participants imagine future services from varied and realistic user perspectives.

The personas are provided in the Action Areas Project Packs.



10. Output Statements

10. Output Statements

Across the Project, a number of valuable insights emerged. They are combined with the key information in the Findings above and presented as 10 Outputs Statements to guide the next phase of development for community-based services for older people. They are described in more detail below.

The Co-design Process

- 1 Build on the Knowledge Shared
- 2 Continue to Engage the Wider Community
- 3 Finalise the Service Project Principles

Amplified Themes

- 4 Mitigate Against Social Isolation and Loneliness
- 5 Prioritising Dementia-friendly Communities
- 6 Community Hub - Connect Existing Services
- 7 Keep the Human Connection

Suggested Actions for the Next Phase

- 8 Review the Reference Group
- 9 Reference the Personas
- 10 Review Title and Identity

Participants are keen to be kept informed on how the Project progresses and to be involved in future development phases. Regular communications, such as blogs on progress and future opportunities to continue being involved will help maintain momentum and strengthen the connection between RHSCP, citizens and staff.

This has been amazing. It is what I get out of bed for in the morning.

(Isabel, Older Person and Carer)

10. Output Statements

The Co-design Process

1. Build on the Knowledge Shared: The engagement identified clear themes for exploring provision of future services through the nine Action Areas. The deeper consideration of themes in the Project brought new topics forward from Phase 1. This included embracing volunteering, connecting with local businesses and other organisations, and understanding the life journey to build empathy and nurture compassion in the community, particularly across generations. ***The extensive knowledge and experience shared between stakeholders in the creation of the Action Areas should inform future engagement and the development of person-led, community-based solutions.***

2. Continue to Engage the Wider Community: Much goodwill has been generated between citizens and RHSCP through the engagement. Co-design Team participants greatly valued it and were enthusiastic about the opportunity to be involved. They are keen to continue to do so. The involvement of older people in shaping services aligns with Scottish Government

recommendations (A Fairer Scotland for Older People: A framework for Action, Scottish Government, 2019) that consultation and involvement of service-users in the development of services is necessary to ensure they meet users' needs. Potential service ideas should be piloted and tested in the local area with a view to extending their application across Renfrewshire. ***Maintain regular contact with participants, updating them on progress and involving them in the subsequent phases of developing services.***

3. Finalise the Service Project Principles: Support sound decision-making in the design of service solutions. To ensure the proposed principles are accurate, reflect user needs and desired outcomes and that no strategic priorities are missing, they should be tested and refined. This will be done by the Steering Group and Reference Group. ***Review and finalise the Principles to guide decision-making during idea generation in the Development phase.***

10. Output Statements

Amplified Themes

4. Mitigate Against Loneliness and Social Isolation: Keeping citizens connected, engaged and active was a recurrent theme across the Project. It was explicitly mentioned in seven of the nine Action Areas and suggested by way of enhancing community connections in the other two. Taking action to mitigate against exclusion, respond to life transitions which can trigger a change in circumstances, and promote community connections, is consistent with the objectives of the Transformation Programme and the Scottish Government's strategy to tackle loneliness and social isolation. It will align with the Carers' Strategy (in development). ***Ensure community-based services are designed to enable access and connection, to reduce the chances of loneliness and social isolation.***

5. Prioritising Dementia-friendly Communities: As the number of people living with dementia is projected to rise by 47% by 2035, with a projected 64% increase in of people over 75 by

2039, there is a pressing need to ensure community-based services are accessible to those living with dementia and their carers. Providing information to reduce the risk of dementia as well as nurturing understanding and kindness in the community could benefit all citizens. This is closely related to the development of a Local Dementia Strategy and Carers Strategy. ***Given the projected increase in the numbers of people living with dementia, it is imperative that community-based services are dementia-friendly, helping make them accessible to everyone.***

6. Community Hub - Connect Existing Services: There are many existing services that meet the needs of older people. However, it can be difficult to find information about them and, in some cases, they can be difficult to access. Consistent with the Cross-cutting Themes, there is a need to make sure services are available to everyone by ensuring information channels are appropriate, venues and online spaces are

10. Output Statements

accessible, and transport is available. A local community hub was suggested as a possible solution. ***Build on existing community assets and explore how available services can be centralised and accessed more easily, in parallel with developing new services.***

7. Keep the Human Connection: Human contact, in person or on the telephone, was often the preferred way of connecting for older people. It is important to recognise that while many older people are technology savvy, others have no interest in using it. It is necessary to ensure different modes of contact are available to reduce the potential for exclusion. ***Explore how future services can be designed to be personal, human-centred and accessed in different ways. Ensure no one is excluded.***

Suggested Actions for the Next Phase

8. Review the Reference Group: The group played a vital role in the co-design process, offering a depth of knowledge,

expertise and experience. To be most effective, it should reflect the challenge being addressed. The composition of members, their skills and the benefits they bring to the next phase of the project should be reviewed to ensure the right mix of representatives. The ideal model for partnership working should be reviewed and agreed. ***A Reference Group with the appropriate composition of members should remain operational beyond Phase 2 and have an active role in shaping the design and delivery of new/enhanced services.***

9. Reference the Personas: Personas help build empathy and understanding and should be used in the subsequent phases of the design process. Current personas represent a range of user needs and circumstances related to ethnicity and religious beliefs as well as mobility and cognitive impairments. ***Embed personas within the idea generation activities in the Development phase to guide decision-making. They may be expanded to include other characteristics.***

10. Output Statements

10. Review Title and Identity: An engaging and relevant name should be created for the programme to help raise awareness, build interest and maintain momentum for change. ***Agree a name and identity for the Project to raise its profile and generate interest.***

Three gaps were identified in the Project that require further research and should be addressed in more detail in the next phase:

Day-Care Centres: The direct engagement of Day-Care Centres is required to fully understand the breadth of services they provide to the community and explore what role they may play in the delivery of services in the future.

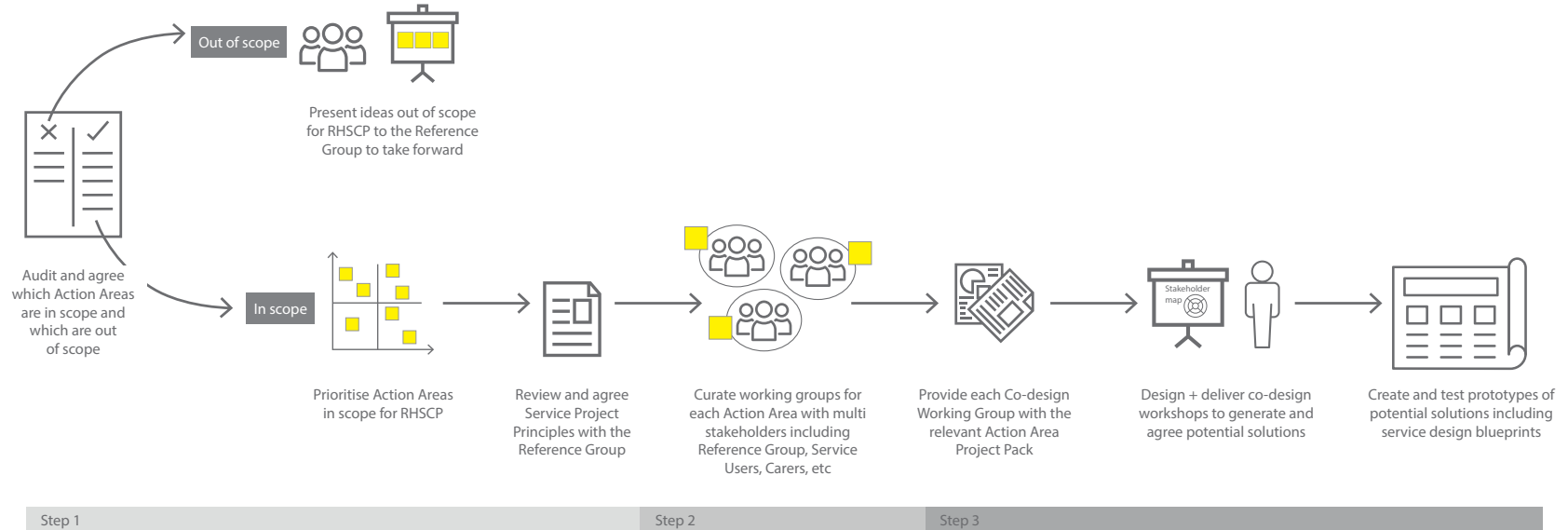
Reaching the Hard to Reach: Opportunities should be sought to directly engage with those who do not currently use services, in advance of need or crisis. This aligns with several of the Action Areas. It requires further research and the design of engagement activities with a specific focus on this group.

Transport Provision: Access to transport is vital for many older people to remain connected and to access community-based activities and services and is highlighted as a Cross-cutting Theme. Specific issues require deeper exploration to support individual choice and independence including: availability of transport options in rural areas; more accessible and friendly public transport – in particular for bus drivers to be sensitive to the needs of older people to feel safe on entering and exiting the bus; and flexibility to suit the needs of the individual. This includes in the range of transport options available and in the timings of scheduled transport to fit with activities. These considerations align with transport needs identified in other reviews including for learning disability day and respite services.

11. Preparation for the Next Phase

11. Preparation for the Next Phase

The suggested next steps, outlined in the illustration below, support moving into the next phase of the Project – Development, which focuses on idea generation. Further detail on each step is provided in the following page.



11. Preparation for the Next Phase

Step 1

Audit the Action Areas to determine which actions are in the scope of RHSCP and which are not. In the latter case, it is anticipated that Actions Areas (or aspects of them) be shared with the Reference Group members to identify possible project owners to take suggestions forward.

Prioritisation of Action Areas for those Action Areas, and associated ideas, within RHSCP scope. This will help ensure that challenges taken forward align with the Strategic Plan 2019-22, The Transformation Programme, and other strategic priorities.

Review Service Project Principles to support sound decision-making in the design of service solutions. To ensure that the proposed principles are accurate and that no strategic priorities are missing, they should be tested and refined. This will be conducted by the Steering Group and Reference Group.

Step 2


Working groups will be deeply involved in the idea generation phase to explore the Action Area and develop potential solutions. Working Groups are set up to include relevant members of the Reference Group, staff, those with lived experience of community-based services, previous participants and other community representatives where relevant.

Step 3

Project Packs have been assembled to support the idea generation phase and to build on the wealth of knowledge, ideas and expertise generated through the project. Project Packs comprise of: Service Theme overviews; associated Action Area descriptions; and initial service ideas as outlined in the final Co-design Team and Reference Group workshops. They are captured in Idea Framers and Renfrewshire Courier headlines. Supporting information is also included: Service Project Principles, Cross-cutting Themes and Personas.

Appendix

Appendix / Phase 2 Project Activity Map - Extended

Design Process Stage	Context setting		Discover user research	Define workshops	Opportunity & problem framing			
Timeline	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March / April
User Research		<ul style="list-style-type: none"> > Interviews part 1 x 6 people 	<ul style="list-style-type: none"> > Interviews part 2 x 4 people > Co-design Workshop 1A (29th Oct) > Co-design Workshop 1B (30th Oct) 	<ul style="list-style-type: none"> > Co-design Workshop 2A (12th Nov) > Co-design Workshop 2B (13th Nov) > SOOPIR Event (15th Nov) > Co-design Workshop 3A (26th Nov) > Co-design Workshop 3B (27th Nov) 			<ul style="list-style-type: none"> > Presentation of findings to group (5th Feb) 	
Reference group		<ul style="list-style-type: none"> > Reference Group Workshop 1 (4th Sept) > Reference Group Workshop 2 (26th Sept) 	<ul style="list-style-type: none"> > Reference Group sub-committee finalising values, manifesto and partnership principles > Reference Group theme sub-committee refining themes 		<ul style="list-style-type: none"> > Reference group Workshop 3 (9th Dec) 		<ul style="list-style-type: none"> > Presentation of findings to group (5th Feb) 	
Steering group	<ul style="list-style-type: none"> > Steering Group meeting 1 (7th Aug) 		<ul style="list-style-type: none"> > Steering Group meeting 2 (10th Oct) 		<ul style="list-style-type: none"> > Steering Group meeting 3 (18th Dec) 		<ul style="list-style-type: none"> > Presentation of findings to group (5th Feb) 	
Staff Engagement			<ul style="list-style-type: none"> > Staff Workshop 1 (1st Oct) > Staff Workshop 2 (30th Oct) 		<ul style="list-style-type: none"> > Staff workshop 3 (2nd Dec) 			
Desk research								
Journey	<ul style="list-style-type: none"> > Agenda and summary slidepack for Steering Group meeting 1 	<ul style="list-style-type: none"> > Analysis and write up of Reference Group Workshop 1 > Planning and design of Reference Group Workshop 2 > Analysis of interviews > Planning and design of Staff Workshop 1 	<ul style="list-style-type: none"> > Analysis of interviews > Planning and design of Co-design Workshop 1 > Analysis of Co-design Workshop 1 > Planning and design of Co-design Workshop 2 > Agenda and summary slidepack for Steering Group meeting 2 > Analysis of Staff Workshop 1 > Planning and design of Staff Workshop 2 	<ul style="list-style-type: none"> > Analysis of Staff Workshop 2 > Planning and design of SOOPIR > Analysis of SOOPIR event > Analysis of Co-design Workshop 2 > Planning and design of Co-design Workshop 3 > Planning and design of Staff Workshop 3 	<ul style="list-style-type: none"> > Analysis of Co-design Workshop 3 > Planning and design of Reference Group Workshop 3 > Agenda and summary slidepack for Steering Group meeting 3 > Analysis of Staff Workshop 3 	<ul style="list-style-type: none"> > Synthesise and refine opportunity framers > Draft findings 	<ul style="list-style-type: none"> > Submit draft findings 	<ul style="list-style-type: none"> > Submit draft report

Acknowledgements

Journey Associates would like to take this opportunity to thank Renfrewshire Health and Social Care Partnership for the opportunity to partner in exploring the future of community-based services for older people.

We would like to thank all participants for their time and valued contribution, and ROAR for the use of photographs.

We would also like to thank RHSCP staff for their assistance and support throughout the project.

Journey Associates Project Team

Catherine Docherty

Kate Dowling

Gayle Rice

Paula Grant

To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Officer

Subject: Performance Management Mid-Year 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 The purpose of this report is to update the IJB on mid-year performance for the financial year 2020/21 and covers the period April to September 2020. The full Scorecard updating all performance measures is attached as Appendix 1.
- 1.2 While this report is for the period April to September 2020, data is not yet available for all performance measures to September 2020 due to the exceptional circumstances surrounding the COVID-19 pandemic. As such, the information provided in the report is the most up to date available at this point.
- 1.3 Our report provides an update on indicators from the Performance Scorecard 2020/21. There are 68 indicators of which 37 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target.
- 1.4 At the mid year point for 2020/21 the Scorecard shows the status of the 37 indicators that have targets set against them as:
- 10 red indicators (27.0%)
 - 4 amber indicators (10.8%)
 - 23 green indicators (62.2%)

2. Recommendation

It is recommended the IJB:

- Approves the Performance Management Mid-Year Report 2020/21 for Renfrewshire HSCP.

3. Performance Reporting in 2020/21

- 3.1 The Scorecard 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.
- 3.2 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 has therefore changed to 'information only' for this financial year.
- 3.3 Development of the Adult Social Work staff Personal Development Plan (PDP) indicator has been delayed due to the pandemic, however following a successful pilot of the Business World module, it will be rolled out to all staff during November/December 2020. An interim system to collect data will be put in place until the Business World module is implemented.

4. The Impact of COVID-19 on Performance

- 4.1 We have included information on more performance indicators than normal in our mid-year report due to the effects of COVID-19. The pandemic has caused noticeable variations in performance with some indicators affected favourably, such as fewer referrals to services leading to reduced waiting times. Other indicators have been affected more negatively due to services being unable to offer face to face appointments. Sections 5 and 6 give more detail on how individual indicators have been affected.

5. Improvements in Performance

There has been improved performance in 2020 for the following indicators:

- 5.1 **The percentage waiting for dementia post-diagnostic support within 12-week standard.** (Outcome 2) As at September there were no patients waiting for post-diagnostic support (PDS). However due to COVID-19 the service has seen a reduction in referrals with only 23 new referrals from March to September 2020. There are 145 patients on the waiting list and in the absence of face to face appointments due to COVID-19, these, along with the new referrals, have all been contacted by telephone or in writing with a few taking up the option of Attend Anywhere appointments. 62.1% have had the full PDS information packs sent out and 37.9% have had some form of PDS input including the PDS leaflet, general PDS information and follow-up phone calls. Face to face appointments will resume as soon as it is safe to do so in line with patient safety protocol.
- 5.2 There has been an increase in the **Number of adults with a new Anticipatory Care Plan** (Outcome 2). The figure at September 2020 was 157, compared to 91 for the same period in 2019. The year-end

figure was 159 at March 2020 so we are on track to exceed this in 2020/21.

- 5.3 **The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks** (Outcome 3) has seen an improvement since March 2020 when 90.5% of patients were seen within target. At the end of September 2020, 100% of patients were seen within 4 weeks, changing the status for this indicator from amber to green. However due to COVID-19 referrals are currently 50% lower which accounts for the improvement in performance. It should also be noted that all appointments for assessment and treatment are taking place by telephone or are Attend Anywhere appointments, there are no face to face appointments at present.
- 5.4 **A&E waits less than 4 hours** (Outcome 3) has seen an improvement from 87.4% at March 2020 to 95.4% at July 2020, which sees its status change from amber to green (Target: 95%). However this performance has been impacted by the reduction in patient numbers attending A&E departments due to COVID-19.
- 5.5 There has been a decrease in the number of **emergency admissions from care homes** (Outcome 4). There were 220 for the period April – September 2020, compared to 356 for the same period in 2019. The average for Q1 and Q2 in 2020 was 37 per month (although in Sep 20 this increased to 46), compared to an average of 59 per month in 2019. Again, this indicator has been impacted by a reduced number of attendances and admissions to hospital due to COVID-19.
- 5.6 There has been a further reduction in **the rate of pregnancies for those under 16 years of age** in Renfrewshire (Outcome 4). The rate of 2.4 per 1,000 population Quarter 1, 2018/19 decreased to 1.5 at Quarter 2, 2019/20, and there has been a further decrease to 1.0 at Quarter 2 2020/21.
- 5.7 We have seen a further improvement in the **reduction in the rate of alcohol related hospital stays per 1,000 population** (Outcome 4), which is now being recorded as rolling year data. The rate was 8.4 at March 2020 and is now 8.0 for the period July 2019 - June 2020. There has been a decrease in admission numbers in Quarter 1 (270) compared to the same period in 2019 (337). We will monitor this trend going forward to establish whether this was attributed to COVID-19 pressure changes in referral or admission patterns.
- 5.8 There has been a further improvement in **Alcohol and Drugs waiting times for referral to treatment - percentage seen within 3 weeks** (Outcome 4). Performance has increased from 95.9% at March 2020 to 98.1% at June 2020. 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.

6. Areas for Improvement

Performance in 2020 has been more challenging for the following indicators:

- 6.1 **Number of Alcohol Brief Interventions (ABIs)** (Outcome 1). ABIs are traditionally carried out face to face so there have been no ABIs recorded for the period April-June 2020. Funding was secured from the Alcohol and Drug Partnership to recruit a full-time post for one year. However having gone through the recruitment process, there has not been a suitable candidate to appoint to this post. The recruitment of this post was postponed due to the restrictions surrounding COVID-19, but will be progressed as soon as it is safe to begin face to face consultations.
- 6.2 **Percentage of routine OT referrals allocated within 9 weeks** (Outcome 2) has seen a decrease in performance from 42% at March 2020 to 18% at June 2020. This can be attributed to the COVID-19 pandemic and the associated restrictions.
- 6.3 There has been a reduction in **the percentage of patients seen within the 18-week target by the Renfrewshire Child and Adolescent Mental Health Service (CAMHS)** from 66.7% at March 2020 to 60.6% at September 2020 (Outcome 3). The NHSGGC Board average is 59.6%. As updated at the last IJB meeting, a Service Improvement Plan is currently underway to mitigate performance.
- 6.4 There has been a reduction in the **uptake rate of the child health 30-month assessment** (Outcome 4) from 95.5% at March 2020 to 83% at September 2020, which can be directly attributed to the COVID-19 pandemic. This figure increases to 87% when including children who were slightly late due to lockdown impacting on assessments. Health visiting services have now restored the delivery of the universal pathway.
- 6.5 **The percentage of children seen within 18 weeks for Paediatric Speech and Language Therapy assessment** (Outcome 4). Performance has decreased slightly from 100% at March 2020 to 93% at September 2020 against the target of 95%. The status for this indicator has therefore changed from green to amber. However this should be viewed as positive performance given the challenges surrounding the pandemic. The service has kept waiting times down by embracing digital opportunities such as Attend Anywhere and telephone appointments, with video consultations overtaking all other approaches by September 2020. The service has also seen a significant increase in referrals since schools have returned in August as well as an increase in Did Not Attend (DNAs). Digital approaches do not suit all parents and some are unwilling to lose school/work time after lockdown to access the service. Local access to services has traditionally kept DNAs to a minimum so this is an area the service will look at addressing as restrictions continue.
- 6.6 **Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas** (Outcome 5) has seen a decrease in

performance which again can be attributed to the effects of the pandemic. There were 21 quits for the period April-June 2020, compared to 47 for the same period in 2019. The Quarter 1 target is 45. Performance is likely to remain low while COVID-19 restrictions remain in place, however smoking cessation support is available at pharmacies.

- 6.7 The **iMatter** staff survey was paused as a result of the COVID-19 pandemic, so there is no updated data for the **Improve the overall iMatter staff response rate** indicator (Outcome 8). We await guidance on the resumption of the iMatter process from the NHSGGC Board and Scottish Government.
- 6.8 **Prescribing cost per treated patient** (Outcome 9) has seen an increase from £83.87 at June 2019 to £89.00 at June 2020, against a target of £86.63. However it is a decrease from the March 2020 figure of £91.34. This increase can be attributed to short supply and an increase in patients requesting their medication in advance due to the pandemic.
- 6.9 **Waiting times across NHSGGC Podiatry Services** (Outcome 9) dipped during April-September 2020 as non-foot wound referrals were deferred during lockdown, resulting in increased waiting times for 'non-urgent' referrals. Conversely foot wound referrals continued to be accepted during lockdown, therefore performance has increased in this area.

Implications of the Report








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





List of Background Papers – None.









Author Clare Walker, Planning and Performance Manager

<p>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)</p>



















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%	23.6%	* Unavailable until late November	21.4%			B
Number of Alcohol Brief Interventions	306	224	June 20 0	-			-

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%	June 20 90%	85%			L
Number of clients on the Occupational Therapy waiting list (as at position)	349	315	June 20 329	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

Appendix 1

Performance Indicator	18/19	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Number of unscheduled hospital bed days; acute specialties (18+)	131,451	126,729p	June 20 21,555	-			M
Number of emergency admissions (18+)	17,083	18,168p	June 20 3,127	-			M
Percentage of long term care clients receiving intensive home care (national target: 30%)	28%	27%	27%	30%			N
Number of delayed discharge bed days	6,085	9,122p	June 20 1,908	-			M
Homecare hours provided - rate per 1,000 population aged 65+	444	414	June 20 425	-			-
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	Sep 20 99.8%	-			-
Population of clients receiving telecare (75+) - Rate per 1,000	40.17	53.03	June 20 50.0	-			-
Percentage of routine OT referrals allocated within 9 weeks	52%	42%	June 20 18%	-			-
Number of adults with a new Anticipatory Care Plan	185	159	Sep 20 157	-			-









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	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Percentage of deaths in acute hospitals (65+)	42.7%	Sep 19 40.3%	* Unavailable until late November	42%			L
Percentage of deaths in acute hospitals (75+)	41.6%	Sep 19 39.0%	* Unavailable until late November	42%			L
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	94.0%	92.3%	90%	90%			N
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	82.5%	66.7%	Sep 20 60.6%	80%			N
A&E waits less than 4 hours	89.5%	87.4%	July 20 95.4%	95%			N
Percentage of NHS staff who have passed the Fire Safety LearnPro module	45.6%	80.2%	Sep 20 80.8%	90%			B
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks.	86.5%	90.5%	100%	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						
	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%	94.3%	80%			N
Uptake rate of child health 30-month assessment	93%	95.5%	83%	80%			N
Percentage of children vaccinated against MMR at 5 years	97.2%	99.0%	June 20 98.7%	95%			N
Percentage of children vaccinated against MMR at 24 months	96.0%	95.0%	June 20 95.5%	95%			N
Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data)	8.7	8.4	Jul 19-Jun 20** 8.0	8.9			N
Emergency admissions from care homes	823	746	Sep 20 220	-			-
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	Sep 20 100%	100%			B
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	74.4%	95.9%	June 20 98.1%	91.5%			N











Appendix 1









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	* Data not available until Nov 2020	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%	June 20 6.8%	6%			B
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	63%	100%	Sep 20 93%	95%			B
Emergency bed days rate 65+ (rate per 1,000 population)	262	279	Sep 20 210	-			-
Number of readmissions to hospital 65+	1,368	1,366	Sep 20 488	-			-

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	21	Q1 45 Annual 182			N
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	17.7%	16.7%	* Unavailable until November	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	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Number of carers accessing training	229	255	Virtual training taking place. Number to be confirmed	Q2 110 Annual 220			L
Number of adult support plans completed for carers (age 18+)	93	162	32	-			-
Number of adult support plans declined by carers (age 18+)	78	34	5	-			-
Number of young carers' statements completed	78	68	* Not yet available	-			-

National Outcome 7		People using health and social care services are safe from harm					
Performance Indicator	18/19	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Number of suicides	13	Data available Dec 2020	Data available 2021	-			-
Number of Adult Protection contacts received	2,723	3,106	Sep 20 846	-			-
Total Mental Health Officer service activity	723	683	Sep 20 175	-			-
Number of Chief Social Worker Guardianships (as at position)	113	110	111	-			-
Percentage of children registered in this period who have previously been on the Child Protection Register	24%	19%	43% (equates to 16 re-registrations)	-			-

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	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
% 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%	72%	70%			B
Sickness absence rate for HSCP NHS staff	5.39%	4.75%	5.13%	4%			N
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	17.43	18.08	* Unavailable until November	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	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Formulary compliance	78.5%	78.1%	Jun 20 77.6%	78%			L
Prescribing cost per treated patient	£83.23	£91.34	Jun 20 £89.00	£86.63			L
Total number of A&E attendances	61,174	60,238	Jul 20 11,163	-			M
Total number of A&E attendances (18+)	47,718	47,295	Jul 20 9,308	-			

Appendix 1

Performance Indicator	18/19	19/20	20/21	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Care at Home costs per hour (65 and over)	£26.40	Annual Indicator Due early 2021	Annual Indicator Due early 2022	-			-
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	5.80%	Annual Indicator Due early 2021	Annual Indicator Due early 2022	-			-
Net residential costs per week for older persons (over 65)	£277	Annual Indicator Due early 2021	Annual Indicator Due early 2022	-			-
Prescribing variance from budget	0.5% over budget	2.61% under budget	1.97% under budget	-			-
% of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	95.4%	90.1%	76.4%	90%			B
% of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC	93.5%	91.4%	77.7%	90%			B
% of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde)	91.1%	81.7%	92.9%	90%			B
% of diabetic foot ulcers seen within 4 weeks in NHSGGC	87.4%	81.2%	93.6%	90%			B

Notes

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

** Information services have calculated the Alcohol Related Hospital Admissions as a rolling year for July 2019-June 2020. Data is provisional due to the effects of COVID-19 on completeness.

P Denotes provisional data

To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Officer

Heading: Non-Financial Governance Arrangements

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

1. Summary

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place. The report also provides performance information regarding Freedom of Information and Complaints and covers the period 1 April 2020 to 30 September 2020.

2. Recommendation

It is recommended that the Integration Joint Board (IJB):

- Note the content of this Report, specifically around:
 - Freedom of Information (Fol)
 - Health and Safety
 - Complaints
 - Compliments
 - Civil Contingencies & Business Continuity
 - Insurance and Claims
 - Risk Management
 - General Data Protection
 - Records Management Plan
 - Communication

Implications of the Report

1. **Financial** – Sound financial governance arrangements are in place to support the work of the Partnership.

2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** - There are no property/ asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
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. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications** – As per the subject content of the risk section of this paper.

List of Background Papers – None.

Author: Jean Still, Head of Administration

Any enquiries regarding this paper should be directed to Jean Still, Head of Administration (Jean.Still@ggc.scot.nhs.uk / 0141 618 7659)

Non Financial Governance Arrangements 1 April 2020 to 30 September 2020



Freedom of Information



Health & Safety



Complaints



Compliments



Civil Contingencies
& Business Continuity



Insurance & Claims



Risk Management



General Data Protection Regulations



Records Management Plan



Communication



1.

- 1.1. At its meeting on 15 January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB.

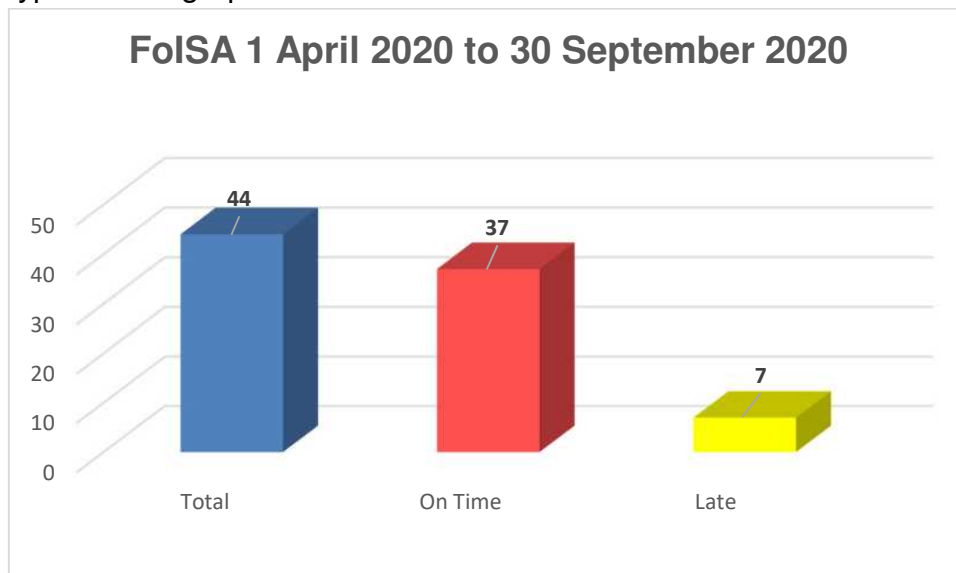
Background

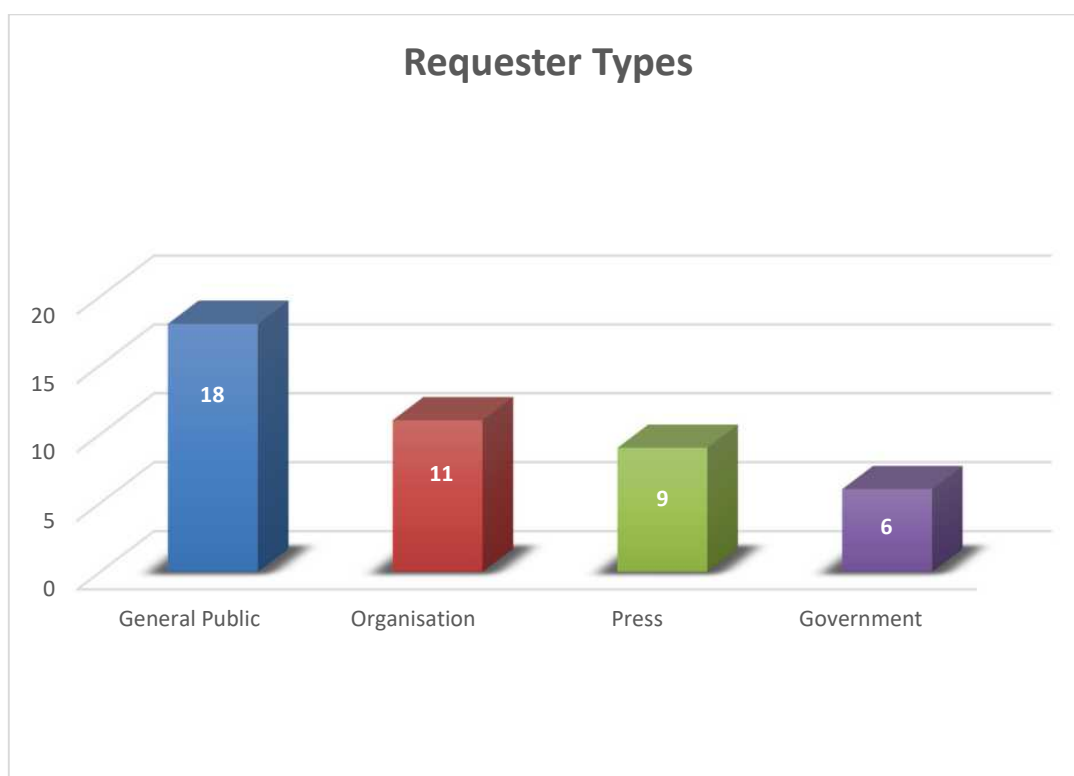
- 1.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to Fol requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf

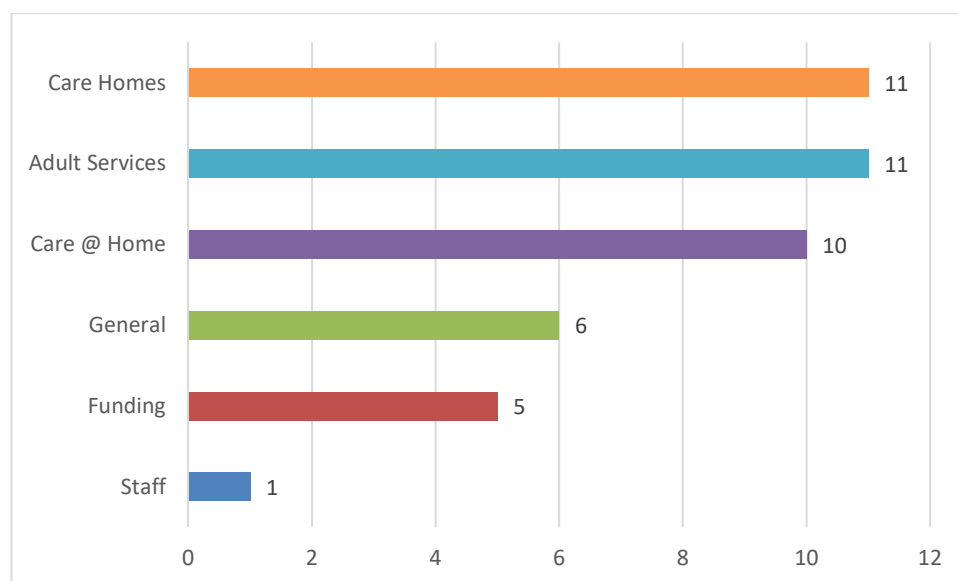
Requests Received

- 1.3. During the period 1 April 2020 to 30 September 2020, the IJB received **1** request for information regarding the IJB's Covid-19 Mobilisation Plan. Statistical information regarding IJB Fols are uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 1.4. It was agreed that any Fol relating to the operational delivery of health and adult social care service received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 1.5. During the specified timeframe 44 FOISA requests were received broken down by types in the graph below.





- 1.6. The main issues related to the following services. Six of these were about Covid-19 issues:



1.7 Subject Access Requests

A Subject Access Request is a request for personal information that an organisation may hold about an individual. For the Partnership, this may mean that one of our patients or service users can ask what information we hold about them and what we do with it. If we do hold information about them, then they are entitled to have a copy.

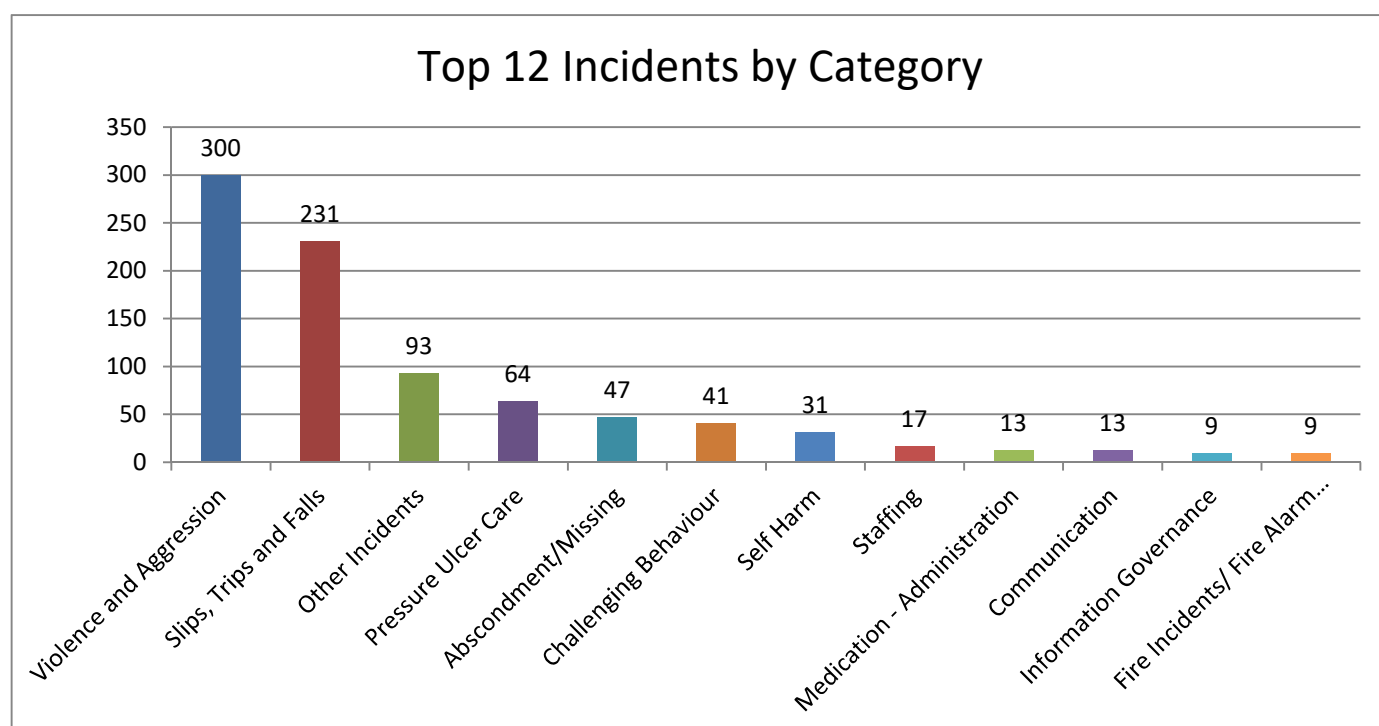
During 1 April 2020 to 30 September 2020, the Partnership responded to **18** Subject Access Requests from patients, clients and staff.



2.

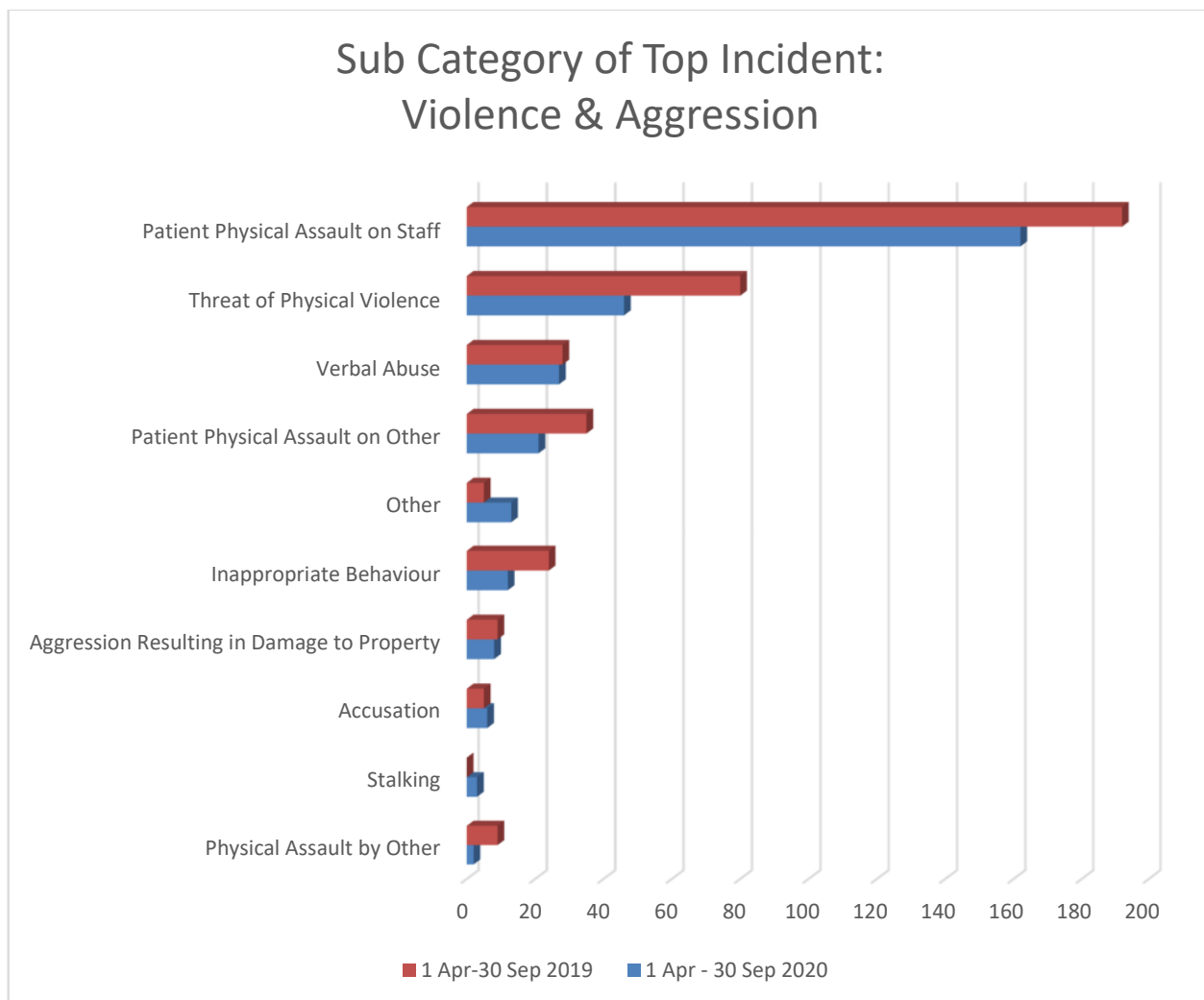
Background

- 2.1 The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 2.2 The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum.
- 2.3 The Health & Safety arrangements within Renfrewshire Council are governed by the Corporate health and safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 2.4 A Joint HSCP Health & Safety Committee is in place and has service representation from health, council and partnership. The Committee meets quarterly.
- 2.5 The HSCP Health & Safety Committee's role within the Partnership is to coordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 2.6 The table below provides a snapshot view of the top 12 health and safety incident categories over the six month period 1 April 2020 to 30 September 2020. This includes patients, service users and staff.



2.7

A further breakdown of the top incident by its sub-categories is noted below.

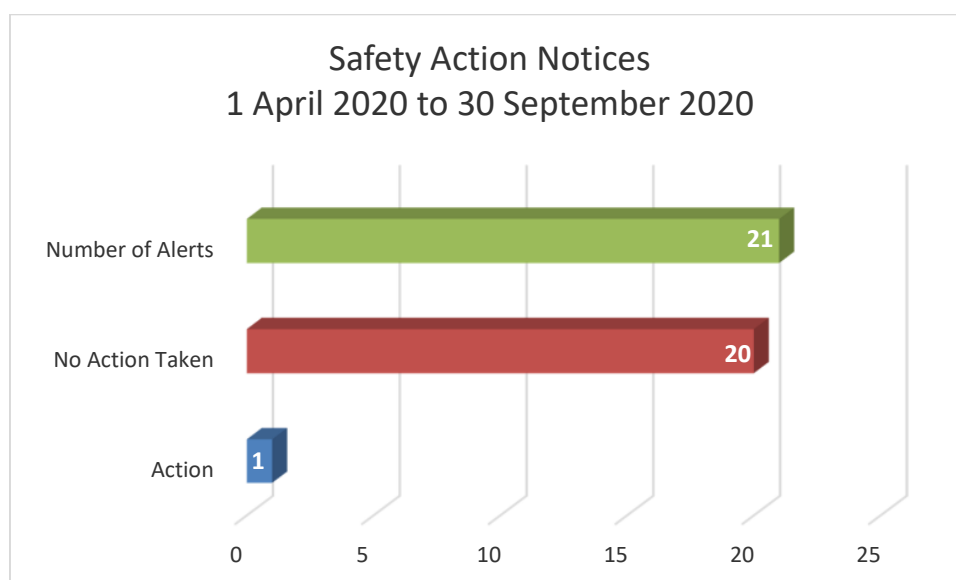


2.8

Health & Safety Alerts Report

Health & Safety Alerts are received via email and cascaded across services within the HSCP. All services will then advise if relevant to their area and a final response gathered and noted in an action plan if appropriate.

The table below provides a snapshot view of the number of Health & Safety Notices received over the six month period 1 April 2020 to 30 September 2020. Health & Safety Alerts are reviewed quarterly at the H&S Committee meetings.



The one alert requiring action covered air mattresses.

2.9

RIDDOR incidents

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) puts duties on employers and staff working within an organisation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

There were 4 (1 x Occupational Disease and 3 x Violence & Aggression) RIDDOR reportable incidents from 1 April 2020 to 30 September 2020 across the Health & Social Care Partnership. These incidents have been investigated with reports and actions plan in place.

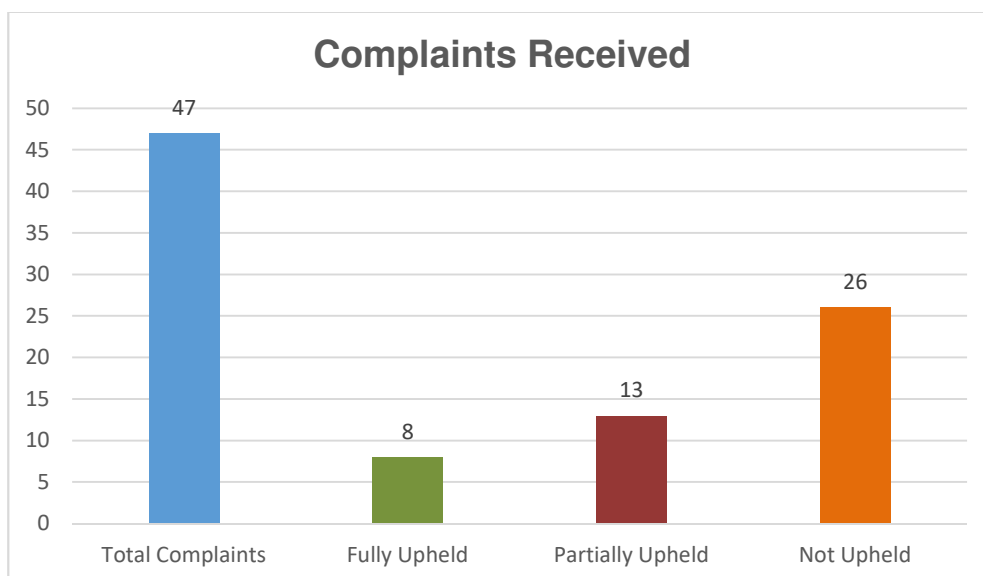
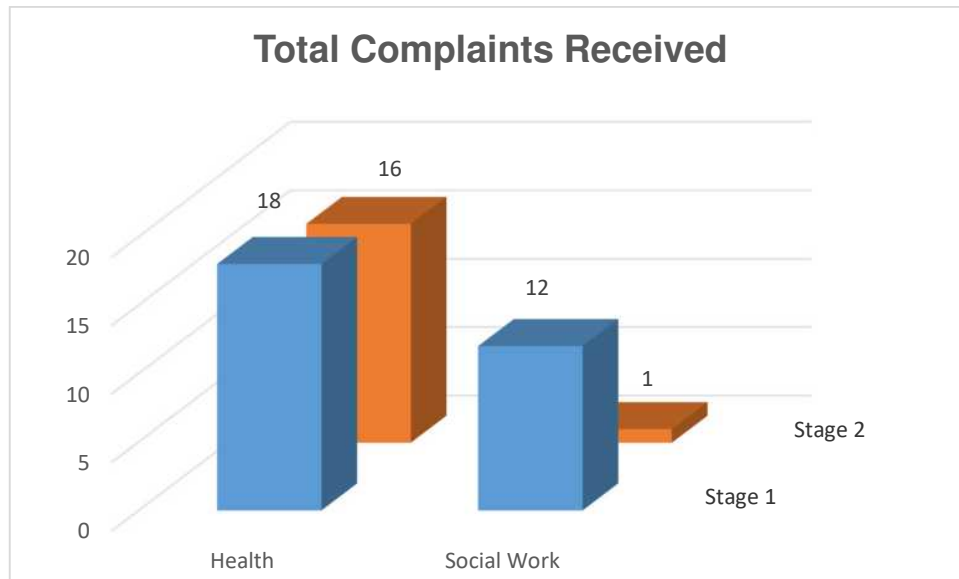


Complaints

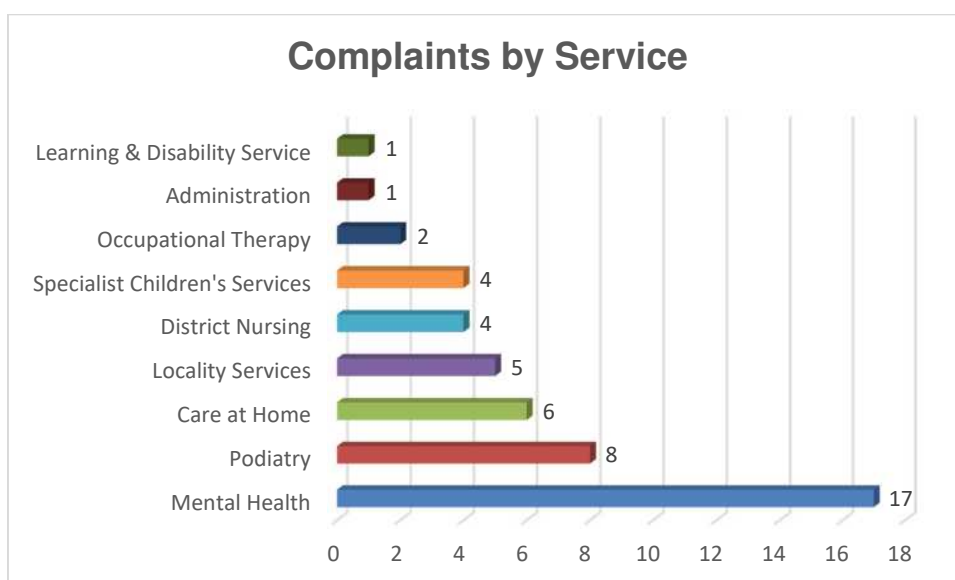
3.

3.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2020 to 30 September 2020. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

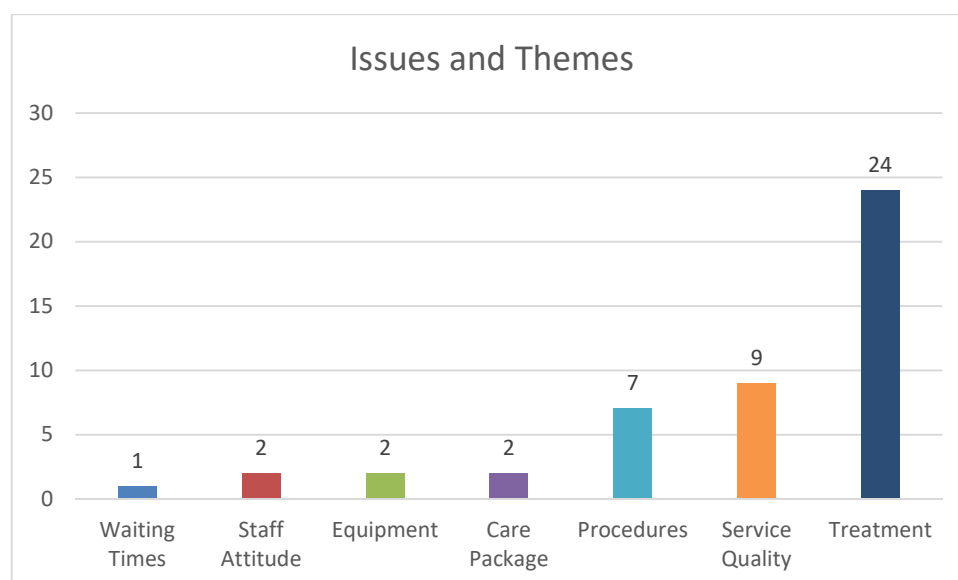
3.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP from 1 April 2020 to 30 September 2020.



3.3 The graph below shows the breakdown of complaints by service for the period 1 April 2020 to 30 September 2020.



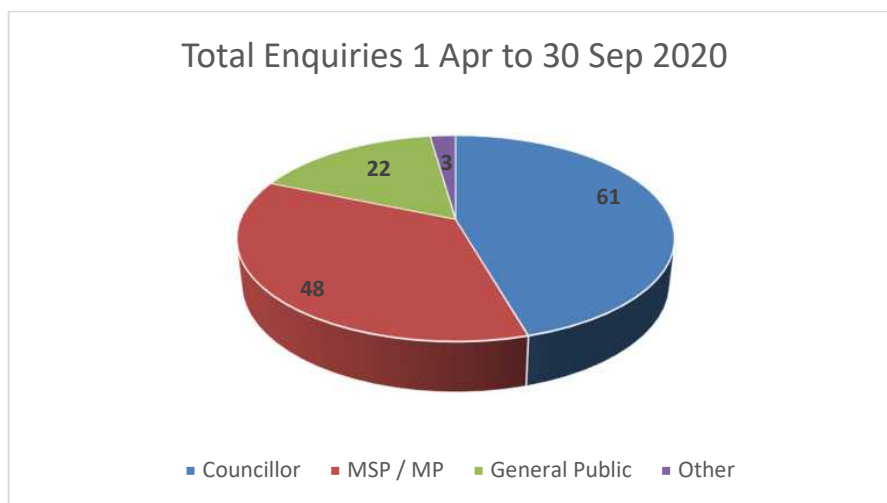
3.4 The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.



3.5 Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). Of the total number of complaints for health and social care, 1 was submitted to SPSO relating to Social Work Locality Services.

1. The SPSO advised us in October 2019 that a complaint submitted by a complainant regarding the care and treatment received from the Specialist Children's Services did not require a formal investigation due to the lack of independent evidence or witnesses to provide corroboration.

3.6 During the period 1 April 2020 to 30 September 2020, the HSCP received 134 enquiries broken down in the chart below (show Councillors, MPs, MSPs, members of the public and other third party organisations).



Service Improvements

- 3.8 One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.
- 3.9 Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Communication are key issues for complaints and steps are being taken by services to improve these.

Policies & Procedures

- 3.10 Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.
- 3.11 Whilst NHS Greater Glasgow & Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined up, person-centred services.
- 3.12 There is a standard approach to handling complaints across the NHS and Council which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patients Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.
- 3.13 If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.
- 3.14 Where these services are integrated, we must work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.



COMPLIMENTS APR – SEP 2020

Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you. -Eileen Caddy

Amazing Staff

Carers

'We would like to thank all the carers involved in my mother's care. It is so easy these days to complain quickly when things go wrong but we are not as quick to compliment when things go well. This amazing group of staff provided care, support, love and help to my mother no matter what the weather, day or night.'

Physiotherapy

'Absolutely thrilled with the physiotherapist and her knowledge, professionalism and assistance on literally getting my wife back on her feet after comprehensive surgery. We will both be forever grateful.'

Podiatry

'Treated today... had to have a section of big toenail removed. Excellent treatment. Efficient, friendly and professional. A big thank you.'

Thank you

Ward 37

'On behalf of the family, we would like to express our thanks to Dr Webster and all his staff at Ward 37 and Dykebar for all their efforts in arranging and facilitating our mother's move and for the wonderful care and attention she received.'

To say thank you is not enough

Administration Staff

'I would to thank the staff who answer the phone as they are really nice people to talk to. Sometimes, all it takes, is to feel you have been listened too'

'I never got the chance to thank you and the admin team for all your help and support with the interviews - you were so organised which made our massive task so much easier.'

Can't thank you enough

Covid-19 Assessment Centre

'To the kind doctor who came to the aid of my husband at the CAC. My husband went straight to the RAH and has since come home and is making a full recovery now. I would like to thank him as his quick action saved by husband's life. **DEFINITELY AN NHS HERO!**

Thank you for everything

GP Practice

'To the GP in Mirin Practice, Paisley for your assistance on the video consultation with myself and my son. I just wanted to say thanks so much.'



5.

- 5.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts
- Local Arrangements for Civil Protection (Part 1)
 - Emergency Powers (Part 2)
- 5.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:
- Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans.
 - Put in place business continuity management arrangements.
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- 5.3 Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil Contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.
- The Civil Protection Steering Committee and the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
 - Sharing information across the internal services
 - Coordinating the plans and procedures to be adopted across the organisation
 - Identifying training and exercise requirements and delivery method
 - Develop a work plan to deliver the resilience agenda
 - Share best practice and lessons identified.
- 5.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.
- 5.5. A joint Business Continuity Plan has been developed and is routinely tested.
- 5.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow and Clyde Civil Contingencies Unit.



6.

- 6.1. The Clinical Negligence & Other Risk Indemnity Scheme (CNORIS) Scotland Regulations 2000 was established with effect from 1 April 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland for delivering patient care. Private contractors, including General Medical Practitioners, are outwith the scheme.
- 6.2. With the introduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.
- 6.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 6.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.
- 6.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.



7.

- 7.1 Regarding the arrangements in place for the management of risk within the HSCP, Members previously approved the risk management arrangements and have received update reports. It was also agreed that the Senior Management Team monitor the Risk Register on a monthly basis.
- 7.2 The Risk Registers for the IJB and HSCP are maintained, updated and reported in line with the risk management policies of NHS Greater Glasgow & Clyde and Renfrewshire Council.
- 7.3 Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.
- 7.4 An updated version of the Risk Management Framework was approved by the IJB Audit Committee in November 2017. This revised framework updated the approach to reporting risks whereby the Risk Register was separated into an IJB Risk Register tracking strategic risks specifically relating to the Board and an HSCP Risk Register which tracked operational risks.
- 7.5 The Audit Committee is a key component of the IJB's governance framework. One of its core functions is to provide the IJB with independent assurance on the adequacy of its risk management arrangements.
- 7.6 As such, this update is to provide assurance to IJB members that the Audit Committee will review the effectiveness of the risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks.
- 7.7 The Risk Management Policy and Strategy has been updated to reflect these changes.
- 7.8 During the Covid-19 response, the HSCP implemented additional risk management measures to identify and manage emerging risks. As recovery and renewal activity progresses, these interim measures will continue but will need to be adapted to align further with existing risk management arrangements. Consequently, the HSCP believes that a review and update of the Risk Management Framework is required to ensure that the IJB's approach to risk management addresses the complexity of the current and future environment.
- 7.9 For members' awareness, a report with this proposal was agreed by the Audit, Risk & Scrutiny Committee at its meeting on 11 September 2020. It is proposed that the revised Risk Management Framework will be implemented from April 2021 and further progress updates will be brought to the IJB.



8.

- 8.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date
- 8.2 The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
- 8.3 There is a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.
- 8.4 As the IJB is a statutory authority, it is subject to the new regulations. However, the IJB in practice handles very little personal data and the impacts on the IJB specifically, as opposed to the partner organisations, is anticipated to be quite limited.
- 8.5 There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at putting suitable arrangements in place for these changes.
- 8.6 A more limited range of activities will require to be progressed for IJB itself to ensure compliance with the new legislation. All members should have awareness of these changes.



Records Management Plan

9.

- 9.1 The Public Records (Scotland) Act 2011 requires all public bodies in Scotland to prepare a Records Management Plan (RMP) which sets out the organisation's arrangements for managing our records.
- 9.2 NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 9.3 Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting Renfrewshire IJB to submit its RMP by 1 February 2019. Approval of the RMP is awaited.
- 9.4 The IJB submitted a Records Management Plan to the Keeper of the Records Scotland in January 2019. The RMP sets out how the IJB records are created and managed in line with national policy.
- 9.5 As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan.



Communications Evaluation: 1 April 2020 - 30 September 2020

Website

www.renfrewshire.hscp.scot



15,119
Users



60,963
Page Views



46.5%
Desktop Views



53.5%
Mobile/Tablet Views

User feedback

easy to navigate

very clear search function

easy to use 8 / 10

Top visited pages

1. 2,982 Changes to Services
2. 2,172 Community Mental Health Team
3. 2,169 Flu
4. 1,466 Contact Us
5. 1,384 Adults & Older People Services

Social Media



1,833
Followers

185,700
Reach



1,005
Followers

77,431
Reach

Successful Campaigns

Carers and PA
PPE

Child Immunisation
Attendance

Service Changes

Clap for
Carers



To: Renfrewshire Integration Joint Board

On: 20 November 2020

Report by: Chief Social Work Officer

Heading: Annual Report of the Chief Social Work Officer 2019/20

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

1. Summary

- 1.1. All local authorities in Scotland are required under Section 3 of the Social Work (Scotland) Act 1968 to appoint a professionally qualified Chief Social Work Officer (CSWO). The CSWO is one of a number of statutory positions which local authorities must ensure is in place. In Renfrewshire Council and Renfrewshire Health and Social Care Partnership the role of the CSWO is held by the Head of Child Care and Criminal Justice. The CSWO is a member of the Council's Corporate Management Team.
- 1.2. The CSWO provides an annual update report to Council and the Integration Joint Board in Autumn each year on the social work activities across adult, children and criminal justice social work. The CSWO's report is then submitted to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report can be produced.
- 1.3. The CSWO report attached at appendix 1 provides a summary of activity relating to the role of the Chief Social Work Officer during 2019/20.

2. Recommendations

It is recommended that the IJB notes:

- The key activities outlined in the CSWO Annual Report; and
- That the CSWO Annual Report will be submitted to the Office of the Chief Social Work Advisor at the Scottish Government

3. The Chief Social Work Officer

- 3.1 The principal role and purpose of the Social Work service is contained within the Social Work (Scotland) Act 1968, which gave local authorities the

responsibility of “promoting social welfare”. The Social Work Service has a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire, often meaning that many of our service users do not engage with us on a voluntary basis. The role of the Chief Social Work Officer (CSWO) is critical in terms of achieving this purpose.

- 3.2 The CSWO is a ‘proper officer’ in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder. The qualifications of the CSWO are set down in regulations and stipulate that the postholder must be a qualified social worker registered with the Scottish Social Services Council. The CSWO must be able to demonstrate extensive experience of operational and strategic management at a senior level within social work and social care services.
- 3.3 The CSWO provides professional advice on the provision of social work and social care services to elected members and other officers within the local authority to assist authorities in understanding and discharging their responsibilities to ensure there are adequate social work services in the area. The CSWO provides support to elected members, the Corporate Management Team and partner organisation in understanding the key role that social work plays in contributing to the achievement of national and local outcomes, to improving local performance and in terms of the management of corporate risk.
- 3.4 The scope of the CSWO role covers all social work and social care services, whether provided directly by the local authority, or in partnership with others, including the health and social care partnership. Where these services are purchased or commissioned from external providers, the CSWO has responsibility to advise on the specification, quality and standards of services commissioned. The environment in which social work services operate is much more complex than when the Act established the role, and current guidance reflects the increased strategic nature of the role, and the particular functions in relation to Integration Joint Boards and Health and Social Care Partnerships.
- 3.5 The CSWO has a range of responsibilities relating to the promotion of values, standards, and leadership across the full range of social work and care services. Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. A significant proportion of those requiring social work services do not engage on a voluntary basis and a range of statutory powers are available to ensure the provision of support to them. Access to the majority of services is assessed on the basis of need, and social work staff work in partnership with individuals, carers, families and communities to meet this need within the resources available to the service and partner agencies.

4. Local Governance Arrangements

- 4.1 Within Renfrewshire Council the Head of Child Care and Criminal Justice is the designated CSWO. As well as the responsibilities associated with the Children’s Services directorate the CSWO retains professional leadership for adult social work and social care services delivered by the HSCP.

4.2 The CSWO has a number of general and specific duties, including:

- (i) providing an annual report to elected members on the key activities and role of the CSWO;
- (ii) being the leading for social work services on the RHSCP Executive Governance Group and the Integration Joint Board;
- (iii) reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council on children and justice social work;
- (iv) being a member of the Council's Corporate Management Team and reporting directly to the Chief Executive and senior elected members on all social work matters;
- (v) representing services and the council more widely, at a local, regional and national level on social work matter;
- (vi) chairing twice-yearly meetings of all senior social work managers from Children's Services and Renfrewshire HSCP;
- (vii) providing advice on social work issues to the Public Protection Chief Officers' Group;
- (viii) being the Agency Decision maker for the Adoption and Fostering decisions and for secure care applications in relation to those under the age of 18; and
- (ix) is the holder of all Mental Health and Adults with Incapacity Orders, and Guardianship cases in the area.

4.3 The CSWO has direct access to the Chief Executive and the Leader of the Council in relation to all statutory social work functions. The CSWO is a member of the Council's Corporate Management Team and provides advice to the Chief Officers' Group which manages public protection risks on a partnership basis and is a non-voting member of the Renfrewshire Integrated Joint Board. Individual Heads of Service have responsibility for the management of risk within their respective service areas and have regular access to the CSWO for advice, guidance and support.

5. Activities of the Chief Social Work Officer 2019/20

5.1 The report attached as Appendix 1 summarises the key activities of the CSWO for Renfrewshire during 2019/20. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken but seeks to provide a broad overview of the CSWO role and social work activity delivered by the local authority and the health and social care partnership. The report will be submitted to the Office of the Chief Social Work Advisor to inform a national overview report.

- 5.2 The next report on the activities of the CSWO will be submitted to the Council in Autumn 2021.

6. Overview of activities within social work services

- 6.1 Services continue to experience high demand in a number of areas, which are being managed in a financially prudent manner both within the Council and Renfrewshire Health and Social Care Partnership. The management of significant levels of risk to vulnerable children and adults continues to be a priority for the adult, children and justice services and for partner agencies. Many of those pressures continue to be related to deprivation and to alcohol and drug misuse in Renfrewshire. Social work, as part of the local multi-agency partnership coordinate the provision of services which aim to protect vulnerable people locally and continues to deliver high-quality services to vulnerable people in Renfrewshire and to innovate and improve through a programme of continuous development and improvement.
- 6.2 The CSWO has a range of statutory duties which are detailed in Appendix 1 to this report; that appendix also includes more detail of demand and provision in those areas.
- 6.3 Statutory functions in respect of children encompass looked after and accommodated children, child protection, work with the Scottish Children's Reporter Administration and work with young people who offend and are subject to secure orders. In recent years, the service, in partnership with others, has developed a strong focus on early intervention and prevention, on the use of evidence-based programmes to support families, on the use of intensive support in complex cases, and on focusing on permanence including looked after and accommodated children who are not able to return to the care of their parent(s). The council has also invested in an additional children's house which can provide intensive support to a small group of young people. A specialist team supports children and young people who are unaccompanied refugees or asylum seekers.
- 6.4 Day to day management of adult social work services is delegated to Renfrewshire Health and Social Care Partnership. The CSWO retains a professional advisory role in relation to these services and continues to have statutory duties within adult social work. The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire in terms of the Adult Support & Protection (Scotland) Act 2007. There continues to be increasing demand for work related to the Adults with Incapacity (Scotland) Act 2000. More detail is included in Appendix 1.
- 6.5 The Criminal Justice Service supervises a range of community-based requirements on offenders, provides reports to Courts and the Parole Board, manages a service for sexual offenders, and operates a range of statutory and voluntary services to support female offenders. A number of services which previously operated on a shared basis with neighbouring authorities have now been brought in-house. Multi-agency arrangements are in place to manage high-risk offenders, violent and sexual offenders and to tackle domestic abuse. The service is also working closely with community planning partners to deliver on community justice responsibilities.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – The report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measures which ensure the workforce is skilled and effective and highlights achievements in relation to support to communities, customer service and consultation.
4. **Legal** - None
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** –
 - (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None
9. **Procurement** –None
10. **Risk** - Risks related to the management and delivery of social work services are closely monitored and are included within both the Children's Services Risk Register and, where appropriate, the Corporate Risk Register.
11. **Privacy Impact** – None

List of Background Papers

"The Role of the Chief Social Work Officer – Guidance Issued by Scottish Ministers"
Paper to Education and Children Policy Board, 18 August 2016

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Annual Report of the Chief Social Work Officer

2019/20

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”

Definition of social work agreed by the International Federation of Social Workers, 2014

Chief Social Work Officer – Renfrewshire

Introduction

I'm pleased to present the annual Chief Social Work Officer report for Renfrewshire.

My operational post is the Head of Child Care and Criminal Justice in Children's Services and I have the day to day management responsibility for children and justice social work. As Chief Social Work Officer I have additional professional leadership responsibility for the wider social work and social care services within Renfrewshire Health and Social Care.

The role of the Chief Social Work Officer was established to ensure the provision of appropriate strategic and professional advice to the local authority in relation to how it discharges its statutory social work functions. There are also some functions conferred by legislation directly on the Chief Social Work Officer by name

The Scottish Office explicitly recognised that the need for the Chief Social Work Officer role due to *"the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not."* (Circular: SWSG2/1995 May 1995).

As Chief Social Work Officer, I am a member of the Council's Corporate Management Team, ensuring that the Chief Executive and Directors have the professional social work advice when considering issues and making decisions for our residents. In addition, I have regular and unfettered access to the Chief Executive.

I have regular access to the Leader of the Council and other senior elected members, again to provide professional advice and leadership on matters affecting the citizens of Renfrewshire.

Adult social work and care services are delegated to the Renfrewshire Health and Social Care Partnership. I have regular and unfettered access to the Chief Officer and Heads of Service within Renfrewshire Health and Social Care Partnership.

In addition to those detailed above I'm supported to discharge the Chief Social Work Officer role by my service Director and the Social Work Children's Services Manager and the Criminal Justice Services Manager.

This report doesn't detail all of the work of social work within Renfrewshire and rather serves to provide an overview of services.

John Trainer
Chief Social Work Officer

Summary of performance in 2019/20

Over the past year social work services across Scotland have continued to face the challenges of increasing levels of demand for services coupled with tight financial constraints. Services in Renfrewshire are no different to those elsewhere in the country. Our area continues to have areas with significant multiple deprivation and relative poverty, high levels of alcohol and drug misuse and high demands for services in adult, children and justice social work services. Our area has had historically high rates of looked after children, compared to the national average and whilst the rates remain higher than we would wish for they are reducing. Children's social work continues to work on an approach where early intervention and preventative interventions are critical to improving outcomes for children and families whilst at the same time reducing the number of children who require statutory intervention. In the past twelve months the service has continued to develop approaches which are critical to sustainable service delivery and still promoting innovation and continuous improvement.

Last year I highlighted that adult protection and the management of financial and welfare guardianships were an area of work within adult social work which had seen increased demand. This pattern has continued in the current year. As Renfrewshire Health and Social Care Partnership promotes independent and supported living for adults with learning disabilities, physical disabilities and mental health challenges there have been further developments of the self-directed support scheme which continues to grow in popularity. The increase in self-directed support, whilst welcome as it gives more control to the individual is presenting challenges for the more traditional services such as day care which are facing a reduction in the number of people choosing to use them. As the number of older adults in our population has increased there is a further demand being placed on community-based services, principally care at home.

Within criminal justice services there continues to be increases in the number of people being placed on community payback orders and in the number of new unpaid work orders. The pressure on the criminal justice service continues to be significant however the teams are managing the demand and continue to meet the overall standard of services.

Partnership Working

The role of Chief Social Work Officer (CSWO) was established in legislation to ensure that professional advice on social work services was available to elected members and council officers. The CSWO assists local authorities in understanding and delivering the complexities inherent in social work and social care services. As the number of strategic partnerships across the public sector increased, whether legislated for or developed through good local joint working, has added a level of complexity to the role of Chief Social Work Officer.

In Renfrewshire Council, social work services for children and families and criminal justice social work services are delivered by Children's Services whilst social care and social work services for adults are delegated to Renfrewshire Health and Social Care Partnership (RHSCP). As such, the CSWO fulfils the role for both the Council and RHSCP. Regular meetings take place with Heads of Service from Children's Services and RHSCP to ensure that areas such as transition for young people moving to adult services and the role of parents with mental health issues are jointly addressed.

The Chief Social Work Officer is accountable to elected members via the Education and Children's Services Policy Board (for Children & Families Social Work) and the Communities, Housing and Planning Policy Board (for Criminal Justice Social Work). The CSWO is a non-voting member of the Renfrewshire Integration Joint Board (for Adult Social Work). Elected members hold the CSWO to account for public protection issues through a Public Protection Member Officer Group.

Public protection arrangements are managed through three partnership committees comprised of senior officers from Renfrewshire Council and other public and third sector agencies. The Renfrewshire Public Protection Chief Officers Group (COG) is chaired by the Chief Executive and is responsible for the overall strategic and delivery of public protection services and the CSWO attends to provide professional advice. The other two public protection committees are the Renfrewshire Adult Protection Committee (RACP) and the Renfrewshire Child Protection Committee (RCPC). RACP and RCPC are chaired by an Independent Chair and the CSWO is a member of both committees.

The local authority has responsibility for ensuring that there are multi-agency plans in place for the strategic direction of services for children across the partnership area. Within our locality the multi-agency planning group is the Renfrewshire Children's Services Partnership (RCSP). RCSP ensures that Renfrewshire's corporate parents agree joint plans for services ranging from those delivering universal services to those delivering targeted services for those children with high needs. The CSWO plays a significant leadership role in RCSP.

The CSWO continues to co-chair the Renfrewshire's Gender-Based Violence Strategy Group.

The CSWO is required to ensure that the voice of those who use services inform the planning and delivery of services. The CSWO supports service users to make their views known in a number of ways including through regular meetings with the Renfrewshire Children's Champions Board, the use of Viewpoint, and through advocacy services provided by Barnardo's and Who Cares Scotland.

In adult services RHSCP's Strategic Planning Group (SPG) brings together key stakeholders such as service user and carer representatives, partners in council and health services, third sector organisations, and care providers. The SPG is an opportunity for adult service users and carers to make their views known, and service users and carers are also represented on the Renfrewshire Integration Joint Board. The HSCP also has strong links with various service user and carer groups across Renfrewshire. The embedding of self-directed support is contributing to the delivery of more individualised care packages and a consequent shift to service users having greater control over their care is beginning to emerge. The CSWO is a member of the Strategic Planning Group.

Social Services Delivery Landscape

Renfrewshire has a population of 177,790 in mainly urban settlements, but with a sizeable minority living in smaller towns and villages. There are areas of severe multiple deprivation across Renfrewshire, with higher than average levels of drug and alcohol hospital admissions and rates of looked after children. The proportion of adults with a disability or long-term condition is 31.1%, according to the last census. Several large-scale new housing development and growth in specialist manufacturing are expected to generate population growth.

Renfrewshire Council retains a significant proportion of the local market in social care and social work provision, with 21 registered services including 3 care homes and 5 day centres for older adults, 4 children's houses, 4 centres providing day opportunities and 1 residential respite centre for adults with learning disabilities, 1 day centre for adults with physical disabilities, and a Care at Home service. At their most recent inspections, 14 of these services were graded Very Good or Excellent for Quality of Care and Support or the equivalent in the new inspection model. The newest children's house has yet to be inspected and the remaining services were graded as Good.

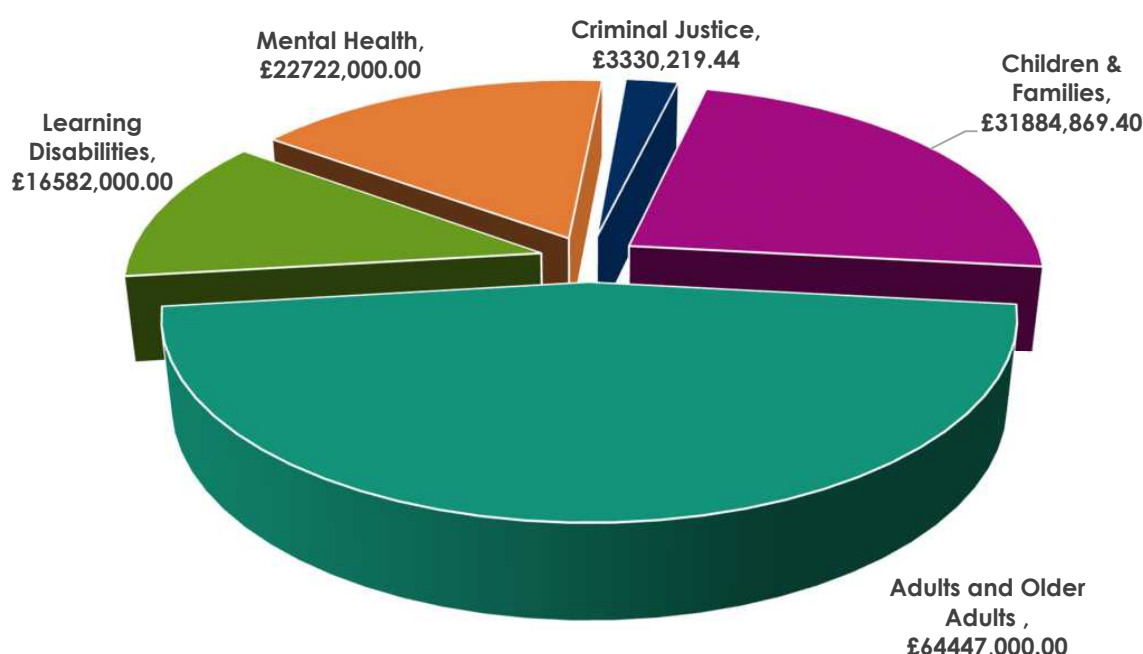
The Renfrewshire local authority area also has a well-developed independent and third sector social care market. This includes 22 nursing and residential care homes for older people, specialist daycare provision run by Alzheimer's Scotland, national resources including the Erskine Home and the Royal Blind care home and day centre, ROAR Connections for Life, a range of supported accommodation, two secure units, and independent educational provision for those whose needs do not fit with mainstream education. The CSWO has a role in providing support and guidance to independent providers.

The development of the self-directed support agenda has increased the number of smaller providers meeting tailored local needs, and the local authority also continues to work with larger framework care at home providers. As part of the strategic commissioning process required as part of the legislation on integrated health and social care, RHSCP has developed a market facilitation statement.

Resources

Renfrewshire Council's expenditure on social work in 2019/20 was almost £138 million. Services for adults and older people make up the largest share at 46% and services for children and families account for a further 23%. The chart below shows expenditure by service area in 2019/20. Criminal Justice Social Work services are directly funded by Scottish Government grant with the local authority making an additional contribution to address pressures in this area if service delivery. In common with other Scottish local authorities, Renfrewshire Council is trying to meet growing demand at a time of financial austerity. In its risk management plan, the Council considers financial challenges to be the greatest risk to the ongoing delivery of local services. Whilst the current budget for social work services is being managed it is under significant pressure from increased demand is an area of risk for the local authority and RHSCP in future years.

Expenditure on social work services, 2019/20



The continued demand for social work services across the care groups remains a significant pressure and continues to generate financial challenges for both the local authority and RHSCP. The historical high numbers of children who were accommodated by the local authority (related to levels of deprivation, parental neglect, gender based violence and drug and alcohol misuse) will be a pressure for some years as the right to continuing care has extended the period of support to be provided to these young people. The number of children being accommodated is reducing as more are supported within their own family or in kinship care but there are still financial pressures on providing this support. Courts continue to make increasing use of community sentences as an alternative to short prison sentences is the most significant pressure in justice services. As our older people

live longer with a greater proportion of the population being aged 65 and over demands on adult services particularly care at home is significant. The council continues to meet the needs of the increasing diversity of our communities and the need to provide specialised support to, for example, refugees and unaccompanied asylum-seeking children remains an area of pressure. Throughcare (that is, the support offered to care experienced young people) is an area where we will continue to see rising demand due to the ongoing implementation of the Children and Young People (Scotland) Act 2014 over the next three years before there is a stabilisation and potential reduction in this area.

Whilst the number of looked after children in Renfrewshire remains high, Children's Services is working to ensure that the principles of minimum necessary intervention is taken forward. This has meant the number of looked after children is reducing and social work will continue to make further reductions in this area when it is safe to do so. It has been identified that children in Renfrewshire remain on compulsory measure of care longer than in other areas and this is an area being explored by the CSWO and the Scottish Children's Reporters Administration.

As reported in the CSWO report for 2018/19 there are significant pressures in criminal justice social work arising from increasing demand and the issues associated with the new national funding formula agreed by COSLA and the Scottish Government. The change in funding model over the past few years has led to Renfrewshire now delivering services on a single authority basis where they were previously provided on a shared basis with neighbouring authorities. This new model has added some pressure to the overall justice service however is being managed appropriately. The extension of Presumption Against Short Sentences is now resulting in more community payback orders and remains likely to have further impact on resources and the performance of the justice services in future years.

To address pressures in the service both Children's Services and HSCP continue to develop early intervention and preventative work to support improved outcomes for the people of Renfrewshire but also to support a sustainable financial position. Children's Services continues to work with a range of partners to embed the early permanency planning for looked after children, the three-year Early Action System Change programme and the Just Learning programme for people with convictions, which addresses some of the barriers to employment and contributes to a reduction in reoffending.

Statutory Service Provision

Adult Services

The delivery of adult social work and social care services has been delegated to RHSCP. The CSWO provides professional leadership and advice to senior officers in RHSCP and to the wider social work and social care staff in adult services.

Adult social work operates a locality model for access to social work and social care services. The locality model reflects the model used in health with two localities in the area. The demand on locality services remains high.

Adult protection continues to be an area of high demand within Adult Services. During 2019/20, social work received 1898 adult welfare concerns and 1209 adult protection concerns. A total of 97 adult protection investigations were carried out in the year resulting in 43 initial case conferences. There were also 78 review case conferences for adults were held in the year.

As was the case in recent years there was a further rise in the number of applications for Compulsory Treatment Orders made by the MHO team. In 2019/20 there were 64 applications. Other duties falling under the Mental Health (Care & Treatment) (Scotland) Act 2003 included MHO consent for 34 emergency detentions (72-hour detention for assessment), 150 short-term detentions (28 days for assessment and treatment) and 184 Mental Health Tribunals. In total, the service dealt with 710 individual pieces of work falling within that legislation during 2019/20. The service also manages 'Restricted Patients' who come under the control of Scottish Ministers.

As of 31 March 2020, the CSWO had responsibility for 117 welfare guardianships (including 22 new orders granted during the year). The welfare guardianships are managed on a day-to-day by a nominated officer within the MHO team on behalf of the CSWO. The MHO team also supervises 485 private welfare guardianships in line with statutory requirements and can apply for Intervention Orders where they consider a financial guardian should be appointed. The local authority applied for 28 Intervention Orders in 2019/20. The team manager is authorised to act as an Intervener for matters relating to signing for or terminating tenancies. The number of time-limited orders now being granted has created an additional pressure on MHO services due to the requirement for reports in respect of order renewals.

Renfrewshire continues to experience higher than average levels of substance use which is reflected in service usage. Renfrewshire Drugs Service had 743 open cases at the end of 2019/20 and the Integrated Alcohol Team had 128 open cases. Last year the Renfrewshire Community Planning Partnership established an Alcohol and Drugs Commission to provide in-depth consideration of the challenges facing Renfrewshire in relation to alcohol and drugs, and the ways in which these challenges might be addressed. The Commission is made up of senior officers from across health and social care, housing, criminal and community justice, and the third sector, as well as academic experts in the field and is expected to publish its findings in the near future. The CSWO contributed to the work of the Commission.

Statutory Service Provision

Children and Families Social Work

Children's social work services in Renfrewshire are provided from 4 locality teams, specialist teams and registered care services. The specialist teams include the Fostering and Adoption Team, the Kinship Care Team, the Unaccompanied Asylum-Seeking Children Team, the Children with Disabilities Team and the Whole Systems Team. Children's Services has 6 children's houses and the throughcare housing support service registered with the Care Inspectorate.

Renfrewshire continues to have high numbers of looked after children but has had considerable success over the last decade in reducing both the total number of looked after children and the number placed in residential settings. The reduction in the latter was achieved as part of a planned decommissioning of in-house residential places and investment to grow the number of foster placements available.

Renfrewshire Council had 639 looked after children at 31 March 2020; 413 looked after at home and 227 looked after and accommodated. This represents a slight increase on the previous year but still reflects a long-term reduction in overall numbers and a continuing reduction in the number of accommodated children. Over the last decade, the service has shifted the balance of provision substantially and most foster placements are now with local authority carers rather than independent providers. This is a positive development and remains an area of continued focus. Placing children with our own carers allows them to retain many of their family and community links and therefore supports better outcomes. The foster placements in the independent sector are meeting the needs of the children placed with them and are a positive resource for these children.

The Fostering and Adoption team continues to focus on permanency where appropriate and during 2019/20, 13 adoptions were completed.

Secure orders are used only when necessary, with community-based support packages considered a better approach with complex cases. During 2019/20, 9 young people spent time in a secure placement.

During 2019/20, 17 children were the subject of a Child Protection Order under Section 57 of the Children (Scotland) Act 1995. This compares to 20 in the previous year and 15 in 2017/18.

The number of children on the Child Protection Register at any one time varies depending on the circumstances and nature of risk attending to the children and families that are being supported. As at 31 March 2020, there were 82 children on the Child Protection Register. As a snapshot, the number is subject to considerable variation. The main areas which result in children being placed on the child protection register are neglect, parental substance misuse and parental mental health.

Statutory Service Provision

Criminal Justice Social Work

The Criminal Justice Service comprises of a locality team which operates across the Renfrewshire area, the Unpaid Work Service, the Women's Service, Drug Treatment and Testing Service, Pathways Project and the Court Service.

There were 557 new Community Payback Orders assigned to justice social work staff in 2019/20. Of these, 356 included an unpaid work element totalling over 59,000 hours, and 305 include a supervision element. The increase in hours reflects to an extent the change to the presumption against short sentences, with higher tariff community orders being used in lieu of prison sentences of up to 12 months.

At the end of March 2020, Criminal Justice Social Work was supervising 80 licences in the community, including 3 new life licences and 5 new Section 15 orders. A further 173 Throughcare cases were in custody at that date; 38 of these will have life licences on release and 4 will have an Order for Lifelong Restriction.

There were 20 individuals subject to new Drug Treatment and Testing Orders in 2019/20, and 8 subject to new Fiscal Work Orders. From 127 referrals, 43 people were successfully diverted from prosecution.

Criminal Justice Social Work continues to be a key partner in Community Justice Renfrewshire, which is taking forward initiatives on employment, education and housing, key factors which can reduce reoffending.

Workforce

Within Renfrewshire Council, each service produces a workforce plan which details actions to be taken to tackle the council's workforce challenges. Within Children's Services, current priorities including tackling retention and succession planning within the children's residential workforce and identifying ways to increase opportunities for staff to undertake reflective practice. Positive progress is being achieved in each of the priority areas with staff turnover at a low level. There are no areas of pressure in relation to staffing within Children's Social Work. The level of vacancies remains low and when there are vacancies to be filled there are usually a good range of candidates to choose from.

In RHSCP, the development of new roles within the council's Care at Home service creates opportunities for career progression through the creation of the role of Senior Home Support Worker and the implementation of a revised management structure. There are some future challenges in terms of the adult service workforce particularly in the care at home service and in the locality teams where there is an aging workforce. Work on addressing this challenge will be taken forward to ensure no interruption of service delivery.

Social work services staff continue to have access to a broad range of training and development opportunities provided by the Social Work Professional Training Team. The team also delivers multi-agency training in child and adult protection. A dedicated post provides training and support for foster carers, and Renfrewshire Council offers foster carers a wide range of training on issues such as child protection, attachment and trauma, Theraplay, internet safety, the impact of parental substance misuse, and managing transitions.

The Social Work Training Team continues to support Care at Home staff to meet the deadline for registration with SSSC.

COVID-19

As the reporting year for 2019/20 was ending the country was placed in lockdown due to the threat from COVID-19. This meant that most offices closed and whilst the general population was expected to remain at home and only leave for a short period of exercise each day, social work and social care services required to continue.

Renfrewshire's residential homes for older adults and our children's houses continued to operate and provide care to the residents and young people we are charged with looking after. In older adult residential care there were challenges as a number of members of staff were required to shield due to pre-existing health conditions and staff were transferred from other areas of service such as day care to ensure that care for our older adults continued. There were periods of pressure in the residential homes however staffing levels were always maintained. The commitment of staff to ensuring that residents in our internal older adults' residential homes continued to receive safe care is commendable.

Care at home staff continued to deliver services to the most vulnerable living at home. Like the residential services for older adults, care at home experienced significant numbers of staff were required to shield or were unable to work as a result of pre-existing health conditions. The workforce who were able to continue working did so in a flexible manner to ensure the continued delivery of service to the most vulnerable in our community. As in periods of extreme weather the care at home staff have demonstrated a high degree of commitment to those they work with and again this should be recognised.

As a result of lockdown day care services in both adult and older adult services required to close. The staff from those services operated in an outreach basis or supported other areas including residential care to continue to meet the needs of services. The flexibility of staff in these services is noted.

In criminal justice most of the services closed on a temporary basis as a result of COVID-19. Most staff from the justice service operated from home maintaining the supervision of those on community orders who were deemed to be highest risk or highest level of vulnerability. Some staff from the unpaid work scheme were deployed to assist the council's humanitarian response as they were unable to work from home.

In children's services most staff worked from home and staff absence levels were low. Whilst staff worked from home, they continued to undertake planned and unplanned visits to children on the child protection register and those identified as at high risk. New technology was also used to maintain contact with other children known to social work and where visits weren't possible. In most cases the visits weren't possible because the family were showing symptoms of COVID-19.

The most significant decision in children's services was that to temporarily suspend the face to face contact between children in care and their parents. This decision was made based on protecting public health and was reviewed regularly during lockdown. The service provided parents with smartphones to ensure that they were able to have video calls with their child during the initial period of lockdown.

As most social work services continued during lockdown as the country relaxed the restrictions on the community the service stepped up the range and delivery of services.

The priority was to open a range of social work offices to allow staff to be based in the area, to allow increased contact with those who use our services and to allow the face to face contact between children in care and their families to be restarted.

The support of staff from other services in the council to ensure that social work accommodation and services could continue to operate, and recover is acknowledged. It wouldn't have been possible to open our offices without that support. This cross-service working demonstrates the commitment of staff from all areas of the council and RHSCP to providing services and protecting the most vulnerable in our communities.

In closing this report I would want to thank all social work and social care staff and staff from elsewhere in the council and RHSCP for their response to the COVID-19 crisis and their commitment to the most vulnerable people in Renfrewshire. As CSWO, I'm extremely proud of the efforts of staff and I need to state that I'm not surprised. Their commitment to social justice and their positive response has been evident over many years and previous crisis the community has faced.

*"It was heard all right; that was not the argument.
Day or night it echoed from wall to wall,
A voice, never incomprehensible,
But a question many found intolerable:
'Am I my brother's keeper?' Some with scorn,
Some with anger, some with quick dismissal,
Some with the half-uneasy consciousness
Of being put on the spot, some blustering,
Some brazen, some bound to macho boasts,
Kicking the can of pity out of play,
'Each to his own, let them get on with it!'*

From *Brothers and Keepers* by Edwin Morgan