



Notice of Meeting and Agenda

Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 22 November 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James McLaren: Dr Donny Lyons: Margaret Kerr: Dorothy McErlean: Dr Linda de Caestecker: Karen Jarvis: Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Graham Capstick: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (Chair); and Dr Donny Lyons (Vice Chair)

Further Information

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at <http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx>

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to reception where they will be met and directed to the meeting.

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 held on 20 September 2019.	
2	Rolling Action Log	13 - 14
	IJB rolling action log.	
3	Financial Report 1 April to 30 September 2019	15 - 40
	Report by Chief Finance Officer.	
4	Medium Term Financial Plan 2020/21 to 2025/26	41 - 88
	Report by Chief Finance Officer. Report with corrected typographical errors attached below in document section.	
5	Performance Management Mid-year Report 2019/20	89 - 108
	Report by Chief Officer.	
6	Strategic Delivery Plan	
	Presentation.	
7	Moving Forward Together - NHSGGC Transformation Strategy	109 - 142
	Report by Chief Officer.	
8	NHSGGC Transformational Change Programme: Sexual Health Services Implementation Plan	143 - 148
	Report by Chief Officer.	
9	Rapid Rehousing Transition Plan for Renfrewshire 2019/24	149 - 206
	Report by Chief Officer.	
10	Annual Report of the Chief Social Work Officer 2018/19	207 - 238
	Report by Chief Social Work Officer.	

11 Renfrewshire HSCP - Winter Plan 2019/20 **239 - 246**

Report by Chief Officer.

12 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 31 January 2020 in the Abercorn Conference Centre.



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

Date	Time	Venue
Friday, 20 September 2019	10:00	Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor James MacLaren (all Renfrewshire Council); Dr Donny Lyons and Margaret Kerr (both Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Louise McKenzie (Council staff member involved in service provision); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Graham Capstick (Trade Union representative for Health Board); Dr Chris Johnstone (proxy for Dr Stuart Sutton); David Leese, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Tracy Slater, Senior Committee Services Officer (both Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services and Frances Burns, Head of Strategic Planning and Health Improvement (all Renfrewshire Health and Social Care Partnership).

Apologies

Dorothy McErlean (Greater Glasgow & Clyde Health Board); David Wylie (Health Board staff member involved in service provision); and Alan McNiven (third sector representative).

Welcome and Introductions

Prior to the start of the meeting, the Chair welcomed everyone to the meeting and invited members and officers to introduce themselves.

The Chair also reiterated her thanks to Dr Donny Lyons for his input to the work of the Board as Chair over the past two years.

Declarations of Interest

Dr Lyons declared a non-financial interest in item 13 on the agenda as he was a Board Member of Ayrshire Hospice which was one of the signatories to the Memorandum of Understanding. He intimated that it was his intention to remain in the meeting and take part in any discussion.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 28 June 2019 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

Following members' questions, the Chief Officer provided a brief update on the housing development at Dargavel. The Chief Officer advised that, while capital and estate matters were reserved matters for NHS Greater Glasgow and Clyde, he was in continuous dialogue with them. Consideration would be given to providing an update report at a future IJB meeting.

DECIDED: That the rolling action log be noted.

3 Integration Joint Board Membership Update

Under reference to item 3 of the Minute of the meeting of the IJB held on 28 June 2019, the Head of Administration submitted a report providing an update on the Chairing arrangements of the IJB Audit Committee.

The report intimated that Margaret Kerr had been appointed as Chair and Councillor Lisa-Marie Hughes had been appointed as Vice-Chair of the IJB Audit Committee from 15 September 2019.

DECIDED: That it be noted that Margaret Kerr had been appointed as Chair and Councillor Lisa-Marie Hughes had been appointed as Vice-Chair of the IJB Audit Committee from 15 September 2019.

4 Financial Report 1 April 2019 to 31 July 2019

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 July 2019 and the projected year-end position for the year ended 31 March 2020.

The overall revenue position for the HSCP for the year-to-date and projected outturn for 2019/20 was an underspend, as detailed in the report, prior to the transfer of 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 31 July 2019 and the year-end position was detailed in Appendices 1 to 4 of the report. The revenue budget position of Adult Social Care and ‘other delegated services’ for the period 1 April to 16 August 2019 and the year end was detailed in appendices 5 to 7 of the report. Appendices 8 and 9 to the report provided a reconciliation of the main budget adjustments applied this current financial year and Appendix 10 detailed the projected movement in reserves.

In line with the IJB’s approved Reserves Policy, the Chief Finance Officer recommended that the IJB should work towards achieving a 2% reserve balance, however, this would depend on the financial performance of the IJB and the availability of funds.

The report intimated that the Chief Finance Officer had commenced financial planning for the period 2020 to 2023, with a focus on continuing to ensure safe and sustainable services whilst meeting significant financial challenges. Information was provided on work to develop a 3-year planning cycle which would allow for a more strategic approach and provide the required time to support and embed change to structures, processes and behaviours. Approval was sought to create a ‘Transformation Programme’ reserve which would be used to provide resources to mitigate the risk of change, support the transition of HSCP services and provide resource capacity to deliver the HSCP change programme.

The report outlined the financial framework required to support the implementation programme for the Five-Year Mental Health Services Strategy.

The report also provided information on Scottish Government funding 2019/20; the Living Wage increase for 2019/20; and the National Care Home Contract 2019/20.

DECIDED:

- (a) That the in-year position as at 31 July 2019 be noted;
- (b) That the projected year-end position for 2019/20 be noted;
- (c) That the creation of a ‘Transformation Programme’ reserve, to provide resources to mitigate the risk of change and support the transition of HSCP services, be approved;
- (d) That the Chief Finance Officer’s recommendation to work towards a 2% reserve balance in recognition of the level of risk which the organisation was likely to be exposed to over the medium terms to mitigate risk be approved; and

(e) That the proposed financial framework to support the implementation programme for the Five-Year Mental Health Services Strategy be approved.

5 Integration Joint Board Audited Annual Accounts 2018/19

Under reference to item 6 of the Minute of the meeting of the IJB held on 28 June 2019, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2018/19, a copy of which was appended to the report.

The report intimated that Audit Scotland had provided an audit opinion which was free from qualification. It was noted that Audit Scotland had also submitted a report to the IJB Audit Committee held earlier in the morning which detailed matters arising over the course of the audit.

Margaret Kerr, as Chair of the earlier IJB Audit Committee, advised that the Audit Committee recommended approval of the audited accounts 2018/19 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

DECIDED: That the audited annual accounts 2018/19 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

6 Performance Framework 2019/20

The Chief Officer submitted a report relative to the HSCP Performance Framework for 2019/20.

The report intimated that performance would be presented to all meetings of the IJB and that the full scorecard would be presented twice-yearly, at mid-year and end of year 2019/20. Performance would be reported in a number of ways including updates from service areas; exception reporting; updates on survey results as they became available; and benchmarking performance on the national indicators against other Scottish HSCPs.

The report included a list of all proposed indicators and targets for 2019/20 set against the nine national outcomes, as detailed in the appendix to the report, and a weblink to the 2018/19 annual report.

Following discussion, the Chief Officer agreed to provide members with information on services, their targets and performance, either in a future report to the Board, or through a development session for members.

DECIDED:

(a) That the proposed indicators and targets for 2019/20, as set out in the appendix to the report, be approved;

(b) That the Renfrewshire HSCP Annual Performance Report 2018/19 be noted; and

(c) That the Chief Officer consider the best format for providing members with information on services, their targets and performance, which would either be in the form of a report to a future meeting of the Board or a development session for members.

7 Delivery of the New General Medical Services (GMS) Contract: Update on Primary Care Improvement Plan

The Chief Officer submitted a report providing an update on the implementation of Primary Care Improvement Plans (PCIPs) across NHS Greater Glasgow and Clyde, as detailed in Appendix 1 to the report.

The report detailed the key developments since April 2019. An implementation tracker for the period April to September 2019, which required to be shared with the Scottish Government by 30 October 2019, formed Appendix 2 to the report. It was noted that the implementation tracker had been submitted to the Scottish Government in April 2019.

DECIDED:

- (a) That the progress on the implementation of PCIPs and the new GMS contract across NHS Greater Glasgow and Clyde, as detailed in Appendix 1 to the report, be noted; and
- (b) That the local progress made and the implementation tracker for the period April to September 2019, as detailed in Appendix 2 to the report, be noted.

8 Non-financial Governance Arrangements

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2018 to 31 March 2019, as detailed in Appendix 1 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 regulations; records management plan; and communication.

DECIDED: That the content of the report be noted.

9 Change and Improvement Programme Update

The Chief Officer submitted a report providing an update on the HSCP's evolving Change and Improvement Programme including the ongoing service reviews.

The report intimated that the Change and Improvement Programme was being delivered through four workstreams, 1. optimising joint and integrated working and shifting the balance of care; 2. statutory requirements, national policy and compliance; 3. service reviews; and 4. delivering safe and sustainable services.

The report advised that the HSCP Senior Management Team (SMT), led by the Chief Finance Officer, had developed a two-tiered financial planning model which would enable Renfrewshire to address the 2019/20 financial pressures and introduce a more strategic approach to ensure financial sustainability in the medium term. Tier 1, the short-term financial planning work for 2019/20, which was being supported by experienced external support to provide independent challenge to SMT thinking, would be submitted to a future meeting of the IJB for approval in late 2019/early 2020.

DECIDED:

- (a) That the content of the report be noted; and
- (b) That it be noted that Tier 1 financial planning proposals would be submitted to a meeting of the IJB in late 2019/early 2020 for approval.

10 Strategic Delivery Plan

Under reference to item 7 of the Minute of the meeting of the IJB held on 22 March 2019, the Chief Officer submitted a report relative to delivery of the Renfrewshire Health and Social Care 2019/22 Strategic Plan.

The report intimated that the HSCP faced similar challenges to other public sector organisations across Scotland and recognised that a change in the way the HSCP worked was required to ensure sustainability of health and social care services going forward.

The report outlined a number of key principles that underpinned the Strategic Plan; the risks and challenges associated with the transformational change required to address the significant pressures faced; governance and resources; and the work that would be undertaken over the coming months, working with managers, service users, carers and partners, to further refine the approach and development of the Strategic Plan.

It was noted that an update report would be submitted to the next meeting of the IJB to be held on 22 November 2019.

DECIDED:

- (a) That the direction set out in the report for the delivery of the Strategic Plan 2019/22 be endorsed; and
- (b) That it be noted that an update report would be submitted to the next meeting of the IJB to be held on 22 November 2019.

11 Review of Learning Disability Day and Respite Services Action Plan

Under reference to item 6 of the Minute of the meeting of the IJB held on 22 March 2019, the Chief Officer submitted a report relative to the review of Learning Disability Day and Respite Services which had been taken forward as part of the Renfrewshire HSCP Change and Improvement Programme.

The report advised that Paradigm, who had been commissioned to support the review, had engaged with over 300 people and undertook research to support recommendations across four broad themes – Strategic Direction and Relationships; Day Opportunities; Respite and Short Breaks; and People and Processes.

The report outlined the consultation process and highlighted that the HSCP was committed to continuing meaningful engagement with key stakeholders.

A range of service practice highlights had been outlined in Appendix 1 to the report for information and an Action Plan had been attached as Appendix 2 to the report.

DECIDED:

- (a) That the content of the Action Plan, which formed Appendix 2 to the report, be agreed;
- (b) That the HSCP's progress in strengthening communication and engagement with families and carers be noted; and
- (c) That the next steps and the HSCP's commitment to continuing to work with families and carers be noted.

Sederunt

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

12 Update on Review of Older People's Services in Renfrewshire

The Chief Officer submitted a report relative to the review of Older People's Services in Renfrewshire.

The report advised that the review of Older People's Services was part of the HSCP's transformation programme. A summary of progress in Phase 1, the purpose of which was to establish a clear service user view of Older People's service provision across Renfrewshire and to encourage aspirational thinking in relation to 'how good could we be when we work together', had been presented to the IJB at its meeting on 22 March 2019.

The report outlined the aim of Phase 2, which took a more user-centred, cooperative approach to refining the themes into tangible, deliverable actions. It was anticipated that a draft delivery plan for Renfrewshire's Older People's Services would be submitted to the IJB by March 2020.

The Chief Officer advised that he would share the dates of the co-design workshops and invited members to attend to hear the discussions and suggestions from older citizens, staff and partner organisations.

DECIDED:

- (a) That the contents of the report and planned approach for Phase 2 be noted; and
- (b) That the dates of the co-design workshops be shared with members to enable them to attend and hear the discussions and suggestions coming from older citizens, staff and partner organisations.

Sederunt

John Trainer left the meeting during consideration of the following item of business.

13 Memorandum of Understanding between Integration Joint Boards and Independent Hospices

The Chief Officer submitted a report advising of the development of a Memorandum of Understanding (MoU) between IJBs and independent hospices.

The MoU built upon the arrangements set out in a Scottish Government letter to NHS Chief Executives in 2012 (CEL 12) and represented a wider statement of intent, recognising the statutory role, as set out in the Public Bodies (Joint Working) (Scotland) Act 2014, of IJBs in commissioning palliative care services.

The aim of the MoU was to provide a strategic and financial framework for integration authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care.

DECIDED:

- (a) That the national Memorandum of Understanding between IJBs and Independent Scottish Hospices for local delivery in Renfrewshire be adopted; and
- (b) That it be noted that an update on local delivery in Renfrewshire would be reported to a future meeting of the IJB.

14 Drug-related Deaths Update

The Chief Officer submitted a report relative to drug-related deaths in Renfrewshire in 2018.

The report intimated that there had been 50 drug-related deaths in Renfrewshire in 2018, an increase of 31.6% on the 38 drug-related deaths in 2017. Further analysis was provided in a briefing from Dr Tony Martin, Drug Deaths Research Associate, NHS Greater Glasgow and Clyde, a copy of which was appended to the report.

Early discussions at the Renfrewshire Alcohol and Drug Partnership (ADP) identified a range of actions with partners to prevent and reduce drug-related deaths in Renfrewshire. The ADP would continue to work to further develop and refresh the Drug Death Prevention Action Plan.

DECIDED:

- (a) That the content of the briefing from Dr Tony Martin, Drug Deaths Research Associate, NHS Greater Glasgow and Clyde, as appended to the report, be noted;
- (b) That the further development and refresh of the ADP Drug Death Prevention Action Plan be supported; and
- (c) That the complex nature of drug-related deaths and the need for a multi-agency response be noted.

15 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 22 November 2019 in the Abercorn Conference Centre, Renfrew Road, Paisley.

Item 2

IJB Rolling action log - 22 November 2019

Board	Report Name	Description	Name	Meeting Date	Due Date
Renfrewshire Health and Social Care Integration Joint Board.	Strategic Development Plan	Submit update report to next meeting of the IJB.	David Leese	20/09/2019	22/11/2019
Renfrewshire Health and Social Care Integration Joint Board.	MoU between IJBs and Hospices	Report update on local delivery in Renfrewshire to future meeting of the IJB.	Frances Burns	20/09/2019	31/01/2020
Renfrewshire Health and Social Care Integration Joint Board.	Change and Improvement Programme Update	Submit Tier 1 financial planning proposals to meeting of the IJB in late 2019/early 2020 for approval.	Frances Burns	20/09/2019	31/01/2020

To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2019 to 30 September 2019

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 2019 and the projected year end position for the year ended 31 March 2020.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 September 2019; and
- Note the projected year-end position for 2019/20.

3. Summary

3.1. As detailed in the following table, the IJB year to date position and projected outturn for 2019/20 is an underspend, prior to the transfer of balances to General and Ear Marked Reserves at the financial year end.

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £1,221k	Underspend £2,476k

3.2. The key pressures are highlighted in section 4.

3.3. 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 8 and 9 provide a reconciliation of the main budget adjustments applied this current financial year.

4.

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £1,221k	Underspend £2,476k

4.1. The overall net underspend for the HSCP at 30 September 2019 is an underspend of £1,221k, with an anticipated year-end underspend of £2,476k, assuming that the current trajectory of spend continues throughout this financial year.

4.2. Members should note that the current and projected year end position for Action 15, and the Primary Care Improvement Programme (PCIP), assumes a breakeven position, as any underspends will be transferred to ear marked reserves at the

financial year end, to be drawn down in future years in line with their respective SG allocations.

- 4.3. The current and projected underspend includes a draw down from ear marked reserves as detailed in the following table and in Appendix 10.

Earmarked Reserves	Amounts Drawn Down in 2019/20
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	-147
Primary Care Improvement Program (19/20)	-816
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises impr	-58
Primary Care Transformation Fund Monies	-39
Single Point of Access Implementation (19/20)	-28
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	-150
Health Visiting	-103
Tannahill Diet and Diabetes Pilot Project	-15
Mental Health Action 15 (19/20)	-306
Mile End Refurbishment	-100
Westland Gardens Refurbishment	-105
Care @ Home Refurbishment and Uniform Replacement	-70
Additional Support Costs for Transitioning Placement	-60
TOTAL EARMARKED RESERVES	-1,997

- 4.4. The main broad themes of the current and projected outturn include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £483k	Underspend £1,000k

- 4.4.1. The main pressures within Adults and Older People are in line with the previous report to the IJB in September, and mainly relate to:

- *Continued pressures within the Care at Home service* – the impact of keeping delayed discharges to a minimum continues to have a significant adverse impact on this budget.
- *Employee costs - Adult Social Care*
Underspends in employee costs (excluding care at home) reflecting vacancies due to recruitment issues, throughout all service areas. These underspends offset pressures within third party payments (payments for externally commissioned services) for the Care at Home service and the Adult placement budget reflecting the impact of increasing demand.
- *Addictions (including 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.
- *Adult Community Services*
Underspend, reflecting ongoing turnover and recruitment issues across the Rehabilitation and District Nursing services.

Mental Health	Year to Date Position	Year End Outturn
	Overspend (£83k)	Overspend (£166k)

- 4.4.2. The overspend in Mental Health Services reflects 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).

Children's Services	Year to Date Position	Year End Outturn
	Underspend £123k	Underspend £247k

- 4.4.3. As previously reported, the underspend within Children's Services reflects vacancies due to recruitment issues across the service, including: School Nursing; Children and Adolescent Mental Health, Speech and Language Therapy, and Occupational therapy.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £121k	Underspend £242k

- 4.4.4. The underspend in Hosted Services is mainly due to vacancies within the Primary Care screening service which are currently being recruited to, and, vacancies within Podiatry. The Podiatry service is in the final stages of implementing their new workforce profile, this has been supported from the drawdown of earmarked reserves in 2019/20, as they move towards the end point of this process.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £351k	Underspend £701k

- 4.5. 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.

Due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk to the IJB.

As GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed, this means expenditure information is only available for April – July (4 months). The current year-end projection based on the latest available data is an underspend of £701k. At this stage it is therefore not anticipated that all the additional funding allocated to prescribing through the budget process for 19/20 will be required. This position will be closely monitored throughout the year as more data emerges and the potential impact from Brexit assessed.

5. Scottish Government Funding 2019/20

- 5.1. As previously highlighted to members, the 2019/20 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) have been issued. The Scottish Government have confirmed that although the current year allocations have been reduced by the level of earmarked reserves held by the IJB, this will not reduce the overall totality of their commitment to fund specific policy initiatives.

- 5.2. 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.
- 5.3. The following table provides an update on the current position of these three programmes:

Funding Description	2018/19				2019/20			
	Allocation £m	Received 1 st /2 nd Tranche £m	Balance held by SG for future years £m	Transfer to Earmarked Reserves £m	Allocation £m	Drawdown from Reserves £m	Received @ 30th Sept 2019 £m	Outstanding £m
Primary Care Improvement Fund	1.554	1.465	0.089	0.792	1.861	0.792	0	1.861
Mental Health Action 15	0.374	0.333	0.041	0.306	0.575	0.306	0.097	0.478
Alcohol and Drug Partnership	2.139	2.139	0	0.321	2.229	0	2.229	0
TOTAL	4.067	3.937	0.13	1.419	4.665	1.098	2.326	2.339

6. Reserves

Current Reserves Position

- 6.1.1. As detailed in Appendix 10, the opening reserves position for the IJB for 2019/20 was £5.473m, of which £4.543m was earmarked to support the delivery of projects which span financial years and is required to enable the IJB to deliver on national outcomes. The remaining balance of £0.930m 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 0.45% of the IJB's net budget.
- 6.1.2. Based on current projections for 2019/20 a total of £1.997m of ear marked reserves have been drawn down.
- 6.1.3. The table in Appendix 10 provides further details on the remaining balances held in reserves by the IJB.
- 6.1.4. At its meeting of 20 September 2019, the IJB approved the CFO's recommendations to:
- create a 'Transformation Programme' reserve to provide resources to mitigate the risk of change, and to support the transition of HSCP services; and
 - to work towards achieving a 2% reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term;
- 6.1.5. The creation of the above reserves is dependent on the final outturn position for 2019/20, and assumes:
- the continuation of the current trajectory of spend throughout this financial year;
 - the transfer of any year end underspends in relation to the Action 15, PCIP and ADP monies to ear marked reserves;
 - that any remaining underspend will be allocated to the 'Transformation Programme' reserve and general reserve, with the proportional split over each reserve to be approved by IJB members towards the end of the financial year.

7. Living Wage Increase 2019/20

- 7.1. As previously reported to the IJB, the new Living Wage rate was set at £9.00 from the 1 May 2019. In line with previous years practice, a % increase has been applied including the impact of on-costs. The new rate of £9.30 for 2020, was announced on 11 November at the start of Living Wage week and will be applicable from 1 May 2020.
- 7.2. 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. To date, 5 Care at Home providers have accepted the increase and the remaining 2 providers have confirmed that although their staff receive the SLW rate they are currently unable to accept the increase due to ongoing discussions with their staff groups. For supported living services 7 providers have accepted the increase, we await a response from 1 provider and the remaining 2 providers are currently in negotiations with other LA's and once agreed should be in a position to accept our offer.
- 7.3. The 3 contracted providers of adult residential services within Renfrewshire have agreed to an increase of 3.40% in line with the 2019/20 increase for the NCHC.
- 7.4. On acceptance of offers made, all Living Wage uplifts will be backdated to 1st May 2019.
- 7.5. Work continues in relation to the review out of area placements. Where placements have been made using Scotland Excel's national framework for Adult Residential services all rates currently paid are based on the current Scottish Living Wage. Where placements have been made off contract, host local authority rates are considered if applicable. If there is no host local authority rate available, the providers will be offered a % increase to allow the payment of the new Living Wage from 1st May 2019.

National Care Home Contract 2019/20

- 7.6. As previously highlighted, the terms of the contract for 2019/20 were negotiated by COSLA and Scotland Excel with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) who agreed an increase of 3.40% for residential and 3.65% for nursing. A Minute of Variation (MOV) was issued to 17 of the 18 providers of care homes for older adults in Renfrewshire (1 provider is currently in the process of assigning to another organisation, once the process is complete the MOV will be issued to the new provider), all providers have now accepted the offer.

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:

- Scottish Government Medium Term Financial Strategy;
- Scottish Fiscal Commission paper;
- 2018/19 Delegated Health and Social Care Budget (Renfrewshire IJB, 23 March 2018)

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Appendix 1

HSCP Revenue Budget Position 1st April 2019 to 30th September 2019

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	37,099	2,050		593	-	39,741	38,608	1,134	2.9%	underspend
Property Costs	530	-		95		625	637	(12)	-1.9%	overspend
Supplies and Services	9,994	(322)	(6,127)	271		3,816	3,926	(110)	-2.8%	overspend
Third Party Payments	26,416	569		28		27,012	27,231	(218)	-0.8%	overspend
Purchase Of Healthcare	1,233	150		-		1,383	1,412	(29)	-2.1%	overspend
Transport	372	-		-		372	362	10	2.7%	underspend
Family Health Services	40,303	1,834		-		42,137	41,786	351	0.8%	underspend
Support Services	32	-		-		32	27	5	18.6%	underspend
Transfer Payments (PTOB)	1,743	(11)		-		1,733	1,746	(13)	-0.7%	overspend
Resource Transfer	9,519	963	(10,482)	-		-	-	-	0.0%	break-even
Set Aside	15,621	-		-		15,621	15,621	-	0.0%	break-even
Gross Expenditure	142,861	5,233	(16,609)	986	-	132,471	131,355	1,117	16.8%	underspend
Income	(13,634)	(404)			(986)	(15,023)	(15,127)	103	-0.7%	overspend
NET EXPENDITURE	129,227	4,830	(16,609)	986	(986)	117,448	116,228	1,221	1%	underspend

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	%	
Adults & Older People	30,569	606		92	(92)	31,175	30,694	483	1.6%	underspend
Mental Health	10,392	780		154	(154)	11,172	11,255	(83)	-0.7%	overspend
Learning Disabilities	7,260	45		76	(76)	7,305	7,221	84	1.2%	underspend
Children's Services	2,706	347		52	(52)	3,053	2,930	123	4.2%	underspend
Prescribing	17,651	710		-	-	18,361	18,010	351	1.9%	underspend
Health Improvement & Inequalities	440	63		-	-	503	436	67	15.4%	underspend
FHS	21,577	942		-	-	22,519	22,519	(0)	0.0%	break-even
Resources	1,651	14		502	(502)	1,665	1,590	75	4.7%	underspend
Hosted Services	5,290	362		111	(111)	5,652	5,531	121	2.2%	underspend
Resource Transfer	9,519	963	(10,482)			-	-	-	0.0%	break-even
Social Care Fund	6,127	-	(6,127)			-	-	-	0.0%	break-even
Set Aside	15,621	-				15,621	15,621	-	0.0%	break-even
Other Delegated Services	423					423	423	-	0.0%	break-even
NET EXPENDITURE	129,227	4,830	(16,609)	986	(986)	117,448	116,228	1,221	1%	underspend

Appendix 2

HSCP Revenue Budget Position
1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance			
								£000's	%		
Employee Costs	76,648	4,099		1,185		81,932	79,598	2,334	2.9%	underspend	
Property Costs	1,145	-		205		1,350	1,373	(23)	-1.6%	overspend	
Supplies and Services	20,130	(643)	(12,254)	547		7,780	8,014	(234)	-2.9%	overspend	
Third Party Payments	57,235	1,232		60		58,527	59,000	(473)	-0.8%	overspend	
Purchase Of Healthcare	2,466	300		-		2,766	2,824	(58)	-2.1%	overspend	
Transport	805	-		-		805	784	21	2.7%	underspend	
Family Health Services	80,605	3,668		-		84,273	83,572	701	0.8%	underspend	
Support Services	70	-		-		70	59	11	18.6%	underspend	
Transfer Payments (PTOB)	3,777	(23)		-		3,754	3,782	(28)	-0.7%	overspend	
Resource Transfer	19,037	1,926	(20,963)	-		-	-	-	0.0%	breakeven	
Set Aside	31,242	-		-		31,242	31,242	-	0.0%	breakeven	
Gross Expenditure	293,161	10,559	(33,217)	1,997	-	272,500	270,248	2,252	0.8%	underspend	
Income	(29,281)	(807)			(1,997)		(32,085)	(32,309)	224	-0.7%	overspend
NET EXPENDITURE	263,880	9,752	(33,217)	1,997	(1,997)	240,415	237,939	2,476	1.0%	underspend	

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
								£000's	%	
Adults & Older People	65,194	1,305		198	(198)	66,499	65,499	1,000	1.5%	underspend
Mental Health	20,964	1,559		307	(307)	22,523	22,689	(166)	-0.7%	overspend
Learning Disabilities	15,640	90		165	(165)	15,730	15,563	167	1.1%	underspend
Children's Services	5,413	693		103	(103)	6,106	5,859	247	4.2%	underspend
Prescribing	35,302	1,419		-	-	36,721	36,020	701	1.9%	underspend
Health Improvement & Inequalities	880	126		-	-	1,006	871	135	15.4%	underspend
FHS	43,155	1,883		-	-	45,038	45,038	(0)	0.0%	breakeven
Resources	3,302	27		1,003	(1,003)	3,329	3,179	150	4.7%	underspend
Hosted Services	10,580	724		221	(221)	11,304	11,062	242	2.2%	underspend
Resource Transfer	19,037	1,926	(20,963)			-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)			-	-	-	0.0%	breakeven
Set Aside	31,242	-				31,242	31,242	-	0.0%	breakeven
Other Delegated Services	917	-				917	917	-	0.0%	breakeven
NET EXPENDITURE	263,880	9,752	(33,217)	1,997	(1,997)	240,415	237,939	2,476	1.0%	underspend

Transfer to Reserves at year end	(2,476)
Net Balance	-

Funded by:

Renfrewshire Council	72,078
NHS Greater Glasgow & Clyde	170,334
Drawdown of Earmarked Reserves	(1,997)
TOTAL	240,415

Appendix 3

Health Revenue Budget Position
1st April 2019 to 30th September 2019

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	22,398	2,050		593	-	25,040	24,315	726	3%	underspend
Property Costs	18	-		-		18	44	(25)	-58%	overspend
Supplies and Services	9,141	(322)	(6,127)	239		2,931	2,954	(22)	-1%	overspend
Purchase Of Healthcare	1,233	150		-		1,383	1,412	(29)	-2%	overspend
Family Health Services	40,303	1,834		-		42,137	41,786	351	1%	underspend
Set Aside	15,621	-		-		15,621	15,621	-	0%	breakeven
Resource Transfer	9,519	963	(10,482)	-		-	-	-	0%	breakeven
Gross Expenditure	98,233	4,675	(16,609)	831	-	87,130	86,131	1,001	1%	underspend
Income	(1,560)	(404)			(831)	(2,795)	(2,795)	-	0%	breakeven
NET EXPENDITURE	96,673	4,272	(16,609)	831	(831)	84,336	83,336	1,001	1%	underspend

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	1,342	11		-	-	1,353	1,209	145	12%	underspend
Adult Community Services	4,893	37		14	(14)	4,930	4,814	116	2%	underspend
Children's Services	2,706	347		52	(52)	3,053	2,930	123	4%	underspend
Learning Disabilities	542	45		-	-	587	501	87	17%	underspend
Mental Health	9,313	780		154	(154)	10,093	10,178	(85)	-1%	overspend
Hosted Services	5,290	362		111	(111)	5,652	5,531	121	2%	underspend
Prescribing	17,651	710		-	-	18,361	18,010	351	2%	underspend
Gms	11,004	-		-	-	11,004	11,005	(0)	0%	Break-even
FHS Other	10,573	942		-	-	11,514	11,515	(0)	0%	Break-even
Planning & Health Improvement	440	63		-	-	503	436	67	15%	underspend
Primary Care Improvement Prog	-	51		487	(487)	51	-	51	0%	Break-even
Resources	1,651	(38)		15	(15)	1,614	1,590	24	2%	underspend
Set Aside	15,621	-		-	-	15,621	15,621	-	0%	Break-even
Resource Transfer	9,519	963	(10,482)	-	-	-	-	-	-	
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	-	
NET EXPENDITURE	96,673	4,272	(16,609)	831	(831)	84,336	83,336	1,001	1%	underspend

Appendix 4

Health Budget Year End Position 1st April 2019 to 31st March 2020

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	44,796	4,099		1,185		50,080	48,629	1,451	3%	Underspend
Property Costs	36					36	87	(51)	-58%	Overspend
Supplies and Services	18,283	(643)	(12,254)	477		5,863	5,907	(44)	-1%	Overspend
Purchase Of Healthcare	2,466	300				2,766	2,824	(58)	-2%	Overspend
Family Health Services	80,605	3,668				84,273	83,572	701	1%	Underspend
Set Aside	31,242					31,242	31,242	-	0%	breakeven
Resource Transfer	19,037	1,926	(20,963)			-	-	-	-	
Gross Expenditure	196,466	9,350	(33,217)	1,662	-	174,261	172,261	2,000	1%	Underspend
Income	(3,120)	(807)			(1,662)	(5,589)	(5,589)	-	0%	breakeven
NET EXPENDITURE	193,346	8,543	(33,217)	1,662	(1,662)	168,672	166,672	2,000	1%	Underspend

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	2,684	22				2,706	2,417	289	12%	underspend
Adult Community Services	9,786	74		28	(28)	9,860	9,628	232	2%	underspend
Children's Services	5,413	693		103	(103)	6,106	5,859	247	4%	underspend
Learning Disabilities	1,085	90				1,175	1,001	174	17%	underspend
Mental Health	18,626	1,559		307	(307)	20,185	20,355	(170)	-1%	overspend
Hosted Services	10,580	724		221	(221)	11,304	11,062	242	2%	underspend
Prescribing	35,302	1,419				36,721	36,020	701	2%	underspend
Gms	22,009					22,009	22,009	(0)	0%	Break-even
FHS Other	21,146	1,883				23,029	23,029	(0)	0%	Break-even
Planning & Health Improvement	880	126				1,006	871	135	15%	underspend
Primary Care Improvement Prog		102		973	(973)	102	0	102	100%	underspend
Resources	3,302	(75)		30	(30)	3,227	3,179	48	2%	underspend
Set Aside	31,242					31,242	31,242	-	0%	Break-even
Resource Transfer	19,037	1,926	(20,963)			-	-	-	-	
Social Care Fund	12,254		(12,254)			-	-	-	-	
NET EXPENDITURE	193,346	8,543	(33,217)	1,662	(1,662)	168,672	166,672	2,000	1%	underspend

Appendix 5

Adult Social Care Revenue Budget Position
1st April 2019 to 13th September 2019

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	14,681	0	-		14,681	14,274	408	1%	underspend
Property Costs	258	0	95		352	339	13	4%	underspend
Supplies and Services	846	0	32		878	966	(88)	-9%	overspend
Third Party Payments	26,416	569	28		27,012	27,231	(218)	-1%	overspend
Transport	369	0			369	360	10	3%	underspend
Support Services	32	0			32	27	5	19%	underspend
Transfer Payments (PTOB)	1,578	(11)			1,568	1,581	(13)	-1%	overspend
Gross Expenditure	44,181	558	155	-	44,893	44,777	116	1%	underspend
Income	(12,050)			(155)	(12,204)	(12,308)	103	-1%	underspend
NET EXPENDITURE	32,131	558	155	(155)	32,689	32,469	220	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	21,267	558	78	(78)	21,825	21,483	342	2%	underspend
Physical or Sensory Difficulties	2,760		-	-	2,760	2,884	(124)	-4%	overspend
Learning Difficulties	6,718		76	(76)	6,718	6,721	(3)	0%	breakeven
Mental Health Needs	1,079		-	-	1,079	1,077	2	0%	breakeven
Addiction Services	307		-	-	307	305	3	1%	underspend
NET EXPENDITURE	32,131	558	155	(155)	32,689	32,469	220	1%	underspend

Appendix 6

Adult Social Care Revenue Budget Year End Position 1st April 2019 to 31st March 2020

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	31,809				31,809	30,926	883	1%	underspend
Property Costs	558		205		763	735	28	4%	underspend
Supplies and Services	1,833		70		1,903	2,093	(190)	-9%	overspend
Third Party Payments	57,235	1,232	60		58,527	59,000	(473)	-1%	overspend
Transport	800				800	779	21	3%	underspend
Support Services	70				70	59	11	19%	underspend
Transfer Payments (PTOB)	3,420	(23)			3,397	3,425	(28)	-1%	overspend
Gross Expenditure	95,725	1,209	335	-	97,269	97,017	252	1%	underspend
Income	(26,108)			(335)	(26,443)	(26,667)	224	-1%	overspend
NET EXPENDITURE	69,617	1,209	335	(335)	70,826	70,350	476	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	46,078	1,209	170	(170)	47,287	46,546	741	2%	underspend
Physical or Sensory Difficulties	5,980				5,980	6,248	(268)	-4%	overspend
Learning Difficulties	14,555		165	(165)	14,555	14,562	(7)	0%	breakeven
Mental Health Needs	2,338				2,338	2,334	4	0%	breakeven
Addiction Services	666				666	660	6	1%	underspend
NET EXPENDITURE	69,617	1,209	335	(335)	70,826	70,350	476	1%	underspend

Appendix 7

Renfrewshire Council 'Other Delegated Services'
1st April 2019 to 13th September 2019

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	20	20	-	0%	breakeven
Property Costs	254	254	-	0%	breakeven
Supplies and Services	6	6	-	0%	breakeven
Transport	2	2	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	165	165	-	0%	breakeven
Gross Expenditure	448	448	-	0%	breakeven
Income	(24)	(24)	-	0%	breakeven
NET EXPENDITURE	423	423	-	0%	breakeven

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	383	383	-	0%	breakeven
Women's Aid	41	41	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	423	423	-	0%	breakeven

1st April 2019 to 31st March 2020

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	43	43	-	0%	breakeven
Property Costs	551	551	-	0%	breakeven
Supplies and Services	14	14	-	0%	breakeven
Transport	5	5	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	357	357	-	0%	breakeven
Gross Expenditure	970	970	-	0%	breakeven
Income	(53)	(53)	-	0%	breakeven
NET EXPENDITURE	917	917	-	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	88	88	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	917	917	-	0%	breakeven

2019/20 Adult Social Care Base Budget and In-Year Adjustments

	£k
2019/20 Renfrewshire HSCP Opening Budget:	69,617.0
<u>Additions:</u>	
Non Recurring Drawdown of Council Reserves	1,231.7
SWIFT Hosting Costs	-23.0
	70,825.7

2019/20 Health Base Budget and In-Year Adjustments	£k
2019-20 Renfrewshire HSCP Financial Allocation	162,104.0
Add: Set Aside	31,242.0
less: Budget Adjustments	
Social Care Fund	-12,254.0
Resource Transfer	-20,662.0
	= base budget rolled over
	160,430.0
Additions:	
Continuing Care - Transfer	1,128.0
Budget Uplift - 2.54%	3,040.0
Family Health Service Adjustment	969.9
Smoking Cessation Funding	65.2
	5,203.1
Non-Recurring:	
Cognitive Behavioural Therapist Posts - Psychology review	150.0
Budget allocated as per 2019/20 Financial Allocation 31st May 2019	165,783.1
Budget Adjustments posted in month 3	
Non-Recurring:	
Funding from Health Board for Primary Care Screening Posts	86.7
Health Budget as reported @ 30th June 19	165,869.8
Budget Adjustments posted in month 4	
Additions:	
Superann Increase - Funding from Scottish Government	2,055.8
Non-Recurring:	
Transfer to Resource Transfer	-300.0
Health Budget as reported @ 31st July 19	167,625.6
Budget Adjustments posted in month 5	
Additions:	
Hospice Superann	56.0
Reductions:	
Primary Care Contract transferred to Board	-100.5
Non-Recurring:	
ADP Funding	256.2
Action 15	96.8
Prescribing Tariff Swap	-698.6
GMS Adjustment	911.9
	566.3
Health Budget as reported @ 31st August 2019	168,147.4
Budget Adjustments posted in month 5	
Additions:	
GP Subcommittee Funding	111.8
Reductions:	
Violence Reduction Post - Moved to Glasgow City	-50.0
Non-Recurring:	
GP Premises Supporting Improvements	101.5
Primary Medical Services (PMS) - Provision & Support	360.9
	462.4
Health Budget as reported @ 30th September 2019	168,671.6

Appendix 10

Movement in Reserves

Earmarked Reserves	Opening Position 2019/20 £'000's	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20 £'000's	Movement in Reserves in 2019/20	To be Drawn Down 2019/20 c.£'000's	To be Drawn Down 2020/21 c.£'000's	Ongoing c.£'000's
PCTF Monies Allocated in 16/17 and 17/18 for Tests of Change and GP Support	419	-147		272	-147	-23	✓	✓
Primary Care Improvement Program (19/20)	816	-816		0	-816	-816		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises impr	562	-58		504	-58	✓	✓	
Primary Care Transformation Fund Monies	39	-39		0	-39	-39		
District Nurse 3 year Recruitment Programme	161			161	0	✓	✓	✓
Prescribing	557			557	0	✓		
ADP Funding (19/20)	321			321	0	-321		
Tec Grant	20			20	0	-20		
Single Point of Access Implementation (19/20)	28	-28		0	-28	-28		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings	150	-150		0	-150	-150		
Health Visiting	181	-103		78	-103	✓	✓	
Tannahill Diet and Diabetes Pilot Project	15	-15		0	-15	-15		
Mental Health Improvement Works	150			150	0	✓	✓	
Mental Health Action 15 (19/20)	306	-306		0	-306	-306		
ICT Swift Update Costs	27			27	0			
Information Communication Funding - Care @ Home Scheduling System	0		232	232	232		✓	
Mile End Refurbishment	100	-100		0	-100	-100		
LA Care Home Refurbishment	300			300	0	-300		
Westland Gardens Refurbishment	105	-105		0	-105	-105		
Eclipse Support Costs (2 Year)	156			156	0	-78	-78	
Care @ Home Refurbishment and Uniform Replacement	70	-70		0	-70	-70		
Additional Support Costs for Transitioning Placement	60	-60		0	-60	-60		
TOTAL EARMARKED RESERVES	4,543	-1,997	232	2,778	-1,765			

General Reserves	Opening Position 2019/20 £'000's	Amounts Drawn Down in 2019/20	Projected New Reserves	Closing Position 2019/20 £'000's	Movement in Reserves in 2019/20
Renfrewshire HSCP - Health delegated budget under spend carried forward	930			930	0
TOTAL GENERAL RESERVES	930	0	0	930	0
OVERALL RESERVES POSITION	5,473	-1,997	232	3,708	-1,765

To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Finance Officer

Heading: Medium Term Financial Plan 2020/21 to 2025/26

1. Purpose

- 1.1 The purpose of this report is to advise the Integration Joint Board (IJB) of the medium-term financial outlook for Renfrewshire IJB as set out in the attached Medium-Term Financial Plan 2020/21 to 2025/26.
- 1.2 This Medium-Term Financial Plan, for Renfrewshire IJB, outlines the financial challenges and opportunities the Health and Social Care Partnership (HSCP) faces over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It will also complement the HSCP's Strategic Plan, highlighting how the HSCP Medium-Term Financial Planning principles will support the delivery of the IJB's strategic objectives and priorities.

2. Recommendations

It is recommended that the IJB:

- Note the assumptions and context of the financial plan for 2020/21 to 2025/26 and the levels of uncertainty that exists in relation to a range of these assumptions; and
- Approves the Medium-Term Financial Plan 2020/21 to 2025/26 and associated financial planning principles.

3. Background and Context

- 3.1 The IJB approved its first Financial Plan in September 2017. This updated Medium-Term Financial Plan provides an update to the IJB on the current assumptions and projected funding gap for the IJB over the next five years.

- 3.2 Given the scale of uncertainty and current level of identified pressures on the delegated Health and Social Care budgets, it is important that the IJB plans for a range of potential outcomes from 2020/21 onwards. In addition, it is anticipated that moving forward beyond 2020/21 an annual saving requirement of significant scale is likely to continue over the medium term.

3.3 As highlighted in 3.2 above, it is anticipated that the current financial challenges will remain beyond 2020, re-enforcing the need for the IJB to plan over the medium to longer term on the basis of:

- Reducing resources with no certainty of any level of sustained growth;
- Rising costs and demand pressures to continue to feature in the IJB's financial outlook; and
- Increasing need to prioritise spend on the delivery of strategic priorities

3.4 The IJB has now been established for 4 years, during which time the HSCP has built a solid foundation of providing health and social care to our Renfrewshire residents. Our Strategic Plan sets out our objectives and strategic direction, how we intend to deliver on the national outcomes, the changes we need to make, and how we will work together with a wide range of partners and stakeholders to deliver our ambitious programme for the future. However, it is important that this is set within the context of the funding which is available to support delivery. Medium-term financial planning is therefore an important part of the strategic planning process.

4. Medium Term Financial Outlook

4.1 Looking into 2020/21 and beyond, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium-term financial outlook. There is significant uncertainty over what the scale of this likely reduction in available funding will be. It is therefore important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years – with the likely scenario that a significant level of further recurring savings will be required.

4.2 As a consequence, the IJB's financial planning arrangements remain subject to active review using a scenario-based approach in recognition of the scale of variability in the potential funding for the IJB. It is therefore essential that the IJB continues to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB.

4.3 We must work to deliver both a balanced budget and continue to deliver accessible and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

5. Projected Budget Gap

5.1 In view of the current scale of uncertainty, a scenario-based approach continues to be adopted in line with the previous Financial Plan (2018/19 to 20/21), where potential outcomes have been considered over: low, medium, high and worse case projected positions.

5.2 Using the above range of scenarios, current projections for the period 2020/21 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 £45m to £52m for this

period. On the basis of this estimated budget gap, and subject to clarification over the coming months and years, the Chief Finance Officer (CFO) recommends that the IJB progresses with a financial planning strategy based on the medium scenario of a budget gap within a range of £8m to £11m per annum, over this five-year 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.

6. Financial Challenge

6.1 As highlighted in section 5 of this report, 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 both the national context, and future funding contributions from partners for which there remains significant and real uncertainty.

6.2 Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position of each emerges:

- Future funding allocations from Partner Organisations
- Future Pay Settlements
- Demand led Pressures
- Prescribing
- Inflation and Contractual Commitments
- Demographics, Deprivation and Health

6.3 Looking beyond 2020 and into the longer term, it is inevitably more difficult to forecast. One of the main difficulties is the wider uncertainty associated with the UK's planned negotiation to exit the EU and the consequential impact. It is important that the IJB adopts a long-term strategy not just in planning the delivery of strategic outcomes and services, but also from a financial perspective to ensure that medium to long term risks to the IJB's financial sustainability are identified early, even though there may be uncertainty over their specific timing, scale and ultimate effect.

7. Responding to the Local Financial Challenge

7.1 The IJB is committed to transforming services, and has an established Change and Improvement Programme to support the IJB's Vision and to enable the delivery of our Strategic, Workforce and Financial Plans. However, going forward our ability to manage increasing demand and complexity within reducing resources cannot be delivered through this Programme alone, as future gains will be smaller and will not be able to bridge the funding gap identified in this Medium-Term Financial Plan.

7.2 Our financial planning strategy must be clear and focused, to ensure the IJB remains financially sustainable over the medium term. This will mean that many of our services will need to be redesigned in order to focus our limited resources on services which are sustainable over the longer-term and targeted to those with the greatest need and to support people to live independently, wherever possible, in safe, active

and connected places and communities. To achieve this, we know we need to plan and work differently. Critical to our success, will be how effectively we engage and work with our service users, staff, partners and wider community to test and develop our approach.

- 7.3 The key to delivering on our Medium-Term Financial Plan is the delivery of our two-tiered model which will address our 2020/21 financial pressures, whilst in parallel introducing a more strategic approach, focusing on the financial sustainability of the organisation in the medium term.

Tier 1: Short-term 2020/21

- 7.4 The short-term financial planning work for 2020/21, Tier 1, is being supported by experienced external support to provide independent challenge to SMT thinking. This work is focused on where we can derive benefits from a more integrated organisational structure. Proposals will be presented to the IJB for approval in late 2019 / early 2020.

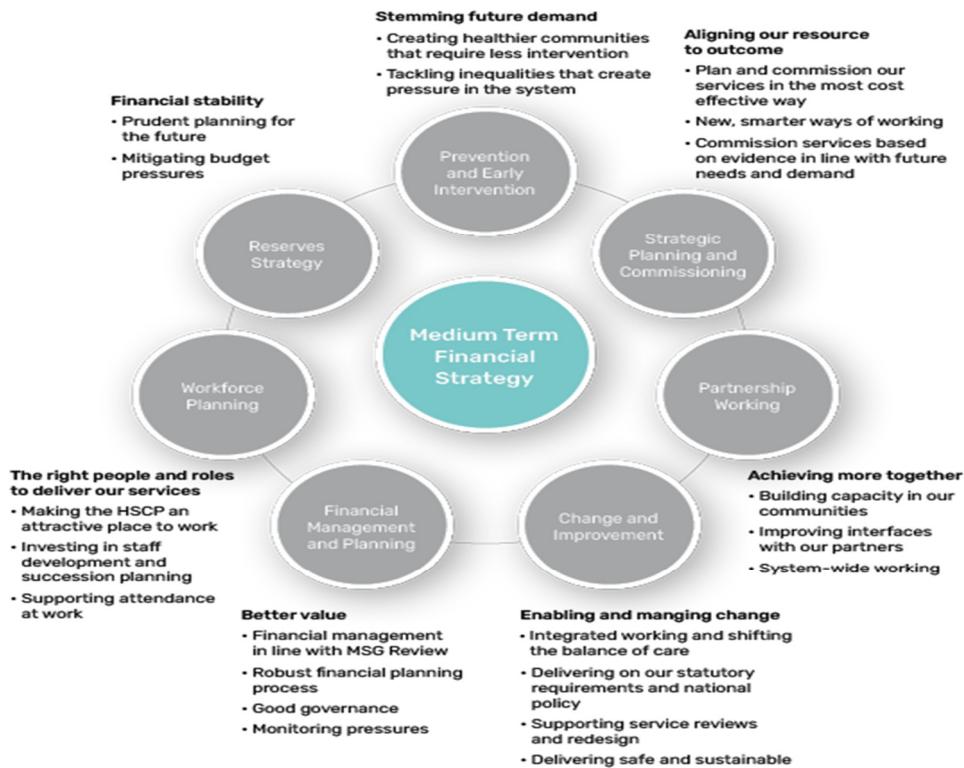
Tier 2: Medium Term 2021-24

- 7.5 The HSCP's medium term approach, Tier 2, to develop a Strategic Delivery Plan recognises that we must make a step change in the way we work to ensure the sustainability of health and social care services going forward. The delivery of the right health and social care services, accessed in the right place and at the right time is core to our 2019 – 2022 Strategic Plan, which was approved by our IJB in March 2019.

8. Medium Term Financial Strategy

- 8.1 Our Medium-Term Financial Strategy has 7 components which collectively support the transformational change required to deliver financial balance. This strategy is set out in the following diagram.

8.2



8.3 In line with the above principles, the Chief Officer and Chief Finance Officer will work with IJB members to take forward our Medium-Term Financial Strategy to deliver financial balance whilst delivering safe and sustainable services.

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** – n/a
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, delivery of agreed savings
11. **Privacy Impact** – none.

List of Background Papers – None.

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Renfrewshire Integration Joint Board

Medium Term Financial Plan
2020/21 to 2025/26



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Executive Summary

The Integration Joint Board (IJB) has now been established for 4 years, during which time the Health and Social Care Partnership (HSCP) has built a solid foundation of providing health and social care to our Renfrewshire residents. Our Strategic Plan sets out our objectives and strategic direction, how we intend to deliver on the national outcomes, the changes we need to make, and how we will work together with a wide range of partners and stakeholders to deliver our ambitious programme for the future.

This Medium-Term Financial Plan, for Renfrewshire IJB, outlines the financial challenges and opportunities the HSCP faces over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It will also complement the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the IJB's strategic objectives and priorities. The Strategic Plan is likely to be reviewed in the period to summer 2022.

Whilst our successful history of providing integrated services is positive, this does mean that we have already taken many of the opportunities to redesign services, remove duplication and make associated efficiencies over the last 4 years. The IJB is clear about the challenges ahead and is planning for the future through the Strategic Plan. This Medium-Term Financial Plan will assist in the strategic planning process and allow the IJB to take informed decisions when planning for the future to ensure financial sustainability in the medium term, and maintaining sufficient flexibility to allow us to adapt, invest, redesign and change models of service delivery as required.

The Medium-Term Financial Plan includes a range of key assumptions which are subject to a significant degree of uncertainty. In order to test the assumptions used in the modelling of our four scenarios (low, medium, high and worst case), sensitivity analysis was carried out to determine the impact of any material changes on our current assumptions. As a consequence, this strategy will be kept under continuing review with appropriate adjustments made as these become clearer. This Medium-Term Financial Plan estimates a budget gap within a range of £45m to £52m over the next five years which the IJB will need to address.

Given the uncertainty and potential for variability, it is important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the course of this Medium-Term Financial Plan.

This Medium-Term Financial Plan provides a basis for the IJB to gain an understanding of the financial climate in which it will operate over the medium term. This has been done by considering the impact of a range of factors, which are illustrated overleaf and reflect the complexity of factors which can impact on IJB financial pressures.



Future funding allocations from Partner Organisations



Future Pay Settlements



Demand led Pressures



Prescribing



Inflation and Contractual Commitments



Demographics, Deprivation and Health

The IJB is committed to transforming services, and has an established Change and Improvement Programme to support the IJB's Vision and to enable the delivery of our Strategic, Workforce and Financial Plans. However, going forward our ability to manage increasing demand and complexity within reducing resources cannot be delivered through this Programme alone, as future gains will be smaller and will not be able to bridge the funding gap identified in this Medium-Term Financial Plan.

Our financial planning strategy must be clear and focused, to ensure the IJB remains financially sustainable over the medium term. This will mean that many of our services will need to be redesigned in order to focus our limited resources on services which are sustainable over the longer-term and targeted to those with the greatest need and to support people to live independently, wherever possible, in safe, active and connected places and communities. To achieve this, we know we need to plan and work differently. Critical to our success, will be how effectively we engage and work with our service users, staff, partners and wider community to test and develop our approach.

The key to delivering on our Medium-Term Financial Plan is the delivery of our two-tiered model which will address our 2020/21 financial pressures, whilst in parallel introducing a more strategic approach, focusing on the financial sustainability of the organisation in the medium term. The key principles which will underpin our approach are:



'Social Contract'

Developing an informal agreement between the HSCP and public to collectively create a healthier Renfrewshire.



Engagement based approach

Building upon how we engage with and involve our service users, patients and carers from the outset to develop a shared understanding and view on how we change.



'Asset-based' Working

By supporting local community capacity building. This approach looks to explore how we can collectively achieve more through the effective use of all the skills, knowledge and assets available within communities, individuals and across the public, private and voluntary sectors.



Promoting Independence

Through an ethos of 'working with' rather than 'doing to' in our approach to: assessment and care; staff training and development; our organisational structure and governance; planning and commissioning; and service delivery models.



Shared Purpose and Consistent Messaging

Ensuring there is an emphasis on communication and engagement with staff, services users and partners to create a common language, a strong sense of purpose and collective ownership for creating a healthier Renfrewshire.



Workforce Engagement and Development

Gaining trust; empowering to innovate; and supporting the introduction of new ways of working. We must build on the knowledge and experience of the staff working in our services by engaging, listening and involving them in shaping how we change and adapt.



Partnership Working

Closer working with our partners, 3rd sector organisations and others to establish a common approach and new ways of working, to grow local capacity and optimise our reach within our communities.



Digital Opportunities

Prioritising and embracing technology to: enable improved service delivery; better informed patients / service users; and offer greater self-care and self-management solutions.

Purpose

Renfrewshire HSCP has now been operating for almost 4 years. During this time, significant progress has been made in terms of integrating the services delegated for its partners Renfrewshire Council (RC) and NHS Greater Glasgow and Clyde (NHSGGC).

Renfrewshire IJB is the governing body of the HSCP and agrees an annual budget following the delegation of funding from its partners each financial year. The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures. This means the IJB must consider how it can improve the quality of services and achieve better outcomes for local people while containing or reducing costs.

Critical to this, is ensuring the IJB have robust financial arrangements in place to deliver services within the funding available, and effective medium-term financial planning, aligning with the delivery of our 2019–2022 Strategic Plan. This Medium-Term Financial Plan aims to pull together in one place all the known factors affecting the financial position and sustainability of the organisation in the medium term, and our response to this challenge.

This Plan will deliver a number of benefits to Renfrewshire HSCP including:

- Play an important role in the HSCP's strategic planning process, to ensure that resources are targeted at the delivery of the priorities of the Strategic Plan;
- Help inform IJB decision making to effectively assess the potential financial impact of current and future decisions to ensure the HSCP remains financially sustainable;
- Provide a basis for engaging with partner bodies in relation to the annual budget setting process;
- Support the required transformation, to provide sustainable services to the local community to secure financial sustainability; and
- In line with national direction, support the delivery of the Strategic Plan and set out our plans to deliver a shift in the balance of care to a community setting; provide the ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care.

National Context

IJBs operate in a complex and changing environment where national issues can have an impact on what services are delivered and how they are delivered, as well as the financial resources which are available to support the IJB in commissioning services.

The IJB must also ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met, whilst ensuring the operational oversight of the delivery of health and care services. An understanding of this complex, national context is essential when developing a medium-term financial outlook.

The Economy

The Global UK and Scottish economy has an impact on the citizens that we support across a range of areas including earnings, taxation and employment. It also impacts on the funding available to support public spending and in turn, the funding available to Councils and Health Boards to deliver services.

Similar to 2018/19, the Scottish Government draft budget for 2019/20 provided grant figures for one year only. However, in 2018 it published its first Medium Term Financial Strategy (MTFS) with a commitment to provide three-year funding settlements from 2020/21 onwards. The MTFS sets out the Government's financial assessment of the funding required to deliver on its key policies over this parliamentary period. It also highlights that the overall outlook is for little growth through to 2022/23. It is therefore likely that in the medium term, public finances in Scotland are likely to remain challenging and subject to further year on year reductions.

As highlighted in budget updates to the IJB, Members should remain aware that as a large proportion of the Scottish Budget is now driven by devolved tax powers, this brings additional risk to the funding available for public services in Scotland. As the Scottish Government budget moves towards circa 50% of its budget being generated from devolved tax raising powers, the performance of the Scottish economy becomes a key factor in the overall level of resources available to the Scottish Government.

In 2018/19 and 2019/20, in addition to positive Barnett consequentials from the UK government budget for Scotland, the Scottish Government exercised devolved tax raising powers to generate an increase in their budgeted resources to support local government. However, future opportunities for the Scottish Government to generate similar additional resources in the short to medium term may be limited. Real uncertainty therefore remains over the scale of the reduction in resources over the medium term. This, along with the continuation of annual cost pressures and increasing demand will drive a need for further significant and sustained savings to ensure financial sustainability across all sectors.

Scottish Government Medium Term Health and Social Care Financial Framework

In October 2018, the Scottish Government published their Medium-Term Health and Social Care Financial Framework. The Framework outlined the challenges faced by the Health and Social Care sector in planning for the future, in order to deliver a financially balanced and sustainable health and social care system. It set out, in detail, a number of approaches/initiatives to address these challenges through a combination of investment and reform.

In order to have meaningful financial plans for the future of health and social care, it is imperative that the context within which these services operate is set within a clear financial framework. In order to ensure this, the Financial Framework was developed by the Scottish Government with input from NHS Boards, HSCPs, CoSLA and Local Authorities.

Using 2016/17 as the baseline, the Framework covers the period to 2023/24. Based on Barnett resource consequentials it shows a potential a funding gap of £5.9 billion if nothing changes.

It is the Scottish Government's intention to update the Framework as reform plans emerge. This in turn should allow local financial planning to develop within a clear set of financial parameters.

Key messages from the Framework:

- Expenditure and activity are at record levels with growth trends indicating that funding levels will need to increase;
- Greater pressure on the system requires changes to the way services are delivered including improvements in productivity;
- Three main drivers of growth:
 - Price
 - Demographics
 - Demand-led growth from increased public expectations and advances in technology
- Focus on the government's main spending policy commitments:
 - Baseline allocations to Health Boards maintained in real terms, with additional funding to support the shift in the balance of care
 - Over next 5 years hospital expenditure to account for less than 50% of frontline NHS expenditure
 - Primary care funding to increase to 11% of frontline NHS budget by 2021/22
 - Year on year increase to mental health, primary, community and social care budgets
- Reform Activities:
 - **Shifting the balance of care:** assumption that circa 50% of savings released from acute will be redirected towards primary, community and social care through IJBs strategic commissioning plans

- **Regional Working:** increased collaboration to drive change and reduce duplication and ensure more coherent, comprehensive and sustainable services, with an assumption of circa 1% productivity savings
- **Public Health and Prevention:** 1% reduction in demand from the implementation of a number of health improvement initiatives
- **Once for Scotland:** 0.25% reduction in cost from delivering more effective and consistent delivery of services
- **Annual Savings Plans:** 1% year on year savings from local operational delivery of productivity and efficiency saving

National Direction

Health and Social Care Delivery Plan

In December 2016, the Scottish Government published its Health and Social Care Delivery Plan which set out the programme for further enhancing health and social care services. Critical to this was shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes where possible and appropriate. This supports the Scottish Government's wider goal, to shift the balance of care from the Acute Sector to Community Care by 2021.

Audit Scotland

Recent reports from Audit Scotland have highlighted a number of risks facing HSCPs in the delivery of the original policy intentions and the more recent policy statements within the National Clinical Strategy and the Health and Social Care Delivery Plan, including:

- Financial planning is not integrated, long term or focused on providing the best outcome for people who need support;
- Strategic planning needs to improve and some barriers to this are a lack of collaborative leadership and strategic capacity, a high turnover in HSCP leadership teams and disagreements over governance arrangements;
- Changes required in the way that health and social care services are provided;
- Social care faces growing demographic demand pressures which are unsustainable within existing service models and resources;
- The implementation of new legislation and policies such as the Living Wage create additional cost pressure; and
- The NHS is facing a combination of increasing costs, staffing pressures and unprecedented savings targets which challenge how NHS boards balance demand for hospital care with investing in community-based services to meet future need.

Ministerial Strategic Group for Health and Community Care – Review Progress with Integration of Health and Social Care

In February 2019, the Scottish Government published the 'Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care'. The proposals contained in the report are based around six features of integration highlighted in the Audit Scotland report Health and Social Care Integration – Update on Progress, which are:

- Collaborative Leadership and Building Relationships;
- Integrated Finances and Financial Planning;
- Effective Strategic Planning for Improvement;
- Agreed Governance and Accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement.

The proposals are all aimed at improving integration and meeting the Scottish Government's original vision for IJBs, however, in reality these will require considerable changes to systems, processes and operational methodologies to allow these to be met.

Four years after IJBs were established, the set aside budget for delegated services provided in large hospitals still has not been delegated to IJBs. Discussions are still ongoing as to how this can be done and continue to operate effectively.

Although no figures are available beyond 2019/20, as the Scottish Government only provides one-year budget figures in December each year, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium-term financial outlook. There is significant uncertainty over what the scale of this challenge will be. In addition, there remains wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations and therefore the delegated Heath and Adult Social Care budgets.

The current model of funding delivered via NHS Boards, and Local Authorities, to HSCPs, is driving demands to deliver savings that cannot now be achieved without major impact on service capacity, performance and delivery and with a direct impact on service users. Decisions on these savings are made by IJBs whose guiding purpose is to ensure there is a local Strategic Plan in place to enable the balance of care shifts to take place, allowing local people to be supported to live and remain in their own homes and communities. The challenge in delivering this is compounded by the wider financial and demand pressures in other related parts of the health and social care system – particularly Acute services, GP services, home care, rehabilitation services and mental health services.

UK and Scottish Legislative and Policy Changes

UK and Scottish Government legislation and policies and how these are funded can have implications for the IJB and its medium-term financial planning. There are a number of areas which could impact on the IJB over the medium term, such as.

(i) **Withdrawal from the European Union (Brexit)**

One of the greatest risks to the economic outlook remains Brexit, with the general view that this is likely to have a long-term negative impact on the economy. The economic impact of Brexit could be to reduce Scotland's GDP by £12.7bn by 2030, compared to staying in the EU. In addition, it is likely to impact on our supply chains and labour markets. A 'no-deal' outcome would require the Scottish Government, working with the wider UK Government, to support the economy through this period of uncertainty.

(ii) **Local Governance Review**

The Scottish Government aims to strengthen local decision-making and democratic governance in ways that improve outcomes for local communities and give greater control to those who live and work in the area. The Scottish Government and COSLA launched a review in December 2017 to consider how decisions are made about Scotland's public services with the aim of devolving more power to communities. The review's findings will contribute to a Local Democracy Bill which will be introduced before the end of the Parliament in 2021 and could impact on how decisions are made in relation to services provided within local communities.

(iii) **Free Personal Care – Under 65's**

The Scottish Government committed to the extension of Free Personal Care to all under 65s who require it regardless of condition: "Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018, known as Frank's Law". Renfrewshire HSCP has made good progress in reviewing care packages to ensure personal care services are appropriately reflected and exempt from charging in line with this legislation. The level of the demand, and the sufficiency of Scottish Government funding to fully meet this new legislation, has still to be fully determined and forms part of financial monitoring.

(iv) **Safe and Effective Staffing**

Scottish Government is currently considering the Health and Care (Staffing) (Scotland) Bill which seeks to make statutory provision about appropriate staffing by the National Health Service and by providers of care services to enable safe and high-quality care and improved outcomes for service users. This would apply to care services registered and inspected by the Care Inspectorate and could have implications both for services delivered and those commissioned by the IJB. It is too early to assess the implications of this Bill but is an area which the IJB will closely monitor to enable any financial and operational consequences to be fully understood.

(v) **Carers Act (Scotland) Act 2016**

This Act is designed to support carers' health and wellbeing and help make caring more sustainable. This Act came into effect from 1 April 2018 and places a duty for local authorities to provide support for carers, based on the carer's identified needs which meet the local eligibility criteria. This will be supported by adult carer support plans and a young carer statement to identify carers' needs and personal outcomes. The IJB is well placed to meet the requirements of the Act and have detailed plans in place across Renfrewshire.

(vi) **Primary Care**

The Scottish Government has recognised the increasing demand and expectations that are placed upon our frontline services within primary care and is clear that status quo is not an option. In support of this and to ensure the new GP Contract can be fully implemented, the Cabinet Secretary for Health and Sport has announced that, in addition to the funding for General Medical Services, funding in direct support of general practice nationally will increase annually by £250 million by the end of 2021-22, and forms part of the Scottish Government's commitment to an extra investment of £500 million per year for primary care funding. Some of this funding will flow to IJBS to deliver services which will support GP practices to become sustainable for the future.

(vii) **Mental Health**

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. £12m was made available for Scotland in 2018-19 rising to £35 million in 2021-22. Some of this funding will flow to Renfrewshire and will be used to deliver on this national commitment as well as the Five-Year Mental Health Strategy which has been approved for delivery within NHSGGC.

(viii) **Scottish Living Wage**

The Scottish Living Wage is currently £9.00 (uprated to £9.30 from 1 May 2020) and is part of a Scottish Government policy to improve people's lives and help build a fairer society. This is subject to annual review. This impacts on our costs as an employer and the costs of services which we commission directly from service providers.

(ix) **Regional Planning**

The Scottish Government's Health and Social Care Delivery Plan and the National Clinical Strategy set out the expectations for a modern health and care system for Scotland. This includes a requirement for organisations to come together and focus on regional planning of services where appropriate. West of Scotland Health Boards are working together and connecting beyond traditional boundaries - across health and social care; across professions and disciplines; across settings; across specialties; and across organisations to build a person centred and sustainable service that is fit for the 21st Century.

Local Context

Role and Remit of Renfrewshire IJB

Renfrewshire IJB, formally established on 27 June 2015, 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).

In March 2018, Renfrewshire Council and NHSGGC agreed an update to the Integration Scheme to reflect the provisions in the Carers (Scotland) Act 2016 to be delegated to the IJB.

The Vision for the IJB is:

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

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

A Profile of Renfrewshire

Our Demography

According to the latest official statistics from the National Records of Scotland (NRS), the population of Renfrewshire is 177,790. The breakdown of this figure into age groups and sex is shown in the following table. There are more women than men in every age group, except for those aged 0-15 and 16-29. Overall, Renfrewshire's age breakdown matches the rest of Scotland, with the exception being the 45-59 age group, where the percentage population is slightly higher in Renfrewshire and the 16-29 age group where the percentage population is slightly lower than the rest of Scotland.

Renfrewshire	Total	Males	Females
0-15	30,171	15,319	14,852
16-24	18,216	9,376	8,840
25-44	44,595	21,976	22,619
45-64	51,520	24,581	26,939
65-74	18,446	8,630	9,816
75+	14,842	5,987	8,855
Total	177,790	85,869	91,921

Projections of Future Population

The size and make-up of the population going forward will be a key consideration when planning and delivering health and social care services. The 2016-based NRS population projections in the following table show the estimated change in the population to 2041.

Population Projections to 2041

Age Group	2016		2026		2036		2041	
	Number	%	Number	%	Number	%	Number	%
0-15	29,954	17%	30,222	17%	29,838	16%	29,516	16%
16-29	30,237	17%	27,307	15%	27,331	15%	27,199	15%
30-44	31,892	18%	35,736	20%	33,435	18%	31,922	18%
45-59	40,649	23%	34,107	19%	34,221	19%	36,412	20%
60-74	28,656	16%	33,349	19%	34,047	19%	30,894	17%
75+	14,542	8%	17,901	10%	22,544	12%	25,660	14%
Total	175,930	100%	179,622	100%	181,416	100%	181,603	100%

It is clear from the above table that the population aged 60+ is projected to continue to grow over the next few decades. We know from existing data, that currently, older adults are the greatest users of our hospital, community health and social care services. It is therefore a reasonable assumption that this trend will continue into the future. In addition, people with complex health conditions and profound and multiple disabilities are living longer and require intensive health and social care support.

The combination of a growing elderly population, along with increasing complex health conditions, will inevitably mean significantly increased levels of demand on our services including: Care at Home; Residential and Nursing Care; increases in demand for community-based healthcare, equipment and adaptations, increased demand for GP services and an increase in prescribing costs.

A full profile of Renfrewshire IJB is set out in the Strategic Plan. Some of the key characteristics are outlined below.



Renfrewshire Population

177,790

(2018 National Records of Scotland), which is 3.4% of the population of Scotland



It comprises of:



30,171 (17%)
children aged 0-15



114,331 (64.3%)
adults aged 16-64



33,288 (18.7%)
older adults aged 65 and over



29

GP Practices



43

Community
Pharmacies



23

Community
Optometrists



35

General Dental
Practitioners



Royal Alexandra
Hospital



12,868

Carers provide up to 50 hours of unpaid care per week.



4,576

Carers provide more than 50 hours of unpaid care per week.

10% of our population are unpaid carers.

80.2 years

2015-17 life expectancy for a Renfrewshire female

76.2 years

2015-17 life expectancy for a Renfrewshire male

Demographic Profile:



An estimated

597

adults are known to have a learning disability in Renfrewshire



It is estimated that more than

12,000

people in Renfrewshire have a Physical Disability



An estimated

2,700

problem drug users in Renfrewshire



An estimated

20%

of adults have common mental health problems in Renfrewshire



It is estimated that more than

2,750

people are living with dementia in Renfrewshire. This is expected to increase to 4,400 in 2039

Strategic Objectives

Our 3 key strategic priorities are set out in our Strategic Plan for 2019 – 2022 which was approved by the IJB in March 2019:

- 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; and
- Working in partnership to support the person as well as the condition.

The Strategic Plan sets out how the HSCP will meet both local and nationally agreed outcomes, taking account of: national strategies and legislation; regional planning; Renfrewshire Council's 'Right for Renfrewshire' programme; the Renfrewshire Community Plan and NHSGGC's 'Moving Forward Together' programme.

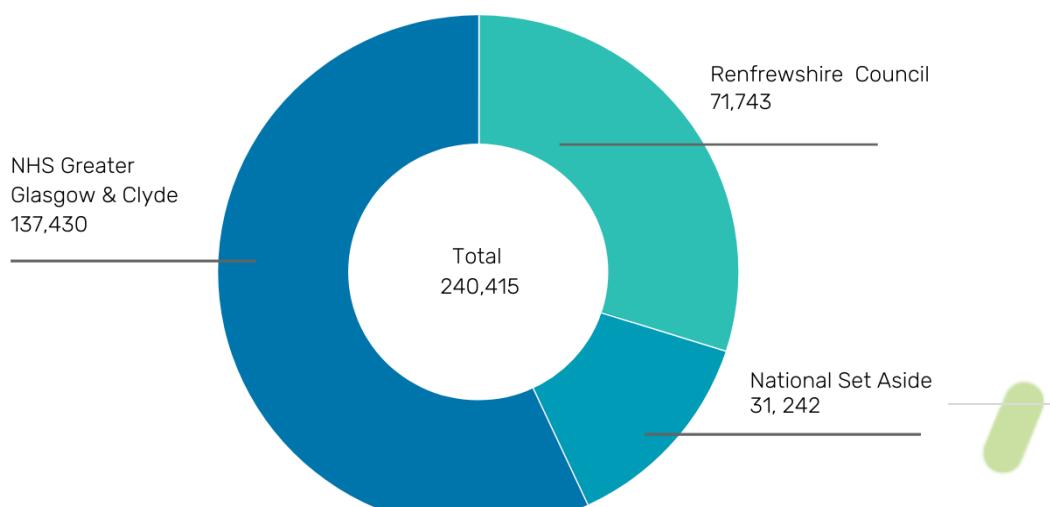
The Strategic Plan is also aligned to our Market Facilitation Plan, which aims to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right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

The Market Facilitation Plan is a live document which is continually updated as data becomes available. It will help inform financial planning and ultimately how we allocate our resources moving forward. It will also give 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.

Our Budget

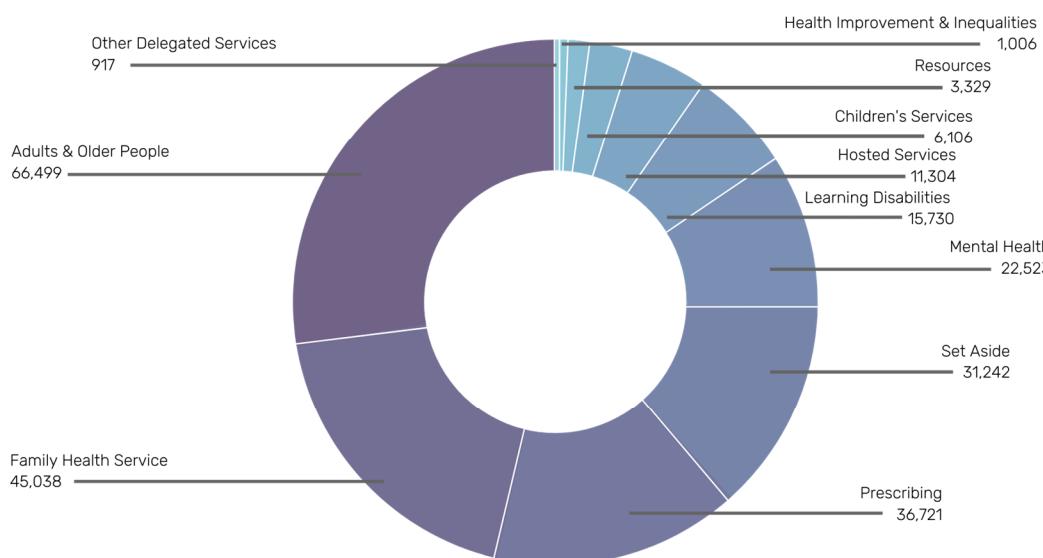
Renfrewshire IJB delivers and commissions a range of health and adult social care services to its population of Renfrewshire, this is funded through budgets delegated from both Renfrewshire Council and NHS Greater Glasgow and Clyde. The resources available to the IJB in 2019/20, to take forward its commissioning intentions in line with the Strategic Plan, are circa £240.4m. The following charts provide a breakdown of where these resources come from, and how it is split over the range of services we deliver.

Resources Available to IJB 2019/20 (£000s)



Included within the funding sources is a ‘Large Hospital Services’ (Set Aside) budget totalling £31.242m. Currently, this is a notional allocation in respect of those functions delegated by the Health Board which are carried out in a hospital within the health board area. The IJB is responsible for the strategic planning of these services but not their operational delivery.

Our Budget (£000's)



Hosted Services

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 the Annual Accounts for each of the 6 IJBs.

The services hosted by Renfrewshire are Podiatry and Primary Care Support. The following table provides details of the services hosted by the remaining IJBs within NHSGGC.

Host	Service
East Dunbartonshire	Oral Health
East Renfrewshire	Learning Disability Tier 4 Community & Others
Glasgow	Continence
	Sexual Health
	MH Central Services
	MH Specialist Services
	Alcohol & Drugs Hosted
	Prison Healthcare
	HC in Police Custody
West Dunbartonshire	MSK Physio
	Retinal Screening

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:

- 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 e.g. funding to mitigate any delays in delivery of approved savings, Care at Home redesign costs etc; and
- Delivery of approved savings through the Change and Improvement Programme and other operational efficiencies.

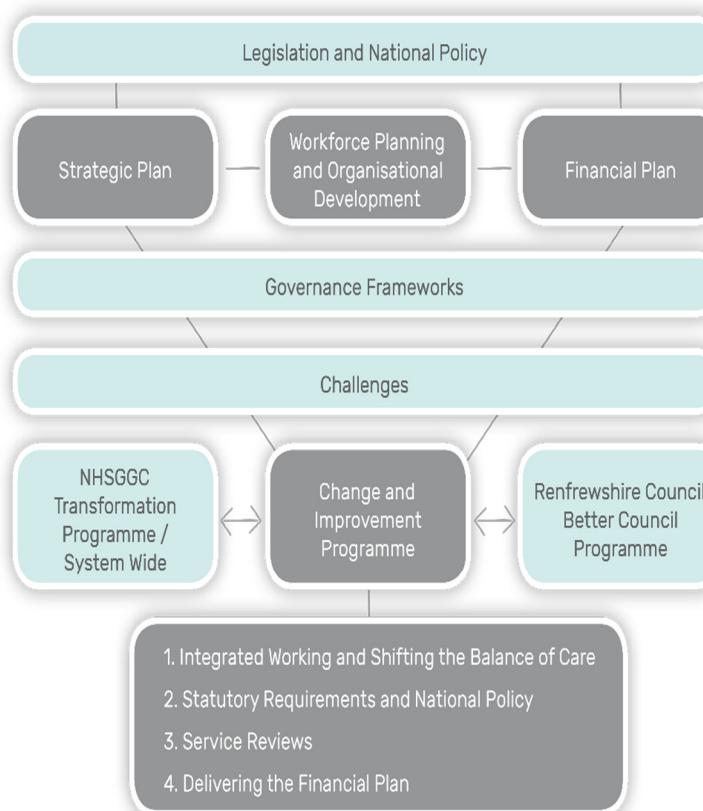
Change and Improvement Programme

Renfrewshire HSCP has an established Change and Improvement Programme to support the IJB's Vision and to enable the delivery of our Strategic, Workforce and Financial Plans in line with the national direction set out in the National Clinical Strategy and Health and Social Care Delivery Plan. This programme provides a structured approach to manage change, optimise the use of change and improvement approaches and to develop and share best practice to deliver on this vision which is focused on:

- Proactively developing our health and social care services in line with national direction and statutory requirements;

- Optimising the opportunities joint and integrated working offers; and
- Ensuring any service redesign is informed by a strategic planning and commissioning approach.

This approach supports our work to ensure we provide the best possible services and care to our service users and to enable our service and resource planning to focus on and deliver the right outcomes for all. This programme provides a structured approach to manage change, optimise the use of change and improvement approaches and to develop and share best practice to deliver on this vision as outlined in the following diagram.



Further detail regarding each strand of the Change and Improvement Programme and key highlights of activity throughout the last year are provided in the following diagram.

Our Workstreams

Optimising Joint and Integrated Working and Shifting the Balance of Care

To proactively develop our health and social care services, exploiting the opportunities joint and integrated working offers and with service redesign being informed by a strategic commissioning approach. This in turn will support the financial sustainability of the Partnership.

Statutory Requirements, National Policy and Compliance

To ensure the timely delivery of legislative requirements and national policy, whilst managing the wider service, financial and workforce planning implications these can often present.

Service Reviews

The HSCP is committed to undertaking regular Service Reviews to ensure our Services are: modern, flexible, outcome focused, financially efficient and 'fit for the future', whilst taking account of changing trends, demographics, demands, local and national policy drivers, changing needs, inequalities, good practice, and service user and carer views.

Delivering Safe and Sustainable Services

To identify innovative and smarter ways of working to support the HSCP to deliver on its strategic priorities within budget.

Key Highlights



Completion and submission of the Digital Maturity Assessment with Scottish Government



Link Workers aligned to all of our 29 GP practices



Pilot phase for the Scheduling and Monitoring system for Care at Home Services



Active Signposting/Care Navigation training for GP practice staff which offers the potential to free up GPs consultation time by directing patients to the most appropriate health professional



Ongoing implementation of the HSCPs Primary Care Improvement Plan



Successful collaborative with Health Improvement Scotland and a GP Cluster to ensure people aged 65+ living with frailty obtain the support they need



HSCP participation in process validation and system configuration for Eclipse, alongside Children's services

Additional Improvements

In addition to the above workstreams within our Change and Improvement Programme, a number of additional improvements have recently been taken forward within specific services to ensure the best possible outcomes for our population.

Early Intervention, Prevention and Harm Reduction

- Introduction of a drop-in service for patients with Type 2 Diabetes in Ferguslie. This service is being delivered in partnership with Lloyds Pharmacy via the Pharmacist providing support, especially dietetic and medicine advice, as well as other information/referrals to services that improve health and wellbeing.
- Increased awareness of the 'Quit Your Way' NHSGGC stop smoking service amongst HSCP services and with our partner organisations. As part of this service a store card gift incentive programme is available to eligible pregnant women who smoke tobacco and would like to stop. Research has shown that pregnant women are more likely to quit smoking and remain stopped when incentives are used together with stop smoking support.
- Introduction of a pilot project between the HSCP and NHSGGC for Chronic Widespread Pain/ Fibromyalgia pathway. Classes have commenced in local venues.

Providing Greater Self Determination and Choice

- Continuing the roll out of Self-directed Support (SDS) through the ongoing development of flexible, responsive and proportionate systems that support the achievement of coproduced personal outcomes.

Shifting the Balance of Care

- Ongoing work with partners in primary and secondary care to ensure that providing appropriate treatment at the right time and in the right place is at the heart of what Renfrewshire HSCP does.
- Implementation of a Joint Unscheduled Care action plan with colleagues in the RAH, which aims to demonstrate how the HSCP can reduce demand on Acute Services and create a compelling case for resource transfer.
- Full implementation of the red bag initiative to care homes, used to store information, medication and property, for care home residents who require unplanned acute attendance and/or admission. This bag follows the resident through their journey into acute and back to the care home, with staff using it to provide key information on transfer, speeding up operational processes and supporting better decision making.

Enabling Independent Living for Longer

- Our Care at Home Transformation Programme continues to work with staff, service users, Trade Unions and partners to develop services which will enable us to manage demand for our services, within current budget, whilst supporting people to remain as independent as possible within their own home.

Public Protection

- Multiagency self-evaluation exercise focusing on the most vulnerable children following the latest Care Inspectorate Framework.

Engaging and Developing Our Staff

- An effective engagement programme with our leaders in the HSCP to engage views, ideas and information to facilitate ongoing service improvement.
- Views of staff are sought annually via the iMatter survey which provides results on a team basis and enables them to identify areas of improvement.
- Annual Staff Awards recognise our workforce achievements and improvements in patient care.

Medium Term Financial Outlook

Looking into 2020/21 and beyond, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium-term financial outlook. There is significant uncertainty over what the scale of this likely reduction in available funding will be. It is therefore important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years – with the likely scenario that a significant level of further recurring savings will be required.

As a consequence, the IJB's financial planning arrangements remain subject to active review using a scenario-based approach in recognition of the scale of variability in the potential funding for the IJB. It is therefore essential that the IJB continues to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB.

It is therefore important to be clear that within the current models of working, the reducing budgets available will require further recurring savings to be made by this HSCP. This will mean that the IJB needs to consider what can safely be delivered. We must work to deliver both a balanced budget and continue to deliver accessible and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

Projected Budget Gap

Given the current scale of uncertainty, a scenario-based approach continues to be adopted in line with the previous Financial Plan (2018/19 to 2020/21), where 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.

Using the above range of scenarios, current projections for the period 2020/21 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 £45m to £52m for this period. On the basis of this estimated budget gap, and subject to clarification over the coming months and years, the CFO recommends that the IJB progresses with a financial planning strategy based on the medium scenario of a budget gap within a range of £8m to £11m per annum, over this five-year 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.

Although the medium-term financial outlook focusses on the likely cost pressures that the IJB can expect over the next 5 years, this can be further extrapolated to a longer period such as 10 years, where (using the same wide range of assumptions) it is estimated that the cost pressures could be in the range of £103m to £120m (Appendix 2). However, the further into the future we look the less assurance we can take from these assumptions.

Financial Challenge

As highlighted earlier, 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 both the national context, and future funding contributions from partners for which there remains significant and real uncertainty. Appendix 1 sets 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.

Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position of each emerges. These assumptions are based on the budget position and assumptions as at 30 September 2019.



Future funding
allocations
from Partner
Organisations

Future funding allocations from Partner Organisations: the Scottish Government has not provided any material details of spending plans beyond 2019/20 other than high level figures which indicate low levels of cash growth. However, the commitment to providing multiyear financial settlements from 2020/21 represents a significantly positive step in providing greater clarity over the IJB's financial outlook.



Future Pay
Settlements

Future Pay Settlements: the move to multi-year settlements provides a degree of certainty of pay pressures through to 2020/21, although these are at the higher end of the projections included within our financial plan. This will directly increase the cost pressures for the IJB. 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 34% of the IJB's net budget. Inflationary pressure in this area represents a significant pressure for the IJB. The assumptions for pay reflect the current inflationary assumptions of both Partner bodies.



Demand led Pressures

Demand led Pressures: demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward. Through its 'Change and Improvement Programme', the HSCP continues to actively progress a wide range of key demand and cost management actions including identifying areas of existing resource that can be re-directed to mitigate the financial impact of these pressures whilst seeking to achieve better outcomes for clients and their families.



Prescribing

Prescribing: with the ending of the risk sharing arrangement across NHSGGC Partnerships on 31 March 2018, prescribing costs represent the greatest financial risk to the HSCP, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy.



Inflation and Contractual Commitments

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. Current planning assumptions are that non pay inflation and contractual commitments equates to an average of circa £6.5m per annum over the life of the plan.



Demographics, Deprivation and Health

Demographics, Deprivation and Health: This outlook has considered the local context of Renfrewshire and how this impacts demand for services. Historically services have managed 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.

In order to test the assumptions used in the modelling of our four scenarios (low, medium, high and worse case), sensitivity analysis was carried out to determine the impact of any material changes on our current assumptions.

The following table shows the impact if our key assumptions increase by 1%. For example, if pay inflation was 1% higher than the assumptions which have been made, this would represent an additional cost of £784k in 2020/21.

Sensitivity Analysis – Impact of 1% change in Assumptions	2020/21 £000's	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
Pay	810	818	826	834	842
Inflation	630	636	643	649	656
Prescribing	350	353	357	360	364
Demographic & Demand Change	741	748	756	764	771
TOTAL	2,530	2,555	2,581	2,607	2,633

Based on the assumptions used in our ‘medium’ modelling scenario, the following table provides a high-level summary of our main financial pressures over the next 5 years. These relate to: pay; inflation; prescribing; demographics and demand.

‘Medium Scenario’ Estimated cost of Pressures	2020/21 £000’s	2021/22 £000’s	2022/23 £000’s	2023/24 £000’s	2024/25 £000’s
Pay – @ 3%	2,918	2,964	3,073	3,186	3,303
Inflation – @ 4%	1,890	2,145	2,979	3,399	3,706
Prescribing – @ 4% (includes assumptions re rebate income)	1,398	1,454	1,512	1,572	1,635
Demographics and Demand – @ 2.5%	2,118	1,591	2,162	1,632	1,876
TOTAL	8,324	8,154	9,726	9,789	10,520

Impact on Funding

The IJB is reliant on funding from Renfrewshire Council and NHSGGC. These Partners’ contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. Using the IJB’s 2019/20 budget as a baseline, the following table shows the impact of a change of 1% in the contribution from our partner organisations.

Sensitivity Analysis – Change in Partnership Contributions	2019/20 Base Budget £000’s	Impact of 1% change in Partnership Contributions £000’s
Renfrewshire Council Contribution	71,743	717
NHSGGC Contribution	137,430	1,374
NHSGGC Set Aside	31,242	312
TOTAL	240,415	2,403

Services will continue to transform; however, it is unlikely that demand as a result of demographics, health and deprivation can be funded purely from transformation. Based on cost and demand growth pressures used in the sensitivity analysis conducted, it is clear that there is a need for significant increases in some budgets on an annual basis to reflect the likely increase in demand reflective of the need of our service users.

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 and supply of services in the community.

Risks

The IJB recognises strategic risk through the IJB's Risk Register. This is used to ensure significant risk is identified and effective mitigation implemented, where possible, to reduce these risks to an acceptable level whilst securing service delivery within available resources.

Other key financial risks and pressures for Renfrewshire include:



How we agree the budget for HSCPs to deliver unscheduled hospital care

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 recent Ministerial Steering Group (MSG) Review of Integration Report (February 2019) proposes that all delegated hospital budgets and set aside requirements must be fully implemented over 2019.

The increased costs of drugs, that have a short supply, create additional financial pressures for the IJB. To assist in mitigating risks associated with prescribing volatility, the IJB, as part of its financial planning for 2019/20 agreed a net increase of £2.1m to the prescribing budget.



Rising costs of prescriptions



Delivery of new statutory requirements such as the Carers Act, the Living Wage, free personal care for under 65s and the National Dementia Strategy

A number of new statutory requirements such as the Carers Act, the Living Wage, and Free Personal Care for Under 65s are anticipated to create additional financial pressures for Renfrewshire IJB over 2019/20, as limited funding has been allocated by the Scottish Government to implement these. In addition, as yet, no funding has been made available to take forward the National Dementia Strategy. Therefore, without raising eligibility criteria to manage demand for services, any required funding will need to be redirected from other sources.

The Health and Social Care Delivery Plan identifies digital technology as key to transforming social care services so that care can be more citizen centred. Our need to further invest in digital technology is therefore paramount, creating additional financial pressure. Locally, all telecare equipment (used to support our most vulnerable service users in their home) must be upgraded from analogue to digital by 2025, creating a pressure of circa £1m.



Required investment in digital technology, key to transforming health and social care services so that care can be more person centred

Renfrewshire HSCP will continue to monitor and update these key financial risks and pressures to ensure the IJB is kept aware of any significant changes, especially where there is an indication of an increased projection of the current gap.

In addition, there remain wider risks which could further impact on the level of resources made available to the Scottish Government including, the changing political and economic environment, within Scotland, the UK, and wider. This will potentially have significant implications for Renfrewshire IJB's parent organisations, and therefore the delegated Health and Adult Social Care budgets.

These wider strategic risks and uncertainties for the IJB include:

- The impact of Brexit is not currently known, however, Renfrewshire HSCP is actively participating in Brexit planning being taken forward by its partner organisations in alignment with Scottish Government direction;
- The Scottish Government response to Brexit and the possibility of a second independence referendum creates further uncertainty;
- Complexity of the IJB governance arrangements has been highlighted by Audit Scotland as an ongoing concern, in particular the lack of clarity around decision making. The Ministerial Strategic Group (MSG) Review of Integration Report acknowledges the challenging environment in which Integration Authorities are operating and makes specific proposals around governance and accountability arrangements to be implemented over 2019/20; and
- A shortage of key professionals including General Practitioners, District Nurses, Mental Health Officers, Psychologists and Care at Home staff are a current recruitment and retention challenge for Renfrewshire HSCP. Potential impacts include negative effect on:
 - The sustainability of, access to, and quality of, 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.

Responding to the Local Financial Challenge

The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to delivery.

Delivery of effective and lasting transformation of health and social care services is central to the vision of the IJB. The IJB's Strategic Plan for Health and Social Care 2019 – 2022 outlines its ambitions over the medium term and the Change and Improvement Programme which supports delivery.

There has been significant progress already in transforming services and as well as delivering financial savings this has enabled services to increase their effectiveness and efficiency, assisting services to manage the increasing demand and complexity of the patients and service users supported. The IJB is committed to transforming services, and this programme of work will continue moving forward, however future gains will be smaller, and this alone will be unable to bridge the funding gap which has been identified above.

Given the estimated budget gap, going forward we need to consider what type and level of service is required, and can safely and sustainably be delivered. We must continue to strive to deliver both a balanced budget and accessible, high quality and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

The HSCP recognise this cannot be achieved without a radical programme of financial and service re-modelling which focuses on the way we work and engage with each other, our communities and our partners, all of which will take time. Building upon our established medium-term financial planning strategy, outlined in our first Financial Plan 2018/19 to 2020/21, the HSCP believe working to a 3-year planning cycle will allow for a more strategic approach and provide the required time to support and embed change to structures, processes and behaviours.

The HSCP Senior Management Team (SMT), led by the CFO, has commenced financial planning for the period 2020–23, with a focus on continuing to ensure safe and sustainable services whilst meeting the significant financial challenges we face.

Over summer 2019, the HSCP's SMT, considered a number of approaches to financial planning based on lessons learned from previous years and also innovative models which have been successful elsewhere in the UK. From this, a two-tiered model was developed to address our 2020/21 financial pressures, whilst in parallel introducing a more strategic approach, focusing on the financial sustainability of the organisation in the medium term.

Supporting governance and resources have been established to ensure the HSCP is equipped to drive this change forward as part of an expanded Change and Improvement Programme.

Tier 1: Short-term 2020/21

The short-term financial planning work for 2020/21, Tier 1, is being supported by experienced external support to provide independent challenge to SMT thinking. This work is focused on where we can derive benefits from a more integrated organisational structure. Proposals will be presented to the IJB for approval in late 2019 / early 2020.

Tier 2: Medium Term 2021-24

The HSCP's medium term approach, Tier 2, to develop a Strategic Delivery Plan recognises that we must make a step change in the way we work to ensure the sustainability of health and social care services going forward. The delivery of the right health and social care services, accessed in the right place and at the right time is core to our 2019 – 2022 Strategic Plan, which was approved by our IJB in March 2019.

Our new 2019–22 Strategic Plan’s principal direction and objective is directly shaped by the themes of the Scottish Government’s 2020 Vision (which will continue beyond 2020) and Health and Social Care Delivery Plan. It is also informed by, and complements, our partner organisations response to the current challenges facing public services across Scotland: NHS GGC’s transformational change programme ‘Moving Forward Together’ (MFT) and its Public Health Strategy ‘Turning the Tide through Prevention’ and Renfrewshire’s Council new transformational change programme ‘Right for Renfrewshire’.

These key national and local strategies and plans all offer a consistent message about the real challenges facing health and social care in Scotland, and a shared recognition that continuing to deliver services in their current form, with growing demand and limited resources, is no longer sustainable.

We know we need to plan and work differently to ensure we use our resources to focus on those with the greatest need and to support people to live independently, wherever possible, in safe, active and connected places and communities. Critical to our success, will be how effectively we engage and work with our service users, staff, partners and wider community to test and develop our approach.

The HSCP has gained huge insight and learning from the change and improvement activities to date, in particular our recent learning disabilities service and older people reviews. Over the last year these reviews have demonstrated the benefits of continued engagement and involvement of local people in our planning, and, underlined the importance of ensuring that our service transformation considers the wider needs of our service users.

There are therefore a number of key principles which we believe must underpin our Delivery Plan as illustrated below:

'Social Contract'



Developing an informal agreement between the HSCP and public to collectively create a healthier Renfrewshire.

Engagement based approach



Building upon how we engage with and involve our service users, patients and carers from the outset to develop a shared understanding and view on how we change.

'Asset-based' Working



By supporting local community capacity building. This approach looks to explore how we can collectively achieve more through the effective use of all the skills, knowledge and assets available within communities, individuals and across the public, private and voluntary sectors.



Promoting Independence

Through an ethos of ‘working with’ rather than ‘doing to’ in our approach to: assessment and care; staff training and development; our organisational structure and governance; planning and commissioning; and service delivery models.



Shared Purpose and Consistent Messaging

Ensuring there is an emphasis on communication and engagement with staff, services users and partners to create a common language, a strong sense of purpose and collective ownership for creating a healthier Renfrewshire.



Workforce Engagement and Development

Gaining trust; empowering to innovate; and supporting the introduction of new ways of working. We must build on the knowledge and experience of the staff working in our services by engaging, listening and involving them in shaping how we change and adapt.



Partnership Working

Closer working with our partners, 3rd sector organisations and others to establish a common approach and new ways of working, to grow local capacity and optimise our reach within our communities.



Digital Opportunities

Prioritising and embracing technology to: enable improved service delivery; better informed patients / service users; and offer greater self-care and self-management solutions.

Risks and Challenges

Whilst it is widely accepted that transformational change is required to address the significant demographic and financial pressures we face, there are a range of recognised challenges and risks associated with the delivery of our Tier 2 programme, including:

- Creating the required capacity in our organisation to deliver this change programme, in parallel with continuing to deliver high quality care, will be a real challenge. Our plans must be realistic in order to ensure the HSCP can still respond to need, and work within the resources available;
- Developing a shared understanding of the socio-economic and financial pressures will be critical to the success of the programme. Communication and engagement with stakeholders will be key in moving forward to different models of service. Pro-active and inclusive change management will be crucial in engaging staff, service users and stakeholders to ensure they are active participants in progressing this agenda; and
- There is a risk we fail to stem demand and deliver a balanced budget. Successful change will require behavioural changes across health and social care services, and this involves challenging engrained ways of working.

Programme Governance and Resources

The HSCP has reviewed its supporting resources, such as project management, organisational development and communications expertise, to ensure we are fully equipped to drive this change forward as part of an expanded Change and Improvement Programme. In addition, a formal Programme Board will be established, chaired by the Chief Officer. As the owner of this transformation, the Chief Officer will provide a key leadership role and will also be accountable for the successful delivery and drive of the change programme.

In recognition that service transformation and redesign projects take time to fully develop and implement, in September 2019, the IJB approved the creation of a transformation reserve. This will be used to provide resources to mitigate the risk of change, and to support the transition of HSCP services, as well as providing resource capacity to support the HSCP to deliver its change programme. This funding would be in addition to the monies earmarked by Renfrewshire Council in 2019/20 and is dependent on the 2019/20 year-end financial position.

Integrated Finance and Financial Planning

Two key national documents, The Scottish Government's Medium-Term Framework for Health and Social Care and Audit Scotland's Health and Social Care Integration Review (February 2018) both highlight the need for integrated finance and financial planning to be a core component to shifting the balance of care.

Framed by these two key documents, this Medium-Term Financial Plan reflects the economic outlook beyond 2019/20, it focuses on a medium-term perspective centred on financial sustainability; acknowledging the uncertainty around key elements including the potential scale of savings required and the need to redirect resources to support the delivery of key priorities set out in our Strategic Plan.

Critical to its delivery are:

- Implementation of the MSG's proposals for integrated service and financial planning to enable us to deliver and focus on the gaps identified in the Audit Scotland report and the required environment to deliver the Scottish Government's medium-term strategy;
- Delivery of our local medium-term financial strategy; and
- Establishment of Financial Planning Principles.

1. MSG - Review of Progress with Integration of Health & Social Care

The recent MSG Review of Progress with Integration of Health and Social Care (February 2019), highlights ***integrated finance and financial planning*** as one of six key features which support integration.

The report highlights a number of proposals central to ensuring that “*money must be used for maximum benefit across health and social care and to ensure arrangements are in place to support the Scottish Government’s Medium-Term Framework for Health and Social Care*”:

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy
- Statutory partners must ensure appropriate support is provided to IJB S95 Officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Locally, NHSGGC, Local Authorities and IJBs have carried out a self-evaluation to collectively evaluate their current position in relation to the findings of the MSG review. Based on the outcome of this evaluation, an Action Plan has been developed. Actions relating to integrated finance and financial planning are led by the Chief Officer and CFO, working with the Scottish Government and partner organisations.

Work continues to be progressed with the set aside funding for large hospital services, however arrangements under the control of the IJB (and those across NHSGGC) are not yet operating as required by the legislation and statutory guidance. Work undertaken to date has focussed on the collation of cost and activity data. Moving forward, work has commenced on the development of commissioning plans to support the implementation of the set aside arrangements.

2. Medium Term Financial Strategy

Our Medium-Term Financial Strategy has 7 components which collectively support the transformational change required to deliver financial balance whilst delivering safe and sustainable services. This strategy is set out in the following diagram.



Reserves

Legislative Background

IJBs prepare their Accounts under the Local Authority Accounting Regulations because they are section 106 bodies, as defined in the Local Government (Scotland) Act 1973.

One of the benefits of these accounting arrangements is that, unlike the NHS, IJBs are allowed to create reserves to facilitate longer term financial planning. Reserves are therefore a key component of the IJB's financial planning. It is important for the long-term financial stability and the sustainability of the IJB that sufficient usable funds are held in reserve to manage unanticipated pressures from year to year. Similarly, it is also important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, either in whole or in part, to allow for expenditure to be committed and managed in a way that represents best value for the IJB in its achievement of national outcomes and local priorities.

In order to assess the adequacy of general reserves, CFOs should take account of strategic, operational and financial risks facing the s106 body. This assessment of risk should include external risk as well as internal risks. The financial risks should be assessed in the context of the s106 bodies overall approach to risk management and will include:

- The treatment of demand led pressures and the bodies capacity to manage in-year budget pressures, and its strategy for managing demand and service delivery in the longer term;
- The treatment of planned efficiency savings and the need for bodies to be in a position to activate contingency plans should the reporting arrangements identify that planned savings or gains will either not be achieved or be delayed;
- An assessment of the general financial climate to which the body is subject and should include external factors such as future funding levels, although any plans for using reserves will need to consider the need and ability of the body to replenish these reserves, and the risks to which the body will be exposed whilst replenishing reserves.

Reserves Policy

The Local Authority Accounting Panel (LAAP) Bulletin recommends that the level of reserves held should be based on the advice of CFOs. This can be expressed either as a level of balance in cash or percentage terms taking into account relevant local circumstances, with a level of general reserves being set which is appropriate to the level of risk which the organisation is exposed to over the medium term. The guidance also warns that it is not prudent for reserves to be deployed to finance recurrent expenditure.

At its meeting of 24 November 2017, the IJB approved its revised Reserves Policy, which recommended creation of reserves of up to a maximum of 2% of the net

budget of the IJB, in addition to any identified ear marked reserves which are excluded from this calculation. The % to be held being dependent on the year-end position and ability at that time to transfer monies into a reserve for future use.

The Ministerial Strategic Group's (MSG) Review of Integration identified the need for each IJB to develop a transparent and prudent reserves policy. This policy is required to ensure that reserves are identified for a purpose and held against planned expenditure or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Renfrewshire IJB's approved Reserves Policy fully complies with these requirements.

Currently, the IJB holds general reserves of £0.930m which equates to 0.45% of the IJB's net budget. At its meeting of 20 September 2019, in addition to the creation of the above transformation reserve, the IJB approved the CFO's recommendation to work towards achieving a 2% reserve balance in recognition of the level of risk which the organisation is likely to be exposed to over the medium term.

3. Financial Planning Principles

Our Medium-Term Financial Plan is underpinned by a number of financial planning principles:

- The use of IJB resources must be aligned and help in the delivery of the priorities contained in the Strategic Plan;
- Spending should be contained within the overall HSCP budget; where this is not possible recovery plans will be required to cover any overspends to protect the partners' budget positions;
- The Change and Improvement Programme and activities approved by the IJB will seek to either manage increasing demand, generate financial savings and deliver on our statutory responsibilities;
- Given the type of services provided and the reliance placed on these by service users, the IJB may agree to fund double running costs and/or 'spend to save' initiatives whilst the proof of concept and benefits are established of the transformation projects;
- In line with the recommendations of MSG Review of Integration, work in close partnership with Renfrewshire Council, NHSGGC, the third sector and other partners to deliver the best and most efficient services possible within the financial allocations delegated; and
- All saving proposals must be subject to the HSCP's robust financial planning process to ensure alignment with our strategic priorities; safe and sustainable services; and to fully assess the wider impact of any potential change. The following diagram summarises this process.

Financial Planning Cycle

Governance: Finance & Planning Group
Chair: CFO & Head of SP&HI

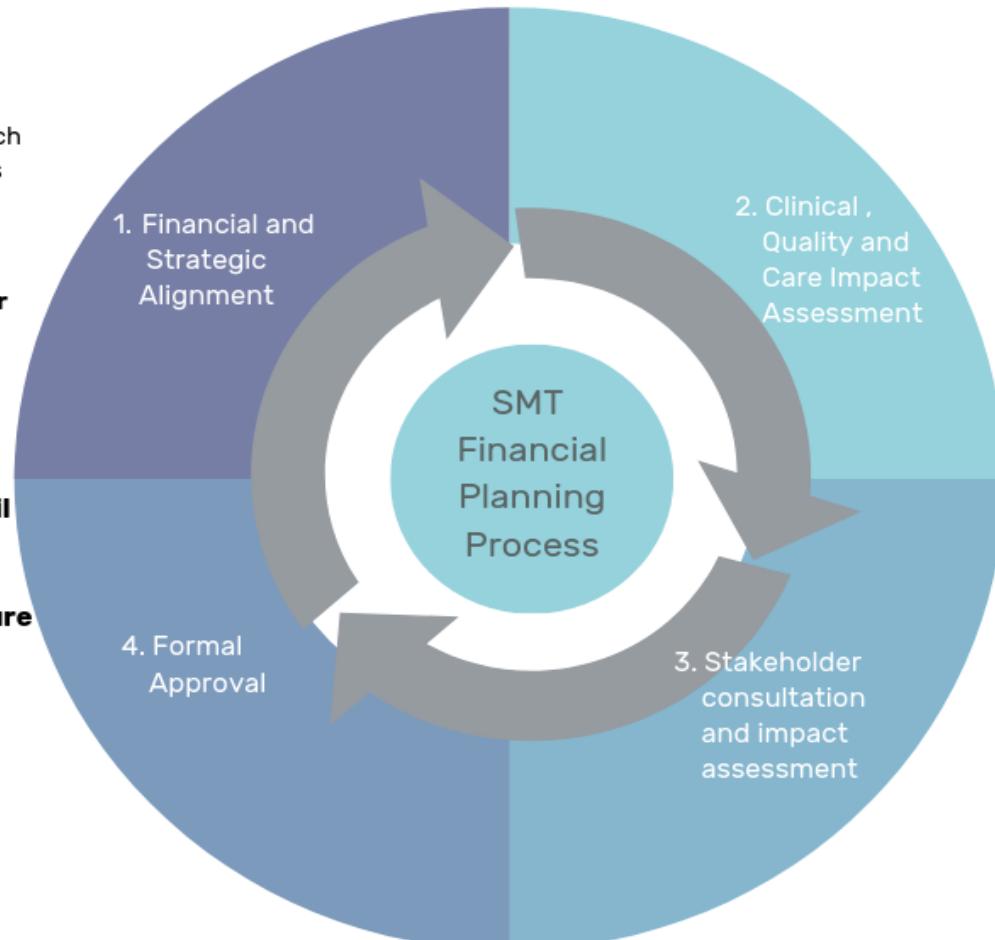
Purpose: to ensure draft saving proposals align with Financial & Strategic Plans. Also, that a strategic commissioning approach is being adopted and contributes to strategic impact analysis

Output: formal review of HoS initial saving proposals and/or approval to proceed to the Professional Advisory Group

Governance: SMT and Council Budget Working Group if applicable, then IJB, Council and / or NHS (subject to nature of proposal)
Lead: Chief Officer

Purpose: SMT to advise whether a saving proposal should be submitted for formal approval via appropriate routes, namely IJB, Council and for NHS GGC

Output: approval or reject of saving proposal



Governance: Professional Advisory Group
Chair: Chief Officer

Purpose: for HSCP's professional leads to risk assess saving proposals to ensure they are safe in the clinical, quality and care standards.

Output: Clinical, Quality and Care Impact Assessment completed for proposal with clear recommendations on whether should proceed to consultation stage

Governance: Various inc. SPG & SPF
Lead: Head of SP&HI

Purpose: wider stakeholder consultation on saving proposals to assess potential impact. An initial EQIA will also be carried out for each proposal.

Output: Stakeholder impact assessment completed for each proposal, inc EQIA and proposed mitigation where identified

Appendix 1**Estimated Impact of Cost and Demand Pressures for the 5-year period 2021-25**

(assuming no additional funding from SG or Partner Organisations and prior to mitigating action being taken)

Based on Recurring Budget P7 2019/20	20-21 £'000's	21-22 £'000's	22-23 £'000's	23-24 £'000's	24-25 £'000's	TOTAL
LOW SCENARIO						
Contractual Pressures	1,276	1,464	2,281	2,688	2,981	10,690
Pay Pressures	2,402	2,421	2,502	2,587	2,675	12,588
Demand Pressures	2,291	1,772	2,359	1,848	2,110	10,380
Living Wage	858	925	943	960	979	4,663
Prescribing	1,398	1,454	1,512	1,572	1,635	7,571
Total Pressures	8,225	8,035	9,597	9,656	10,380	45,893
MEDIUM SCENARIO						
Contractual Pressures	1,277	1,471	2,292	2,701	2,996	10,737
Pay Pressures	2,402	2,421	2,502	2,587	2,675	12,587
Demand Pressures	2,384	1,879	2,472	1,965	2,232	10,933
Living Wage	863	930	949	966	985	4,693
Prescribing	1,398	1,454	1,512	1,572	1,635	7,571
Total Pressures	8,325	8,156	9,727	9,791	10,523	46,521
HIGH SCENARIO						
Contractual Pressures	1,277	1,478	2,303	2,714	3,010	10,783
Pay Pressures	2,402	2,421	2,502	2,587	2,675	12,587
Demand Pressures	2,572	2,082	2,685	2,192	2,472	12,003
Living Wage	870	938	956	973	993	4,729
Prescribing	1,747	1,835	1,926	2,023	2,124	9,655
Total Pressures	8,867	8,754	10,373	10,490	11,274	49,757
WORST SCENARIO						
Contractual Pressures	1,277	1,485	2,314	2,727	3,025	10,829
Pay Pressures	2,402	2,421	2,502	2,587	2,675	12,587
Demand Pressures	2,573	2,088	2,691	2,198	2,478	12,028
Living Wage	876	945	964	981	1,001	4,767
Prescribing	2,097	2,223	2,356	2,497	2,647	11,820
Total Pressures	9,225	9,162	10,828	10,991	11,825	52,031

Appendix 2

Estimated Impact of Cost and Demand Pressures for the 10-year period 2021-30
(assuming no additional funding from SG or Partner Organisations and prior to mitigating action being taken)

Based on Recurring Budget P7 2019/20	20-21 £'000's	21-22 £'000's	22-23 £'000's	23-24 £'000's	24-25 £'000's	25-26 £'000's	26-27 £'000's	27-28 £'000's	28-29 £'000's	29-30 £'000's	TOTAL
LOW SCENARIO											
Contractual Pressures	1,276	1,464	2,281	2,688	2,981	3,077	3,176	3,278	3,383	3,492	27,095
Pay Pressures	2,402	2,421	2,502	2,587	2,675	2,766	2,861	2,960	3,063	3,170	27,409
Demand Pressures	2,291	1,772	2,359	1,848	2,110	2,205	2,243	2,283	2,323	2,364	21,798
Living Wage	858	925	943	960	979	997	1,016	1,036	1,057	1,078	9,849
Prescribing	1,398	1,454	1,512	1,572	1,635	1,701	1,769	1,839	1,913	1,990	16,782
Total Pressures	8,225	8,035	9,597	9,656	10,380	10,746	11,065	11,396	11,739	12,094	102,933
MEDIUM SCENARIO											
Contractual Pressures	1,277	1,471	2,292	2,701	2,996	3,106	3,221	3,341	3,465	3,593	27,463
Pay Pressures	2,402	2,421	2,502	2,587	2,675	2,766	2,861	2,960	3,063	3,170	27,409
Demand Pressures	2,384	1,879	2,472	1,965	2,232	2,344	2,399	2,456	2,515	2,575	23,223
Living Wage	863	930	949	966	985	1,007	1,030	1,053	1,078	1,104	9,965
Prescribing	1,398	1,454	1,512	1,572	1,635	1,700	1,768	1,839	1,913	1,989	16,781
Total Pressures	8,325	8,156	9,727	9,791	10,523	10,924	11,280	11,650	12,034	12,432	104,840
HIGH SCENARIO											
Contractual Pressures	1,277	1,478	2,303	2,714	3,010	3,136	3,268	3,405	3,548	3,697	27,836
Pay Pressures	2,402	2,421	2,502	2,587	2,675	2,766	2,861	2,960	3,063	3,170	27,408
Demand Pressures	2,572	2,082	2,685	2,192	2,472	2,595	2,664	2,734	2,807	2,882	25,685
Living Wage	870	938	956	973	993	1,018	1,045	1,074	1,103	1,135	10,105
Prescribing	1,747	1,835	1,926	2,023	2,124	2,230	2,342	2,459	2,582	2,711	21,978
Total Pressures	8,867	8,754	10,373	10,490	11,274	11,746	12,180	12,632	13,103	13,594	113,012
WORST SCENARIO											
Contractual Pressures	1,277	1,485	2,314	2,727	3,025	3,166	3,315	3,470	3,632	3,803	28,215
Pay Pressures	2,402	2,421	2,502	2,587	2,675	2,766	2,861	2,960	3,063	3,170	27,408
Demand Pressures	2,573	2,088	2,691	2,198	2,478	2,616	2,699	2,785	2,875	2,968	25,971
Living Wage	876	945	964	981	1,001	1,030	1,062	1,095	1,131	1,169	10,254
Prescribing	2,097	2,223	2,356	2,497	2,647	2,806	2,974	3,153	3,342	3,542	27,637
Total Pressures	9,225	9,162	10,828	10,991	11,825	12,384	12,911	13,464	14,043	14,651	119,484

To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Officer

Subject: Performance Management Mid-Year Report 2019/20

1. Summary

- 1.1 The purpose of this report is to update the IJB on mid-year performance for the financial year 2019/20 and covers the period April to September 2019. The full Scorecard updating all performance measures is attached as Appendix 2.
- 1.2 While this report is for the period April 2019 to September 2019, data is not yet available for all performance measures to September 2019. Information provided in the report is the most up to date available at this point.
- 1.3 The report provides an update on indicators from the Performance Scorecard 2019/20. There are 67 indicators of which 42 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 above target.
- 1.4 At the mid year point for 2019/20 the Scorecard shows the status of the 42 indicators that have targets set against them as:
- 11 red indicators (26%)
 - 9 amber indicators (22%)
 - 22 green indicators (52%)
-

2. Recommendation

It is recommended that the IJB:

- Approves the Performance Management Mid-Year Report 2019/20 for Renfrewshire HSCP.
-

3. Performance Reporting in 2019/20

- 3.1 The Scorecard is structured on the nine National Health and Wellbeing Outcomes. Feedback from our performance reporting during 2018/19 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

- 3.2 We have compiled a Dashboard (Appendix 1) to give an overview of key performance indicators for monitoring purposes. It shows four green indicators, four amber indicators and four red indicators. The purpose behind the Dashboard is to see at a glance the indicators that have the potential to move from green to amber, amber to red or vice versa.
- 3.3 Exception reports are attached as Appendix 3 to provide more detail on service waiting times that are currently performing below target.
- 3.4 There has been improved performance in 2019/20 for the following key indicators:
- 3.4.1 At September 2019 **the number of emergency admissions (18+)** (Outcome 2) was 9,085 and while this is above the mid year target point of 8,751 it is an improved position on this time last year at 9,292.
- 3.4.2 **The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks** has seen an improvement since March 2019 when 86.5% of patients were seen within the target of 4 weeks (Outcome 3). At the end September 2019, 94% of patients were seen within 4 weeks. The status for this indicator has changed from red to amber.
- 3.4.3 There has been a further reduction in **the rate of pregnancies for those under 16 years of age** in Renfrewshire (Outcome 4). We achieved target in 2017/2018 with a rate of 3.1 per 1,000 population. This reduced further to 2.4 at Quarter 1 2018/19 and the latest data shows a further decrease to 1.5 at Quarter 2 2019/20. The downward trend in teenage pregnancies is welcomed as teenage pregnancy is linked to deprivation. Rates of teenage pregnancy in deprived areas are more than treble those of the least deprived areas.
- 3.4.4 **The percentage of children seen within 18 weeks for Paediatric Speech and Language Therapy assessment** (Outcome 4) has increased from 63% at March 2019 to 86.7% at September 2019 against the target of 95%. The status for this indicator has therefore changed from red to amber.
- 3.4.5 **Exclusive breastfeeding at 6-8 weeks in the most deprived areas** (Outcome 5) has seen an increase from 17.7% at March 2019 to 20.5% at September 2019 against a target of 19.9%. The status for this indicator has changed from red to green.
- 3.5 Performance has deteriorated in 2019/20 for the following key indicators:
- 3.5.1 **The number of delayed discharge bed days** (Outcome 2) was 3,722 at September 2019, above the target of 2,250 for April to September 2019. The annual target for 2019/20 is challenging at 4,500. Annual performance for 2018/19 was 6,085 delayed discharge bed days.
- An Acute Delays Action Plan has been developed with input from all HSCPs in Greater Glasgow and Clyde. The Renfrewshire Plan specifically focuses on Care at Home and timely discharge from

hospital. Work is underway to review packages of support in order to free up internal resource provision, ensuring we are maximising our responsiveness to demand. Acute, HSCP and Care at Home staff meet 3 times a day to discuss discharge planning and review active cases/delayed discharges and agree appropriate actions.

A comparison with the national picture shows that Renfrewshire HSCP continues to perform well in terms of delayed discharges.

- 3.5.2 **The average number of clients on the Social Work Occupational Therapy waiting list** has increased to 365 at September 2019 which is above the target of 350 (Outcome 2). There has been an upward trend in referrals which has impacted on service capacity. All Occupational Therapy cases are allocated in priority according to assessed risk. New referrals are screened within our duty system at the initial point of referral and then re-screened every 6 weeks to ensure there is no change in their level of need. Three posts are in the recruitment process and once in post we expect to see a positive impact on the waiting times list over the next three months.
- 3.5.3 Performance on **the percentage of long term care clients receiving intensive home care** (national target: 30%) was 25% at September 2019 (Outcome 2). The service is currently reviewing all service users to ensure that services are appropriate to meet individual needs.
- 3.5.4 There has been a reduction on **the percentage of patients seen within the 18 weeks target by the Renfrewshire Child and Adolescent Mental Health Service** from 82.5% at March 2019 to 64.2% at September 2019 (Outcome 3). An exception report for CAMHS is included within appendix 3 which details our actions to address performance.
- 3.5.5 At June 2019 **the percentage of children vaccinated against MMR at 24 months** was 94.7%, down from 96% at March 2019 and just under the target of 95% (Outcome 4). Renfrewshire's performance is above the Scotland rate of 93.9% and the NHSGGC rate of 94.4%.
- 3.5.6 There has been an increase in **the percentage of babies with a low birth weight (<2500g)** from 6.3% at March 2019 to 7.1% at June 2019 against the 6% target. (Outcome 4). The indicator's status has therefore moved from amber to red.
- Smoking during pregnancy can cause a baby to be born too early or to have a low birth weight. It is also more likely the baby will be sick and have to stay in hospital longer. Smoking during and after pregnancy is also a risk factor of Sudden Infant Death Syndrome (SIDS). Taking account of this, we continue to increase awareness of the 'Quit Your Way' NHSGGC specialist Stop Smoking Service amongst HSCP Services and with our partner organisations. As part of this service a store card gift incentive programme is available to eligible pregnant

women who smoke tobacco and would like to stop. Research has shown that pregnant women are more likely to quit smoking and remain stopped when incentives are used together with stop smoking support.

In 2018/19, 253 referrals were made to the Royal Alexandra Hospital Service. 101 appointments were made with 73 attending (29% of all referrals). 61 set a quit date and 29 successfully stopped (48% quit rate). The service is now also provided in Johnstone Health Centre and Linwood Health Centre.

3.5.7 Reducing **sickness absence** remains a challenge for the HSCP (Outcome 8). The absence rate for NHS staff has increased from 5.39% at March 2019 to 6.38% at September 2019, above the 4% target. Renfrewshire Council HSCP staff registered 4.64 days lost per full time equivalent (FTE) at June 2019 against a quarter one target of 2.4 days.

Measures have been adopted to challenge and curtail absence levels including:

- A monthly top level absence report with performance trends against monthly targets produced and shared with the Senior Management Team
- Managers and staff are aware of the relaunched comprehensive guide to Attendance Management website which provides information, tools and resources
- Working closely with management teams to identify areas that require greater support, and employing strategies to support employees in those areas to return to work
- Promotion of the Healthy Working Lives initiative which includes health improvement activities such as flu jabs, and a toolkit for managers to promote staff resilience and mental health and wellbeing

3.5.8 **Waiting times across Podiatry Services** have dipped during the last quarter due to a combination of factors, including the availability of Podiatry bank staff to cover maternity leave, long term sickness absence and service vacancies. There have been higher than normal levels of long term sickness due to fractures, injuries and serious long term conditions including stroke, cancer and pulmonary fibrosis. We also continue to see a rise in the number of referrals into the Podiatry Service.

To address this, slot conversions have been reviewed across the service to ensure that new patient capacity is maximised at all tiers of the service, with specialist and advanced clinic slots being converted into generic new patient slots.

All sickness absence is being proactively managed appropriately via escalation and within process. In addition, all staff have been offered

additional hours and the further advertisement for bank staff is backed up with a marketing programme for the NHSGGC Podiatry Service.

The 'Attend Anywhere' pilot has also commenced in Renfrewshire.

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. The downward trend in teenage pregnancies is welcomed as teenage pregnancy is linked to deprivation. Rates of teenage pregnancy in deprived areas are more than treble those of the least deprived areas.
 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

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Dashboard Indicators

	Perf.	Target
Reduce the rate of pregnancies for those under 16 years (rate per 1,000 population)	1.5	3.1
Number of carers accessing training	139	110
Uptake rate of child health 30-month assessment	95.5%	80%
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	94.4%	80%
Average number of clients on the Occupational Therapy waiting list	365	350
Percentage of staff who have passed the Fire Safety LearnPro module	86.2%	90%
Percentage of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	85.6%	90%
Percentage of children seen within 18 weeks for paediatric SLT assessment to appointment	86.7%	95%
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	64.2%	80%
Number of delayed discharge bed days	3,722	2,250
Sickness absence rate for HSCP NHS staff	6.38%	4%
Sickness absence rate for Adult Social Work staff (work days lost per FTE)	4.64	2.4

Renfrewshire Integration Joint Board Scorecard 2019-2020

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	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source	
	Value	Value	Value					
Exclusive breastfeeding at 6-8 weeks	23.4%	24.4%	Jun 19 23.0%	21.4%			B	
Number of Alcohol brief interventions	549	306	Data not yet available	-	-		-	

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	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source	
	Value	Value	Value					
Percentage of clients accessing out of hours home care services (65+)	89%	89%	Sep 19 89%	85%			L	
Average number of clients on the Occupational Therapy waiting list	302	349	Sep 19 365	350			L	
People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	100%	100%	Sep 19 100%	100%			N	
% waiting for dementia post-diagnostic support within 12 week standard	-	-	Sept 19 91.8%	2019-20 data will establish baseline	-		N	

Appendix 2

Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Number of unscheduled hospital bed days; acute specialties (18+)	130,409	131,451	Sept 19 72,234	123,976	⬇️	🔴	M
Number of emergency admissions (18+)	19,681	18,584	Sep 19 9,085	17,502	⬆️	🟡	M
Percentage of long term care clients receiving intensive home care (national target: 30%)	28%	28%	Sep 19 25%	30%	⬇️	🔴	N
Number of delayed discharge bed days	4,680	6,085	Sep 19 3,722	4,500	⬇️	🔴	M
Homecare hours provided - rate per 1,000 population aged 65+	459	444	Annual indicator available June 2020	-	-	📈	-
Percentage of homecare clients aged 65+ receiving personal care	99%	99%	Sep 19 99%	-	-	📈	-
Population of clients receiving telecare (75+) - Rate per 1,000	39.47	40.17	Annual indicator available June 2020	-	-	📈	-
Percentage of routine OT referrals allocated within 9 weeks	-	52%	Sep 19 46%	-	-	📈	-
Number of adults with a new Anticipatory Care Plan	257	185	Sep 19 91	-	-	📈	-

National Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected						
Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Percentage of deaths in acute hospitals (65+)	41.9%	42.7%	Q1 data available Nov 19	42%	⬇️	⚠️	L
Percentage of deaths in acute hospitals (75+)	40.7%	41.6%	Q1 data available Nov 19	42%	⬇️	✓	L
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	100%	94%	Sep 19 94.9%	90%	⬆️	✓	N
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%	82.5%	Sep 19 64.2%	80%	⬇️	🛑	N
A&E waits less than 4 hours	84.9%	89.5%	Jul 19 87.6%	95%	⬇️	⚠️	N
Percentage of staff who have passed the Fire Safety LearnPro module	67%	45.6%	Sep 19 86.2%	90%	⬆️	⚠️	B
Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks.	79%	86.5%	Sep 19 94%	100%	⬆️	⚠️	B
Number of routine sensitive inquiries	178	249	Sep 19 148	-	-	📈	-
Number of referrals made as a result of the routine sensitive inquiry being carried out	8	1	Sep 19 1	-	-	📈	-

National Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of service users						
Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.1	2.4	1.5	3.1	↑	✓	N
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	85.1%	93%	Jun 19 94.4%	80%	↑	✓	N
Uptake rate of child health 30-month assessment	89%	93%	Sep 19 95.5%	80%	↑	✓	N
Percentage of children vaccinated against MMR at 5 years	97.0%	97.2%	Jun 19 98.4%	95%	↑	✓	N
Percentage of children vaccinated against MMR at 24 months	95.5%	96.0%	Jun 19 94.7%	95%	↓	⚠	N
Reduction in the rate of alcohol related hospital stays per 1,000 population	9.0	8.8	Q1 data available Nov 19	8.9	↑	✓	N
Emergency admissions from care homes	-	-	Sep 19 349	-	-	📊	-
Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	Sep 19 100%	100%	▬	✓	B
Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	84.9%	71.4%	Sep 19 96% (Data to be verified)	91.5%	↑	✓	N

Appendix 2

Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Reduce drug related hospital stays - rate per 100,000 population	156.1	2018/19 data not available until 2020	2019/20 data not available until 2021	170	↑	✓	N
Reduce the percentage of babies with a low birth weight (<2500g)	7.0%	6.3%	Jun 19 7.1%	6%	↓	✗	B
Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	73%	63%	Sept 19 86.7%	95%	↑	⚠	B
Emergency bed days rate 65+ (rate per 1,000 population)	263	262	Aug 19 113	-	-	📈	-
Number of readmissions to hospital 65+	1,337	1,368	Aug 19 575	-	-	📈	-

National Outcome 5 Health and social care services contribute to reducing health inequalities							
Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Smoking cessation - non-smokers at the 3 month follow up in the 40% most deprived areas	201	165	Jun 19 47	Q1 45	↑	✓	N
Exclusive breastfeeding at 6-8 weeks in the most deprived areas	14.5%	17.7%	Sep 19 20.5%	19.9%	↑	✓	B
Number of staff trained in sensitive routine enquiry	-	94	0	-	-	📈	-
Number of staff trained in Risk Identification Checklist and referral to MARAC.	-	133 (Mental Health, Addictions, Children's Services Staff)	0 Training is arranged for Nov/Dec/Feb	-	-	📈	-

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	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Number of carers accessing training	242	229	Sep 19 139	220	↑		L
Number of adult support plans completed for carers (age 18+)	-	93	Q1 25 Q2 late Nov 19	-	-		-
Number of adult support plans declined by carers (age 18+)	-	78	Q1 5 Q2 late Nov	-	-		-
Number of young carers' statements completed	-	78	Q1 19 Q2 late Nov	-	-		-

National Outcome 7	People using health and social care services are safe from harm						
Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Number of suicides	23	13	Data available 2020	-	-		-
Number of Adult Protection contacts received	2,830	2,723	Sep 19 1,542	-	-		-
Total Mental Health Officer service activity	200	723	Sep 19 319	-	-		-
Number of Chief Social Worker Guardianships (as at position)	117	113	Sep 19 118	-	-		-
Percentage of children registered in this period who have previously been on the Child Protection Register	23%	24%	Sep 19 28%	-	-		-

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	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
% of health staff with completed TURAS profile/PDP	75.8%	48.7%	Sept 19 62.6%	80%	↑	🔴	B
Improve the overall iMatter staff response rate	59%	64%	Annual indicator, due Mar 2020	60%	↑	🟢	B
% of complaints within HSCP responded to within 20 days	76%	81%	Sep 19 82%	70%	↑	🟢	B
Sickness absence rate for HSCP NHS staff	5.5%	5.39%	Sep 19 6.38%	4%	⬇️	🔴	N
Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE)	15.71	17.43	Jun 19 4.64	Annual 15.3 days (Q1) 2.4 days	⬇️	🔴	L

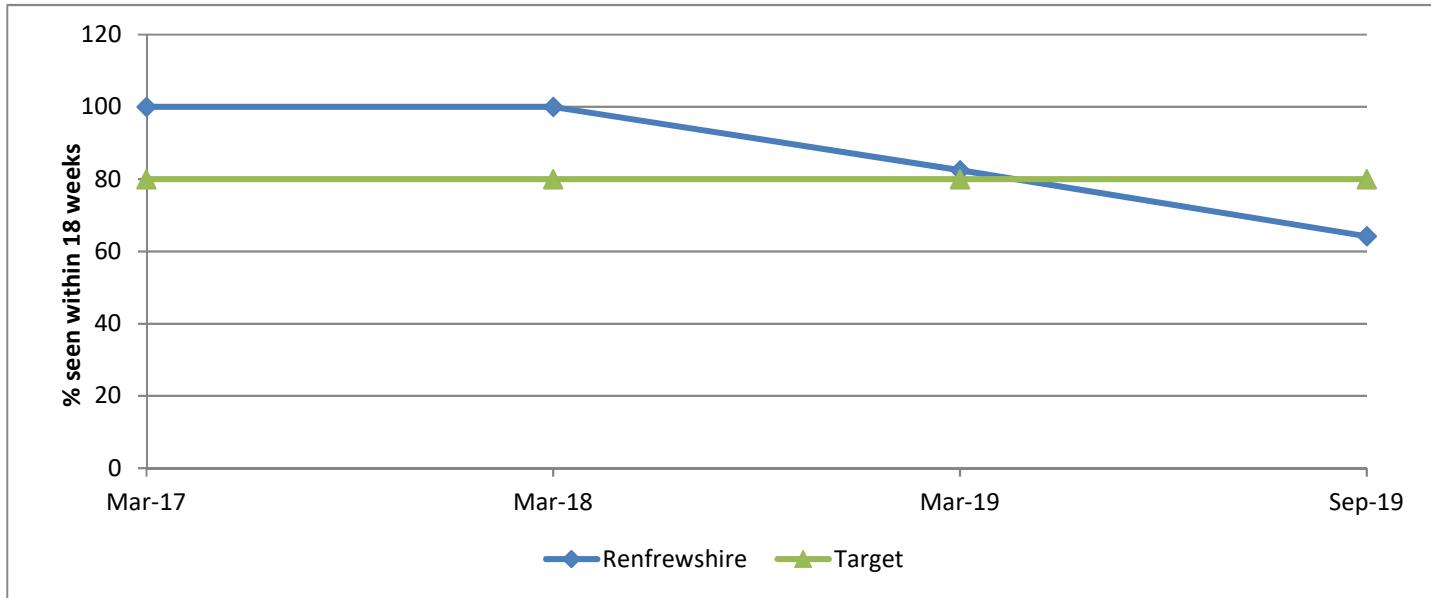
National Outcome 9	Resources are used effectively in the provision of health and social care services						
Performance Indicator	17/18	18/19	19/20	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Formulary compliance	79.7%	78.5%	Jun 19 78.4%	78%	⬇️	🟢	L
Prescribing cost per treated patient	£83.70	£83.23	Jun 19 £83.87	£86.63	⬇️	🟢	L
Total number of A&E attendances	56,681	61,175	Jul 19 21,060	56,119	⬇️	🔴	M
Total number of A&E attendances (18+)	-	-	Sep 19 24,827	45,123	-	🔴	

Appendix 2

Performance Indicator	17/18	18/19	18/19	Target	Direction of Travel	Status	Target Source
	Value	Value	Value				
Care at Home costs per hour (65 and over)	£22.40	Annual Indicator Due early 2020	Annual Indicator Due early 2021	-	-		-
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	4.25%	Annual Indicator Due early 2020	Annual Indicator Due early 2020	-	-		-
Net residential costs per week for older persons (over 65)	£414	Annual Indicator Due early 2020	Annual Indicator Due early 2020	-	-		-
Prescribing variance from budget	3.95% over budget	0.5% over budget	2.00% under budget (projected figure)	-	-		-
% of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire	96.6%	95.4%	85.6%	90%			B
% of new referrals to the Podiatry Service seen within 4 weeks in NHS GG&C	97.4%	93.5%	90%	90%			B
% of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde)	93.7%	91.1%	79.4%	90%			B
% of diabetic foot ulcers seen within 4 weeks in NHS GG&C	90.5%	87.4%	92.5%	90%			B

Exception Report:**Child and Adolescents Mental Health (CAMHS) – Percentage of patients seen within 18 weeks – Outcome 3**

Measure	Child and Adolescents Mental Health (CAMHS) – % of patients seen within 18 weeks
Current Performance	At September 2019, 64.2% of patients were seen within 18 weeks
Lead	Jackie Dougall, Head of Primary Care and Community Services, West Renfrewshire

**Commentary**

The graph above shows a decline in performance from March 2019 when 82.5% of patients were seen within 18 weeks compared to 100% at March 2018. Renfrewshire is below the NHSGGC rate of 73.8%.

Actions to Address Performance

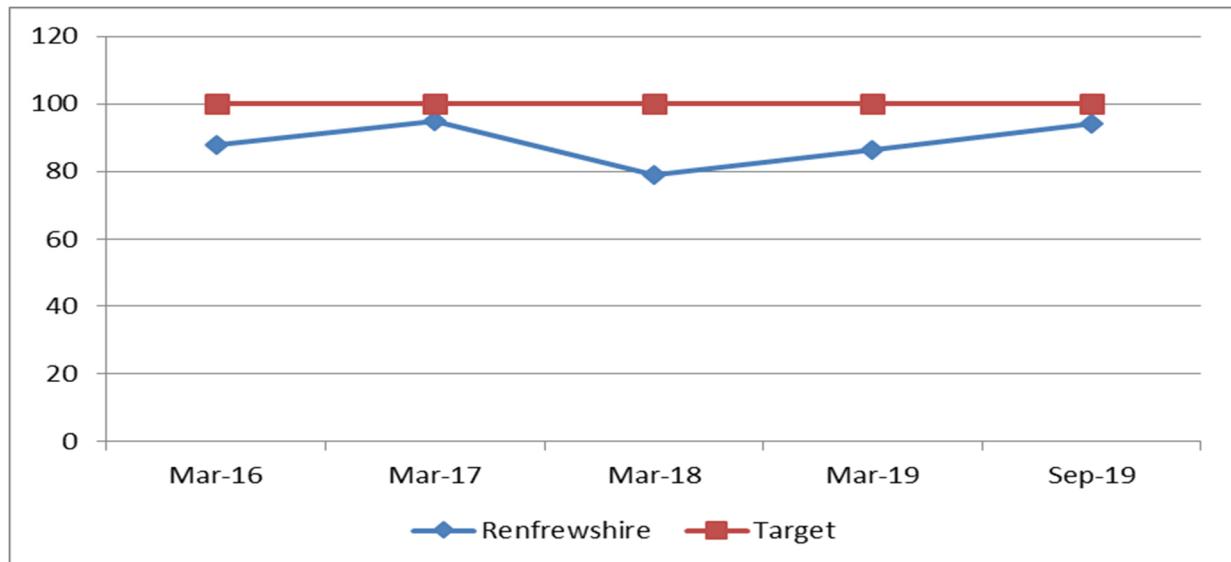
CAMHS Waiting Times has shown an increase due to the requirement to reduce the percentage of rejected referrals from around 40% to 18-22%, in keeping with the Scottish Government target. The service rejected referral rate has been consistently around 10-12%, for the past six months. This has required an increase in the number of appointments offered by the team. The CAMHS team will address this by streamlining the first appointments by increasing the range of options for partnership appointments. In addition, two temporary posts are being recruited to in order to assist with the increased volume of referrals and allow implementation of the new processes.

Timeline For Improvement

The recruitment process for the additional posts should be completed by the end of the year, thus improving capacity within the service. In the meantime, the service is offering additional hours to available staff utilising the vacancy funding to mitigate any extended delays and a planned improvement in waiting times is expected to be seen in early 2020.

Exception Report: % of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks – Outcome 3

Measure	% of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks
Current Performance	At the end of September 2019, 94% of patients were seen within 4 weeks
Lead	Christine Laverty, Head of Mental Health, Learning Disabilities and Addiction Services



Commentary

At year end March 2019 we reported an increase in performance to 86.5% from 79% at March 2018. We are pleased to report a further increase to 94% at September 2019. Although still below the target of 100%, this indicator's status has changed from red to amber,

Actions to Improve Performance

The Nurse Team Leader will carry out the following to mitigate performance:

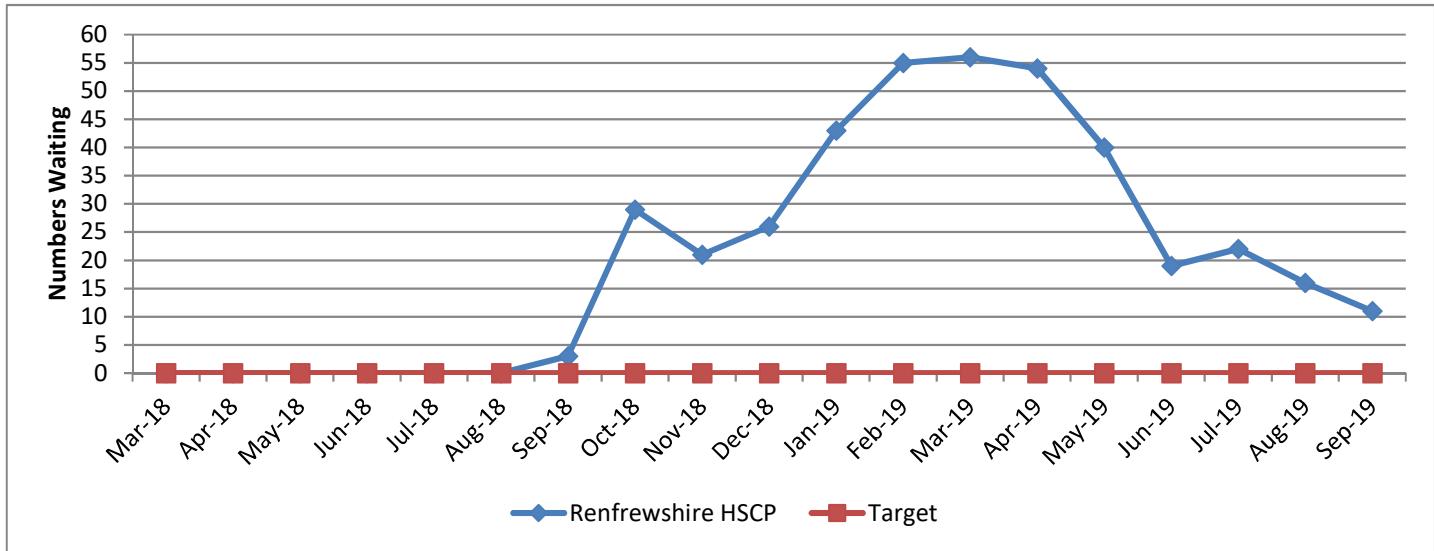
- Continue to review demand on service from GP and self-referrals
- Utilise resources appropriately to meet demand
- Screen referrals on a daily basis to ensure prompt action is taken and consider correct patient pathway for treatment
- Where possible, cover any staff annual leave impacting on telephone assessment clinic
- Support staff in facilitating face to face assessments at community venues and GP practices
- Ensure recruitment is facilitated promptly as and when required.

Timeline For Improvement

The Doing Well Service will strive to continue to improve performance of 94%. However future difficulties may be encountered as one part-time staff member has left (0.8wte), one full-time staff member has tendered their notice, and another has lodged their intention to retire within six months. October and November are historically the busiest months of the year in terms of referrals to the service, so the loss of these staff members may inhibit continued improvement.

Exception Report:**Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment – Outcome 4**

Measure	Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment.
Current Performance	As at September 2019, 11 children were waiting more than 18 weeks for a Paediatric Speech & Language appointment following assessment.
Lead	Jackie Dougall, Head of Primary Care and Community Services, West Renfrewshire

**Commentary**

There were no children waiting over 18 weeks for an appointment following assessment for the period March-August 2018. Performance began to deteriorate at September 2018, with 56 children waiting over 18 weeks at March 2019. Performance has improved significantly during Quarters 1 and 2 of 2019/20, with 54 children waiting over 18 weeks at April 19, reducing to 19 by June, 16 at August and 11 at September 2019.

Actions to Address Performance

1. Background/context: 0.5 WTE (Whole Time Equivalent) maternity leave, 0.6 WTE long term sickness absence, 0.4 WTE Team Lead fixed term reduction in contract, 2.69 WTE permanent reduction in staffing following SLA reconfiguration.
2. 0.6 WTE vacancy has been filled and additional fixed term sessions agreed until 31/12/19 (within budget).
3. Support from Human Resources in line with policy to manage long term sickness.
4. Self- booking for initial appointments to minimise DNA (Did Not Attend) and CNA (Cannot Attend).

Timeline For Improvement

1. All children currently waiting more than 16 weeks have an appointment in October 2019. This will reduce the longest wait to 18 weeks by the end of October 2019.
2. Parents who cancel an appointment offered in October 2019 will wait longer than 18 weeks for a second re-arranged appointment.
3. Sustaining this waiting time will be challenging when fixed term additional sessions end in December 2019.

To: **Renfrewshire Integration Joint Board**

On: **22 November 2019**

Report by: **Chief Officer**

Heading: **Moving Forward Together – NHSGGC Transformation Strategy**

1. Purpose

- 1.1 This paper updates members on the progress implementing NHS Greater Glasgow and Clyde's (NHSGGC) 'Moving Forward Together' vision.
- 1.2 It also highlights Renfrewshire HSCP's role in supporting the delivery of this transformation programme.

2. Recommendation

It is recommended that the IJB:

- Note the content of this report including Appendix 1, Moving Forward Together: From Blueprint to Action, which was considered by the NHSGGC Board in October 2019.

3. Background

- 3.1 The IJB has received regular updates on work to develop the transformation programme for NHS Greater Glasgow and Clyde, known as the 'Moving Forward Together' (MFT).
- 3.2 As previously noted by the Integration Joint Boards (IJB), the MFT Blueprint was approved by the NHS Board in June 2018 and subsequently supported by the six IJBs in the NHSGGC area.
- 3.3 The key principles of MFT, which will shape the health and social care services going forward, are:
 - Maximising the benefits of technology.
 - Delivering care at home or in local communities.
 - Supporting people to manage their own conditions.
 - Involving people and carers in decisions about their care.

- Listening to staff who work in services.
 - Reducing our dependency on inpatient beds
- 3.4 Six cross system workstreams have been established to develop cases for change in priority areas. In addition, NHSGGC are implementing a number of developments in GGC as part of Regional and National plans. These include the West of Scotland Trauma network; a new model for delivering chemotherapy, new models of care for ophthalmology and urology and the development of primary care improvement plans to support the new GP contract.
-

4. Moving Forward Together (MFT): From Blueprint to Action

- 4.1 On 22 October 2019, the NHSGGC Board received an update paper on the implementation of its MFT Vision – see Appendix 1: *Moving Forward Together: From Blueprint to Action, NHSGGC, October 2019*.
- 4.2 To deliver this Vision, the report recognises the need to address current demands and pressures which include: managing increasing demand for unscheduled care; the need to modernise/upgrade, invest in or replace some of the infrastructure; and the need for a robust community infrastructure and premises plan.
- 4.4 It also recognises future challenges; that a number of service developments on the horizon will impact service configuration and how we use resources across GGC and locally in Renfrewshire, such as the development of a Major Trauma Centre and redesign of trauma services; the review of complex cancer surgery; and development of Systemic Anti-Cancer Therapy (SACT)/Chemotherapy services at the RAH and expansion in other areas.
- 4.5 Section 7 of the report outlines the MFT priority areas identified by the six MFT Workstreams. However, in light of both the current and anticipated pressures outlined, and given the constraints on both capital and revenue funding, the programme is adopting a phased approach and has agreed three immediate priorities:
1. To address the increasing demand for unscheduled care;
 2. To meet elective waiting time commitments; and
 3. To implement the GGC elements of the West of Scotland trauma network.

5.

Renfrewshire HSCP: Supporting the delivery of MFT

5.1

Renfrewshire's Strategic Plan aligns with MFT, and the HSCP is actively involved in supporting this Programme. Our Chief Officer is leading the Mental Health Workstream and we have representation on the Older People's workstream. Furthermore, we are working locally to deliver on MFT's key principles and to help address increasing demand, in particular for unscheduled care.

5.2

However, as outlined in the report, HSCPs are facing similar demand pressures in their community care services such as Care at Home services, care homes places and mental health inpatient beds. In addition, recruitment and retention challenges place further pressure on many of these services.

5.3

Some examples of current local developments to support the delivery of the MFT Vision include:

5.3.1 Living and Dying Well Frailty Collaborative: The HSCP have been successful in a new collaborative from Healthcare Improvement Scotland. This is an opportunity for the HSCP and one of our GP Clusters to work together through the national collaborative to improve earlier identification, anticipatory care planning and shared decision-making, to ensure that people aged 65 and over living with frailty get the support they need, at the right time, at the right place.

By November 2020 the Collaborative will aim to:

- Reduce the rate of hospital bed days per 1,000 population for people aged 65 and over by 10%;
- Reduce the rate of unscheduled GP home visits per 1,000 population for people aged 65 and over by 10%; and
- Increase the percentage baseline of Key Information Summaries (KIS) for people living with frailty by 20%.

5.3.2 Older People Review: by utilising an engagement-based participative approach, the review is seeking opportunities to increase community capacity; and ensure that older people's services are characterised by a continuing focus on delivering the best possible outcomes and quality of life to all. This is underpinned by a clear intention to shift the focus from 'doing for', to enabling and supporting those that require assistance to enjoy life to the best of their abilities and potential.

- 5.3.3 Primary Care Implementation Plan (PCIP):** our local work to implement this Plan by 2021-22 complements the MFT Vision through commitments to develop an enhanced community network of services delivered by multidisciplinary team such as Community Link Workers, Pharmacists and Advanced Nurse Practitioners (ANPs) and other professional roles including mental health and Musculoskeletal (MSK) physiotherapy services.
- 5.3.4 COPD Rescue Medication Scheme:** in Renfrewshire, community pharmacists prescribe rescue medication for COPD patients by to reduce pressure on GPs, community services and/or Acute services, and support self-management. This model proved a successful test of change in early 2019 and is now ‘business as usual’ in Renfrewshire and being rolled out boardwide.
- 5.3.5 An Advanced Nurse Practitioner (ANP)** has been recruited to work with care homes across Renfrewshire. The ANP will work closely with care homes who may have high admission rates, to proactively identify and manage the care needs of these residents to potentially reduce need for hospital admission, which may include appropriate and timely prescribing. They will promote the use of Anticipatory Care Plans (ACPs).
- 5.4.1 Implementation of a Joint Unscheduled Care Action Plan:** developed with colleagues in the RAH, the plan aims to demonstrate how the HSCP can reduce demand on Acute services.
- 5.3.2 Discharge Coordinator:** this new role will be created from November 2019 as a test of change. The co-ordinator will be solely focussed on working with families, Acute and HSCP services to manage the discharge process.
- 5.4** As previously noted, the MFT Vision will require service reconfiguration and new ways of working across the GGC area, including Renfrewshire. The HSCP will work with NHSGGC to carefully plan for any transition to new service models to ensure we support our staff and minimise the impact to our service users.
- 5.5** Further updates on the MFT programme will be brought to future IJB meetings.

Implications of the Report

- 1. Financial - None**
- 2. HR & Organisational Development – None**
- 3. Community Planning – None**
- 4. Legal – None**
- 5. Property/Assets – None**
- 6. Information Technology – None**
- 7. Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the HSCP's website.
- 8. Health & Safety – None**
- 9. Procurement – None**
- 10. Risk – None**
- 11. Privacy Impact – None.**

List of Background Papers: Moving Forward Together Strategy, NHS Greater Glasgow and Clyde, June 2018

<http://www.nhsoggc.org.uk/media/248849/item-9-18-24.pdf>

Author: Frances Burns, Head of Strategic Planning and Health Improvement

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 7621)



NHS Greater Glasgow & Clyde	Paper No. 19/47
Meeting:	Board
Date of Meeting:	22nd October 2019
Purpose of Paper:	For Noting
Classification:	Official Sensitive
Sponsoring Director:	Dr Jennifer Armstrong, Medical Director

Moving Forward Together: From Blueprint to Action (October 2019)

Recommendation

The Board is asked to note the progress in implementing the MFT vision. The Board is also asked to approve the priorities detailed in the conclusion to this paper and the development of the next steps.

Purpose of Paper

- To note the clinical and service priorities to improve healthcare across the NHS and care system as we implement the MFT vision.
- To note the financial implications of these priorities.
- To note the future planning work required.

Key Issues to be considered

- Scale and complexity of change
- Financial consequences of change

Any Patient Safety /Patient Experience Issues

No issues in the immediate term; however, the outcome of the completed programme will contribute to GGC's delivery of the Scottish Government aim of Better Care.

Any Financial Implications from this Paper

The paper notes a number of approximate revenue and capital costs associated with the MFT and other planning priorities. These will require further testing and prioritisation.

Any Staffing Implications from this Paper

Many of the benefits from the Implementation of this programme require new roles and new ways of working. The MFT Workforce group are developing a workforce plan and oversight of workforce issues to support the programme.

Any Equality Implications from this Paper

No current issues.

Equality Impact Assessments (EQIAs) will be carried out on planned service changes.

Any Health Inequalities Implications from this Paper

No issues in the immediate term, however the outcome of the completed programme will contribute to GGC's delivery of improved health equality.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

MFT has a risk register for the programme and individual workstreams are producing risk registers.

Highlight the Corporate Plan priorities to which your paper relates

Develop a new five-year Transformational Plan for the NHS Board working in partnership with other key stakeholders and taking cognisance of the key local and national strategies, including the Health and Social Care Delivery Plan

Author

Fiona MacKay, Associate Director of Planning

Date 15 October 2019

Moving Forward Together

From Blueprint to Action

1. Introduction

This paper brings together the vision described in Moving Forward Together: NHS Greater Glasgow and Clyde's vision for Health and Social Care with a review of the estate, capacity and service demands facing us. It translates the vision into the steps we require to take and the necessary workplan to achieve this vision.

The Moving Forward Together Blueprint was approved by the NHS Board in June 2018 and subsequently supported by the six Integration Joint Boards in the NHSGGC area. Six cross system workstreams have been established to develop cases for change in priority areas. In addition we are implementing a number of developments in GGC as part of Regional and National plans. These include the West of Scotland Trauma network; a new model for delivering chemotherapy, new models of care for ophthalmology and urology and the development of primary care improvement plans to support the new GP contract.

The cumulative effect of these changes will have implications on our estate and our workforce, and this paper describes what we need to do to prepare for this range of changes. The service changes are an important driver for change, but the condition of our existing estate, the need to vacate sites and the requirement to match capacity with demand whilst meeting national targets create a complicated set of dependencies and time-scales which need to be articulated and built into future plans. All of this planning needs to be done in partnership with other West of Scotland Health Boards and with Regional and National Planning. We need to be prepared to blur traditional geographical boundaries both within GGC and across the West of Scotland for the benefit of delivering excellent health and social care to our population.

2. What will health and Care Services look like in 2030?

Our vision is to have a tiered model of care, delivering the majority of care as near to local communities as possible but recognising that more specialist care is better delivered in a smaller number of sites. For example, trauma services, which are currently dispersed across the area will have major trauma brought to a single Major Trauma Centre at the QEUH, supported by Trauma Units in three sites and rehabilitation being provided in local communities. Chemotherapy services which are currently mostly delivered at The Beatson West of Scotland Cancer Centre on one site will in the future be provided more locally. Developing this tiered service model across specialties will have a significant cumulative effect on our hospital and community sites.

The key principles of MFT are threaded throughout our change programme, they include:

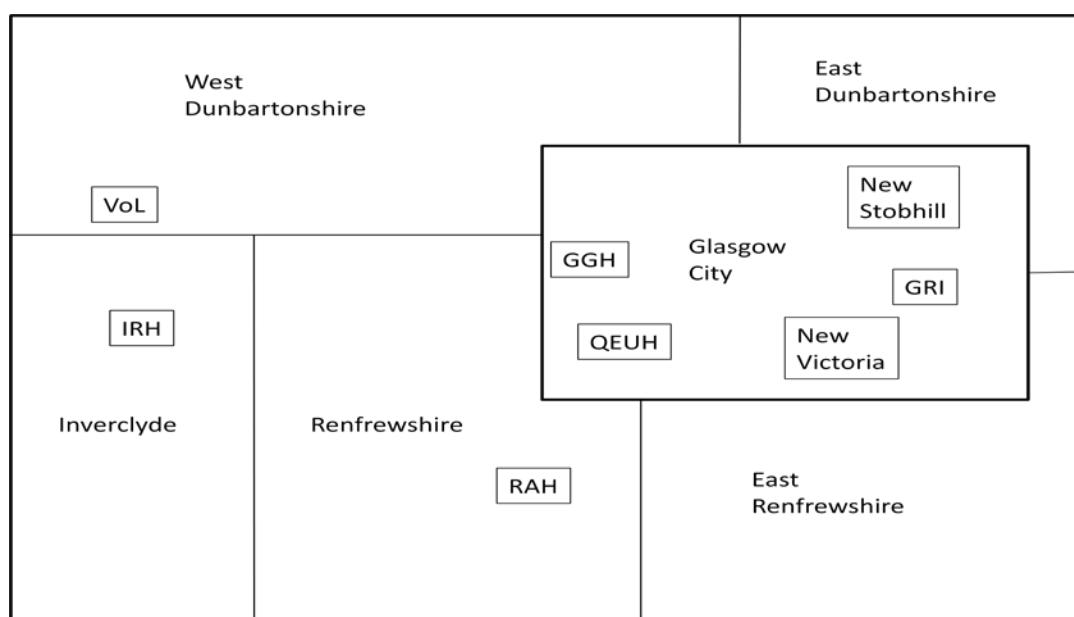
- Maximising the benefits of technology.
- Delivering care at home or in local communities.
- Supporting people to manage their own conditions.
- Involving people and carers in decisions about their care.
- Listening to staff who work in services.
- Reducing our dependency on inpatient beds.

As the MFT workstreams develop cases for change using these principles, health and care services will begin to take a different shape. We need to plan now for an infrastructure which supports this model.

Communication and engagement remains key to the MFT programme. Over the next 6 months the Project Management Office will lead engagement work in the following areas:

- Our staff: Engagement events will be organised at all sites (acute, mental health and HSCPs)
- MSPs/councilors: All IJBs will be offered support to hold MFT engagement events for elected members. A meeting for MSPs will be organised centrally.
- Public: Our Stakeholder Reference Group continues to meet, testing progress and advising us on wider engagement. Work continues with local HSCPs, using existing engagement structures and there is continued dialogue with the Scottish Health Council.

3. What do our services look like now in 2019?



There are currently nine acute hospital sites providing a range of specialist, general and ambulatory care services across our the 6 GGC local authority areas. Most provide both planned and unscheduled care and different levels of inpatient facilities, day cases and outpatient services. The current service configuration is a mixture of historic legacy and existing buildings along with other planned developments.

Mental health and learning disability inpatient services are provided at nine sites across the GGC area.

In addition, there are a number of health facilities, health and social work centres and community clinics providing health and care services across GGC. This is supported by a network of GP practices and clusters which form part of the network of community resources. There is an opportunity now to re-shape this configuration learning from experience and looking ahead to the vision articulated in Moving Forward Together.

4. Current challenges and demands

In moving from our current position to the desired configuration of services, we need to address a number of challenges which will determine how we can define sustainable, high quality health and social care.

These include:

- Delivering our elective programme.
- Managing increasing demand for unscheduled care.
- Some of our infrastructure is older and requires significant modernisation/upgrade, investment or replacement. This includes the Institute of Neurological Sciences (INS) on the QEUH campus.
- Building backlog maintenance and capacity issues at IRH, RAH and GRI.
- Review of The Beatson West of Scotland Cancer Centre on the Gartnavel Site.
- The need to vacate the West Glasgow ACH site.
- Making appropriate use of the Vale of Leven, Gartnavel General, Lightburn and Inverclyde to support the tiered model.
- The need for a robust community infrastructure and premises plan.

There are ongoing pressures to meet waiting time targets in our elective programme. Early work to assess the number of beds required to address these challenges shows that there is a shortfall across the main surgical specialities. Work is ongoing to quantify this. These pressures have prompted work to rationalise surgical services, maximise the use of Ambulatory Care Hospitals and optimise referral and triage processes.

Our current position is further challenged by the rising demand for unscheduled care with year on year increasing in Emergency Department attendances and hospital admissions.

There is continuing pressure on both general medical and medicine for the elderly beds across all of the major acute inpatient sites, with occupancy consistently above 90% and it is the norm for medical beds to be full at various points every day. An exercise using Staffnet Bed Occupancy reports was carried out to calculate additional beds required across the NHSGGC system to achieve 85% occupancy. Based on 2018/19 figures and assuming no changes to activity, an additional net 57 beds would be required to achieve 85% occupancy. To achieve this throughput, there would have to be significant redesignation of existing beds across the sites. This highlights the challenge to our system as we strive to shift the balance of care.

The level of delayed discharges in the system adds to pressure on beds. In the last 12 months, 140-150 beds at any one time are occupied by patients deemed fit for discharge. It is therefore essential to focus on preventing unnecessary hospital admission and facilitating timely discharge.

The increasing demand for services is mirrored in Health and Social Care Partnerships where addressing increasing demand for care at home services and care home places is made even more challenging by difficulties in recruiting and retaining appropriate care staff and by sourcing specialist care home places to meet the needs of local populations. In mental health, most inpatient sites run at high capacity, with occupancy figures averaging at 96% last year.

Transformation across the whole system requires a positive culture of enabling and supporting change at all levels. The MFT programme has embedded staff engagement from the early planning stages. This will continue as we move into implementation, and we have developed a 'Leading Change' toolkit to support staff who are facilitating change.

5. Future Challenges and demands

There are also a number of service developments on the horizon which will impact on service configuration and how we use our resources. These include:-

- Development of the Major Trauma Centre in QEUH and the requirement to create capacity to provide an additional 42 beds. (24 major trauma ward, 6 critical care, 12 hyper acute).
- Re-design of trauma services in Clyde and the requirement for capacity at the RAH to be established as a Trauma Unit. This requires an additional 12 beds.
- The need for improved hyperacute stroke pathways/and in the medium term capacity, to deliver a WoS thrombectomy service on the QEUH.
- Space for the Forth Valley vascular work currently located at an interim facility in QEUH.
- Implications of The West of Scotland urology and ophthalmology work which recommends the establishment of a tiered model of care.
- Implementing the Gynaecology service review rationalising the number of inpatient sites.
- Review of complex cancer surgery across the Board area and the region.
- Development of SACT/Chemotherapy services at the RAH and expansion in other areas.
- Implement the Best Start model of maternity care.

6. Opportunities to work differently

Focusing major and moderate trauma on three sites provides an opportunity to develop elective work on other sites where operating capacity will not be impacted by fluctuating demands for emergency care. Our aim is to develop centres of excellence, addressing waiting list challenges and delivering high quality and high value activity.

There are opportunities to work differently by maximising use of technology. eHealth is key to this, and through MFT, we are exploring how to use many systems and technologies which are already available. This includes Active Clinical Referral Triage (ACRT), virtual consultations, remote monitoring and sharing information.

There may be opportunities to work with other Health Boards, many of whom are undergoing their own transformational programmes and developing their estate and considering capital investment opportunities.

The planning landscape is complex, and needs cross system solutions. The priorities and demands impact on each other and we need to align the transformational with the operational. Importantly, we need to plan to achieve financial balance.

The original MFT Blueprint identified a number of areas where services currently provided in secondary care, could be provided in Primary Care or in local communities. The Board's MFT Workstreams are led by HSCP Chief Officers, Acute Directors and all have senior clinical leadership embedded. This Cross System working has facilitated the opportunity to consider and develop different solutions to long standing challenges by creating an opportunity for collaborative leadership and building relationships.

In the early planning stages of MFT, a core team was established to take the programme forward. As we move into implementation, we need to embed the change process in a much wider staff group. During the next month we will recruit a second Programme Manager to work with the dedicated admin, engagement and workforce teams. Resource will also be allocated to ensuring we have strong clinical leadership.

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The wider planning team (corporate, HSCP and mental health) will take a more active role in leading the programme, and our Managed Clinical Networks will bring experienced clinical input. Capital planning experts are also being aligned to MFT work. This approach of wider ownership of the change programme is important to working across the health and care system.

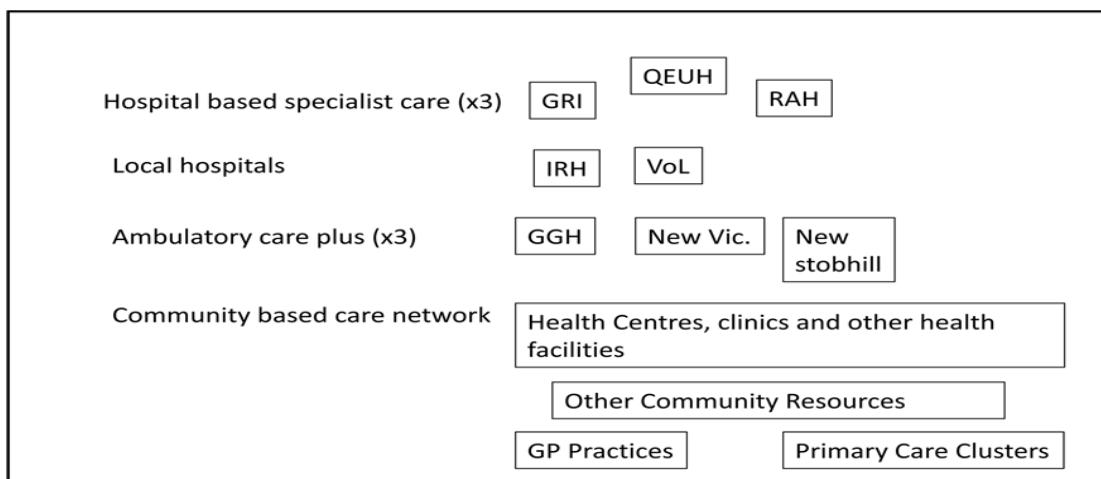
7. Moving Forward Together

The six MFT Workstreams have identified the following priority areas and are developing cases for change. These priorities have to be cognisant of our current demands and pressures to ensure that an immediate response to these demands fits with the vision we are aiming to achieve.

- | | |
|---------------------|---|
| 1. Planned Care | a) Outpatient transformation.
b) Maximisation of Community Health Centres.
c) Diagnostic one stop shop model. |
| 2. Unscheduled Care | a) ED redirection and alternatives to ED attendance.
b) Support to and interface with care homes.
c) Out of hours provision.
d) Management of frequent ED attendees. |
| 3. Local Care | a) Long Term condition management.
b) Palliative and end of life care.
c) Health literacy and technology.
d) Anticipatory Care Planning. |
| 4. Mental Health | a) Unscheduled Mental Health Care.
b) Mental Health in Primary Care. |
| 5. Older People | a) Community intensive supports.
b) Early identification and management of frailty.
c) Dementia Framework. |
| 6. GGC Regional | a) Comprehensive West of Scotland Cancer Strategy.
b) Neuroscience Services.
c) Best Start. |

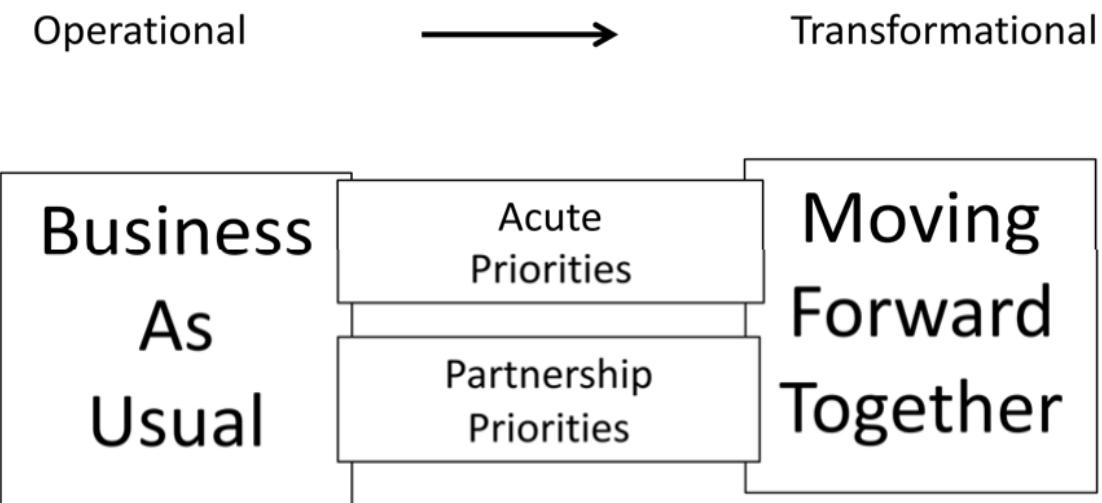
During 2018/19, an internal audit of strategic planning alignment was carried out. It concluded that through MFT, strong foundations have been put in place that were appropriate for the scale of change. The auditors identified some key areas for the MFT team to consider around communication, involvement and monitoring/repairing. The Project Management Office will review these areas and report progress to the Programme Board.

8. What will the tiered service look like in 2030?



9. Aligning the Transformational with the Operational

As we drive forward transformational change, whilst managing a large organisation with complex interdependencies we need to recognise that the planning landscape is complex.



Integration Joint Boards have produced three year strategic plans which describe the transformational work which is being led locally to support the MFT programme. These plans focus on preventing ill health and supporting people and communities to manage and improve their health. Local HSCPs have developed multi-disciplinary teams to improve access to advice, help and support. These teams work with local hospital teams to help people avoid unnecessary admission to and support effective discharge from hospital.

HSCPs support local service users to live in their own homes and communities wherever possible, promoting independence and social connections and activities – this approach is underpinned by the work of the community rehabilitation and re-ablement services, care at home services and the work of District Nurses.

HSCPs work to ensure services are available wherever a need arises, prioritising and supporting people who need or require to move back into the community from hospital – minimising delays in discharge and optimising support to get home first and to remain supported where required so readmission is avoided and independent living promoted.

Primary Care

The new Scottish General Medical Services contract was agreed in January 2018. It aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. This has established a substantial programme of change across the 6 HSCPs, 236 GP practices and 39 practice clusters in NHSGGC. IJBs have approved Primary Care Improvement Plans (PCIPs) which describe how contracted commitments will be delivered. Commitments include:

- Transfer of responsibility for vaccination and immunisation delivery to the HSCPs.
- Provision of a comprehensive range of pharmacotherapy services.
- Treatment rooms available to every practice.
- Development of urgent care roles.
- Recruitment of Link Workers.
- Other professional roles such as Musculoskeletal (MSK) physiotherapy services and mental health.

Funding of £10.2m was allocated to NHSGGC in 2018/19. This is expected to rise in line with national funding which has the following indicative figures:

National Funding	2018/19	£47.5m
	2019/20	£50.0m
	2020/21	£105m
	2021/22	£155m

PCIPs and MFT are progressing in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network of services and staff and PCIPs are an opportunity to build an infrastructure and base for this. In particular, the drive to extend community treatment and care services complements the work of the Planned Care MFT workstream around maximising the use of community health centres / hubs.

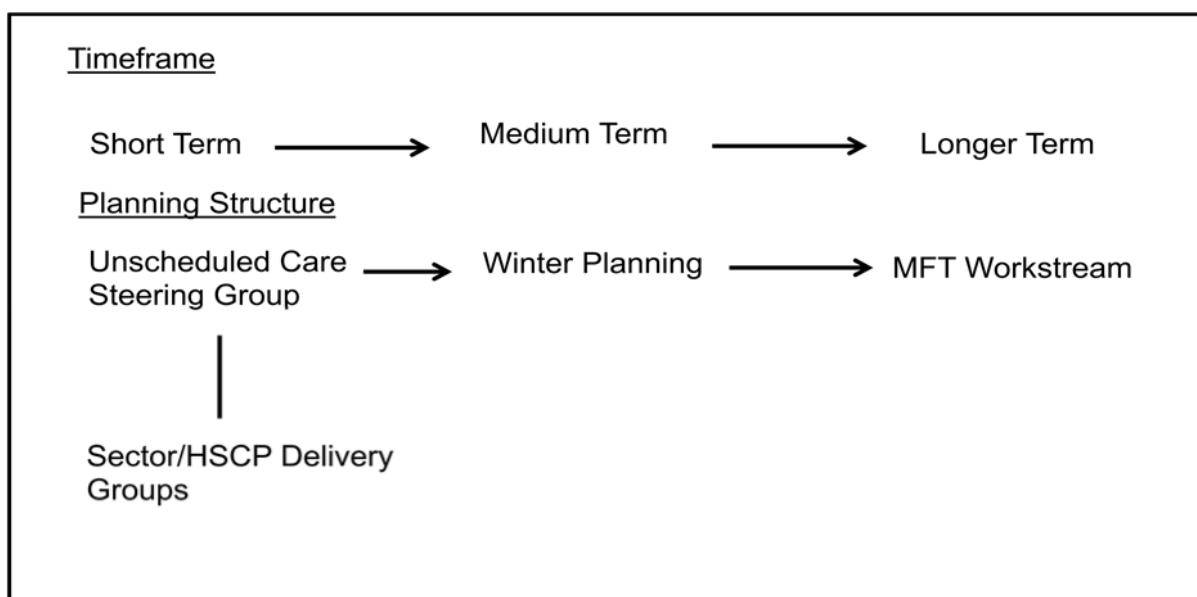
10. Unscheduled Care (MFT Workstream)

Unscheduled Care is complex, and issues are multi-factorial. As people live longer the demands on urgent care increase. Long term conditions, managing complex co morbidities alongside the underlying increased demand generated through deprivation across GG&C creates a significant challenge to resources. Alongside this we have a population culture where the A and E department is often the default first choice and therefore demand continues to outstrip capacity in our hospitals.

Annual ED attendances with NHSGGC over the last 10 years (the 2008/09 baseline planning year for the QEUH) have increased by 14.1% or 64,073. Demand at the QEUH and the GRI has already exceeded planning assumptions.

NHSGGC delivered 90.3% compliance for 4 hour Emergency Department waits for 2018/19 and has been on a downward trajectory with 2011/12 being the last year the Board achieved 95.4% compliance overall.

Planning structures have been established to focus on short, medium and longer term timeframes.



The HSCPs are developing a Strategic Commissioning Plan across GGC that reflects a consistent approach in the following three areas:

- Early intervention and prevention to better support people to receive the care and treatment they need at home or as close to home avoiding hospital admission where possible.
- Improve the interface between primary and secondary care services to better manage patient care in the most appropriate setting in line with IJBs' and the NHS Board's strategic direction as set out in Moving Forward Together.
- To improve hospital discharge and better support people to transfer from acute care to appropriate support in the community.

We will work collaboratively across the healthcare system to develop service improvements to target both the short term issues and longer term redesign. The following detail provides an overview of the specific priorities being progressed, many of which are incremental building blocks providing operational improvement whilst working towards the MFT tiered model of care.

The combined impact of the activity noted below will positively impact on the increasing demand for unscheduled care. The MFT workstream is currently assessing the individual and collective impact of each action.

Alternative Pathways to Admission

We continue to support the development and implementation of improved pathways and new models of care for high volume conditions. Focusing on condition specific pathway alternatives for long term conditions such as COPD and heart failure alongside targeting high volume conditions presenting to ambulatory emergency care that result in short stay admissions (e.g. cellulitis and abdominal pain) is a key priority for both short and longer term work. This enables us to identify current pathways through acute hospital services and to consider where suitable local service alternatives or planned urgent care could be more appropriately delivered.

Collectively the top 6 target ambulatory care areas account for 19% (25,463) of the total admissions for 2018/19.

Work also continues on the frailty pathway through the MFT Older People's workstream and we continue to drive improvements within acute services for the pathway towards comprehensive geriatric assessment.

This includes enhancements to the TrakCare system to ensure that Frailty Screening is recorded electronically so patients can be easily signposted to the appropriate resources. Further work is in progress to develop alternatives to admission and is described below:

1. Consultant Connect - we are extending initiatives employing 'Consultant Connect'. Last year, this was introduced in the South Sector to provide GPs with a more responsive contact number to obtain consultant advice across a number of specialties. This year, we intend to broaden the range of specialties involved and consider a test of change for one of the Sectors by delivering professional-to-professional advice for paramedics. Paramedics attending patients who have suffered a fall or have a chronic long term condition such as COPD may be able to refer those who are clinically appropriate to community based teams. This would therefore avoid emergency attendance and possible short admission to hospital.
2. Anticipatory Care Planning - actions are in progress to provide enhanced information or access to community services, where the aim is to prevent escalation and therefore maintain and manage the care of individuals at home or in a community setting.

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A clinical handover template has been developed to standardise the current information and to ensure that the key components of the patient's current medical status are consistently recorded.

This is being integrated within the IT systems to ensure that there is visibility and transference of this information as patients move from primary care into acute with the objective of avoiding unnecessary interventions when a patient moves across the services. Development of pathways offering alternatives to admission, ambulatory care and hospital processes that rapidly identify patients with existing care plans are all part of the developing strategy for managing these patient in a more clinically appropriate setting. This work is being led by the MFT Local Care workstream.

3. Care Homes – significant effort was made in 2018/19 to introduce the ‘Red Bag’ system that ensures all relevant clinical information and personal belongings are conveyed with a patient who needs urgent assessment or admission. Current focus has extended to understand the needs of Care Homes residents and the resources that they currently have available to respond to their needs. The aim in the short term is to develop a workplan in collaboration with Care Home providers to ensure that the most appropriate pathways and access to a range of community and primary care services are available. In the longer term through MFT the ability to ensure wherever possible Care Homes have access to clinical teams within the home or in the community will be pursued. This could result in alternatives such Treatment Rooms/Clinics for long term condition management, frailty and geriatric assessment in the home or community setting avoiding the need to attend a hospital or GP Practice.
4. Falls – work continues on the National pathway in collaboration with the Ambulance Service and the Falls Team to reduce conveyance rates and refer to the community falls teams across the Board.

Alternative Pathways to Emergency Department or Assessment Unit (AU) Attendance

There are a number of initiatives underway to respond to the increase in both ED and AU attendances. Whilst these may stem from immediate demand and capacity challenges, they form the basis for progressive service redesign through the MFT programme.

Having previously identified a number of target areas we continue to focus on pathway/service redesign alternatives. This includes reviewing the available existing services and ensuring appropriate public messaging, with the development of a more planned approach to urgent care, enabling access to clinical teams in primary care and the community to provide services closer to home. The priority areas are described below:

5. GP Referrals to Assessment Units - A significant cohort of patients who are referred by their GP to the Acute Assessment Units are discharged on the same day of attendance. Aligned to the ambulatory emergency care pathway work, the acute hospitals have significantly reduced the need for admission with GRI, QEUH and RAH discharging 45% (28,637) of the total attendances to AU for 2018/19 without the need for an overnight stay. This year Clinical Directors from HSCPs have been retrospectively analysing the reason for attendance with the aim of developing options that would remove the need to attend in an unplanned way. Early insight suggests that there are some common themes such as urgent access to diagnostics, IV antibiotics and falls/frailty related concerns. A test of change will be developed to offer a range of alternatives over the peak winter period to reduce attendance rates in particular for patients with lower complexity and National Early Warning Scores of zero or one.

To support this we are establishing an electronic method of referral using SCI Gateway that will enable standardised recording of reasons for attendance and include the core clinical information available to the GP including current medications.

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In the medium term GPs will be given consistent rapid access to diagnostic or 'hot clinic' specialist advice.

6. Minor Injury Activity - All Emergency Departments (ED) across GGC deliver a Minor Injury Unit (MIU) service and in total this accounts for 49% of all 2018/19 ED activity. GGC's dedicated MIU's at Victoria, Stobhill and the Vale of Leven received 15% of the activity with the remaining 34% attending an MIU located within one of the main Emergency Departments. MIU compliance across GGC was 97% for 2018/19 however overall compliance remains challenged with limited availability of physical space in main ED's contributing to department overcrowding. Our understanding of demand also indicates that there may be further potential to utilise existing MIUs at Stobhill and the Victoria Hospitals and this will be considered alongside winter planning. In addition, options to expand the clinical space available at both the GRI and the QEUH to establish a dedicated area for minor injuries outwith the main ED is underway.
7. Effective Management of Frequent Attendance - the aim of the work is to better understand the needs of the individuals who have been attending hospital frequently (more than 5 times) over a 12 month period, and to respond more appropriately to their needs. Often this group includes individuals with complex health and social care needs and joint working through multi-disciplinary teams is key to developing alternatives to ED attendance. We have reviewed UK research literature and will continue to work in collaboration with primary, secondary, community and third sector organisations to develop more suitable alternatives for this patient group.
8. Direction and Redirection – all GGC hospitals participated in the delivery of the redirection policy introduced for winter 2019. This has had limited success thus far however we continue to promote the process and are looking at more robust ways of establishing this as close to the point of patient registration as possible. This will feature in the winter plan initiatives and further work to improve the process will be explored.

Management of Current Inpatient Capacity

Our ability to embed efficient inpatient management processes as embodied in the 'Exemplar Ward' concept across GGC has been a core area of focus for the acute sector. Significant progress has been made in this area with the QEUH identified as a National area of good practice and used to develop the guidance document on Daily Dynamic Discharge process.

Having introduced 'hospital flow hubs' and new senior management roles to provide seven day leadership and direction of demand and capacity, our aim is to optimise local escalation processes to drive further improvement in a number of areas.

9. Estimated Date of Discharge - the introduction of mandatory Estimated Date of Discharge processes in May 2019 will provide a new baseline to promote further process improvement within the hospitals to generate timely capacity and flow.
10. 'Day of Care' Survey – all major acute sites participate twice a year in the national survey to provide a snap shot of bed utilisation and inform the development of both in and out of hospital solutions to minimise in-patient delays. Follow up work includes a focus on AHP resource provision and the introduction of a new ward length of stay review process designed to reduce delay and ensure timely management plans are in place for every inpatient on the war.
11. Delayed Discharge – use of the current in-patient dashboard is to be developed across all HSCPs to support an in-reach or targeted approach to avoid delays. The plan is to develop a more integrated and proactive process with social work professionals to ensure that patients are known to local teams in advance of referrals.

Public Messaging

Public education is key to managing the immediate increasing demands on our services and to achieving the longer term vision of Moving Forward Together. In the short term we need to support patients to make the right decisions when accessing services with unscheduled care needs. Longer term, education is required to support a change in public expectations about the role of the NHS and the responsibility of individuals for maintaining their own health. Building on evidence from across the country and local experience, the MFT Executive Group has proposed a segmented approach to developing a campaign aimed at specific groups. The proposed target groups (based on ED usage) are Musculoskeletal patients, and parents of children with low acuity conditions.

It is also proposed to target patients who attend ED, who could instead be directed to pharmacy. Finally, a specific campaign directed at supporting GP surgeries with high numbers of ED attendances will be developed. This will be progressed between now and March 2020.

Urgent Care Resource Hubs

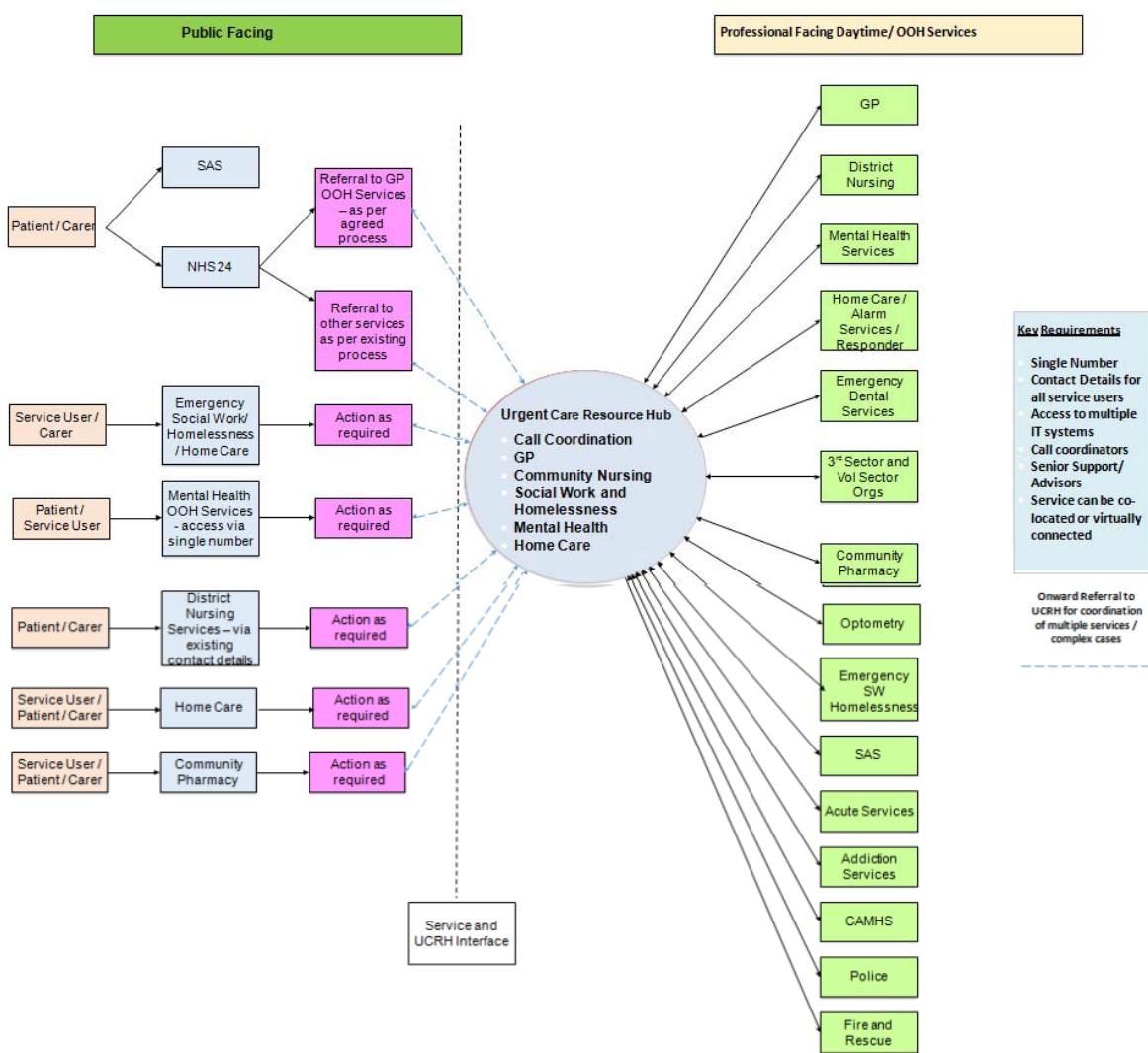
Following publication of Sir Lewis Ritchie's Review of Primary Care Out of Hours Services in January 2015, a local review of Health and Social Care Out of Hours provision was commissioned in GGC. The scope of the review included: GPs, District Nursing, Community Rehabilitation, Children's Social Work Residential Services, Emergency Social Work Services, Emergency Dental services, Homelessness, Home Care, Mental Health, Community Pharmacy, Optometry. The review identified a number of challenges around communication, sustainability and meeting the needs and expectations of increasingly complex patients at home. Following an options appraisal and extensive engagement, it has been agreed that a hub and satellite model, with a phased approach, should be implemented.

An Urgent Care Resource Hub (UCRH) will be established in Glasgow City to co-ordinate local and Board wide service provision during the OOH period with virtual connections to and from local HSCP existing hubs and services.

The professional facing hub will be able to mobilise and co-ordinate the most appropriate out of hours health and social care response during times of crisis or escalation. The hub will be aligned to and connected with NHS24, district nursing and mental health services.

The model is critically dependent on eHealth solutions to support sharing of information to support decision making across the system. Good connections and relationships with HSCP local services are essential. The key components are set out in the diagram below.

Health and Social Care Services and Urgent Care Resource Hub Interface



The GP Out of Hours review was carried out to address the challenges currently facing the service and to develop a sustainable service model. Early phases saw enhancements to the workforce with additional GPs, ANPs, nurses and pharmacists. Professional to professional support (district nurses and GPs) is being rolled out and frequent attenders to OOH services are being targeted to determine alternative pathways. Work is now underway to encourage patients to call NHS 24 in advance of attending, and a final phase of the work will review the impact of early phases with the development of the Urgent Care Resource Hub to determine the shape and location of future services.

11. Planned Care (MFT Workstream)

The Access Collaborative and other access planning structures focus on addressing the immediate concerns around waiting times and improving patient pathways.

Addressing those operational issues has to be aligned to our transformational work through MFT and should direct our prioritisation. For example, implementing Active Clinical Referral Triage (ACRT) is an operational issue, but agreeing the long term outcomes resulting from ACRT and setting trajectories and milestones is part of the transformation programme.

The priorities currently being progressed are:

1. Active Clinical Referral Triage (ACRT)

Most commonly consultant referrals currently received from Primary Care are vetted electronically within a few days of receipt and patients are typically added to the waiting list for a face-to-face consultant appointment.

ACRT takes an alternative approach by establishing a variety of appropriate pathways to which a patient can be directed following referral, with the aim that patients are triaged to the optimal, evidence-based, locally agreed pathway. Face-to-face consultant attendance would only occur if there is a clear clinical need. The range of pathways will be many and varied depending on the individual circumstance but will include the provision of advice, opt-in' options to treatment, direct to investigations or treatment, or direct to other members of the multi-disciplinary team.

For patients this approach ensures patients have timely access to information without waiting for a face to face consultant appointment, and ensure people are informed promptly about the available options for investigation and initial management to facilitate shared decision-making.

A number of services across NHSGGC have implemented, or begun to implement, ACRT. However this is not yet systematic and will require time and resource for clinical teams to establish the redesigned pathways necessary for successful implementation.

Early indications from limited areas where this has been implemented show this can reduce patient appointments by up to 30% enabling the consultant sessions released from this redesign to be directed towards areas where waiting times are longest.

2. Effective and Quality Interventions and Pathways (EQUIP).

NHSGGC is one of two Health Boards working with the Scottish Government to test a systematic approach to identify appropriate alternative pathways to procedures that are less effective in the general population. Four conditions have been selected initially; benign skin lesions, varicose veins, haemorrhoids and inguinal hernia.

These are common conditions for which surgery is often not indicated or appropriate, and importantly where clinical consensus for change exists across Scotland.

By November 2019 NHSGGC will have implemented changes across all four of the referral pathways that will see treatment no longer offered routinely in NHSGGC. There will be a greater emphasis on providing patients with high quality advice. In appropriate, defined circumstances patients will still have the opportunity to 'opt-in' to treatment options.

The impact of this programme will be evaluated over the coming months but it is clear already this change is enabling the release of consultant outpatient sessions from minor surgery clinics into other specialty areas where there are significant waiting times pressures. In addition it is expected there will be a small decrease in the numbers of patients being added to inpatient waiting lists in these specialties.

3. Maximising Community Health Centres/Hubs.

Emerging work within the MFT programme is beginning to outline an integrated community network across NHSGGC.

It is proposed that each HSCP and/or locality would bring services together in a virtual network or in some places a single physical hub from which services would provide outreach. There is an opportunity to develop this model in the new North East Hub which is currently being planned.

The North East Hub will bring together a significant number services including for example : all the existing Parkhead Health Centre services and, in addition to this, Specialist Children's Services, Rehabilitation and Enablement services, District Nursing, Health visiting and school nursing, Social Work, children and family teams, Sandyford East sexual health services, Primary care mental health services and psychotherapy services, Health and social work addiction services, Criminal justice social work services, Acute hospital services, such as chronic pain clinics, older people services, speech and language therapy, physiotherapy and many more.

The preferred site for the North East Hub is the former Parkhead Hospital. The design of the new hub is in development with stakeholder input and it is anticipated that the Outline Business Case will be submitted to the Board in January 2020. The Full Business Case is anticipated to be completed in March 2021 with a start on site in summer 2021. Capital costs are expected to be circa £47m.

There has been significant investment in community health resources in recent years:

Project	Date Opened	Capex	HSCP
		£'000	
West Centre - Drumchapel Family & Child centre	Aug-10	4,170	Glasgow City
Renfrew Health & Care Centre	Mar-10	18,000	Renfrewshire
Vale Health Centre	Aug-13	21,000	West Dunbartonshire
Barrhead Health & Care Centre	Apr-11	18,000	East Renfrewshire
Possilpark Health & Care Centre	Feb-14	10,000	Glasgow City
Shields Centre - East Pollokshields	Jan-15	2,700	Glasgow City
Eastwood Health & Care Centre	Jun-16	14,850	East Renfrewshire
Maryhill Health & Care Centre	Sep-16	12,395	Glasgow City
Orchard View Mental Health Wards	Aug-17	8,385	Inverclyde
Gorbals Health & Care Centre	Jan-19	17,198	Glasgow City
Woodside Health & Care Centre	Jul-19	20,234	Glasgow City
Stobhill Mental Health Wards	Jun-20	10,600	Glasgow City
Greenock Health & Care Centre	Sept 20	20,815	Inverclyde
Clydebank Health & Care Centre	July 21	19,625	West Dunbartonshire
		197.972	

Community hubs could include a range of services provided at home, in Primary Care, in the wider community and, where necessary, in or by specialist or hospital teams and facilities. This would provide opportunity to include services previously provided in hospitals. An example of this would be routine bloods and monitoring, which is currently provided by individual acute specialties within hospitals but could potentially be delivered by a generic service in a community setting. This would complement the current work to redesign patient pathways and ensure the most efficient service for patients; for example following the local test/monitoring a follow up ‘hospital’ appointment is provided via telephone rather than a face to face appointment. This work is still at a very early stage of discussion and will require detailed discussion to scope and quantify the optimum service delivery model and any resource for staffing and facilities.

Within the planned care workstream, further work has to be done to match demand and capacity. This work will be directed by our drive to meet national waiting times targets. Options to be explored include:

- Focussing elective care in local hospitals, as well as the Trauma Centre and Units.
- Reviewing cancer surgery to support wider cancer services.
- Maximising the use of Ambulatory Care Hospitals, extending opening times and days.
- Implementing regional plans for ophthalmology and urology, which deliver on the tiered model of care.
- Maximising the opportunities for using day surgery rather than overnight stay in hospital.
- Identifying opportunities for ‘one stop shop’ approaches to create a more efficient patient pathway.

12. Older People (MFT Workstream)

The Older People’s MFT workstream works closely with the MFT workstreams for unscheduled care and local care. It has identified priorities around frailty, dementia and intensive community support.

The frailty priority aims to identify people with frailty early in the community and use a risk stratification approach to prevent avoidable admissions to hospital and maximise independence for people. All 6 HSCPs are working with the iHub and have established a living and dying well with frailty collaborative. HSCPs are working with local GP practices (23 already signed up) to identify mildly frail patients and to signpost them to evidence based exercise programmes and other community activities. The collaborative outcomes are expected to be:-

- 1) People spend more time living in the community with fewer moments of crisis
(measure: reduce hospital bed days for people aged 65+ by 10%, per 1000 population).
- 2) People experience fewer incidents of unplanned service use and GP practices reduce their unplanned workload
(measure: reduce unscheduled GP visits for people aged 65+ by 10% per 1000 population).
- 3) People living with frailty are involved in decisions about their own care.
(measure: Increase in percentage of Anticipatory Care Plans in the Key Information Summary for people living with frailty by 20% per 1000 population)

The dementia work aims to bring together a wide range of existing dementia good practice from across the health and care system. Inverclyde HSCP has been successful in a bid for iHub support over 2 years to redesign the dementia pathway in the community. This will complement the work of the acute dementia steering group.

In addition, this workstream will work with mental health colleagues to focus on Older People's mental health teams and inpatient provision. With investment in community services and redesign of dementia pathways, there is potential to significantly reduce reliance on beds in GGC.

Intensive community support for older people is still at the scoping stage. The group is reviewing the Hospital at Home model, and comparing this to different models across GGC. They are also exploring models of delivering rehabilitation at home rather than in hospital.

13. Local Care (MFT Workstream)

The Local Care workstream is taking forward three priorities:

- Long term condition management.
- End of life care.
- Anticipatory care planning.

For long term conditions, the group is testing the principles of self-care, supported self-care and remote self-management with diabetes. It will include a comprehensive cross system education and self management programme, using self monitoring technology. The model will be tested with diabetes, then rolled out to other long term conditions.

The end of life care work is now being scoped out, with a stakeholder workshop being set up in the next few months.

The final priority is to expand the use of anticipatory care planning access to health and care systems in primary and secondary care. eHealth is supporting this work to ensure the ACP can be electronically updated and shared.

14. Mental Health (MFT Workstream)

The two priorities identified by The Mental Health Moving Forward Together workstream are Unscheduled Care and Mental Health in Primary Care. These priorities form an integral part of the Adult Mental Health Strategy which centres around prevention/early intervention, providing effective services and recovery. This workstream has made significant progress and is underpinned by "Action 15" national funding.

By working across the health and care system and by blurring organisational boundaries this funding has been effectively used to support mental health and wellbeing and to address challenges in other areas of the system e.g. Emergency Departments.

Key activity has included:

- i) Unscheduled Care – The liaison psychiatry service is being strengthened to improve response times with the appointment of additional nursing and psychiatry posts. A consultant led crisis and home treatment model is being tested in one locality. A Safe Haven Cafe is being developed in Glasgow City. These initiatives aim to have a positive impact on ED patient attendance rates for mental health issues.
- ii) Mental Health and Primary Care – This work is being progressed in partnership with GPs, HSCPs and mental health services. Mental health training and support for partnership staff continues and family nurture strategies are being progressed in individual HSCP areas including exploring implementation of routine enquiry of Adverse Childhood Experience. A perinatal peer worker pilot has been tested in Glasgow city and is now being extended to all HSCPs.

- iii) Experienced Peer Workers – These workers will be located in Community Mental Health Teams to support recovery oriented model of care.
- iv) Efficient and effective Community Mental Health Teams (CMHTs) – Service managers for all 19 CMHTs across GGC have come together to identify high impact tests of change. Referral guidance for GPs has been developed. A rapid access pathway for individuals discharged from services is being tested in Autumn 2019 and the development of nursing and occupational therapy evidence based groups is being explored.
- v) Borderline Personality Disorder – A clinical lead for this function has been established to progress the service.

In 2019/20, Action 15 funding of £2.23m has been made available to support these changes to mental health services. This funds Board-wide initiatives and local HSCP developments across the areas of prevention, productivity and recovery. As these initiatives progress, it is hoped that there will be a lower reliance on hospital beds. Currently occupancy in GGC adult mental health beds is around 96%, but by reducing lengths of stay and variation, by improving throughput and processes and by avoiding delays and optimising standard practice, this should reduce. There may be scope for reviewing the older people's mental health bed model.

15. Regional (MFT Workstream)

The three priorities for the GGC Regional workstream are:

1. Development of a comprehensive West of Scotland Cancer Strategy.
2. Neuroscience services.
3. Specialist neonatal and maternity services.

In addition, the implementation of the Trauma Network in GGC is linked to MFT. Because of the existing governance structure, Trauma reports directly to the MFT Programme Board rather than through the regional workstream. The regional priorities are at varying stages of planning and implementation.

Development of Comprehensive Cancer Strategy

The future planning for Beatson services is covered in Section 18.

A short life working group has been established to take forward the planning for surgical oncology, and this is at the early scoping stage. The group is exploring the option of a single Tier A complex cancer surgery service, supported by increased ACH day case procedures at the New Stobhill and New Victoria Hospitals.

The draft Systemic Anti-Cancer Therapy (SACT) strategy is detailed in this document.



Systemic Anti-Cancer Therapy (SACT).docx

At a high level it sees the establishment of a single Tier 1 Cancer Centre at BWOSCC, three Tier 2 cancer units at the RAH, the New Victoria and BWOSCC and outreach units at the local hospitals.

The model has capital costs at the RAH of between £1m and £3m, depending on the location used, and revenue costs of £1.9m across all the sites to recruit treatment delivery staff, non-medical prescribers and pharmacy staff.

Neuroscience Services

In terms of neurosciences, the QEUH is the preferred site for delivering stroke thrombectomy services for the West of Scotland, and a small group is working to progress a high level implementation plan. Early scoping work in neurology services has also commenced. The national pathway, and care group are about to publish pathways of care in relation to neurosciences.

Best Start Maternity

Early Implementer work is progressing in Clyde. Further planning work is underway to determine the optimum network of midwifery hubs in the community to provide comprehensive local outpatient care that is often currently based within GP premises. Engagement of service users and stakeholders will play a key role in this. The Community Maternity Units at IRH and VoL will continue to provide maternity services to local mothers and their babies.

From the 19th August NHS Ayrshire and Arran (NHS A&A) and NHSGGC are implementing the Neonatal pathway recommendations in 'Best Start: The 5 Year Forward Plan for Maternity and Neonatal Care in Scotland'. One of the Best Start recommendations is to concentrate expertise in the care of the most premature and unwell infants in fewer specialist centres. Women at high risk of extreme premature delivery will be transferred antenatally to QEUH for initial management, delivery, postnatal care and neonatal intensive care for their new born baby. Where a safe antenatal transfer is not possible, extremely premature infants will be transferred to QEUH as soon as safely possible after initial stabilisation at Ayrshire Maternity Unit. Currently women and babies less than 26 weeks gestation are transferred from Ayrshire to the Royal Hospital for Children's Neonatal Unit and Maternity Unit on the Queen Elizabeth University Hospital site, these figures are expected to be very low (in the initial 4 week period there were no transfers). From the 7th October mothers and babies less than 27 weeks gestation are also being transferred. The neonatal work will be supported by the introduction of Transitional Care at the QEUH to enable babies who require some medical or midwifery support (but not intensive care) to be looked after beside their mother. This will improve quality of care whilst releasing capacity in Neonatal care.

16. Trauma

Background and Governance

In August 2019 a paper was presented to NHS Greater Glasgow & Clyde Board which outlined the plans for both the National and West of Scotland Major Trauma Network and described how services would be reconfigured within Greater Glasgow & Clyde to deliver the model. The model outlined described:

- Major Trauma Centre at Queen Elizabeth University Hospital for adult and paediatrics.
- 6 Trauma Units, 3 of these based within Greater Glasgow & Clyde at Glasgow Royal Infirmary, Royal Alexandra Hospital and QEUH.
- Local Emergency Hospitals, one of which would be at Inverclyde Royal Infirmary which would also become an elective centre of excellence.
- Specialist Rehabilitation Service, including a 12 bed Hyper Acute facility, to support both the major trauma centre and the West of Scotland network.

The paper also outlined the significant financial investment by Scottish Government in the West of Scotland to support creating the network i.e. £17m of which £10m is dedicated to the development of the major trauma centre and £7m to support Trauma Units and the specialist rehabilitation service. The finance section below will describe in more detail the financial release for NHS GGC over the next 5 years.

During 2019/20 there will continue to be a key focus on both the development of the MTC in QEUH, but also on the significant re-design required to deliver the single Trauma Unit within Clyde. This will include the development of a capital plan to support the re-design and upgrade work required.

Major Trauma Centre

For the Major Trauma Centre, the key focus in 19/20 will be:

- Developing the operational policy for the major trauma centre at Queen Elizabeth University Hospital which includes creating a 24 bed major trauma ward.
- Agreeing service reconfiguration within/outwith Queen Elizabeth University Hospital to create the theatre and bed capacity required for major trauma. This is linked to the capital planning work ongoing to upgrade wards in Gartnavel General Hospital which will deliver the required bed capacity in QEUH.
- Pathways/Protocols – work is progressing with key stakeholders to develop robust pathways both into and out of the major trauma centre.
- Workforce – a number of key clinical nursing, AHP and diagnostic roles will be appointed.
- Clinical Governance – a local Morbidity and Mortality Group has now been established within Queen Elizabeth University Hospital and Royal Hospital for Children.
- Performance – activity reporting templates have been developed to support the above, monitoring of activity and providing detailed analysis to support pathway redesign.
- Rehabilitation – options appraisal on location of Hyper Acute Unit will be completed.

Trauma Units

Glasgow Royal Infirmary and Clyde have both established local groups to develop their own operational policies and to manage the redesign of services. The GRI is currently a Trauma Unit for the North Glasgow population the changes will have only a minimal impact on the site. The GRI Trauma Group are therefore focusing on the operational aspects of the new model. The most significant areas of redesign associated with the trauma units will be in delivering a single trauma site for the Clyde population.

Clyde Trauma Model

In June 2019 the Board agreed the new model for Clyde which will see the RAH becoming the Trauma Unit for the sector. The Clyde orthopaedic trauma workload is significant accounting for 32% of all trauma admissions within the Board. The redesign of services will see the concentration of this activity in the RAH, which presents a number of capacity and implementation challenges.

Based on admissions in previous years, it is anticipated that the total trauma inpatient activity on the site will increase by more than a third, with early capacity planning indicating that an additional 12 beds and 7 theatre sessions will be required in the RAH to support the new pathways.

Inverclyde Royal will operate as a Local Emergency Hospital and will continue to receive medical and general surgery patients. Trauma activity accounts for 8% of all emergency admissions within IRH and 92% of all activity will be unaffected by these changes. Emergency inpatient episodes will reduce by 1.8% overall, and it is anticipated that this will be offset by the redirection of some of the Sector's elective orthopaedic workload. The site will therefore continue to be a vibrant and busy DGH with capacity released to further develop the elective orthopaedic programme in the hospital with an aim of establishing the site as an elective centre of excellence. Investment to expand consultant workforce numbers to support emergency flow in IRH has been secured and a recruitment processes is underway.

The key areas of focus throughout 2019/20 to facilitate a smooth transition in Clyde are noted as follows:

- Agree clinical pathways into and out of the Trauma Unit and LEH including Rehabilitation pathways.
- Develop the workforce and recruitment plan to deliver a sustainable workforce across the professions and specialties that supports the new model that meets the National Minimum Requirements for a Trauma Unit.
- Re-design of theatre templates and identify option/displacement of activity to deliver 2 full time trauma theatres.
- Create bed capacity – 12 additional orthopaedic trauma beds required.
- Develop plans to establish an elective Joint Replacement service - centre of excellence in IRH (5 Sessions of capacity will be released (M-F).
- Review of capacity in Larkfield required to accommodate repatriated patients. This includes the establishment of a Geriatric Orthopaedic Rehabilitation Unit pathway.
- Development of a Capital plan. Project request documentation currently being populated. Initial areas of upgrade identified as follows:
 - Upgrade of existing theatres to deliver 2 Laminar Flow theatres – 1 in RAH, 1 in Inverclyde.
 - Upgrade of RAH Trauma Theatres to improve flow and efficiency.
 - Redesign of Level 4 ward to re-provide Elective Area to accommodate the additional trauma bed capacity.
 - Orthopaedic Assessment capacity in RAH to support flow associated with the additional ED workload.
- Diagnostic colleagues to develop capacity and reporting requirements associated with the new model.
- Delivery of an Engagement and communications strategy for both the local communities and staff working across the service.
 - Staff Engagement plan being developed and agreed with Staff Side.
 - Broad clinical representation from across specialties engaged as part of Clyde's Trauma Group.
 - Patient user engagement plan to be enacted.

Education, Training and Learning

Developing and delivering training plan for staff across all aspects of the major trauma network is an essential area of work underway. A number of staff have attended a range of training courses including: Damage Control Surgery; Nurse Practitioner courses; seminars and events across England and shadowing in hospitals where major trauma centres are currently operational. The learning from this is shared across the wider staff groups.

The first West of Scotland Stakeholder event was held on Friday 6th September 2019 which provided the opportunity for 170 staff from across the network to come along and hear from colleagues in England how they had established their networks; what was planned for West of Scotland both in terms of major trauma centre, trauma units and rehabilitation and through workshops to input to the further development of the network.

The aspiration is for trauma units and major trauma centre to be operational during 2021. For Greater Glasgow & Clyde this will require a significant amount of redesign and recruitment to all posts associated with both the major trauma centre and the trauma units.

- The full revenue funding will be available from April 2020 and a robust recruitment programme will begin from January 2020.
- Services will begin to move out of the Queen Elizabeth University Hospital to free up the theatre and bed capacity required.
- By middle 2020 it is planned the major trauma ward will be operational to allow the ward staff and new model of care to become established prior to all major trauma from across West of Scotland coming in.
- Enabling capital works to be carried out in RAH.
- Staff and public engagement programme.
- Pathways and protocols will be finalised.
- Paperwork will be standardised.
- Training and development of staff ongoing.
- Clinical Governance for major trauma will be embedded
- Information Technology
 - Trauma App will become operational.
 - Trakcare will be updated with the relevant documents including : Rehabilitation Prescription and Major Trauma Workbench
- Agree date for official opening of major trauma centre and finalise arrangements with First Minister.

Rehabilitation – work will continue in developing the operational policy for the specialist rehabilitation service, identifying training and development requirements and specialist workforce. Trauma Units will develop services to ensure that they work to meet the BSRM Level 2 standards which the funding allocated supports.

Financial Timeline

Scottish Government have provided a 5 year funding plan to release funding at which time all aspects of the national Scottish Network will be in place. There is a detailed plan of what will be provided within each of the years.

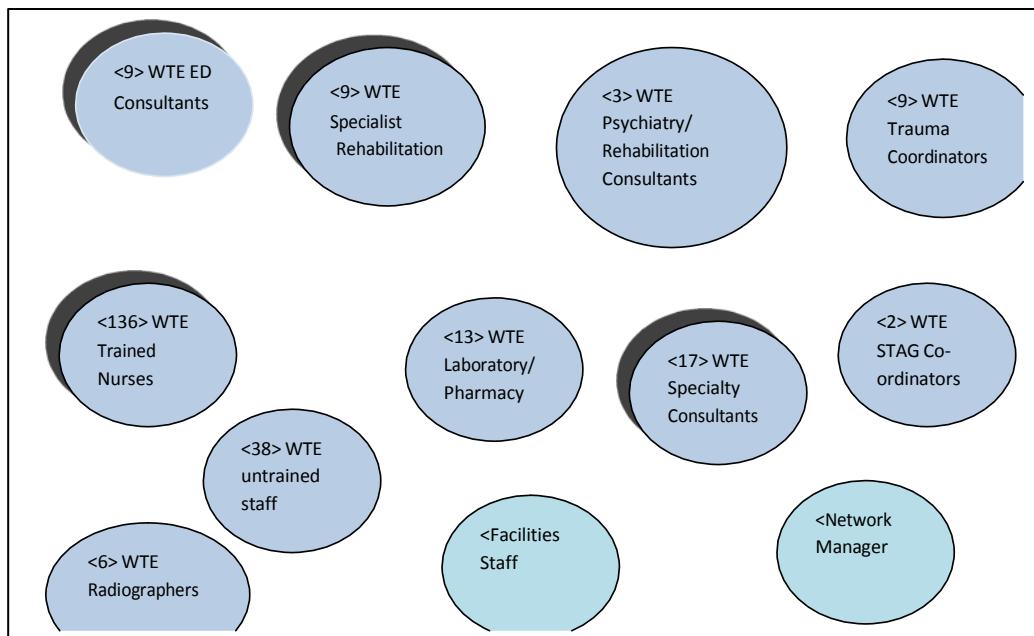
There will be £17m investment in West of Scotland to establish the major trauma network. This will see the creation of in excess of 330 new clinical posts across the system. For Greater Glasgow & Clyde the following table describes the release of funding in each of the years and the table below provides a summary of the new roles that this funding will support.
Note: Scottish Government have indicated that any slippage in each of the year's must be handed back and cannot be managed internally.

There are aspects of the re-design of trauma receiving in Clyde which will incur capital and revenue costs that are not included as part of the funding allocation the Board will receive and therefore not included in the detail noted below. These costs are not currently known.

Major Trauma Network Funding					
	2019/20	2020/21	2021/22	2022/23	2023/24
Major Trauma Centre - QEUH/RHC					
Major Trauma Co-ordinators	198,240	247,410	247,410	247,410	247,410
STAG Coordinators	46,306	81,309	81,309	81,309	81,309
Clinical Lead MTC	12,500	12,500	12,500	12,500	12,500
Emergency Department	505,216	925,212	925,212	925,212	925,212
Paediatrics RHC	0	784,008	784,008	784,008	1,124,948
Critical Care	630,832	1,739,739	1,739,739	1,739,739	1,739,739
Theatres	526,495	1,144,765	1,144,765	1,144,765	1,144,765
MTC Consultant Specialists/admin	0	1,269,260	1,269,260	1,269,260	1,269,260
MT Ward	231419	1,500,264	1,500,264	1,500,264	1,500,264
Other specialty services (e.g. Plastics)	97914	649827	649827	649827	649827
Laboratories	0	330260	330260	330260	330260
Radiology	246484	406,170	406,170	406,170	406,170
Pharmacy	0	126265	126265	126265	126265
Facilities	0	286127	286127	286127	286127
Rehabilitation - acute and specialist	83467	505648	505648	2983520	3346450
<i>Capital Revenue Cost Equipment</i>	55687	104538	107903	107903	107903
Maintenance costs	27681	73177	73177	73177	73177
Major Trauma Centre Total	2,662,241	10,186,479	10,189,844	12,667,716	13,371,586
Trauma Units					
Glasgow Royal Infirmary	38073	51146	51146	51146	51146
Clyde RAH	38073	393710	393710	393710	393710
Rehabilitation Trauma Units		537999	537999	537999	537999
Total GGC Trauma Units	76146	982855	982855	982855	982855
Total GGC	2,738,387	11,169,334	11,172,699	13,650,571	14,354,441

Staffing

The funding above will create in excess of 258 WTE clinical roles within Greater Glasgow & Clyde along with a number of support services roles. The following provides a brief breakdown of the clinical roles.



17. Infrastructure and Estate

Significant infrastructure impacts on acute sites have been achieved in the last decade. These have included the development of the Beatson Oncology Service, new ambulatory care hospitals at Stobhill and Victoria, the transformation of the QEUH campus and the partnership developments with the university. The age profile of the estate has improved, with a reduction of 12%. (since 2011) in buildings which are more than 30 years old. The service changes which affect Inverclyde Royal Hospital and the Royal Alexandra Hospital, coupled with significant backlog maintenance liability, have driven the need for a focused piece of work to maximise the opportunities to develop services in the Clyde area. This will be done in partnership with local HSCPs and the communities they serve. The MFT blueprint provides the opportunity to develop a future model of healthcare that is sustainable and high quality.

The GRI is the other hospital with significant infrastructure challenges in the medium term and older buildings on the site. Approximately 50% (448) of the total beds on the GRI site are within the 30 wards in the Castle Street buildings which date back 125 years and are now the oldest hospital buildings in Scotland. 22 of these 30 wards have just one single room available on the ward. This can lead to limitations in the ability to effectively manage infection control and prevention, specialist treatment and the provision of compassionate end of life care. In addition many of the wards are 'nightingale' style which cause single sex challenges when aiming to maximise bed capacity for flow.

The main theatre suite in GRI (20 theatres) is within the QEB/Jubilee Building with theatres dating between 19-35 years. There are indications that we will need to upgrade these theatres in future years.

The ED department footprint was extended in 2001/2 and some further adjustments were made when Stobhill Hospital closed in 2011. The numbers of patients going through the department each day has risen over this time. For the assessment and treatment of 'major' patients there are just 19 cubicles; local analysis would indicate on any given day the service requires up to 38 cubicles to effectively manage patient flow.

Cubicles throughout the department have restricted space for today's equipment and treatment requirements, impacting on patient privacy.

Whilst options for future reconfiguration on the GRI site are limited, the recent demolition of the Mortuary and the old Lister Building provides opportunity to modernise accommodation whilst retaining an important NHS presence close to the city centre and in a locality with significant levels of deprivation in the local population. This could also provide opportunity to further develop the provision of complex cancer surgery on the GRI site.

18. Beatson West of Scotland Cancer Centre (BWOSCC)

BWOSCC is located on the Gartnavel Campus. In December 2016 the GGC Board noted the recommendations of the Beatson West of Scotland Cancer Centre Steering Group Review. This review recommended that the co-location of non-surgical oncology services with acute services including Critical Care, medical and surgical specialties should be pursued at the earliest opportunity.

The MFT Blueprint (June 2018) identified four options which should be subject to formal option appraisal:

1. (Status Quo) Tier α Cancer Centre on the GGH site with enhanced high acuity facilities and transfer arrangements to support maximisation of cancer treatment.
2. Tier α Cancer Centre on the GGH site and co-locate Tier β complex surgical services at GGH which generate the requirement for an onsite critical care facility, emergency theatre and OOH medical cover.

3. Co-locate Tier α Cancer Centre and Tier β surgical services at QEUH.
4. Co-locate Tier α Cancer Centre and Tier β surgical services at another acute site.

In the last five years additional support and investment has been made in services to support the Beatson. This support includes the establishment of a High Acuity Unit, development of referral pathways for Critical Care and deteriorating patients, investment in the acute physician model, respiratory services, cardiology and acute oncology at the QEUH. In addition, a more local model for delivering chemotherapy (through the SACT) strategy is being developed and cancer units will receive investment.

These changes and developments have driven a refreshed piece of work to revisit the original options to ascertain if they remain valid and what other possible solution or options are available to support the BWOBCC. This will lead to an option appraisal.

19. Institute of Neurological Sciences (INS)

The INS service is provided across a number of blocks at the QEUH: Neurosurgery, Neurology, Spinal Injuries Unit and Physical Disabilities Rehabilitation Unit (PDRU). Over the last 10 years GGC has invested significantly to address a range of replacement and development work to support the Institute. This includes the development of 4 theatres in the ICE Building, a new entrance, recladding and window upgrade, replacement of the link bridge, redevelopment of existing theatres and an infrastructure support programme. In spite of this, there remain infrastructure challenges, particularly in the Neurosurgical building.

Development plans for significant refurbishment works have begun, but it is clear that the scale and scope of works required to address backlog and infrastructure issues would necessitate a lengthy and substantive decant programme.

This would require a location to be found on the QEUH campus as most of the services provided at the INS require to be co-located with trauma and spinal services.

A business case for capital investment is required to look at options for providing this regional service. An option for inclusion in the appraisal is a rebuild of an agreed schedule of accommodation that achieves the necessary adjacencies. The costs and timescales for delivery of any options will be variable depending on finalising the INS services to be included, the availability of decant provisions and the consequent phasing.

20. Gartnavel General Hospital

Gartnavel General Hospital will play a key role in the shape of health and care service in GGC in the next five years. It is co-located with the Beatson West of Scotland Cancer Centre, and currently has both clinical and non-clinical vacant space.

This could facilitate a number of other priorities, but needs to be done in a way that develops the hospital as a high quality facility which will attract clinical staff and serve the GGC population as a key part of our secondary Care Services.

Gartnavel General currently has the following services:

- | | |
|-------------|---|
| Inpatients | - older people's medicine |
| | - older people's orthopaedic rehabilitation |
| | - medical |
| | - surgical (including ophthalmology) |
| Day Wards | - older people's day hospital |
| | - rheumatology |
| | - hepatitis |
| Outpatients | - diagnostics |
| | - dental |
| | - therapies |

- clinics
- day surgery

The site also has vacant wards, theatres and non-clinical areas.

Given the demands on estate across our Board area, there is a need to plan how to make the most effective use of the vacant areas. Current demands include:

- Beds to help address the elective programme challenges.
- Additional space requirements at QEUH for unscheduled care, trauma and stroke thrombectomy.
- Need for space for outpatient services currently at West Glasgow ACH site – orthopaedics, cardiology.

Gartnavel General could provide ambulatory clinical services, enhanced and complemented by a number of other services e.g. rehabilitation and older people's medicine and elective surgery to make effective use of vacant theatres. Development of the site in this way will positively impact on the Beatson WoSCC, with acute physicians being available on site.

Changes to Gartnavel General should address both accommodation challenges across GGC and also develop the hospital as rehabilitation, elective and ambulatory care site. It is proposed that two large clinical outpatient services from West Glasgow ACH are re-located to the site, moving existing general outpatients, orthopaedics and cardiology, to accommodate this. Capital investment associated with this programme of works will be in the region of £9m, and the work could be carried out in phases over 21 months.

Work is ongoing to identify the inpatient areas in the QEUH which do not need to be co-located with Trauma and ITU services. It is proposed that work commences now to upgrade a vacant ward floor in GGH in preparation for the completion of this work. Capital costs are expected to be circa £5m and this will make 52 beds available.

21. West Glasgow ACH (Yorkhill)

Following the move of children's services from Yorkhill to the new Royal Hospital for Children in 2015, the Board agreed that the site would be closed and decommissioned.

As a temporary position to support the completion of the ASR for adult services, a number of outpatients services from the Western Infirmary were located on the Yorkhill site, creating West Glasgow ACH, which also accommodates a high number of non-clinical services and offices. The cost of retaining this site adds a pressure of £3 million per annum to the acute budget, so vacating West Glasgow ACH has become a planning priority. A project group has been established to progress the programme.

Currently there are 22 outpatient services based on the WGACH site. It is proposed that 2 of the 3 large clinical services move to Gartnavel General as described in the Gartnavel section of this paper.

Work is currently underway to review the existing Board real-estate to determine if it is suitable for the remaining services. As part of this review the group has developed plans that would rehouse several of the services that remain on site;

- Orthopaedics – relocation site Gartnavel General Hospital.
- Cardiology – relocation site Gartnavel General Hospital.
- Diagnostics (imaging) – Gartnavel as part of Orthopaedic relocation.
- Dexa service (west catchment area) – Gartnavel General Hospital adjoining imaging.
- Pre Op service – relocation site Gartnavel General Hospital.
- Glasgow Weight Management service – relocation site Lightburn Hospital.
- Occupational Health Service – relocation site (old) Woodside Health Centre.
- Children's Mental Health Service (CAMHS) – relocation site (old) Woodside Health Centre.
- Douglas Inch Centre – relocation site Closeburn Street Clinic.

Plans to relocate the remaining clinical services are ongoing. The relocation of office staff and non-clinical support services is also part of the remit of the project group. The number of office based (non-clinical) staff that required rehousing was 596 and consisted of 22 teams. To date 277 staff have either been relocated or have a relocation site identified. The group are reviewing options to rehouse the remaining 319 staff. From the initial 6 non-clinical support services that required to be relocated, 2 have been allocated a new site with options for the remaining 4 being explored.

22. Financial Implications

The known financial implications of these priorities are noted in the preceding sections, and summarised in the table below. Many of the priorities have yet to be costed, and will go through national, regional and local business case processes.

	Funded		Unfunded	
	Revenue	Capital	Revenue	Capital
Costed Proposals				
Primary Care Improvement Programme	✓ £10.2m)			
Mental health (Action 15 funding)	✓ (£2.2m)			
Trauma (rising to £14.3m by 23/24)	✓			✓
Vacating West Glasgow ACH				✓ (£9m)
Garthnavel ward areas (52 beds)				✓ (£5m)
SACT			✓ (1.9m)	✓ (£1m)
Dedicated MIU space at GRI and QEUH				✓ (£1m)
North East Hub	✓ (47m)			
In Development				
INS Infrastructure				✓
Urgent Care Resource Hub	✓		✓	
Public messaging		✓		
Scoping				
Infrastructure – Clyde and GRI				✓
Other hubs				✓
Meeting unscheduled care demands			✓	✓
Addressing the elective challenge			✓	✓
Beatson				✓

23. Conclusion

This paper describes the complex planning landscape within which health and care services are delivered. Moving Forward Together provides direction and a framework for our services, but this will be influenced and shaped by some of the immediate demands and pressures facing us. Given the constraints on both capital and revenue funding, we need to establish a phased approach.

Our three immediate priorities are:

1. To address the increasing demand for unscheduled care services.
2. To meet our elective waiting time commitments.
3. To implement the GGC elements of the West of Scotland trauma network.

These priorities drive us to identify ward and associated theatre and staff capacity.

Simultaneously, we need to develop the business case for the replacement/upgrade of the INS and to map out the further work required to develop the other priorities. Following that, further prioritisation will be required to ensure that our limited resources are best utilised.



To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Officer

Heading: NHSGGC Transformational Change Programme: Sexual Health Services Implementation Plan

1. Summary

- 1.1. As part of the Transformational Change Programme for Sexual Health services, a new service model is proposed which will provide services in a tiered way with routine, scheduled and unscheduled, urgent and complex, and highly specialist services being provided in the tiers. The current Renfrewshire sexual health service will be developed into a tier 2 service providing routine scheduled, emergency and urgent care on 5 full days each week with enhanced staffing levels. The new tier 2 model of service will be established in the current Paisley location. A Young people evening service will be provided from a suitable location, to be agreed with our HSCP partners.
- 1.2. The proposed changes outlined in this paper will begin to be put in place from January 2020.

2. Recommendation

It is recommended that the IJB:

- Note the proposed timescale for implementation of the service changes as part of the new service model.

3. Background

- 3.1 The plan for the next 3 years to remodel sexual health services in Greater Glasgow and Clyde (GGC) is set out in the Transformational Change Programme – Sexual Health Services (March 2018) which has been endorsed through engagement with our partners and with the public, and was approved by Glasgow City Integrated Joint Board (IJB) in March 2018.
- 3.2 The objectives of the Transformational Change Service Review were to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways
- Encourage those who could be self-managing to be supported differently
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.

4. Key Service Improvements

4.1 Key service improvements which will be delivered as a result of the Service Review are:

- Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people.
- An improved model of service for adults allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
- People will be able to virtually attend services and access sexually transmitted infection (STI) testing.
- Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations.
- Improved access to oral hormonal contraception at some community pharmacies throughout Glasgow
- Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support Workers for people without symptoms) across all Sandyford locations.
- Quicker and easier telephone booking and access, and a comprehensive online booking system introduced.

4.2 A full and detailed paper on the Transformational Change Programme – Sexual Health Services Implementation Plan is being presented to Glasgow City IJB in November 2019 for approval, and can be sent to Renfrewshire IJB thereafter.

5. Future Service Model

5.1 The Transformational Change Programme has recommended that the future service model should comprise of 3 tiers of service provision for clients who need to see specialist sexual health services:

- **Tier 3** - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West
- **Tier 2** – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in

Renfrewshire and Glasgow North West, Glasgow South and Glasgow North East. The South and North East services will also integrate tier 1 services to establish a more comprehensive service provision including evenings.

- **Tier 1** - smaller, local services which will offer routine scheduled and emergency care; located in East Renfrewshire, Inverclyde, West Dunbartonshire, East Dunbartonshire and Glasgow city
- **Young people's services** for those aged up to 18 (and older if care experienced) will be improved to allow easier access to services designed for and with them, and better outcomes for those young people. We will provide routine and emergency care in early evening sessions for young people across all HSCP areas, and will work in partnership to develop these. Over time some of these services may be delivered by appropriately trained staff from within the HSCPs.
- **Online services** will support people with simpler and more straightforward clinical needs to navigate access to the services they need in a timely manner. People who ordinarily use Sandyford services for routine STI tests will be able to access this online as a fully integrated service to ensure a seamless and fast-tracked pathway for people who need treatment and/or follow up. This online service will be established initially as a demonstration project for people living in East Renfrewshire and East Dunbartonshire as well as in Castlemilk, Drumchapel, Springburn, Pollok and Easterhouse. Testing the service in these areas for 12 months will also allow further assessment of the physical service provision in other areas.

6. Changes to Services in Renfrewshire

- 6.1 The current service in Renfrewshire is provided over 4.5 days from the Clinic in New Sneddon Street, Paisley. This service will be developed into a tier 2 service, providing routine scheduled, emergency and urgent care on 5 full days each week, with enhanced nursing staffing levels. In line with the development of a tier 3 service in Glasgow with the centralisation of all specialist services, there will be no medical staff providing clinics in Paisley. The new service will have Advanced Nurse Practitioner leadership each day, and access to senior clinical decision making and support and specialist advice from the tier 3 service.
- 6.2 An evening service for Young People will be provided from a suitable and accessible location, to be agreed with HSCP partners.
- 6.3 The proposed service changes will begin to be put in place from January 2020.

7. Consultation and Partnership Working

- 7.1 Glasgow City have engaged with Renfrewshire HSCP about the service changes in the local area and have met to discuss the specific service model and the development of the current service into a tier 2 service with increased service provision and enhanced staffing.

- 7.2 Development of the Implementation Plan for the Transformational Change Service Review has had multi-partner and multi-agency involvement. Staff Partnership Forum has been represented on the Implementation Board and Sandyford staff have been involved and informed. We have engaged in discussions with partners in all HSCPs in GGC in order to agree the number and locations of future tier 1 and tier 2 services. These discussions are ongoing and in some cases will continue throughout the life of this Implementation Plan to determine the exact shape of the future Sexual Health service. We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff.
- 7.3 A public engagement process was undertaken between 5th August and 13th September 2019. We worked with Glasgow city HSCP and the Scottish Health Council to develop the public engagement in order to gather views on our proposals from a wide range of stakeholders including service users, members of the public, partner organisations, staff, and other interested parties. The engagement process included the following:
- A summary document outlining the proposals was available as a pdf online on the HSCP and sexual health websites and via Sandyford Twitter, and printed copies were available in all Sandyford services (1500 printed).
 - A short animation was developed, highlighting the proposals of the summary document in a more accessible format.
 - Feedback was sought via a short online survey and also available in paper copies with prepaid envelopes to support returns.
 - Electronic copies of the summary were emailed to 3000 Sandyford service users, 180 voluntary sector and community groups, NHS and partner organisations, and to Sandyford staff
 - Face to face briefing meetings were held with local groups and forums on request.
- 7.4 Conclusions of the Engagement
- There was a good level of engagement with the online survey from the public, staff and other professionals
 - Most respondents were positive about the proposed service changes with the public viewing the overall proposals more positively than staff
 - Measures to facilitate faster and easier access to the service were well received and many reported frustrations at the current service access barriers
 - There is a high level of support for some of the innovative approaches and service provision elements
 - The online booking facility is more important to public whilst still rating high for staff and others
 - There is some concern about people needing to travel further to access service especially from staff in a range of services. Alongside

- this sits concern about relocating services from some of the areas in Glasgow City, especially from areas of deprivation.
- There was a good level of engagement with young people in a separate survey
 - 91% of respondents (YP) said the proposed opening times 3.30-7.30 pm were ok for them
 - Overall, the majority of respondents (YP) considered the proposed location of the young people's clinic, within their locality, to be acceptable.
- 7.5 Further engagement and evaluation will take place throughout the life of the Implementation Plan and will focus on issues including:
- Service user confidence and satisfaction with new services
 - Staff/professional confidence and satisfaction with new ways of working
 - Primary Care and other Partners' confidence and satisfaction with new services
 - Equity
 - A shift of non-complex work away from most senior specialist clinicians
 - Impacts on the wider healthcare system
 - any emerging issues which could be addressed in the short term and/or any major issues or risks which may impact on long term implementation
- 7.6 We will also carry out a marketing engagement exercise to establish the new names of the tiered services that are recognisable and meaningful to service users, partners and professional colleagues, staff and the public.

Implications of the Report

1. **Financial** – There are no financial implications for Renfrewshire HSCP. Transitional funding will be required to establish the online service, however this will be found from the overall financial framework
2. **HR & Organisational Development** – there are no HR & Organisational Development implications for Renfrewshire HSCP
3. **Community Planning** – there are no Community Planning implications for Renfrewshire HSCP
4. **Legal** – there are no legal implications for Renfrewshire HSCP
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – there are no Information Technology implications for Renfrewshire HSCP
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** – there are no Health & Safety implications for Renfrewshire HSCP
 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – None.
 11. **Privacy Impact** – n/a.
-

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To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Officer

Heading: Rapid Rehousing Transition Plan for Renfrewshire 2019-2024

1. Summary

- 1.1. In July 2018, the Scottish Government issued guidance to local authorities on the production of Rapid Rehousing Transition Plans (RRTP). The five year plans are required to demonstrate how local authorities and partners will ensure that those who are homeless are provided with a settled housing option as quickly as possible and therefore minimising the use of temporary accommodation.
- 1.2. As a result, Renfrewshire Health and Social Care Partnership (HSCP) has worked in partnership with Renfrewshire Council and representatives from the Renfrewshire Homelessness Partnership to develop the Rapid Rehousing Transition Plan for Renfrewshire 2019-2024, as detailed in Appendix 1.
- 1.3. Following this, the inaugural meeting of Renfrewshire's RRTP steering group met on 15 October 2019. The Group's membership is composed of social housing providers in Renfrewshire, Renfrewshire HSCP and Renfrewshire Council Homelessness and Housing Support Services.
- 1.4. Renfrewshire HSCP will continue to support the work of the Renfrewshire Homelessness Partnership and the implementation of the Rapid Rehousing Transition action plan with a focus on improving the health and wellbeing of all service users.

2. Recommendation

It is recommended that the IJB:

- Continues to support the work of Renfrewshire Homelessness Partnership; and
- Endorses the Rapid Rehousing Plan for Renfrewshire 2019 – 2024.

3. Background

- 3.1. In October 2017, the Scottish Government established the Homelessness Rough Sleeping Action Group (HARSAG) to advise and recommend to Scottish Government Ministers the actions and solutions

needed to eradicate rough sleeping and transform the use of temporary accommodation in Scotland.

HARSAG also advised Ministers on how to ensure the recommendations are successfully implemented to secure rapid change and improvement towards the Government's goals.

- 3.2 The final HARSAG report 'Ending Homelessness in Scotland' was published in June 2018, setting out 70 detailed recommendations which form the basis of a whole system approach where prevention is always prioritised, and where homelessness does occur, all parts of the public sector collaborate to enable fast access to settled accommodation with person-centred support to enable housing sustainment.

The Scottish Government accepted the recommendations of HARSAG, including the recommendation that every local authority in Scotland should develop a Rapid Rehousing Transition Plan setting out how a housing-led approach to ending homelessness will be achieved locally.

The plan should document a 5-year transition to securing settled housing for all homeless households as quickly as possible, with the right support in place to enable successful housing sustainment. As a result, the use of temporary accommodation will be minimised. To support this, the Scottish Government provided national guidance and a planning and implementation framework to enable local authorities and their partners to plan the transition to rapid rehousing.

- 3.3 In July 2019, the Scottish Government announced an additional £9 million of funding for local authorities to prevent homelessness and help people into more permanent accommodation. The investment increased the local authority funding being provided for Rapid Rehousing from £15 million to £24 million over three years.

At the present time, the Scottish Government are currently reviewing all RRTP submissions made by local authorities, and it has been agreed with Cosla meantime that funding for 2019/20 only will be allocated using a formula based distribution model based on a 3 year average of homelessness assessments rather than on full evaluations of RRTP's. As a result, Renfrewshire Council has now been awarded £186,000 for the implementation of rapid rehousing related initiatives during 2019/20.

In line with the Scottish Government guidance on RRTP's, the funding will be utilised to upscale the Housing First approach and ensure that those who are homeless are provided with settled housing. As a result, there will be a number of homeless applicants who will receive 'wraparound' support and resettlement assistance will be provided for those moving from temporary accommodation to settled tenancies.

4. Implications for Renfrewshire Health and Social Care Partnership

- 4.1 Renfrewshire HSCP continues to be an active and key partner in the Renfrewshire Homelessness Partnership and also meets on a bi-monthly basis at the joint strategic officers group to review: high level issues; individual cases and ensure early intervention is in place.

- 4.2 The HSCP will support the implementation of the action plan with a specific focus on improving the health and wellbeing of all users of the homeless service.
-

Implications of the Report

1. **Financial** – Renfrewshire Council has been awarded £186,000 for the implementation of rapid rehousing related initiatives during 2019/20
 2. **HR & Organisational Development** – n/a
 3. **Community Planning** – The vision for our Community Plan is: "working together to make Renfrewshire a fairer, more inclusive place where all our people, communities and businesses thrive". The Rapid Rehousing Transition Plan 2019 -2024 supports the community planning priority that "Our Renfrewshire is well: supporting the wellness and resilience of our citizens and communities".
 4. **Legal** – n/a
 5. **Property/Assets** – property remains in the ownership of the parent bodies.
 6. **Information Technology** – n/a
 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** – n/a
 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – None.
 11. **Privacy Impact** – n/a.
-

List of Background Papers

- Overview of the HARSAG <https://www.gov.scot/groups/homelessness-and-rough-sleeping-action-group/>
 - Scottish Government Ending homelessness and rough sleeping action plan - <https://www.gov.scot/publications/ending-homelessness-together-high-level-action-plan/>
-

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2019-2024

Rapid Re-housing Transition Plan for Renfrewshire

Updated – August 2019

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1. Executive Summary

The Homelessness & Rough Sleeping Action Group (HARSAG) was established by the Scottish Government in October 2017.

One of the key recommendations made by HARSAG, which has been accepted by the Scottish Government, is that each local authority should, in consultation with partners, develop a 5-year Rapid Re-housing Transition Plan (RRTP).

This draft RRTP for Renfrewshire has been produced in line with Guidance published in June 2018. An action plan encompassing the various RRTP proposals for Renfrewshire is included in section 8.

Extensive consultation was carried out with our partners, including service users and those with lived experience of homelessness, and our Plan fits in with the vision outlined in the Guidance, which is:

Where homelessness cannot be prevented, rapid re-housing means:

- a settled mainstream housing outcome as quickly as possible,
- time spent in any form of temporary accommodation is reduced to a minimum,
- when temporary accommodation is needed, the optimum type is mainstream, furnished and within a community.

In the development and implementation of RRTP's, it is acknowledged that for people with multiple needs beyond housing, responses such as the use of **Housing First** recognises that a safe and secure home is the best base for recovery.

We already have our own **Housing First Renfrewshire** project in place, as well as an in-house **Tenancy Resettlement Service** for those with lower support needs, and the up-scaling of these services figures heavily within our Plan. Both are covered in detail within section 7.

We commissioned Glasgow Homelessness Network, and Indigo House to carry out validation checks on this Draft Plan and associated toolkit, and thank them for their input.

2 Consultation Arrangements

This section provides an overview of the consultation arrangements which were put in place as part of the process for the development of Renfrewshire's RRTP, and the responses received.

Briefings on RRTP's and the associated Guidance were provided to the Renfrewshire Homelessness Partnership, Alcohol & Drug Partnership, Adult Protection Committee, Health & Social Care Partnership, Housing Providers Forum, local Housing Managers and Homeless Services staff, and the Community Justice Steering Group between July and October 2018. Separate arrangements were made to ensure existing Council tenants were also consulted via the Forum of Registered Tenants Organisations, and an article published in the newsletter produced by Renfrewshire Council and sent to every Council tenant.

A number of key priority areas emerged following an analysis of our homeless statistics and performance and were explored further during the early briefings with partners.

These priorities ranged from increasing the number / proportion of lets to those who were homeless and an up-scaling of our successful Housing First Renfrewshire programme, to enhancing 'resettlement assistance', and rolling out existing projects such as Keys to Learn and Impact Arts 'Make it Your Own' to more service users.

In October 2018, the Head of Planning and Housing Services circulated a consultation paper on these headings / priorities to a range of partners seeking their views.

Fig 1 – Comments were requested from partners on the following emerging priorities:

- Increase in the number/proportion of lets to homeless applicants
- Housing First Renfrewshire
- Resettlement assistance for new tenants
- Rough-sleeping
- Shared living / tenancies
- Homelessness and prison leavers, victims of domestic abuse, and those leaving the armed forces
- Homelessness and those leaving 'Throughcare'
- The extension of services currently provided e.g. Keys to Learn; Family Mediation and Impact Arts 'Make it Your Own'

Forty four partners were contacted in total, representing a broad range of services and organisations operating within Renfrewshire that have involvement with homelessness and related issues.

Responses were received from the following organisations/services:

- Paisley Housing Association,
- Linstone Housing Association,
- Sanctuary Housing Association,
- Blue Triangle Housing Association,
- Link Housing Association,
- Turning Point Scotland,
- Community Justice, Renfrewshire,
- Renfrewshire Health and Social Care Partnership (3 separate responses)
- Communities, Housing and Planning Services, Renfrewshire Council

Conclusion on consultation with partners

Considerable time was spent between July and October to brief a wide range of partners on the move to rapid re-housing for homeless applicants.

Overall, the responses subsequently received from partner organisations and services were very positive and generally supportive of tackling the “emerging priorities” listed in fig 1 on the previous page.

The responses and proposals have been considered for further development and reflected in this Rapid Rehousing Transition Plan (see Sections 7 and 8).

Consultation with Service Users

We were keen to hear the thoughts and opinions of service users in order to inform our RRTT.

To obtain representative views from a range of people who are, or have been, homeless the following methods were used:

- a questionnaire for people currently living in our **staffed accommodation**.
- a focus group with people who are currently homeless and living in **supported accommodation**.
- a focus group with people who **have been homeless within the last year and have moved into their own permanent tenancy**.

What did Service Users say?

A questionnaire was completed by 20 out of a potential 31 service users within our staffed accommodation, which generally accommodates those with medium support needs:

- Everyone who responded believed that it was a positive thing that people spent less time in temporary homeless accommodation.
- 90% of service users stated that they would like help to set up their homes with furniture, utilities etc. when they first move into their new home.
- 95% stated that they **would** know where to go in the future if they were having problems in their tenancy.

The 2 focus groups were attended by 11 people with lived experience of homelessness in Renfrewshire, most of whom had previously been, or were currently, living in supported accommodation.

The following common themes emerged:

- All of the people who had received our in-house Tenancy Resettlement Service (see 7.4) believed that it was helpful and took much of the stress out of moving into their settled accommodation.

“If it is wasn’t for my Tenancy Resettlement worker, I would have lost my house” (Comment from service user, November 2018)
- All of the people in the group who had not yet moved out of temporary accommodation believed it would be useful to be able to access resettlement assistance.
- Both groups were clear that the location of any offer they received was likely to be essential to them sustaining their tenancy.
- Both groups identified that the amount of time spent in supported accommodation was dependent on the needs of the individual. It was felt that whilst it was important that no-one who accessed supported accommodation got ‘stuck in this service’, they should have a degree of control over when they can move on.

The point was made that ‘different people have different needs’.



Consultation session with service users – November 2018

This consultation with partners and service users has informed the proposals outlined in section 7 of this RRTP, and our Action Plan at Section 8.

Before that however, an analysis of the housing market and homelessness in Renfrewshire as well as a review of temporary accommodation provision and an assessment of support needs is provided in sections 3 – 6, as required by the RRTP Guidance.

3 The Housing Market in Renfrewshire

3.1 Housing Need and Demand

Over 77%¹ of all homeless applications made in Renfrewshire in 2017/18 were received from single person households. The delivery of new affordable housing in Renfrewshire through the Affordable Housing Supply Programme, should positively contribute directly and indirectly in meeting the housing needs of homeless people through allowing for greater movement within the social rented sector. The increased supply of affordable new build family homes will provide opportunities for overcrowded households to move into larger sized properties, releasing smaller sized homes to meet the housing needs of smaller sized households.

- 3.2 The Housing Need and Demand Assessment 2 (HNDA2), undertaken by the Glasgow and Clyde Valley Strategic Housing Market Partnership considered the existing and projected stock base across all tenures, demographic trends, the number of people with a current housing need and the requirement to accommodate newly forming households. It produced estimates that there was a need for an additional **140** social and below market rent homes for each year between 2012 and 2029 in Renfrewshire.
- 3.3 The estimates from HNDA2, supported with findings from a research study on the housing system in Renfrewshire, helped to inform the affordable Housing Supply Targets for Renfrewshire which are included in the Local Housing Strategy 2016-21:
 - **2,500** private homes and
 - **1,000** affordable homes over the 5 years to 2021.
- 3.4 The new Renfrewshire Strategic Housing Investment Plan (SHIP) 2019/20 - 2023/2024, sets out the investment priorities to meet the target of delivering **1,000** new affordable homes within the 5 year period to 2021. The SHIP places an emphasis on redressing the stock imbalance in Renfrewshire (Council stock is approximately 79% flats and 21% houses), through the building of 'back and front' door homes. This will increase housing choice, in terms of house type and size, within the affordable housing sector.
- 3.5 Funding allocations (Resource Planning Assumptions) from the Scottish Government to support the delivery of the Affordable Housing Supply Programme are only known until 2020/21. Stakeholder engagement and

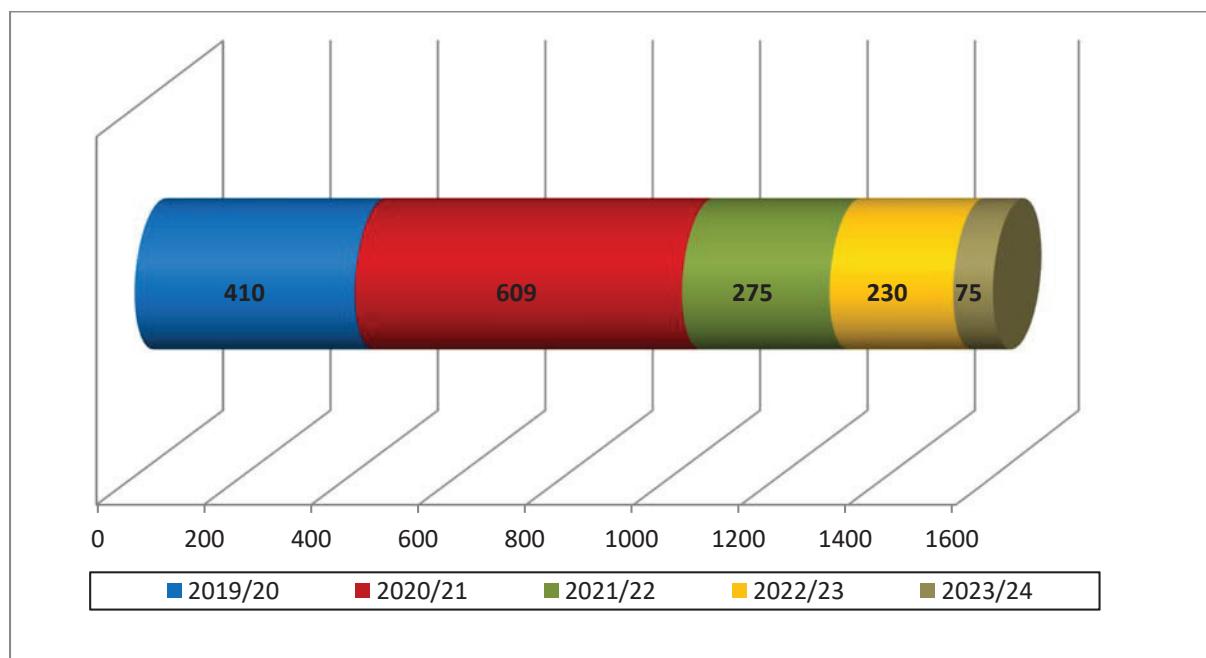
¹ Scottish Government Annual Homelessness Report for Renfrewshire 2017/18

discussions at a Ministerial level are ongoing to determine future funding arrangements post 2021.

- 3.6** Affordable housing completions for the five year period 2019/20 to 2023/24 will progress based on known allocation to 2020/21 with an assumption that funding will continue to be made available to support the Affordable Housing Supply Programme post 2021. The estimated affordable housing completions for the period 2019/20 - 2023/24 are shown in the table below.

Estimated Affordable Housing Completions delivered through the Affordable Housing Supply Programme in the 5 year period 2019/20 – 2023/24

It is estimated that there will be 1,599 affordable completions over the five year period 2019/20 to 2023/24 with the following annual completions predicted:



Renfrewshire Strategic Housing Investment Plan 2019/20 – 2023/24

3.7 Average private rented sector monthly costs relative to the Local Housing Allowance

Scottish House Condition Survey Estimates (2014 - 2016) indicate that the proportion of people living in the private rented sector in Renfrewshire doubled from 5% of all properties in 2008 - 2010, to 10% in 2014 - 2016. Privately owned homes account for 64% of all properties located in the Council's area, with socially rented properties accounting for 26%.

- 3.8** The table below shows ranges of private rented sector rents in Renfrewshire as at April 2018, broken down into average, median and lower quartile rent levels set against Local Housing Allowance rates for different property sizes. The

figures indicate the potential affordability issues faced by those dependent on the Local Housing Allowance to meet rental costs - e.g. Local Housing Allowance for a one bedroom property is £322.20, with a shortfall of £47.80 per month, when looking at **average** rental costs - the average monthly rent for a one bedroom privately rented property across Renfrewshire in April 2018 was £370.00. The rent for a similar sized Council owned property is around £240.00.

Renfrewshire Private Rented Sector Rents – April 2018

One Bed	Two Bed	Three Bed	Four Bed
Local Housing Allowance Rate			
£322.20	£406.16	£501.68	£763.20

2018 Rent											
Average	Median	Lower Quart	Average	Median	Lower Quart	Average	Median	Lower Quart	Average	Median	Lower Quart
£370	£360	£325	£522	£495	£450	£662	£650	£513	£1,199	£1,125	£1,015

Based on 296 Private Sector Rents taken from Rightmove – April 2018

- 3.9** The **lower quartile** monthly rent for a one bedroom property in April 2018 was £325.00, which is potentially more affordable for those on lower incomes. As Local Housing Allowance is aimed at meeting housing need at the lower end of the rental market, privately rented properties with rents in the lower quartile, tend to be situated in areas of lower demand.
- 3.10** Where families require larger properties, financial shortfalls are considerably higher, making access to the private rented sector unaffordable for those dependent on Local Housing Allowance. The impact of recent welfare reform changes has contributed greatly to private sector properties being less affordable for homeless applicants.
- 3.11** Single people under 35 years of age seeking a private rented sector home and dependent on Local Housing Allowance, are entitled to a shared property Local Housing Allowance 4 weekly rate (£240.00). They would need to identify a 'flatmate' which would allow for a combined Local Housing Allowance every 4 weeks, with both parties required to make up the rental shortfall. While the formation of "combined" households may assist in widening tenure choice and in reducing overall housing costs, these relationships can be difficult for young

homeless people to establish and sustain in the longer term without structured support.

This is discussed in more detail in section 7.6 of this RRTP.

3.12 The majority of letting agents and landlords operating within the Renfrewshire area seek cash deposits and rental payments in advance from prospective tenants, as well as the provision of references or named guarantors. These requirements make it more difficult for vulnerable homeless people with limited financial incomes to access housing in the private rented sector. The Council operates a Deposit Guarantee Scheme in partnership with some private sector landlords, which offers a “bond” in place of a cash deposit to private landlords to assist homeless clients secure a tenancy. This initiative is aimed at those who may otherwise not have the financial means to secure a property in the private rented sector. The successful operation of this scheme requires ‘buy in’ from letting agents and landlords but unfortunately not all are willing to participate.

3.13 The Deposit Guarantee Scheme positively contributes to the prevention of homelessness in Renfrewshire. Of all clients assisted through the scheme in 2017/18, 96% stated they were “very satisfied” and 4% said they were “satisfied” with the quality of service that they had received when participating in the scheme.

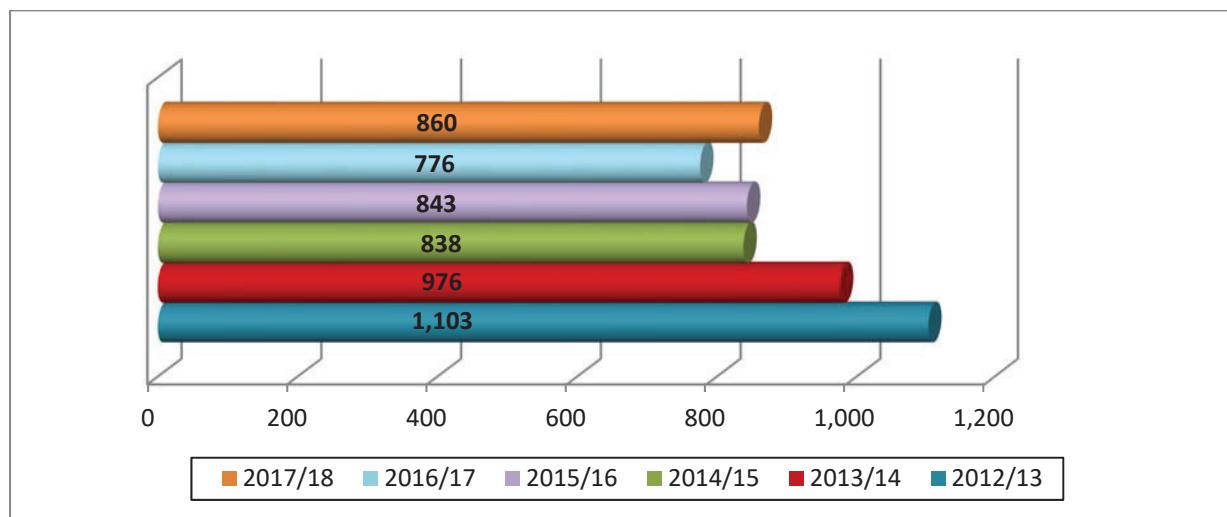
4. Homelessness in Renfrewshire

Homelessness Context

- 4.1 Over the last five years there has been a decrease in the number of households making a homeless application in Renfrewshire. **Table 1** below shows the predominantly downward trend in applications received, from the 1,103 applications received in 2012/13 to the 860 applications received in 2017/18. This may be attributable, to a degree, to the impact of “Housing Options” and homeless prevention related activity.

Whilst the number of homeless applications received in 2017/18 increased to 860 from 776 applications the previous year, the number of applications from April - December 2018 is such that it is anticipated that the level of applications in future years is unlikely to vary greatly from the 2017/18 figure of 860 – and may reduce if the range of proposals detailed later in this RRTP are able to be implemented.

Table 1: Number of Applications made under Homeless Persons legislation in Renfrewshire



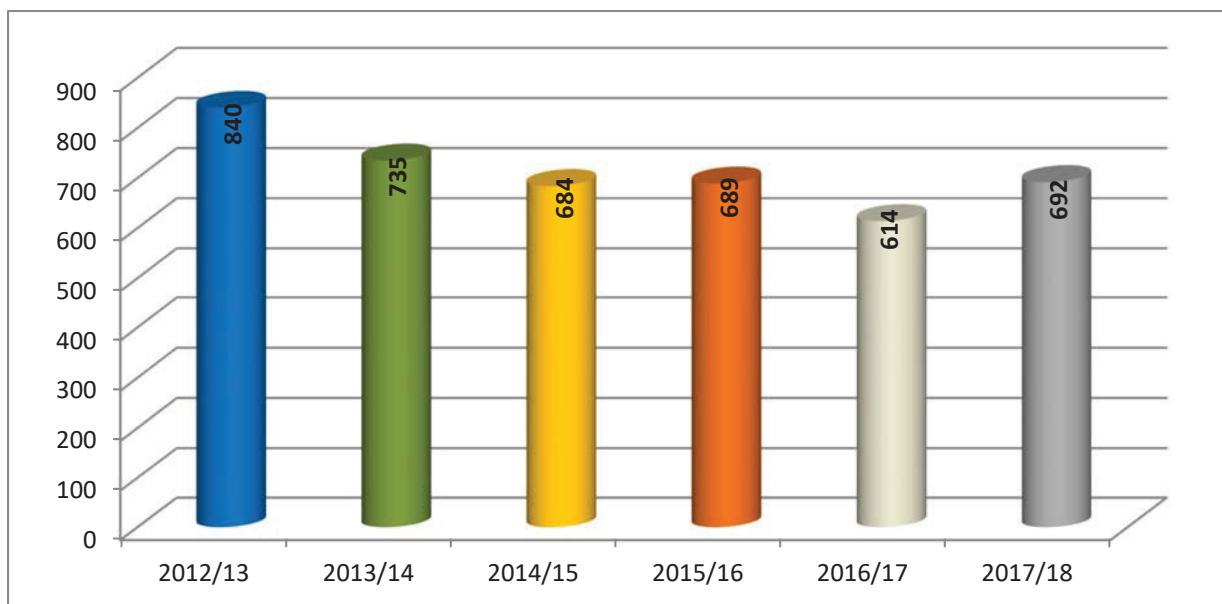
Source: Scottish Government Homelessness in Scotland 2017/18 Table 1

- 4.2 **Table 2** below shows the number of applications which are subsequently assessed as homeless or threatened with homelessness, and reflects a similar downward trend to the number of homeless applications received, with a year on year reduction in applications between 2012/13 to 2016/17, with the exception of 2015/16, when there was a very small increase.

In 2017/18, the number of assessments increased to 692.

On average, around 80% of households who make a homeless application in Renfrewshire are assessed as statutorily homeless.

Table 2: Number of Applications Assessed as Homeless or Threatened with Homelessness (figures includes those assessed as intentionally homeless)



Source: Scottish Government Homelessness in Scotland 2017/18 Table 13

- 4.3 The Scottish Government Annual Report for Renfrewshire, shows there were 349 “live” homeless cases recorded as at 31 March 2018 – a slight increase from the 340 “live” cases recorded at the end of March 2017. It is anticipated that this figure will decrease in the next few years if the proposed measures contained within this RRTP are implemented.
- 4.4 In 2017/18, the Council assessed 96% of homeless applications within four weeks, which is higher than the national average of 87%.
- 4.5 The average length of time for the Council to discharge duty in 2017/18 was 24 weeks, which is considerably below the Scottish average. See section 7 for details on the range of actions identified in this RRTP which aim to reduce this figure further.
- 4.6 There is no evidence to suggest that the issue with known rough-sleeping in Renfrewshire is significant, nor is it increasing. We do wish however to further develop the support offered to those in crisis, and the range of assistance we already provide (see 7.5).
- 4.7 The proportion of homeless applicants who gave the reason for their application as discharge from prison was 10%² of all homeless applications made in Renfrewshire in 2017/18. This figure is higher than the national average of 5.3% and has been consistently higher over the last 5 years. Again actions to address this issue have been identified in the Action Plan.

² Scottish Government Report on Homeless Applications where reason for application was discharge from prison:2018

4.8 In 2017/18, around 4%³ of homeless applications were made by people who identified that they had previously been looked after as a child by the local authority – 27 people advised they had been looked after within the last 5 years while 16 said they had been looked after more than 5 years ago.

Actions to ensure support and prevent homelessness for people living in Throughcare are covered in 7.12, and have similarly been included later in the Action Plan.

4.9 In 2006, 17% of the 214 Renfrewshire data zones were in the 15% most deprived areas of Scotland. This has increased to 21% in 2016.⁴ Research from Heriot Watt University indicates that the prevalence rate for severe and multiple disadvantage in Renfrewshire is 1.4 per 1000 of population, while the proportion for homeless people is higher at 4.7 per 1000 of population.⁵

4.10 As at 31 March 2018,⁶ 200 households were recorded as living in temporary accommodation. Temporary accommodation in Renfrewshire can be categorised as follows:

- Local authority owned furnished flats;
- RSL owned furnished flats;
- Local authority owned supported;
- RSL owned supported;
- Local authority staffed,
- private sector leased, and
- bed and breakfast.

Detailed analysis of our use of temporary accommodation is covered in section 5.

Table 3, below, shows that over the last 10 years, the number of households living in temporary accommodation peaked in 2009 when 230 households were accommodated in temporary accommodation, the lowest number was recorded in March 2016 with 173 households in temporary accommodation.

It is not anticipated that demand for temporary accommodation will increase further in the coming years, with a potential for demand to decrease if the proposals detailed in Section 8 are able to be implemented and deliver the anticipated outputs.

³ Scottish Government Annual Report for Renfrewshire 2017/18

⁴ Following a review of data zone boundaries prior to 2016, the number of data zones in Renfrewshire increased to 225 from 214.

⁵ Developing a Profile of Severe &Multiple Disadvantage in Scotland Draft V2, 2018: Heriot Watt University

⁶ Scottish Government HL3 Quarterly Report for Renfrewshire 31 March 2018

Table 3: Number of Households by Temporary Accommodation Type at year end from 31st March 2008 to 31st March 2018

Total Households Living in Temporary Accommodation at 31 st March in each Year											
Type	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
LA and RSL furnished flats	85	151	154	155	154	151	137	132	126	146	145
LA (Other)	68	54	51	40	46	47	42	44	47	51	55
Bed & Breakfast	33	25	3	5	7	7	-	-	-	-	-
Total	186	230	208	208	207	205	179	176	173	197	200

Source: Scottish Government HL3 Report 2018; * Furnished Flats

4.11 Table 4, below, sets out the average length of stay (in days) for differing types of temporary accommodation in 2016/17 and 2017/18.

Table 4: Average Length of Stay in Different Types of Temporary Accommodation



Source: Annual Return on the Charter (ARC) 2016/17 and 2017/18

Between 2016/17 and 2017/18, the average length of stay in temporary accommodation for households who occupied Local Authority and Registered Social Landlord owned furnished flats, increased slightly from 82 days to 85 days, and from 102 days to 113 days respectively.

There was a significant increase in the length of time people stayed in the category “Temporary or Emergency (Other)” accommodation from 112 days in 2016/17 to 148 days in 2017/18. This category includes supported

accommodation for young people with complex needs; supported accommodation for adults and staffed emergency accommodation units.

The main reason for the increase in length of stay for households in furnished flats and Temporary or Emergency accommodation (other), was lack of availability of suitable permanent properties that matched applicants' size requirements and area preferences.

Lets to homeless applicants

- 4.12** In 2017/18, a total of 425 lets were made to statutory homeless households in the social rented sector, with 20 lets made to homeless households in the private rented sector. In 2017/18, the proportion of Council lets to statutory homeless households was 32%, the comparative figure for the RSL sector was 19%. This is below the Scottish average, as was the case in 2016/17.
- 4.13** The toolkit provided along with the RRTP Guidance has been completed in accordance with the directions given, and this suggests that there should be an increase of 201 lets to homeless applicants each year for the duration of the 5 year RRTP.
- 4.14** Given that there were 425 social rented lets to homeless applicants in 2017/18, we cannot envisage that the Council and RSL partners will be in a position to make such a significant increase, particularly in year 1. There needs to be an appreciation of the difficulties in matching homeless applicants, who are predominantly single person households, to the properties which become vacant, the majority of which are larger than 1 bedroom.
- 4.15** The consultation with partners on rapid re-housing made it clear that there was an appreciation that there could / should be an increase in the number / proportion of lets from the Council and RSL's which is balanced, and can be complemented by an associated up-scaling in support, resettlement assistance, and related initiatives.
- 4.16** Sections 7 and 8 set out how we propose to address both the backlog and new demand, through the provision of settled accommodation with appropriate support and assistance to meet the different housing needs of homeless people in Renfrewshire.
- 4.17** Bed and breakfast is only ever used as temporary accommodation for homeless people in exceptional circumstances. However, on occasions, due to shortages of available permanent accommodation, "bottlenecks" can occur when trying to secure settled housing for people staying in temporary

accommodation.

Issues in terms of the availability of suitable sized housing stock has the impact of people remaining in temporary accommodation for longer periods.

Where this happens, Bed and Breakfast accommodation has had to be used in emergencies to accommodate new homeless applicants. In 2017/18, the average length of stay where this occurred was only 2 days.

- 4.18** There have however been no Breaches of the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014, recorded in Renfrewshire.

Homeless Services in Renfrewshire

- 4.19** The Housing Options and Homeless Service based at Abercorn Street, Paisley provides high quality housing advice, assistance and support to anyone in housing need, particularly those who are homeless or threatened with homelessness.

The service is also provided from our George Street Service, and both offices are accessible, near the town centre and within easy access by public transport. The services can be accessed in person, by phone or email, with arrangements being made to meet service users at other Council offices or at their current address if required.

A team of Housing Options Advisers deal with service users on a daily basis, with no appointments necessary.

Renfrewshire was the first Scottish local authority to fund a Housing First service, which is delivered in partnership with Turning Point Scotland – see 7.2.

Starter-packs are provided for all our homeless applicants when moving into settled accommodation, and have proved to be an effective measure in helping new tenancies start well.

An in-house stand-by service is provided which ensures that anyone becoming homeless in Renfrewshire out with office hours can speak to a member of staff, and be directly admitted to temporary accommodation, if required.

Renfrewshire Homelessness Partnership



4.20 A Homelessness Partnership has been in place in Renfrewshire since 2009. It meets quarterly and aims to better understand the causes of homelessness, identify the role and contribution of all agencies in tackling homelessness, review the impact of initiatives and services, and to agree actions which can be taken forward to strengthen the multi-agency approach to tackling and preventing homelessness.

The core membership of the Partnership includes representatives from services such as:

- local housing associations
- national housing associations
- Renfrewshire Health and Social Care Partnership
- Housing support providers / voluntary sector
- Shelter Scotland and Homeless Action Scotland
- Renfrewshire Women's Aid
- Recovery Across Mental Health

4.21 Links with Health & Social Care Partnership

There is close working with the local HSCP, with a joint Strategic Officer Group meeting bi-monthly to review high level issues, and a joint operational officers meeting to review protocols and procedures, review cases, and ensure early intervention.

Key points on Homelessness in Renfrewshire

- There is a strong record of partnership working to tackle and prevent homelessness

- The proportion on homeless applications processed within 28 days is better than the national average
- The average length of time to complete duty towards those who are homeless continues to be better than the Scottish average
- There have been no breaches of the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014
- There is a Housing First Renfrewshire programme already established
- There is a collective agreement to increase the number and proportion of lets on a phased basis over the next 5 years, with an associated up-scaling of support via this RRTP

5 Temporary Accommodation

Baseline position

The fluctuating nature of demand for temporary accommodation in Renfrewshire can present challenges and requires significant effort, planning and resourcing to meet the high standards we place on delivering on the duty to provide temporary accommodation for those who are homeless, in terms of the location, type, and quality of the properties, and how they are managed.

We do not use any hostels, and all of our temporary accommodation properties already meet the vision set out within the RRTP Guidance, which is:

'the optimum type is mainstream, furnished and within a community.'

We currently have a total of 233 properties available for use as temporary accommodation, and in 2017-18 the total occupancy for all of our temporary accommodation was 1015 households.

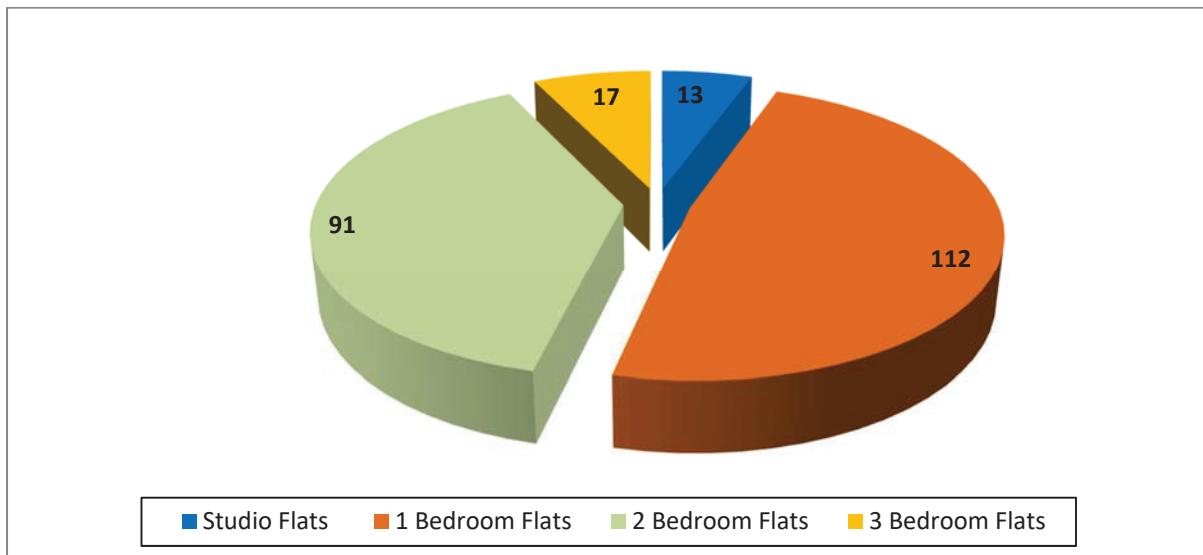
Our stock of temporary accommodation consists of the following property types :

- Local authority owned furnished flats
- RSL owned furnished flats
- Local authority owned supported accommodation
- RSL owned supported accommodation
- Local authority owned staffed accommodation
- Private sector leased - furnished

Accommodation Type	Location	Accommodation provider	No. of properties
Local authority owned furnished flats	across Renfrewshire	Renfrewshire Council	116
RSL owned furnished flats	across Renfrewshire	Limestone HA Williamsburgh HA Link HA Bridgewater HA Paisley HA	24
Local authority owned supported accommodation	1 location in Paisley	Renfrewshire Council	16

Accommodation Type	Location	Accommodation provider	No. of properties
(see 5.2, below)			
RSL owned supported accommodation (see 5.2, below)	Paisley, Johnstone and Renfrew	Williamsburgh HA Sanctuary HA Loretto HA Paisley HA	42
Local authority owned staffed accommodation (see 5.3, below)	2 locations in Paisley	Renfrewshire Council	33
Private sector leased – furnished	Paisley	Private landlords	2

The bedroom size of our temporary accommodation is:



5.1 Local authority and RSL owned furnished flats

In 2017-18 there were 492 households benefitting from the provision of this type of temporary accommodation across Renfrewshire communities.

5.2 Supported Accommodation

This type of accommodation has been commissioned to meet the needs of our more vulnerable individuals and / or those with complex needs.

We currently have 4 supported accommodation projects managed by two voluntary sector agencies : Blue Triangle Housing Association (BTHA) and Loretto Care, with a combined capacity of 58 self contained fully furnished units, as follows:

- 23 self-contained fully furnished flats based on a cluster model but split over two locations in Paisley, managed by Blue Triangle HA.
- a cluster model for vulnerable service users aged over 24 years, which consists of 17 self contained fully furnished flats based in Renfrew, also operated by Blue Triangle HA.
- service users with more complex needs are supported by Loretto Care in our Abercorn Street project in Paisley. This is also a cluster model, which consists of 13 fully furnished self contained units and provides up to 14 hours of support per service user per week.
- Loretto Care also manage a project based in Johnstone which provides a specialist mental health supported accommodation service. It is a 'scatter' model which incorporates 5 fully furnished self-contained units based within an established mainstream community.

In 2017-18 there were 191 households benefitting from the service provided by our supported accommodation partners.

5.3 Staffed Accommodation

This type of accommodation provides emergency standby furnished properties which helps to prevent a reliance on B&B or hostel type accommodation. The accommodation is provided at two separate blocks of flats which are staffed on a 24/7 basis and contain 16 and 17 fully furnished self contained properties.

In 2017-18 there were 286 households benefitting from the service provided at our staffed accommodation.

This 'staffed' service also operates our emergency standby service out with office hours, ensuring quick and easy access to advice and emergency homeless assistance/accommodation when our offices are closed.

5.4 Provision of temporary accommodation for those with a disability

We have 3 fully adapted flats for persons with a disability – one at our staffed accommodation, and 2 furnished 'scatter' properties.

5.5 Use of B&B

We have no contractual arrangements with any B&B provider and through careful planning we did not use B&B between 2013 and 2017, with very limited reliance on this type of provision during 2017 and 2018 in emergency situations.

The average length of stay for any households placed in B&B in 2017 and 2018 was 1.8 days, and as mentioned in para 4.18, there have been no breaches of the Unsuitable Accommodation Order.

5.6 Satisfaction with Temporary Accommodation

We consistently seek the views of service users when they leave our temporary accommodation to gauge their satisfaction with the standard and quality of our temporary furnished flats, supported accommodation projects and staffed blocks.

In 2016/17, 84% of the 280 people surveyed said that they were either 'satisfied' or 'very satisfied' with the standard and quality of temporary accommodation.

The level of satisfaction improved in 2017/18 to 89%.

We will continue to seek the views of our service users to ensure that these standards are maintained.

5.7 Rent charges for temporary accommodation

When setting the rent level for temporary accommodation, the Council charges a fixed weekly rent based on the size of the property in accordance with the Local Housing Allowance and the associated Housing Benefit entitlement, plus a £60 management fee.

The management fee seeks to recover the cost of staff, furniture, voids, repairs, (including decoration and electric/gas checks) and other direct costs.

The rent levels currently charged by property size are:

Beds	90% of Jan 2011 LHA rates	Weekly Management Fee	Total Rent Charged
0	£62.31	£60	£122.31
1	£77.89	£60	£137.89
2	£93.47	£60	£153.47
3	£124.61	£60	£184.62

As temporary accommodation has been excluded from the roll out of Universal Credit, the rent for the Council's temporary accommodation can be fully funded via housing benefit, where the tenant is entitled to receive this.

Where the Council utilises properties from RSLs or other providers, the management fee will not be covered by housing benefit and has to be funded by the Council or by additional funding made available by the Scottish Government - as it was in 2017/18 and 2018/19.

The Council reviews rents annually as part of the budget process. Annual increases in rent will be influenced by the property size and the Housing Benefit capping levels imposed through Local Housing Allowance and welfare reform.

The Council is however currently reviewing the rents charged and levels of support available to service users, particularly where they are in employment and / or do not qualify for housing benefit.

Temporary Accommodation - 5 Year Vision / Projections

5.8 Our projections

With the implementation of this RRTP, the Council and its partners will:

- reduce the length of time people spend in temporary accommodation
- support people into settled accommodation more quickly
- provide practical resettlement assistance to all service users
- provide additional assistance to homeless people for the first year of their settled tenancy to help ensure their tenancy starts well, and
- respond quickly to the challenge many homeless people can face when moving in / out of temporary accommodation.

We anticipate that the **overall capacity for temporary accommodation could reduce from the current stock of 233 units in 2018 to 177 units in year 5** - and this can be achieved by a combination of:

- A phased increase in the number of lets to homeless applicants
- The introduction / enhancement of the range of support improvements and innovations detailed in sections 7 and 8.

Reduction in units

5.9 Local authority and RSL owned furnished Flats

We propose a **reduction in the number of properties from 142 to 121 units**. All of these properties will remain at our existing high standard, continue to be fully furnished and spread throughout communities amongst mainstream social rented housing.

This reduction is likely to be more evident in years 2 – 5

We estimate the throughput for this type of accommodation will be 425 homeless households in year 5.

5.10 Supported accommodation

Could reduce **from 58 units to 40 units**, and we estimate that the 'flow' of applicants requiring this accommodation by year 5 could drop from 191 in 2017/18 to 133 applicants.

This is based on a proposed upscaling in the capacity of Housing First Renfrewshire from 20 to 65 - 80 individuals, an increase in the number of lets to homeless applicants and the cumulative benefit of providing services that will prevent future homelessness and so decrease the number of people entering the service, see sections 7 and 8.

5.11 Staffed Accommodation

Will **reduce from 33 units to 24 units**. This will be delivered by a planned closure of one of our existing staffed accommodation units, which we hope to replace with a smaller 8-10 person project for service users with the most complex needs. This is included within the Action Plan, and is currently being developed and costed.

An increase in the number/proportion of lets to homeless applicants, and increase in the capacity of Housing First Renfrewshire, as well as the enhancement of our existing resettlement service (see sections 7.1 - 7.4) will reduce the number of repeat homeless cases that often rely on our direct access staffed accommodation.

5.12 Bed & Breakfast (B&B)

Between 2014 and 2017, we ceased using B&B as a form of temporary accommodation. Whilst we have had to regrettably use this option on a few occasions in 2018, we remain committed to the position that B&B is not acceptable and with the anticipated increase in lets from housing providers and a joint effort to enhance services that prevent homelessness via this RRTP, we believe that we can return to the position that B&B is no longer used from Year 1 of this Plan onwards.

5.13 Flipping

We currently 'flip' furnished properties on occasion from temporary accommodation to secure tenancies, when the property has already been used for up to 7 years as furnished temporary accommodation for homeless applicants and, in partnership with housing providers, we will look to maximise the opportunities to flip tenancies.

Key points on Temporary Accommodation

- There is a range of temporary accommodation types provided, and all are mainstream, furnished self-contained properties within communities.
- There is no reliance on hostels or B&B
- Service user satisfaction with our temporary accommodation is high
- There is a vision to reduce the number of properties being used as furnished temporary accommodation

6 Support Needs

The transition to rapid re-housing will involve a crucial shift in focus away from **tenancy readiness**, to the **provision of settled housing with support**.

We have estimated the support needs of our homeless population based upon :

- HL1 data from April 2017 to March 2018,
- current support provision arrangements,
- Health and Homelessness Research in Scotland and
- Housing Support assessments for our homeless applicants.

There are a variety of options for homeless people in terms of accommodation and support.

6.1 Residential Support

- Current Residential Support - 20%
- Future Residential Support – 15%

Homeless accommodation and support is provided within a residential support setting through partnership arrangements with supported accommodation projects managed by Blue Triangle Housing Association and Loretto Care.

Approximately 20% of people who presented as homeless were provided with self-contained flats within a supported residential setting. These homeless applicants had support needs identified and tailored support plans put in place to prepare them for independent living.

With the aim of the majority of homeless applicants moving quickly into self-contained settled accommodation with support in the future via this RRTP, it is anticipated that the proportion of people needing residential support may reduce to 15% over the next 5 years.

6.2 SMD / Complex Needs

- Current SMD / Complex Needs – 10%
- Future SMD / Complex Needs – 15%

It is estimated that 10% of our current homeless population would be suitable for and benefit from the Housing First model being provided for them.

Housing First Renfrewshire has now been operating for the last 5 years and has successfully assisted people with severe and multiple disadvantages – see section 7.2 for more details.

It is expected that the proportion of people who will be supported via the housing first model will increase to 15%.

6.3 Medium Support Needs

Current Medium Support Needs – 35%

Future Medium Support Needs – 35%

Temporary furnished flats within the community are generally provided to people who are identified as having medium support needs. Floating support is provided by Renfrewshire Council's Housing Support Team who will provide or commission support within the community on a person centred basis.

Based on the support needs assessment and the resulting referrals to the Housing Support Team, it is estimated that 35% of people who are homeless have medium support needs.

6.4 No /Low Level Support Needs

Current 'No / Low Level' Support Needs – 35%

Future 'No / Low Level' Support Needs – 35%

Many people who are homeless are currently provided with good quality temporary furnished flats within the community as they are assessed as having no or low level support needs. They will remain in this accommodation until a permanent offer of housing is made.

We do not envisage that this proportion will vary from the existing 35% over the next 5 years.

6.5 Health & homelessness in Scotland research

Scotland wide research shows over half (51%) of the homeless population had no evidence of health conditions relating to drugs, alcohol or mental health.⁷ This would fit with the premise of 35% of people with low level support needs. In Renfrewshire, the support on offer covers a wider spectrum than just health and includes employability, financial and benefits advice etc.

Key points on Support Needs

- An analysis has been carried out in line with the RRTP Guidance
- This has assisted the development of our RRTP Action Plan – section 8

⁷ Health and Homelessness in Scotland 2 Authors Dr. Andrew Waugh, National Records of Scotland and formerly of Scottish Government Communities Analysis Division Auren Clarke, National Records of Scotland Dr. Josie Knowles, Scottish Government Communities Analysis Division Dr. David Rowley, National Records of Scotland

7 Rapid Rehousing Transition Plan – Proposals

Within this section we have provided details of proposals under 13 headings, which all:

- build on the issues / priorities discussed during the consultation with partners and service users – listed in section 2,
- address the issues identified in sections 3 - 6 of this RRTP, and
- align with the vision outlined within the RRTP Guidance

The 13 headings are:

- Number / proportion of lets to homeless applicants
- Housing First
- Temporary accommodation
- Tenancy Resettlement Service
- Rough-sleepers
- Shared living initiative
- People with convictions
- Victims of domestic abuse
- Homelessness and those leaving the armed forces
- Homeless prevention / tenancy sustainment initiatives
- Access to private rented sector
- Homelessness and ‘throughcare’
- Acquisition of 1 bedroom properties

7.1 Number/proportion of lets to homeless applicants

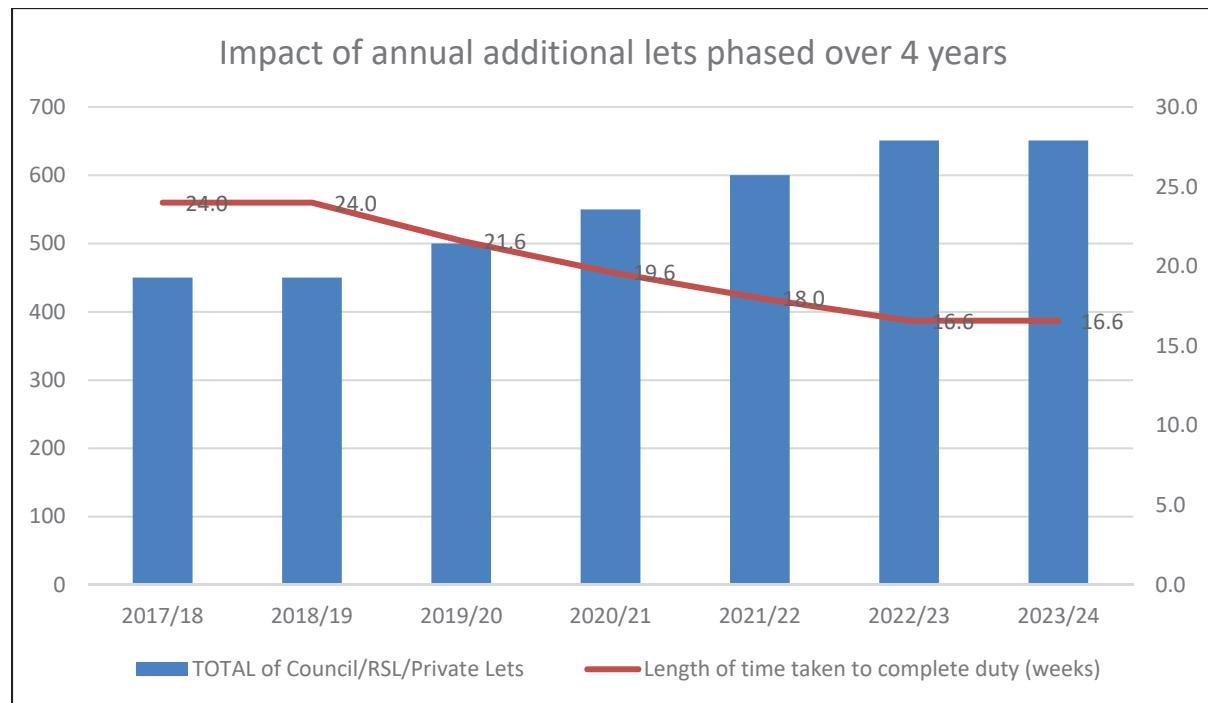
This key proposal has been covered in paras 4.12 – 4.16, with actions detailed in the Action Plan which follows this section.

As well as using the toolkit provided with the RRTP Guidance, we have also modelled how the relationship between **an increase in the number of lets would impact on the length of time to conclude duty.**

Impact on length of time to complete duty

In the graph below, we show the impact of a gradual increase in the number of lets (approx 10% each year) spread over the next 5 years.

The impact on the length of time to conclude duty is that it reduces gradually from **24 weeks** (which is already considerably below the Scottish average) to **16.6 weeks** by 2023/24.



We will establish agreements with all housing providers on the number / proportion of lets, and regularly jointly review the impact on homelessness.

7.2 Housing First Renfrewshire

Housing First Renfrewshire was established by the Council in partnership with Turning Point Scotland (TPS) in 2013, then increased and extended via Big Lottery funding to TPS for a further 5 years. The current Big Lottery Funding expires in February 2020.

The service is provided on a 24/7 basis. People are able to access an out-of-hours on-call telephone line where they can speak to a manager/supervisor for advice. Staffing ratios for the service are based on a Housing First Renfrewshire worker holding a caseload of 7 people, in line with recommended practice. The staffing structure and flexible approach enables the service to respond quickly to changing demand, including the deployment of peer support workers.

The service currently can support up to 20 service users at any one time, and the tenancy sustainment rate is 90%, which is higher than the sustainment level for lets to all homeless applicants in Renfrewshire in 2017/18.

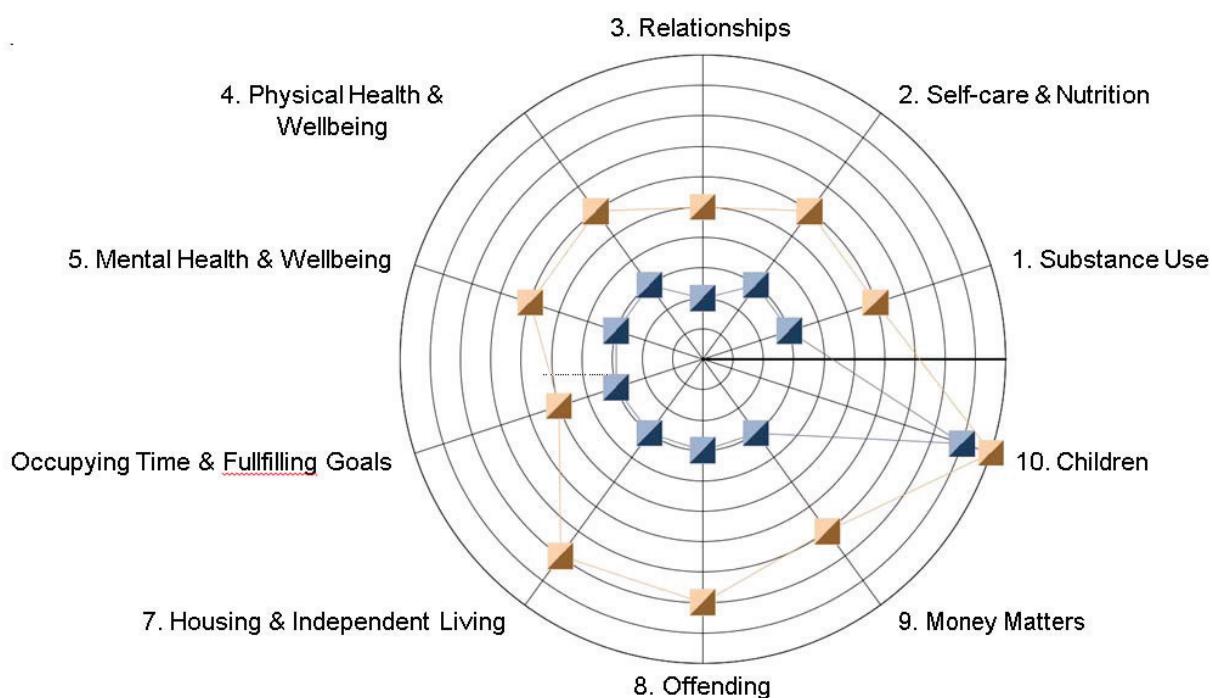
There have been no incidences of repeat homeless presentations by people receiving support from the service.

Support plan indicators

The information below is drawn from the Recovery Outcome Web (ROW) developed by the Scottish Government for measuring outcomes for people who use the service.

The chart over page provides an overview of the combined progress made by all of the service users currently being supported, under a range of headings.

A full description of each of these headings is provided in Appendix 3.



The inner shape – blue squares – illustrates where service users were at the point of initial assessment (combined scores), and the outer shape – orange squares - shows where they collectively are now.

The optimum result is for the outer shape to reach the outside edge of the large circle.

It is proposed that, given our experience of delivering an efficient and effective Housing First model in Renfrewshire, the number of individuals receiving this form of support will increase at an agreed rate to allow for incremental growth from the current 20 service users up to around 65 – 80 people being supported.

The worker/client ratio will continue to be based on the existing model of 1:7.

This figure of 65-80 represents approximately 5% - 8% of people who present as homeless.

Further innovation

The service can also be further developed over the next five years in terms of adding to the peer-support role, developing digital inclusion opportunities, targeting younger homeless applicants for the first time, and piloting Housing First in a shared living tenancy environment.

7.3 Temporary Accommodation

Section 5 of this RRTP discusses our proposals to reduce the use of the various forms of temporary accommodation over the next 5 years, and this is reflected in our Action Plan.

7.4 Tenancy Resettlement Service

In 2014/15, the tenancy sustainment figure for the fifty-four 16 to 25 year olds permanently housed via a homeless application in Renfrewshire was 54%; **almost 1 in every 2 new tenancies to homeless 16 to 25 year olds broke down within 12 months.**

In response to this relatively poor sustainment rate we established a Tenancy Resettlement Service during 2015/16 funded from within existing resources.

In the first full year of operation (2016/17), the tenancy sustainment figure for the seventy-two 16–25 year olds **showed an improvement from 54% to 74%** - 3 in every 4 young persons, were now sustaining their tenancy beyond 12 months.

As highlighted in section 2, consultation with our partners and stakeholders confirmed their support to see an expanded Resettlement Service available to all homeless applicants in Renfrewshire, regardless of their age.

Our Tenancy Resettlement Service is a practical and proactive service that gives people the help they need to successfully move into and manage the first year of their tenancy.

The assistance provided is specifically tailored to address an individual's needs in relation to their circumstances, tenancy experience and so on.

Whilst there can be high demands from service users at the point of getting ready to move and settle in their new tenancy, the Tenancy Resettlement Service continues to work flexibly with new young tenants throughout the first year of their tenancy

assisting them to deal with the range of housing and housing related issues, and ensure a fast response if/when it becomes clear that they would benefit from tailored intervention and / or referral to the broader spectrum of community based supports such as mental health, addiction, welfare rights and so on.

Our Tenancy Resettlement Service is completely separate from the Housing First Renfrewshire Services and is there to assist those homeless applicants for whom Housing First is not the required or appropriate option.

The Case Study below highlights the type of assistance this new service provides and how it can have such a positive impact for young new tenants.

Resources

There was no new additional staffing or funding resources to establish this new service. The provision of our homeless prevention work was re-engineered with 4 officers giving part of their time to providing our Tenancy Resettlement Service for young homeless applicants.

The FTE input is 1.5 officers, and the value of the current staffing hours input is approximately £40,000 pa

Case study

The following is an anonymised summary of one service user's experience, and illustrates the impact our resettlement service can have:

Case study - 'S'

S is a 25 year old male who has had 7 previous homeless applications and one previous offer of permanent housing which he abandoned after 3 months.

After being allocated his current tenancy he received a short jail sentence.

The resettlement worker helped ensure engagement with S whilst in prison. Through perseverance, S eventually engaged with the resettlement service and he returned to his tenancy on release, resolved issues with utility companies, moved into his home, and now fully engages with Housing Support.

The resettlement worker kept a check on S throughout the first 12 months of his tenancy, which ensured early intervention if there were any warning signs regarding the tenancy.

If it had not been for the proactive partnership between S, his resettlement worker and other support services, S would have most likely been homeless on release

from prison and would have continued through the revolving door of homelessness, addictions and prison.

S has now been in his tenancy for nearly 2 years.

Moving forward

We believe that the success to date has been remarkable, and reflects the point made in the RRTP Guidance that many households experiencing homelessness have no or low support needs, but may need assistance if/when moving into a settled tenancy more quickly in the future.

An expansion of our Tenancy Resettlement Assistance service will allow all homeless applicants, regardless of age, to benefit from the low level support and assistance that can be offered via this initiative.

7.5 Rough-sleepers

There is no evidence to suggest that the issue with known rough-sleeping in Renfrewshire is significant, nor is it increasing.

We do wish however to further increase and develop the support offered to those in crisis, and the range of assistance we already provide.

Many of the proposals within this action plan will benefit those who may have been at risk of having to sleep rough, and we are also keen to build upon the advice, information and assistance we can provide to those who are classed as having 'no recourse to public funds' (NRPF).

At present, our George Street Service maintains close links with agencies, businesses and others to ensure engagement with anyone who appears to have possibly been sleeping rough and / or begging, and will respond as soon they become aware of the issue, providing advice, information, and sign-posting onto relevant agencies. We record a 'by name' list of any individuals we have contacted, and the locations where there is an appearance of street-begging / rough-sleeping possibly taking place.

7.6 Shared living initiative

We have been piloting a flat sharing programme since October 2017.

This in-house pilot project has been limited to 16 to 24 year olds to date, and six pairs (12 service users) have moved on to social housing flat sharing in the first year of this initiative. The pilot project has been resourced from within existing staffing levels.

As we have already made significant progress during the pilot phase of this scheme, we believe there is the potential to deliver positive outcomes for many more young homeless people if we expand the scheme in partnership with an experienced third sector agency.

What are the benefits of this approach?

- Gives young people better choices
- Spreads the living costs for service users, which makes renting more affordable
- Alleviates feelings of isolation
- Due to the lack of available 1 bedroom flats, this can provide much quicker access into settled accommodation
- Ongoing access to guidance, support and advice

We are also in the process of developing an online web based resource which will allow service users who want to access the scheme but do not have anyone within their own social network to search via a bespoke 'App' and self select a flat-mate.

Proposal

Shared Living features within the Scottish Government's HARSAG recommendations as a positive accommodation option.

We are working with a partner who has delivered a 9 month demonstration project offering Shared Living to those aged 18 years and over across Glasgow through, facilitating and enabling joint tenancy arrangements with local social landlords.

Following the selection process, each applicant will be required to commit to the terms of the programme; that they agree to meet with the Shared Living Support Worker at agreed intervals and that they understand the requirements of the tenancy and their respective responsibilities as set out in the Tenant's Charter.

Importantly, the application and matching process will ensure that positive relationships are developed with named personnel responsible for the programme delivery and that tenants know where to turn for support at the first sign of crisis.

A Shared Living initiative in Renfrewshire has real potential to match homeless applicants to 2 bedroom properties which they currently cannot access, improved tenancy sustainment levels and enhance the potential for the homeless applicants concerned to transition into employment.

Mediation

Our existing family mediation service is delivered in-house by our Mediator. Although this only consists of 0.5 of a FTE post, the officer makes a significant contribution in supporting and assisting young homeless people, or those threatened with homelessness. This has prevented young people from facing homelessness or helped them to improve relationships with their family, so they have a natural support network when they move on to their own settled accommodation.

Mediation has been an important element in the successful work with 6 pairs of homeless applicants who now flat-share in Renfrewshire, and in each of these cases the Mediator has worked proactively with each pair to produce a flat sharing agreement.

An additional mediation resource will be required to support the delivery of our enhanced, innovative shared living partnership.

7.7 People with convictions

Over the last five years, Renfrewshire Council has consistently had a higher proportion of people than other local authorities entering into homelessness where the main reason for applying was due to having been discharged from prison.

Table 1 - Percentage of homeless applications where reason for applying was discharge from prison

	2013/14	2014/15	2015/16	2016/17	2017/18
Renfrewshire Council	12.3%	14.4%	11.2%	13.5%	9.8%
National Average	5.8%	5.8%	5.7%	5.6%	5.3%
Local Authority Ranking (Highest % of homeless applications/discharge from prison)	2	1	2	1	3

Source: Scottish Government Report on Homeless Applications where reason for applying was discharge from prison, 2018

Between 2013/14 and 2017/18⁸ the number of homeless applications made annually in Scotland decreased by 5%, while the number of homeless applications from prison leavers nationally decreased by 14% over the same period ⁹.

While Renfrewshire has seen a similar trend with homeless applications decreasing by 12% in the last 5 years, the proportion of people presenting as homeless from prison has remained static at around double the national figure.

⁸ Source: Homelessness Annual Reference Table 2017/18, Scottish Government publication

⁹ Source: Homelessness Annual Reference Table 2017/18, Scottish Government publication

A high proportion of homeless applicants lose contact with homeless services before discharge of our statutory duty. This can result in repeat homeless applications and a “revolving door” situation where the same applicant can make several homeless applications within a relatively short period. In 2017/18, more than 12% of homeless applications made by prison leavers were unresolved due to lost contact, compared to 5.4% for all homeless applications.¹⁰

Prison leavers can be less likely than other homeless applicants to engage with homelessness services and other statutory services. Sustaining meaningful engagement with homeless people who have complex needs, is a fundamental requirement to assist them to achieve positive outcomes.

Over the past 4 years, we have successfully worked in partnership with Turning Point Scotland to deliver the “Housing First” service in Renfrewshire, providing an intensive “wraparound” support service to individuals with highly complex needs. A key element of Housing First’s success is its use of “peer mentors”, i.e. people with “lived experience” who support homeless clients with complex needs and who identify with the issues homeless people are facing because they themselves have had direct experience of similar situations. Some homeless clients are more likely to engage with the support offered by peer mentors than that provided by statutory services.

We propose to build on this successful model through the introduction of a **Peer Mentoring and Engagement Project** targeted at people who have presented as homeless and have convictions.

Peer Mentoring proposal

We wish to recruit two specialist Peer Mentoring and Engagement Workers, potentially in partnership with a third party offering specialist support, who will deliver “wrap around support”, for as long as is required, to multiple excluded, repeat homeless clients with an addiction and offending background.

The personal lived experience of the Peer Mentoring and Engagement Workers will assist in building trust and greater engagement with this “hard to reach” homeless client group, many of whom have multiple complex needs.

This initiative will be aligned with the principles set out in the Scottish Quality Standards, Housing Advice, Information and Support for people on Remand or Serving a Short Term Sentence (SHORE Standards), particularly the principles of

10 Source: Annual report for Renfrewshire 2017/18

“adopting a person centred approach” and “stickability” i.e. persevering when the individual chooses to disengage.

We are also proposing to establish close links between this peer mentoring project and our existing homeless prevention initiatives we are looking to expand, which are detailed in 7.10, below.

7.8 Victims of domestic abuse

Renfrewshire Women’s Aid currently provides:

- Furnished, supported accommodation to ensure there is a safe place to stay
- Support for victims who need / want to speak to someone confidentially
- Information about rights
- Dedicated support workers for children and young people

Our George Street Service currently provide housing advice and assistance to the clients and support workers within the RWA service. This can be general housing advice, completing housing application forms or completing a homeless application if needed.

Renfrewshire Women’s Aid are active members of the Renfrewshire Homelessness Partnership.

We will continue to work closely with RWA, Women and Children First and organisations such as Say Women who help young women aged 16 – 25 years who are survivors of childhood sexual abuse, rape or sexual assault, to scope out whether the need exists for further specialist support or accommodation in Renfrewshire, and work in partnership on any potential funding bids.

7.9 Homelessness and those leaving the armed forces/veterans

Renfrewshire Council signed the Armed Forces Covenant, in partnership with East Renfrewshire and Inverclyde Councils.

This tri-council approach was the first of its kind in the United Kingdom, and utilises specialist services within each local authority to achieve the best possible outcome for veterans.

A Veterans Support Advisor was appointed as a focal point to work on behalf of all three Councils, strengthening the partnership and becoming responsible for coordinating the delivery of this project’s outcomes, sharing resources, expertise and minimising duplication of effort.

Renfrewshire Council will continue to work with the Veterans Support Advisor ensuring that all front line workers are aware of the role and how linking with the VSA could assist in delivering positive outcomes for veterans.

7.10 Homeless prevention / tenancy sustainment initiatives

There are 2 initiatives which we have tried and tested within Renfrewshire, and believe justify being expanded via this RRTP.

The initiatives are:

- **Keys to Learn, and**
- **'Make it Your Own'**

Details are provided below on each of these initiatives.

As mentioned in para 7.7, we intend to establish close links between any expansion of these initiatives, and the proposed new peer-mentoring project for people with convictions.

Keys to Learn

Keys to Learn is a tenancy sustainment project coordinated by the Glasgow Homeless Network (GHN) and delivered in partnership with local authorities, colleges, housing associations and support providers.

So far we have funded 7 courses of the Keys to Learn programme in Renfrewshire. These courses have already brought about material changes in the lives of homeless people, and we have seen how this type of work provides every individual with greater self esteem which allows them to connect with wider community based supports and become better citizens.

Each course is 8 weeks long, delivered three days per week for a total of 15 hours.

While regularly reviewed based on participant feedback, the course generally delivers modules on:

IT/Digital Skills	Personal & Social Capacity Building	Advice & Information
Computing & digital media	Self-confidence building	Money management
Digital photography	Learning to work with others	Energy advice
Getting the most out of technology	Teambuilding	Housing advice

	<p>Thinking and learning skills</p> <p>Presentation skills</p> <p>Getting to know your community</p>	<p>Welfare rights and benefits advice</p> <p>CV building</p> <p>Interview skills</p>
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Peer support from previous course participants is incorporated into the course delivery.

Seven courses have been successfully delivered in Renfrewshire in partnership with Invest in Renfrewshire, local RSLs, Connect4Renfrewshire, University of the West of Scotland, West College Scotland and the DWP, and to date there have been 67 participants from Renfrewshire completing this course.

Qualitative feedback from course participants in Renfrewshire show high satisfaction levels with the course:

“The course has opened my eyes to everything I wouldn’t have even thought about. It has given me a desire to learn more and try to improve myself for the future and for the tasks ahead, and the will-power to find employment and meeting new people [who] also help you with other groups.” (Bobby T)

“The course gave me a lot of self-belief, I can achieve things that I can see them through if I put my mind to it. Lecturers and tutors very understanding, easy going, easy to talk to and listened - which made the course a whole lot easier.” (Ritchie G)

“Keys to Learn helped me in several different ways...the college visit opened my eyes and showed me that college wasn’t a place to be afraid of hence now that I’m now in full time learning doing level 4 Health Care, a thing that I don’t think I would have done on my own initiative.

Impact Arts ‘Make it Your Own’

Make it Your Own (MIYO) is delivered by Impact Arts – a community arts charity – providing a creative approach to tenancy sustainment aimed at helping the most vulnerable tenants in Renfrewshire and is currently funded via Renfrewshire Council’s Housing Support Service. 32 homeless applicants and new tenants have completed the programme between April 2017 and March 2018, working alongside a tutor to up-cycle and create furniture, canvases, curtains, blinds and so on.

96% of referrals who engaged in the programme have sustained their tenancy since accessing MIYO.

Given the popularity and success to date, it is proposed to extend the service.



Service users attending 'Make it Your Own'

7.11 Access to the Private Rented Sector

As mentioned in 3.9 - 3.14 of this RRTP, the private rented sector serves an important role in the housing system Renfrewshire wide and has doubled from 5% of the entire housing stock in 2008 – 2010 to 10% in 2014 -2016.

Recent legislative changes have improved stability and security for tenants with the sector providing a tenure option that can offer flexibility and choice which can suit the needs and preferences of many, however as pointed out in section 3, there continues to be barriers experienced by homeless households accessing the sector.

The Deposit Guarantee Scheme can be a preventative measure to help alleviate homelessness within Renfrewshire. Of all the clients assisted through the scheme in 17/18, 96% were very satisfied and 4% satisfied with the quality of service that they received from the scheme. We will look at the feasibility of a lettings partnership with private landlords and voluntary sector partners.

7.12 Homelessness and those leaving Throughcare

Renfrewshire Council has a duty as Corporate Parent to young people who have been looked after and accommodated by the local authority, and as such measures are in place to ensure that all young people are then provided with the support they need to access housing.

A protocol exists between the Council's Housing Services and Children's Services to ensure that young people are supported to fully consider their housing options, complete a housing application if they wish, and are given a degree of priority for social housing in the areas of their choice.

A total of 10 furnished 'satellite' flats are also provided by the Council and local RSLs for the Children's Services Throughcare team to allow young people leaving care to be accommodated and supported by the Throughcare and Housing Teams as an interim measure.

The protocol and satellite flat arrangements are currently under review, and this may inform new services that may be required.

During this review, we will look at whether a 'respite flat' may be required. The aim of this flat would be to enhance the opportunities for young people to have 'time out' and to give an opportunity for Throughcare staff to mediate between the care giver and the young person. This would also help reduce the potential for permanent breakdown of relationships for young people in Children's Homes/foster care, and the need for temporary / settled accommodation for young people leaving care.

7.13 Acquisition of 1 bedroom properties

Renfrewshire's Strategic Housing Investment Plan 2019/20 – 2023/24 notes that the Council and housing association partners will consider the possible acquisition of existing private housing where this would increase the supply of suitable affordable housing and address the priorities set out in the Local Housing Strategy.

This could, in certain circumstances, include the acquisition of 1 bedroom properties to assist with homelessness prevention.

Given the pressures on the SHIP programme from new build housing developments, no specific allocation has been made for grant funding for this purpose over the next five years.

Key points on RRTP proposals

- These proposals all link to the issues and priorities which emerged from an analysis of homelessness in Renfrewshire, and consultation carried out with a range of partners, including service users.
- They are all in line with the RRTP Guidance, and if introduced will help reduce the length of time those who are homeless have to stay in

temporary accommodation, and provide the support required to ensure tenancies are sustained.

- The Action Plan which follows summarises the outcomes and costs associated with each proposal.

8 Rapid Rehousing Action Plan 2019 – 2024 - August 2019 update

We believe that the delivery of all of these proposals over the next 5 years will help us meet the expectations of the rapid rehousing programme and result in positive outcomes for those who are homeless, in line with the published Guidance.

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
1	Number / proportion of lets to homeless applicants <i>(though additional forms of support need to be provided via the other proposals contained in this action plan throughout the 5 years)</i>	4.12-4.16, 7.1, 7.2	<ul style="list-style-type: none">▪ Agreements in place with range of housing providers to increase number / proportion of lets▪ Number / proportion of lets to homeless applicants increases▪ Annual review of number / proportion of lets per provider▪ Reduction in length of time that people are homeless▪ Provide enhanced starter packs, and decoration vouchers – linked to the other proposals within this action plan.	2019/20 Annually from 2019/20 From April 2020 onwards From April 2020 onwards 2019/20

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
2	Up-scaling of Housing First	7.2	<ul style="list-style-type: none"> ▪ Enlarged service established by end of 2019/20 onwards ▪ Number homeless applicants supported increased from 20 to 30 ▪ Further improvement in overall tenancy sustainment rate for homeless applicants ▪ Reduction in abandoned tenancies ▪ Less repeat homelessness ▪ Potential for savings for other services e.g. Criminal Justice, A&E admissions etc. 	Oct 2019 by end of 2019/20 onwards “ “ “ “ “ “
3	Use of temporary accommodation	Section 5	<ul style="list-style-type: none"> ▪ Reduction in number of properties used as temporary accommodation ▪ Properties being returned to the mainstream letting pool ▪ Review rent / support charging policy for those in employment 	2019/20 – 2024/25 (though most changes will be in year 3-5) 2020/21

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
		5.13	<ul style="list-style-type: none"> ▪ Potential to 'flip' properties from temp accommodation to the settled tenancy for the occupant – linked to Housing First 	2019/20
		5.11	<ul style="list-style-type: none"> ▪ Reduction in length of the homeless applicants stay in temp accommodation ▪ Scope out proposal for a planned closure of one of our existing staffed accommodation projects, and replacement with a smaller 8-10 person project for those service users with most complex needs. ▪ Set up costs for new project – furniture, decoration etc 	2019/20 onwards 2020/21 – 2021/22
4	Tenancy resettlement service	7.4	<ul style="list-style-type: none"> ▪ Enlarged service established ▪ Number of homeless applicants assisted increased by a further 120 ▪ Further improvement in tenancy sustainment rate ▪ Reduction in abandoned tenancies 	Oct 2019 onwards

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
5	Rough-sleepers	7.5	<ul style="list-style-type: none"> ▪ Less repeat homelessness 	2020/21
6	Shared living initiative	7.6	<ul style="list-style-type: none"> ▪ Continue and expand outreach work to meet the needs of those who sleep (or have slept) rough, including the piloting of 'personal budgets' ▪ Launch an initiative with 3rd sector partner building on success to date with in-house pilot and experience that 3rd sector partner has had in Glasgow. ▪ Utilise 'App', developed by Renfrewshire Council ▪ More 2 bedroom properties being let to homeless applicants via this initiative ▪ Reduction in time spent in temporary accommodation for those who use this scheme ▪ Annual review of initiative 	<p>2019/20 Onwards</p> <p>2019/20 onwards</p> <p>2019/20 onwards</p> <p>Oct 2020</p>

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
7	Peer mentoring	7.7	<ul style="list-style-type: none"> ▪ Appoint 3rd sector organisation to deliver this initiative ▪ Increased levels of engagement ▪ Improved tenancy sustainment/decrease in repeat homeless applications ▪ Improvements to service users' physical and mental health and well-being 7.10 <ul style="list-style-type: none"> ▪ Link in with Keys to Learn and Impact Arts – Make it Your Own, projects 	2020/21 “ “ “ “ “
8	Victims of domestic abuse	7.8	Work in partnership with specialist services to further develop accommodation and support options.	on-going
9	Homelessness and those leaving armed forces/veterans	7.9	Continue to review and improve the provision of advice and assistance to those leaving the armed forces. Create stand-alone Veterans Support Advisor for Renfrewshire. (existing	on-going 2020/21

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
10	Homeless prevention / tenancy sustainment initiatives <ul style="list-style-type: none"> • Keys to Learn • Impact Arts 'Make it Your Own' 	7.10	<ul style="list-style-type: none"> ▪ Up to an additional 15 service users supported each year ▪ Additional 20 - 40 service users benefitting from this service ▪ Maximise potential to link in with new Peer Mentoring initiative for people with convictions 	2020/21 onwards 2020/21 onwards 2020/21 onwards
11	Access to private rented sector	7.7 3.12 and 7.11	<p>Continue to maximise access to the private rented sector, including the use of deposit guarantees, for those who wish this housing option.</p> <p>Scope out the feasibility of a letting agency model with private landlords and a voluntary sector organisation</p>	on-going 2020/21
12	Homelessness and Throughcare	7.12	Scope out feasibility of the provision of a respite flat – either within existing resources, or with RRTP funding	April 2020

No.	Rapid re-housing proposal	RRTP ref.	Outcomes	Target date
13	Acquisition of 1 bedroom properties	7.13	Keep this proposal under consideration, in line with Renfrewshire's Strategic Housing Investment Plan 2019/20 – 2023/24.	on-going

9 Contact us

The contact person in relation to our RRTP is:

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To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Social Work Officer

Heading: Annual Report of the Chief Social Work Officer 2018/19

1. Summary

- 1.1. The Chief Social Work Officer provides an annual update report to Council in Autumn each year. The requirement for every local authority in Scotland to appoint a professionally qualified Chief Social Work Officer (CSWO) is set out within Section 3 of the Social Work (Scotland) Act 1968. The particular qualifications are set down in regulations and this is one of a number of statutory requirements which local authorities must comply with. In Renfrewshire Council the role of the Chief Social Work Officer is held by the Head of Child Care and Criminal Justice.
- 1.2. The annual reports of all CSWOs are 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 report provides a summary of activity relating to the role of the Chief Social Work Officer during 2018/19.

2. Recommendations

It is recommended that the IJB:-

- Note the key activities outlined in this report;
- Note that the annual report has been submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and
- Agree that annual reports will continue to be provided to this Board

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.
- 3.3 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 or social care services.
- 3.4 The overall objective of the CSWO is to provide professional advice on the provision of social work services to elected members and officers; advice which assists authorities in understanding many of the complexities which are inherent across social work services. The CSWO should also assist authorities 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. The key aspect of this locally has been the provision of an annual report to Council, and these, along with CSWO reports from other local authorities, are now being used nationally to create an overview report.
- 3.5 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. 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.
- 3.6 The CSWO has a range of other responsibilities relating to the promotion of values, standards, and leadership.
- 3.7 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 service users do not engage with the service on a voluntary basis. 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 Chief Social Work Officer. As well as the responsibilities associated with the children's services directorship, as CSWO he 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 regular reports to elected members on the key activities and role of the Chief Social Work Officer.
 - (ii) Leading for Social Work on the Renfrewshire HSCP Executive Governance Group and the Integration Joint Board

- (iii) Reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council.
- (iv) Being a member of the Council's Corporate Management Team and the Chief Officer's Group and reporting directly to the Chief Executive and senior elected members.
- (v) Representing services and the council more widely, at a local, regional and national level.
- (vi) Chairing the twice-yearly meeting of all social work managers from both Children's Services and the HSCP.
- (vii) Providing advice on social work issues to the Chief Officers' Group
- (viii) Specific Duties

In relation to specific duties associated with the position, the CSWO within Renfrewshire Council acts as:

- Final point of appeal in relation to Adoption and Fostering decisions
 - Recipient of all Mental Health and Adults with Incapacity Orders, and Guardianship cases
 - Decision maker in relation to Secure Care applications for Children
- (i) Management of Risk

The Chief Social Work Officer is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership basis. Heads of Service have responsibility for the management of risk within their respective service areas.

5. Activities of the Chief Social Work Officer 2018/19

- 5.1 The report attached as Appendix 1 summarises the key activities of the Head of Child Care and Criminal Justice in his capacity as Chief Social Work Officer in Renfrewshire during 2018/19. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken by the Head of Child Care and Criminal Justice, but seeks to provide a broad overview of the CSWO role. This report and its appendices will be submitted to the Office of the Chief Social Work Officer to inform a national overview report.
- 5.2 The next report on the activities of the Chief Social Work Officer will be submitted to the Council in Autumn 2020.

6. Overview of activities within social work services

- 6.1 Services continue to experience high demand in a number of areas, which is being managed in a financially prudent manner and during a period of significant structural change for social care and the wider Council. The management of significant levels of risk to vulnerable children and adults continues to be significant for the service and for partner agencies. Many of those pressures are related to deprivation and to high levels of alcohol and drug misuse in Renfrewshire. The service works as part of a multi-agency partnership to co-ordinate 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).
- 6.4 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.
- 6.5 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.
- 6.6 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.

Key Priorities in 2018/19

- 6.7 Based on an assessment of internal and external factors the CSWO has identified key priorities for the year ahead:
- Supporting the wider Council to deliver on the priorities set out in the Council Plan;
 - Effectively discharging our public protection role and working with partners to ensure that vulnerable children and adults live as safely as possible within local communities;
 - Continuing to ensure strong and positive links between Children's Services and Renfrewshire Health and Social Care Partnership;
 - Continuing to deliver high quality services in a period of financial constraint;
 - Improving outcomes for children living in Renfrewshire through evidence-based early intervention and preventative programmes and other initiatives which will aim to transform services for children;
 - Responding to the extension of the Presumption Against Short Sentences;

- Contributing to the work of Renfrewshire's Alcohol and Drugs Commission; and
 - Preparing for the implementation of a new social work case management system.
-

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** – 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 within Renfrewshire Health and Social Care Partnership are closely monitored and are included within both the RHSCP Risk Register which follows the same format as the Children's Services Risk Register which includes Children's Social Work and Criminal Justice – the latter is reported into Renfrewshire Council's Corporate and Strategic Risk Registers.
 11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.
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List of Background Papers – Chief Social Work Officer Report

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Annual Report of the Chief Social Work Officer

2018/19

“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

The role of Chief Social Work Officer for the period April 2018 to mid-May 2018 was undertaken by Peter Macleod, the Director of Children's Services. Mr. Macleod had operated as the Chief Social Work Officer for the previous 12 years. The leadership and drive demonstrated by Mr. Macleod in his work as Chief Social Work Officer and the various positions he held in Renfrewshire is acknowledged. Social work staff in Renfrewshire wish him success in his new role as Chief Executive of the Care Inspectorate.

From mid- May 2018 to August 2018 the Chief Social Work was undertaken by Dorothy Hawthorn, the Head of Child Care and Criminal Justice. Ms. Hawthorn as Chief Social Work Officer ensured that the voice of those facing disadvantage or discrimination was heard and considered. Ms. Hawthorn retired from the service in August 2018 and social work staff in Renfrewshire wish her a long and healthy retirement.

The Current Chief Social Work Officer, John Trainer, Head of Child Care and Criminal Justice was appointed to the role in September 2018.

Summary of performance in 2018/19

Social work services across Scotland continue to face the challenges of increasing levels of demand for services and financial constraint. Renfrewshire continues to have areas of significant multiple deprivation and relative poverty, and above average levels of alcohol and drug misuse. The local authority area has also had historically high rates of looked after children, compared to the national average. Consequently, early intervention and preventative approaches are critical to sustainable service delivery which still has scope for innovation and continuous improvement.

Adult protection and the management of financial and welfare guardianships remain a growing area of work within adult social work. Self-directed support continues to grow in popularity with the result that more traditional services such as day care are facing a reduction in the number of people choosing to use them. Demographically-driven demand continues to put pressure on community-based services.

Renfrewshire appointed a new Head of Childcare and Criminal Justice and a new Head of Health and Social Care during 2018/19. The Head of Childcare and Criminal Justice also took over the role of Chief Social Work Officer in that period.

In Renfrewshire, Children and Families Social Work is located in the Children's Services Directorate, supporting joint working to deliver the best outcomes for children and young people in the area. Adult Social Work is delegated to Renfrewshire Health and Social Care Partnership ensuring an integrated approach to meeting the needs of adults in the area. Social work services in both the council and HSCP continue to have a key role in local multi-agency working whether as part of statutory duties around public protection or through involvement in innovative work such as Renfrewshire's Alcohol and Drug Commission.

Partnership Working

The role of Chief Social Work Officer (CSWO) was originally designed to provide professional advice on social work services to elected members and council officers, in order to assist local authorities in understanding the complexities inherent in social work and social care services. The growing incidence of strategic partnerships across the public sector, whether legislated for or developed through good local joint working, adds 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 delivered by the Health and Social Care Partnership. As such, the CSWO fulfils the role for both the Council and the HSCP. The post is held by John Trainer, Head of Childcare and Criminal Justice. Regular meetings take place with Heads of Service from Children's Services and the HSCP 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 Renfrewshire Integration Joint Board (for Adult Social Work); 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). Public protection issues are dealt with by 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 – Renfrewshire Adult Protection Committee (RAPC); Renfrewshire Child Protection Committee (RCPC); and Renfrewshire Public Protection Chief Officers Group (COG). The first two of these are led by an Independent Chair, and the latter is led by the Chief Executive of Renfrewshire Council. The Chief Social Work Officer is a member of all three groups.

The Renfrewshire Children's Services Partnership is the mechanism by which all Renfrewshire's corporate parents agree joint plans for services ranging from the universal to those highly targeted at particular needs.

The CSWO is co-chair of Renfrewshire's Gender-Based Violence Strategy Group. During 2018/19, this group published its first three-year strategy, and will undertake an evaluation of this during 2020/21.

Service user voice is a growing feature of the planning and delivery of services, and in Renfrewshire, service users are supported to make their views known in a number of ways. Children and young people can share their opinions and experience through the Youth Commission, the Children's Champions Board, the use of Viewpoint, and through advocacy services provided by Barnardo's and Who Cares Scotland.

For adults, the HSCP'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.

Social Services Delivery Landscape

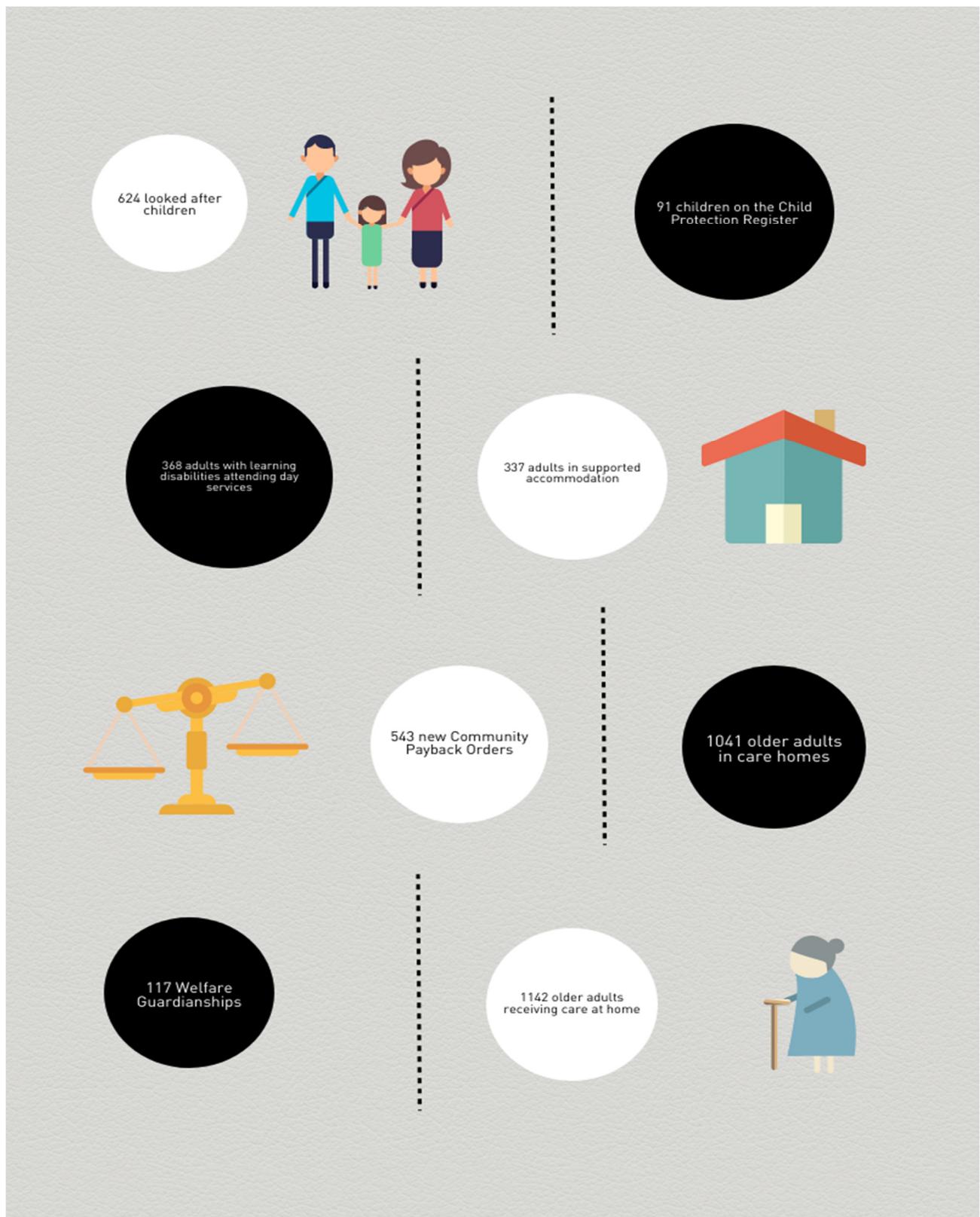
Renfrewshire has a population of 177,790 in mainly urban settlements, but with a sizeable minority living in smaller towns and villages. There are areas of severe multiple deprivation across Renfrewshire, with higher than average levels of drug and alcohol hospital admissions and rates of looked after 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 26 registered services including 3 care homes and 5 day centres for older adults, 6 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, 17 of these services were graded Very Good or Excellent for Quality of Care and Support. The newest children's house has not yet been 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 more than 20 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 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, Renfrewshire Health and Social Care Partnership has developed a market facilitation statement.

Social Services Delivery in Renfrewshire



World Social Work Day 2019

The theme of this year's World Social Work Day was 'Promoting the Importance of Human Relationships'. Social work in Renfrewshire works hard to build trusting and respectful relationships between practitioners and the people they support. Staff are trained in approaches which stress the importance of listening to and respecting the views of children, young people and families. Our services also recognise the value of family relationships for service users and encourage these to be maintained in a positive way. Renfrewshire is involved in the national Stop:Go initiative from the Care Review which includes amongst a range of aims to stop the separation of siblings unless there are important safeguarding reasons.

To mark World Social Work Day, the Chief Social Work Officer worked a late shift in one of Renfrewshire's children's houses. This allowed the Chief Social Work Officer to go back to the frontline and not only hear from staff and young people about the positives and challenges of residential children's services but to experience them first hand. As Chief Social Work Officer I want to thank the young people for opening their home to me and to the staff from being prepared to have their practice put under my scrutiny.

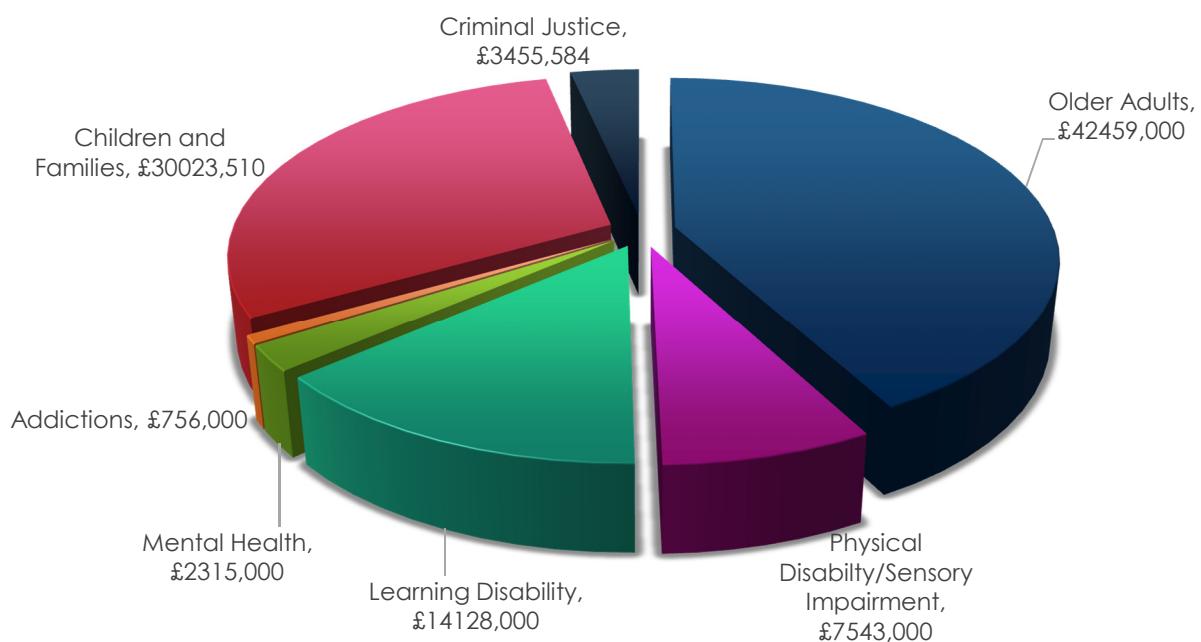
It was pleasing that I was able to experience a committed staff group who showed care and support for the young people to an extremely high standard.

It is my intention to repeat the "back to the shop floor" exercise with other staff groups over the next twelve months.

Resources

Renfrewshire Council's expenditure on social work in 2018/19 was almost £107 million. Services for older people make up the largest share at 42% and services for children and families account for a further 30%. The chart below shows expenditure by service area in 2018/19. Criminal Justice Social Work services are directly funded by Scottish Government grant. 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.

Expenditure on social work services, 2018/19



Demand pressures continue to generate financial challenges for social work services. These include continuing high numbers of looked after children (which is partly related to levels of deprivation, parental neglect and drug and alcohol misuse); increasing use of community sentences by courts rather than short prison sentences; the impact of longer life expectancy and a greater proportion of the population being aged 65 and over; the increasing diversity of our communities and the need to provide specialised support to, for example, refugees and unaccompanied asylum seeking children. 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.

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.

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. Over the past few years the changes in funding have led to the disaggregation of some services which were previously provided on a shared basis with neighbouring authorities. The extension of Presumption Against Short Sentences is likely to impact on resources in future years.

Early intervention and preventative work not only supports improved outcomes for the people of Renfrewshire but can also support a sustainable financial position. Examples of local work include the embedding of early permanency planning for looked after children where appropriate; our 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

Adult protection continues to be an area of high demand within Adult Services. During 2018/19, social work received 1700 adult welfare concerns and 1019 adult protection concerns. These resulted in 102 adult protection investigations and 44 initial case conferences. There were also 53 review case conferences in the year.

As was the case in 2017/18, there was another large rise in the number of applications for Compulsory Treatment Orders made by the MHO team – 161 in 2018/19, an increase of 109%. Other duties falling under the Mental Health (Care & Treatment) (Scotland) Act 2003 included MHO consent for 18 emergency detentions (72-hour detention for assessment), 142 short-term detentions (28 days for assessment and treatment) and 152 Mental Health Tribunals. In total, the service dealt with 773 individual pieces of work falling within that legislation during 2018/19. The service also manages 'Restricted Patients' who come under the control of Scottish Ministers.

As of 31 March 2019, the CSWO had responsibility for 117 welfare guardianships (including 25 new orders granted during 2018/19), which are managed day-to-day by a nominated officer within the MHO team. The team also supervises over 450 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 25 Intervention Orders in 2018/19. 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, hospital admissions and drug deaths.

Renfrewshire Drugs Service had 796 open cases at the end of 2018/19 and the Integrated Alcohol Team had 121 open cases. The number of drug deaths in the area increased considerably. Renfrewshire Community Planning Partnership has recently 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.

Hoarder Short Life Working Group

A multi-agency response is typically warranted for assessment and subsequent intervention to address issues arising from hoarding that impacts on individuals, communities and partnership services. Within Renfrewshire several examples of hoarding behaviours have emerged and has led to significant resource implications, including demands on staff time and financial resource implications for Renfrewshire Council.

In recognition of the impact of hoarding behaviours, a multi-agency short life working group has been established to develop a cross-partnership approach to identifying and managing such cases. The intent is to develop interagency strategies and training as well as being a direct resource for individual practitioners.

The Chief Executive's Services are co-ordinating the short life working group with Community, Housing and Planning, Health and Social Care, Scottish Fire and Rescue, and representatives from public protection to achieve a joined-up, person-centred approach that reflects risk management and interventions to address risk to individuals and to the public.

Statutory Service Provision: Children and Families Social Work

Children's social work services in Renfrewshire are provided from 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. Long-term planning takes a needs-based approach and led to the opening, in 2019, of a close support unit able to provide more intensive care and support to a small number of our most vulnerable children and young people.

Renfrewshire Council had 624 looked after children at 31 March 2019; 380 looked after at home and 244 looked after and accommodated. This represents a further fall in overall numbers, a drop of 6% on the previous year. The Fostering and Adoption team continues to focus on permanency where appropriate and during 2018/19, 10 adoptions were completed. Over the last decade, the service has shifted the balance of provision substantially and the majority of foster placements are now with local authority carers rather than independent providers.

Secure orders are used only when necessary, with community-based support packages considered a better approach with complex cases. During 2018/19, 9 young people spent time in a secure placement. Children's Services opened a new close support unit in February 2019 which will allow much more intensive work with the small number of young people at risk of a secure placement and it is intended that this will further reduce the use of secure care. The Whole Systems Team, who work with young people displaying offending behaviour aged up to 21, is an important component of the community based support available in Renfrewshire.

During 2018/19, 20 children were the subject of a Child Protection Order under Section 57 of the Children (Scotland) Act 1995. This compares to 15 in the previous year and 24 in 2016/17. 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 2019, there were 91 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.

New statutory duties in respect of young carers came into force on 1 April 2018 and Renfrewshire put in place additional resources to enhance the support available to this group of young people. During 2018/19, 105 young carers were provided with support.

Children and young people are empowered to contribute to service design and planning. Renfrewshire's Early Action System Change is working with local young people on the priorities they identified in the All Children Wellbeing study, namely coercive control in adolescent relationships and mental health. Children and young people have been involved in the redesign of pathways plans, and in developing and delivering training for foster carers.

Case Study: Supporting Unaccompanied Asylum Seeking Children and Child Refugees

Renfrewshire Council's Unaccompanied Asylum Seeking Children (UASC) team was set up in November 2016 in response to a humanitarian need. Renfrewshire was one of several Scottish councils who volunteered to accommodate and support children and young people as a response to the 'Calais camp' crisis and then as part of the Vulnerable Children Resettlement Scheme. The team currently supports 18 children and young people who have experienced considerable trauma prior to arriving in Scotland, including: war; military service (often forced); physical and sexual violence; trafficking; exploitation and forced labour; persecution due to sexual orientation, ethnicity or religion; domestic servitude; time spent in refugee camps; and separation and loss.

In addition to the trauma they've experienced, our young people face a language and cultural barrier, and find themselves living in an area they've no prior connection with. It's important that staff spend time helping them get to know the local area and deal with things which can be taken for granted, such as knowing where you can shop for food, or how to access a GP or a dentist. The team prepare welcome packs for all planned arrivals, which include photos of the local area and the team. Our first arrivals from the Calais camps added their own welcome messages to the packs when our last two family groups arrived.

The outcomes for our children and young people have been improved as a result of the commitment of partners to provide support and advice; they have benefitted from the involvement of the NHS, local colleges, Skills Development Scotland, INVEST, and local community groups such as religious organisations and sports clubs.

The primary focus of the team was building trusting and safe relationships with our children, and supporting them to thrive. Education is important to all our young people; nine are actively engaging in their school education and another five attend local colleges for ESOL classes, some at an advanced level. Others have undertaken IT courses or training with the Princes Trust. Sport has been another way in which our children are achieving – four play for local football teams and two play for cricket teams at a regional level, with a view to progressing to the Scottish national team. One young person has undertaken a youth work programme with the Ocean Trust and has an opportunity to volunteer with them in the future. Two of our young people are sustaining their own tenancy whilst also studying or working, and one of our family groups is in a supported tenancy and is integrating independently into the local community.

"When I came here there were many difficulties and I did not know what to do but I was lucky to meet these people. I hope you guys keep helping to me."

"I want to learn English so I can get a job. I want to help people and my wish is to study pharmacy."

"I have been living in Scotland for two years. I have an amazing support worker they help me so much in my life since I moved here. They support me in school and when I moved to my flat. They take me to appointments, they take me to McDonalds. I'm glad I have a support worker like them and I want to say thank you for all the support."

Statutory Service Provision: Criminal Justice Social Work

There were 543 new Community Payback Orders handed down in 2018/19. Of these, 332 included an unpaid work element totalling over 48,000 hours, and 272 include a supervision element.

At the end of March 2019, Criminal Justice Social Work was supervising 94 licences in the community, including 7 new life licences and 7 Section 15 orders. A further 169 Throughcare cases were in custody at that date; 37 of these will have life licences on release and 3 will have an Order for Lifelong Restriction.

There were 22 individuals subject to new Drug Treatment and Testing Orders in 2018/19, and 28 subject to Fiscal Work Orders. From 106 referrals, 60 people were successfully diverted from prosecution.

The impact of the extension of the Presumption Against Short Sentences is not yet known. At present, the Scottish Court Service is unable to provide data on the number of cases in which sheriffs would have opted for a custodial rather than community sentence had the presumption not been in place. Nonetheless, the extension will result in increased community orders and it is expected that these are likely to be higher tariff, given they will be a direct alternative to custody.

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.

Case Study: Unpaid Work Team

The Unpaid Work team organise and supervise work squads for people who have been found guilty of an offence and been made the subject of a community sentence, usually a Community Payback Order. In 2017/18, the service supervised just short of 60,000 hours of unpaid work across Renfrewshire. Unpaid Work focuses on rehabilitation and reparation. People who have committed an offence have the opportunity to give something back to their community. This has been shown to be much more effective than custody in reducing re-offending.

In Renfrewshire, the service undertakes a wide range of activity and much of this is focused on sustainability and improving the environment. Teams assisted in gardening and general clean-up of Ferguslie Park as part of the Paisley 2021 campaign. They've also undertaken clearing work in the Jenny's Well Nature Reserve in Paisley, restoring paths and cutting back overgrown trees. Teams also support Lamont City Farm in Erskine by clearing and cleaning animal stalls, repairing fences, and transferring manure.

The Brediland Allotment project is a longstanding and ongoing project. A worksquad grows vegetables on their plots using seeds and cuttings ethically sourced from a number of partners, including the Royal Horticultural Society. The worksquad assigned to the allotment also assists other plot holders to maintain their plot when ill health or disability is preventing them from looking after it properly. All produce grown by the squad on their allotment is donated to the Trussell trust for distribution across their Renfrewshire foodbanks. Following the death of the allotment organiser, his plot was donated to the Unpaid Work Service. This is just one measure of the success of the project, and their positive relationship with the community. The success of Brediland has led to the service working further three further allotments at Lamont Gardens and Sutherland Street. As well as donating produce to the foodbank, plants grown are used to enhance the street scene in Paisley's West End.

As well as gardening and outdoor work, the service also has recycling projects. The Lighter Duties Joinery workshop recycles old wooden pallets and transforms them into "mud kitchens" and garden seating for playgroups and nursery schools. Small pieces of scrap wood are transformed into bird boxes. These are offered for sale (along with other items produced by Unpaid Work Team service users) at Unpaid Work open days, and the proceeds pay for the materials used by the squads. Twice a week, a squad will pick up stock from charity shops which is no longer wanted. Wherever possible, this is restored/repaired, and the recycled furniture is passed on to those in need.

The service has received a great deal of positive feedback both from the beneficiaries of the work (including community groups, churches, and St Vincent's Hospice) and from service users who feel they have gained skills, are better prepared for paid employment, supported to change negative behaviours and motivated not to re-offend.

Ongoing Service Developments

The Early Action System Change programme is progressing three workstreams tackling needs identified through the All Children Wellbeing Study. These three workstreams aim to embed co-production with service users and are focused on the mental health of children and young people; coercive control in adolescent relationships; and childhood obesity. The programme is a partnership with Dartington Service Design Lab and the Ariel Trust, and is overseen by the multi-agency Renfrewshire Children's Services Partnership.

Social work services are preparing for the implementation of a new case management system which will replace Swift CCM in March 2020 for Children and Families Social Work and will then roll out to Criminal Justice Social Work and Adult Social Work and Social Care.

Changes to care planning and assessment as response to national care review

The Chief Social Work Officer has been involved in discussions on the potential benefits of adopting a Barnahus model. The model, which originated in Scandinavia is a trauma-informed, rights-based, multi-agency approach to working intensively with children and young people affected by violence.

Self-directed support continues to be embedded within social care provision, and the personalisation of services is developing beyond that. The new Supported Living Framework, covering adult service users with a range of needs, will shortly be implemented. The new framework is based on the delivery of outcomes, rather than hours of care and support, and service users will have personalised budgets which will allow them to determine which mix of support services will best meet their needs.

As noted earlier, Renfrewshire has above average rates of hospital admissions linked to alcohol and drug use, and the fourth highest rate of drug-related deaths in Scotland, and these are long-standing issues. Social work services will contribute to the work of the Alcohol and Drugs Commission recently established.

An independently-led whole systems review of addiction services in Renfrewshire reported in 2018/19 following consultation with staff, service users and wider stakeholders. As a result of the review, service redesign is under way to deliver a fully integrated alcohol and drugs service. This service will include a new single point of access for service users, a new team to support GPs with shared care arrangements, and a new recovery hub to build on the excellent work delivered by the Sunshine Recovery Café.

Children & Families Social Work undertook a large-scale self-evaluation during 2018/19. This was based on the Care Inspector's latest quality framework and has also fed into a multi-agency self-evaluation undertaken by Renfrewshire Child Protection Committee.

Care at Home services are currently implementing a new scheduling system following a comprehensive review of service delivery.

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 include tackling retention and succession planning within the children's residential workforce and identifying ways to increase opportunities for staff to undertake reflective practice. In the HSCP, 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.

During 2018/19, service redesign in Children & Families Social Work created an additional locality team and allowed for the reduction of caseloads, providing more time for social workers to spend with service users.

The potential for future staff shortages as a result of an ageing workforce remains a challenge, particularly within Adult Services. The latest release of staffing data shows that 33% of Renfrewshire's Adult Services fieldwork team are aged 55-64, as are 30% of staff within adult day services and 30% in care homes. In Care at Home, 29% of staff are over 55.

The in-house Social Work Professional Training Service continues to operate across Children's Services and the HSCP and offers a broad range of training and development opportunities for practitioners. 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. Renfrewshire has one of the highest incidences of domestic abuse in the country, and we have implemented the 'Safe and Together' model to support work on reducing the impact on children. 'Safe and Together' is a child-centred approach focusing on the strengths of the survivor and the pattern of behaviour of the perpetrator. The Social Work Training Team has been supporting Care at Home staff to meet the deadline for registration with SSSC. All managers and supervisors are registered, and the training team are working with existing frontline staff to ensure they all meet the registration deadline of September 2020. All new staff are required to be registered within six months of taking up their post.

Staff also have access to more generic training offered by the Council, including a two-tier leadership development programme which runs over a 12-month period.

During 2019/20, Children and Families Social Work will undertake a staff survey and engagement exercise.

*Oh if you ever thought we were not required,
Workers on the very edge of despair,
Consider Joe, kicked out by his foster-carers
At twelve, having stolen from the little they had:
'Ah don't know why Ah done it, but it's okay
If they didny wahnt me back, it's okay -
My ma didny wahnt me either.' To live
In such an unquestioned acceptance of defeat
Is dreadful, yet we know Joe can be helped.
The value of a soul can be drawn out
By those who are trained to do so, those
Who can blow the tiniest downtrodden spark
Of self-esteem into flame*

From Brothers and Keepers by Edwin Morgan

To: Renfrewshire Integration Joint Board

On: 22 November 2019

Report by: Chief Officer

Heading: Renfrewshire HSCP - Winter Plan 2019/20

1. Summary

1.1. Health Boards and Integration Joint Boards (IJBs) received guidance from the Scottish Government to support planning and preparation for Winter 2019/20. Health Boards must be satisfied that potential disruption to NHS services, patients and carers is minimised. The draft Winter Plan for the NHSGGC Board area was approved on 22 October 2019 and submitted to the Scottish Government.

https://www.nhsggc.org.uk/media/256392/item-12-paper-no-19_50-winter-plan-2019-20.pdf.

1.2. Health and Social Care Partnerships (HSCPs) in NHS Greater Glasgow and Clyde (NHSGGC) have produced Winter Plans to support the NHSGGC Board plan. The Plan for Renfrewshire has been produced by the HSCP in collaboration with Acute Services and Renfrewshire Council. A final draft is attached at Appendix 1.

2. Recommendations

It is recommended that the IJB:

- Approve Renfrewshire HSCP's draft Winter Plan 2019/20; and
- Note the collaborative work carried out with NHSGGC, and the Winter Plan approved by the NHS Board on 22 October 2019.

3. Background

3.1. Renfrewshire HSCP's Plan focuses on the key actions from the Winter Assurance Framework:

- Business continuity plans in place
- Escalation plans tested with partners

- Strategies for additional surge capacity
 - Workforce capacity plans and rotas to be agreed by end of November 2019
 - Acute, Localities and Care at Home joint plan to support prompt discharge and minimising delays
 - Develop and implement Communication Plans
 - Delivery of seasonal flu vaccinations to public and staff
 - Optimise use of Community Pharmacy
 - Proactive planning with GP Practices, Care Homes and Nursing Homes
- 3.2. This Plan for winter complements our ongoing work to reduce the demand for unscheduled care.
- 3.3. The HSCP Senior Management Team will manage the delivery of this the Plan and monitor supporting data to ensure the effectiveness of action being taken.
- 3.4. The Plan has been shared with the Council's Civil Contingency Team and NHSGGC Health Board colleagues.
-

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. 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
-

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Renfrewshire HSCP

Winter Assurance Framework

This framework describes additional actions being taken to prepare for the winter period. It should be read in conjunction with Renfrewshire's Unscheduled Care Plan which describes our ongoing work to reduce our reliance on unscheduled care.

Key Action	Response	Lead
Business continuity plans in place	<p>Continuity Plans are in place. Reminders to be issued to partners to ensure all plans are up to date.</p> <p>Reminder to be issued to all staff about adverse weather policies and the need to report to a local base if they cannot get to their normal place of work.</p> <p>The provision of 4-wheel drive vehicles to ensure Care at Home Services, including community meals, can still be delivered in the event of severe weather and prevent any potential disruption to these essential services.</p>	Head of Administration (Communications Lead) Head of Administration (Communications Lead) Heads of Health and Social Care Services
Operational escalation plans for festive period tested with partners	<p>Operational Heads of Service to ensure management cover over the holiday period.</p> <p>Single route into HSCP for acute system when pressures are identified. HSCP to provide input to daily huddles, with escalation route through Head of Service. Chief Officer (or nominated SMT member) to be main</p>	Heads of Service Heads of Service

Key Action	Response	Lead
	<p>escalation route for RAH outside huddle process.</p> <p>Communicate escalation plans with staff and partners.</p>	Heads of Service
Strategies for additional surge capacity	<p>Use of Hunterhill Care Home (empty respite beds) available as step down facility if demand for Care at Home cannot be met.</p> <p>Adoption of NHS GGC System Wide Escalation Policy, procedures and supporting local actions.</p>	Heads of Health and Social Care Services Heads of Health and Social Care Services
Optimising use of Community Pharmacy	<p>Continue the prescribing of rescue medication for COPD patients by community pharmacists to reduce pressure on GPs, Community Services and/or Acute Services, and support self-management. This model proved a successful test of change in early 2019. Initial evaluation has been carried out and the Rescue Medicines process will become 'business as usual' in Renfrewshire and rolled out boardwide.</p> <p>Issue local communications for Pharmacy First.</p>	Chief Nurse / Lead Pharmacist/Clinical Director Head of Administration (Communications Lead)
Workforce capacity plans and rotas to be agreed by end of November 2019	Confirmation that rotas and staffing schedules will be completed by the end of November 2019 to ensure adequate cover	Heads of Service

Key Action	Response	Lead
	<p>and resilience over the winter period:</p> <ul style="list-style-type: none"> • Care Homes (internal and external to the HSCP) • Care At Home services (internal and commissioned) • Social Work staff, in particular those based at the RAH • District Nursing and Rehabilitation Services • Business Support - Council and HSCP 	
Acute, Localities and Care at Home joint plan to support prompt discharge and minimising delays	<ul style="list-style-type: none"> • Discharge Coordinator post will be created from November 2019. This dedicated role will be solely focussed on working with Families, Acute and HSCP Services to manage the discharge process. • A dedicated, mobile Care at Home Team will be established to support the Discharge Coordinator. • 3 beds at Hunterhill Care Home to be dedicated for the reablement of delayed discharged patients. 	Heads of Health and Social Care Services Heads of Health and Social Care Services Heads of Health and Social Care Services

Key Action	Response	Lead
	<ul style="list-style-type: none"> • A joint plan and discharge process to be agreed by Acute and HSCP for the period 19th December 2019 until 6 January 2020. • Acute and HSCP are meeting 3 times a day to discuss discharge planning and review active cases/delayed discharges and agree appropriate actions. • Hospital social work team attending daily huddle including bank holidays. 	Heads of Health and Social Care Services Heads of Health and Social Care Services Heads of Health and Social Care Services
The risk of patients being delayed on their pathway is minimised	Implementation of the Acute Delays Action Plan	Heads of Health and Social Care Services
Communication Plans for staff and public	Re-enforce Board public messages about preparations for winter including referral mechanisms and alternatives to admission (local directory).	Head of Administration (Communications Lead)
Delivery of seasonal flu vaccinations to public and staff	Deliver peer led immunisation across Renfrewshire HSCP Staff, both NHS and Council employees, to complement the Board run flu clinics. Deliver housebound flu vaccination programme across Renfrewshire by the end of November 2019. Offer Pre-5 Immunisation in Ferguslie and	Service Manager – District Nursing/RES Service Manager – District Nursing/RES Service Manager – District Nursing/RES

Key Action	Response	Lead
	<p>Linwood area (test of change)</p> <p>Communicate with Care Homes and Care at Home providers to seek assurances that they will be offering staff immunisation.</p> <p>Advertise staff flu clinics and promote uptake.</p>	<p>Chief Nurse / Clinical Director</p> <p>Head of Administration (Communications Lead)</p>
Winter Planning with GP Practices	<p>Work with Clinical Director and GP colleagues to ensure Anticipatory Care Plans (ACPs) and Key Information Sheets (KIS) are in place for high risk individuals. This work is being led through the Living and Dying Well with Frailty Collaborative locally.</p> <p>Engage with GP practices to encourage proactive planning for high risk patients, in particular those with COPD, Diabetes, Dementia and / or those who are housebound.</p> <p>Engage with GP practices to ensure repeat prescription arrangements are in place for holiday period.</p>	<p>Clinical Director / Service Manager for DN and RES</p> <p>Clinical Director / Service Manager for DN and RES</p> <p>Clinical Director / Service Manager for DN and RES</p>
Proactive planning with Care Homes	An Advanced Nurse Practitioner (ANP) has been recruited to work with Care Homes across Renfrewshire. The ANP will work closely with Care Homes who may have high admission rates, to proactively identify and	Chief Nurse Service Manager DN and RES

Key Action	Response	Lead
	<p>manage the care needs of these residents to potentially reduce need for hospital admission, which may include appropriate and timely prescribing. She will promote the use of ACPs (Anticipatory Care Plans).</p> <p>The ANP and other HSCP staff will work with Care Home Liaison Nurses and local Care Homes to support preparations that can assist in maintaining patient stability over the period, including the management of Rapidly Changing Needs</p> <p>We will work with nursing homes to encourage them to accept higher than normal admission numbers over the pressure period and to ensure that they admit at weekend. Over this period, patients may be offered a wider range of nursing homes than usual.</p>	<p>Chief Nurse, Service Manager DN and RES</p> <p>Heads of Health and Social Care Services</p>