

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

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

KENNETH GRAHAM
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Margaret Kerr: Dorothy McElean: John Matthews: Frank Shennan: Karen Jarvis: Dr Shilpa Shivaprasad: Louise McKenzie: David Wylie: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Amanda Kelso: Dr Stuart Sutton: David Leese: Sarah Lavers: John Trainer.

Councillor Jacqueline Cameron (Chair); and John Matthews (Vice Chair)

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact Committee Services on 0141 618 7111. To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording of meeting

<https://www.youtube.com/watch?v=b9qmAkXZ1uM>

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.

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|-----------|---|------------------|
| 1 | Minute | 3 - 6 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 28 August 2020. | |
| 2 | Rolling Action Log | 7 - 10 |
| | IJB rolling action log. | |
| 3 | Membership Update | 11 - 12 |
| | Report by Chief Officer. | |
| 4 | Financial Report 1 April to 31 August 2020 | 13 - 44 |
| | Report by Chief Finance Officer. | |
| 5 | COVID-19 Recovery and Renewal Planning Update | 45 - 60 |
| | Report by Chief Officer. | |
| 6 | Annual Performance Report 2019/20 | 61 - 180 |
| | Report by Chief Officer. | |
| 7 | Non-financial Governance Arrangements | 181 - 202 |
| | Report by Chief Officer. | |
| 8 | Update on Primary Care Improvement Plan 3 | 203 - 212 |
| | Report by Chief Officer. | |
| 9 | Equality Outcomes 2020/24 Action Plan | 213 - 226 |
| | Report by Chief Officer. | |
| 10 | Renfrewshire HSCP Winter Plan 2020/21 | 227 - 240 |
| | Report by Chief Officer. | |
| 11 | Date of Next Meeting | |
| | Note that the next meeting of the IJB will be held at 10.00 am on 20 November 2020. | |



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

Date	Time	Venue
Friday, 28 August 2020	10:00	Remotely by MS Teams ,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor James MacLaren) (all Renfrewshire Council); Margaret Kerr, John Matthews and Frank Shennan (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Dr Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); Amanda Kelso (Trade Union representative for Health Board); David Leese, Chief Officer (Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk), D Low, Democratic Services Manager and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Shiona Strachan, Acting Head of Health and Social Care (Paisley), Jean Still, Head of Administration; Nikki Hamer, Senior Business Support Manager; David Fogg, Service Improvement Manager and John Miller, Communications Officer (all Renfrewshire Health and Social Care Partnership); and Adam Haahr, Auditor (Audit Scotland).

Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the IJB would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

Apologies

Dorothy McErlean (Greater Glasgow & Clyde Health Board); David Wylie (Health Board staff member involved in service provision); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Dr Stuart Sutton (Registered Medical Practitioner (GP)); and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership).

Declarations of Interest

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

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 31 July 2020 was submitted.

DECIDED: That the Minute be approved.

2 COVID-19 Response, Recovery and Renewal Update

The Chief Officer submitted a report providing detail to the IJB on Renfrewshire HSCP's COVID-19 response, recovery and renewal activity, focusing on activity undertaken since the last IJB meeting on 31 July 2020.

The report provided information on service operational updates; activity under Strands 1 and 2 of the Recovery and Renewal programme; and an update on the current COVID-19 financial position.

At the meeting of the IJB held on 31 July 2020 a detailed operational update on HSCP services was provided. This report provided an update on key developments which had occurred following that update, with a particular focus on testing; care home visiting; and day services and planned respite for older people and people with learning disabilities.

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

DECIDED:

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

(b) That it be noted that further updates on recovery and renewal activity would be brought to the IJB at the next meeting in October.

3 Rolling Action Log

The rolling action log for the IJB was submitted.

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

4 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held remotely by MS teams at 10.00 am on 2 October 2020.

IJB Rolling Action Log 2 October 2020

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
20/09/19	MoU between IJBs and Hospices	Report update on local delivery in Renfrewshire to future meeting	Frances Burns	20/11/20	Whilst we have actively been working with our local Hospices as part of our collective response to COVID, there has been a delay formally reflecting on our local delivery of the MOU. Given current pressures, it proposed that an update is brought to the November 2020 meeting.
31/01/20	Financial Report 1 April to 30 November 2019	Establish what had been done and was being done in other IJBs around the care at home service and inform members at a future development session.	David Leese	26/06/20	We have considered lessons learned from care at home services in other HSCPs and will consider as part of our local review and update the IJB once review work has progressed
	Change and Improvement Update	Submit report to September meeting providing an update on digital opportunities available.	David Leese	02/10/20	Digital opportunities are being reviewed to reflect learnings from our COVID response. Digital has been identified as a key enabler to our Recovery and Renewal. An update on how we will drive forward our digital ambitions has been included in the October 2020 Recovery and Renewal Update.

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
	Older People's Services Review Update	Submit draft dementia strategy to the IJB at its meeting in June 2020	David Leese	26/06/20	Update provided as part of the Recovery and Renewal Update at October 2020 meeting. It notes work on our Dementia Strategy has been paused to allow to us evaluate the impact of COVID-19 and to align with the national strategy which has been delayed to 2021.
	Equality Outcomes and Mainstreaming Progress Report and Consultation on Equality Outcomes 2020/24	Submit action plan, based on the Equality Outcomes for 2020/24 to the IJB at its meeting in June 2020.	David Leese	02/10/20	Action Plan presented for IJB approval at October 2020 meeting
	Performance Management End of Year Report 2019/20	Submit Improvement Plan for Renfrewshire HSCP's Child and Adolescents' Mental Health Service (CAMHS) to a future meeting of the IJB	Frances Burns	20/11/20	Update provided as part of the Recovery and Renewal Update at October 2020 meeting
		Submit report to future meeting relative to the proactive steps taken in relation to target for PDPs	Frances Burns	20/11/20	Update will be included as part of the Performance report at the November 2020 meeting
	Draft Unscheduled Care Commissioning Plan 2020/25	Submit finalised Plan to the IJB later in the year for approval	David Leese	20/11/20	Further update for November 2020 meeting
31/0720	Financial Implications of COVID-19 on Delegated IJB Budget	Develop a range of proposals for the IJB's consideration, which would support the IJB's ability to deliver a balanced budget in	David Leese		The CFO will continue to provide an update report at each meeting of the IJB

		2020/21 and which would support a refreshed medium-term financial plan			
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To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Head of Administration

Heading: IJB Membership Update

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

1. Purpose

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

2. Membership Changes

- 2.1. Diane Young, Operations Manager (Mental Health), will replace David Wylie as the non-voting member of the IJB representing a NHS staff member involved in service provision, effective from 1 November 2020.
- 2.2. In addition, it is requested that the IJB identify a representative non-voting member to sit on the IJB Audit, Risk and Scrutiny Committee in place of David Wylie.

3. Recommendation

It is recommended that the IJB:

- Note that Diane Young will replace David Wylie as the NHS staff member involved in service provision; and
- Agree a replacement non-voting member to sit on the IJB Audit, Risk and Scrutiny Committee.

Implications of the Report

1. **Financial** – None.
2. **HR & Organisational Development** – None.
3. **Community Planning** – None.

4. **Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
5. **Property/Assets** – None.
6. **Information Technology** – None.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

List of Background Papers – None.

Author: Jean Still, Head of Administration

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

To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2020 to 31 August 2020

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 31 August 2020 and the projected year end position for the year ending 31 March 2021.
- 1.2. As highlighted to members in the Chief Financial Officer's report of 31 July 2020, 'Financial Implications of COVID-19 on Delegated IJB Budget', the financial implications of the COVID-19 pandemic on the Health and Social Care Partnership's services will become clearer over time. The current projected year end position will therefore be subject to change as the magnitude of the financial impact on our services emerges.
- 1.3. IJB Members are asked to recognise the significant additional commitment required by our external providers, budget managers and the finance team to track and make payments in relation to costs associated with COVID-19.
- 1.4. The table in paragraph 3.2, includes the consolidated summary members are familiar with, plus an added level of detail showing the current estimated cost to the Health and Social Care Partnership (HSCP) of our response to COVID-19. This is to provide clarity of the potential financial risk of COVID-19 on the Delegated 2020/21 IJB Budget.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 August 2020;
- Note the projected year-end position for 2020/21; and
- Note the current estimated financial assessment of the potential revenue consequences of the COVID-19 pandemic for 2020/21.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an overspend of £3.2m and the projected outturn for 2020/21 is an overspend of £8.1m. This position includes the net actual and estimated costs in relation to COVID-19, and, is prior to the transfer of any ring-fenced balances to General and Ear Marked Reserves at the financial year end.

Division	Year to Date Position	Projected Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £754k	Underspend £1,934k
Net COVID -19 Actual and Projected Costs	Overspend (£4,008k)	Overspend (£10,049k)
Total Renfrewshire HSCP (inclusive of COVID-19)	Overspend (£3,254k)	Overspend (£8,115k)

The key pressures are highlighted in section 4.

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

4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £754k	Underspend £1,934k

- 4.1. The overall net underspend for the HSCP at 31 August 2020 is an underspend of £754k, with an anticipated year-end underspend of £1,934k, assuming that the current trajectory of spend continues throughout this financial year. Members should note this does not include the net costs associated with COVID-19.
- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) are based on the current funding received to date.
- 4.3. The current and projected underspend includes a draw down from ear marked reserves as detailed in the following table and in Appendix 7.

Movement in Reserves

Earmarked Reserves	Amounts Drawn Down in 2020/21
	£000's
PCTF Monies Allocated for Tests of Change and GP Support	-38
Primary Care Improvement Program (19/20)_ (20/21)	-264
ADP Funding	-106
Mental Health Action 15 (19/20)_ (20/21)	-130
Mental Health Strategy Interim Support Pending Completion of Psychology Review	-85
Renfrewshire Wide Prevention and Early Intervention Programme	-25
TOTAL EARMARKED RESERVES	-648

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 £526k	Underspend £1,362k

4.4.1. The main pressures within Adults and Older People mainly relate to:

- *Continued pressures within the Care at Home service* – spend within care at home has continued to increase year on year as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in care at home packages significantly impacting an already pressured budget.
- *Care Homes* – Currently, the Care Home budget is projecting an underspend which is offsetting pressures within the Care at Home service. During the first 4 months of this financial year, admissions into older people care homes decreased compared to those in previous years, due to the pandemic and the ability of care homes to take new admissions. However, during the last few weeks, this position has started to change, and it is projected this trend will continue throughout the remainder of this year.
- *Employee costs - Adult Social Care*
Underspends in employee costs reflecting recruitment delays due to COVID-19 restrictions and ongoing difficulties recruiting to specialist posts.
- *Adult Community Services*
Underspend, reflecting ongoing turnover and recruitment and retention issues across the Rehabilitation and District Nursing services.

Mental Health Services	Year to Date Position	Year End Outturn
	Overspend (£110k)	Overspend (£262k)

4.4.2. The overspend within Mental Health Services reflects vacancies due to recruitment issues, throughout all mental health service areas which offset: pressures in relation to costs associated with bank and agency staff required to maintain the recommended safe staffing and skill mix for registered nurse to bed ratios (enhanced observations); overspends within the Adult Placement budget reflecting current client numbers and their needs; and, an overspend in relation to the Mental Health Action 15 programme due to the uncertainty around non-recurring funding from the Scottish Government. Pending confirmation of funding for 2020/21 the current forecast for this programme is showing a significant overspend. As soon as clarification for the 2020/21 funding is received the forecast will be amended as appropriate.

Learning Disabilities	Year to Date Position	Year End Outturn
	Underspend £156k	Underspend £395k

4.4.3. The underspend within Learning Disabilities is mainly due to vacancies across all areas of the service.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £133k	Underspend £320k

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

Resources	Year to Date Position	Year End Outturn
	Overspend (£407k)	Overspend (£977k)

- 4.4.5. The overspend within Resources relates to the Primary Care Improvement Programme (PCIP) reflecting the impact on the planned recruitment for 2020/21 in line with the revised GP contract.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £309k	Underspend £742k

- 4.4.6. The underspend in Hosted Services is mainly due to vacancies within the Primary Care service, and, vacancies within the Podiatry Service which is in the final stages of implementing their new workforce profile. In addition, the reduction in activity due to the impact of COVID-19 and the requirement to temporarily cease some services over the past few months has reduced spend on single use instruments within the Podiatry service, and, led to an underspend on Eye Hospital Payments.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £148k	Underspend £354k

- 4.4.7. To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2020/21, agreed a net increase of £1.4m to the prescribing budget. This net increase was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives across NMSGC, and the potential impact of tariff reductions. In addition, at its meeting of 26 June 2020, the IJB approved an increase to the Prescribing earmarked reserve to provide further resilience over 2020/21. This increase to the prescribing earmarked reserve is in anticipation that: the delivery of 2020/21 prescribing efficiencies and initiatives are unlikely to be delivered in full; to protect against cost and volume increases directly linked to the impact of COVID 19; and the potential impact of BREXIT.
- 4.4.8. As highlighted above, the 2020/21 budget includes an increase of £1.4m to the prescribing budget. Based on the current data available the prescribing budget is projecting an underspend for 2020/21. However, early indications are that there will be a number of items impacted by short supply eg the antidepressant drug Sertraline is anticipated to cost the six Glasgow Partnerships an additional £5m this year, with Renfrewshire's share being approximately £750k.
- 4.4.9. At this stage in the financial year, given that we are currently projecting an underspend and there is an earmarked reserve of £1m for Prescribing, it is anticipated that any move to an overspend can be met from the reserve balance. However, the potential impact of a second wave of COVID-19 or the production of a vaccine on the prescribing budget are currently unknown.

5. Responding to the COVID-19 Pandemic

- 5.1. In addition to the areas of pressure described in Section 4 of this report, the most significant challenge faced by Renfrewshire HSCP (since March 2020) and its partner organisations (and all HSCPs across Scotland) has been responding to the COVID-19 pandemic.
- 5.2. The HSCP responded rapidly to the emerging situation in March 2020, to ensure that services continued to be delivered safely and effectively, and, protect vulnerable people within our communities. The impact of COVID-19 on services

delivered by the HSCP required a significant degree of service change within a short period of time. This has had a significant disruption to how health and social care services across Renfrewshire are currently being delivered and experienced by service users, patients and carers which is likely to continue in the short to medium term.

- 5.3. The HSCP has also established a number of new services in response to the pandemic, including: the establishment of an assessment centre to support assessment and testing of potential COVID-19 patients; and, the creation of a hub to support the distribution of PPE to our own social care services and those delivered by the third and independent sector and personal assistants and carers.
- 5.4. In addition, the Scottish Government have also given a commitment to social care providers in relation to payments to ensure financial sustainability during this period. The IJB is responsible for making these payments which the Scottish Government have recently extended.
- 5.5. As highlighted above, and in the Chief Financial Officer's report of 31 July 2020, 'Financial Implications of COVID-19 on Delegated IJB Budget', the HSCP's response to mitigating against the impact of COVID-19 and the uncertainty and challenges arising from this situation are unprecedented, and, will continue to impact beyond the next financial year, the extent of which will become clearer as financial year 2020/21 progresses.
- 5.6. Additional uncertainty remains over the HSCP's financial position due to:
- The continually changing situation and uncertainty over the extent of costs incurred which will be funded by the Scottish Government; and
 - The potential for future spikes in demand for services which could create additional delivery and financial pressures; and
 - The financial sustainability of our external providers including the third sector; and
 - The unknown impact of the Brexit negotiations; and
 - The associated impact of these on the HSCP's transformation and savings plans, which will require ongoing review and realignment.
- 5.7. The CFO regularly provides estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. This feeds into the collective NHSGGC response together with our five partner HSCTs in the NHSGGC Board wide area. These assume a phased approach to costs tailoring off towards the latter part of this financial year. Members should note that this position is dependent on the Scottish Government's ability to move through the phases of their route map as planned. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.
- 5.8. Funding of costs associated with COVID-19, for services delegated to the IJB, is being routed through NHS GGC Health Board and passed through to the IJB to meet costs. To date the IJB has been allocated a total of c£3.6m to meet the costs of responding to COVID-19 for social care services and hospices, with further tranches of funding due in October. An allocation is still to be made for health services.

- 5.9. The following table summarises the main areas of 'cost' which the HSCP has incurred, and, is projected to incur as a result of the current emergency arrangements – these include: provider sustainability payments; loss of income; and, the cost of savings which have been delayed in their implementation.

Total estimated costs at 16/09/20			
Description of Cost Type	Total Costs £000's	Costs Incurred to Date £000's	Estimate of Future Commitments £000's
Additional Staff Costs	2,283	1,497	786
Provider Sustainability Costs	4,696	2,012	2,684
PPE	798	761	37
Delayed Discharge & Care at Home	828	299	530
Community Hubs	1,667	338	1,330
Hospices Loss of Income	693	-	693
Unachieved Savings	1,178	401	777
Loss of Income	228	114	114
Other Costs	1,273	475	798
TOTAL	13,643	5,895	7,748

- 5.10. The actual impact may however be higher or lower than currently estimated, depending upon a wide range of influencing factors including: the time taken to move through the route map of recovery; the impact of Test, Trace, Isolate and Support (TTIS) on our internal services as well as our externally contracted services; and, the level of funding which is likely to be received from the Scottish Government.
- 5.11. The figures included above, are subject to continuous change, especially those in relation to provider sustainability payments. Members should note that the original projection for costs in relation to provider sustainability payments was c£16m based on Scottish Government guidance to allow for costs of up to 25% for some commissioned services. However, as work has progressed in this area, this figure has reduced to 8% c£5m based on actual payments made to date and anticipated future payments.
- 5.12. Currently, the projections only extend until 31 March 2020/21. However, it is likely that some expenditure commitments will extend into 2021/22, in particular, the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting the virus.
- 5.13. A summary of the additional funding allocated to Renfrewshire IJB by the Scottish Government to assist in funding our response to the COVID-19 emergency is provided in the following table. This shows that in total c£3.6m has so far been allocated leaving a current estimated funding gap of £10m.

Confirmed Funding Sources to Support Renfrewshire IJB's COVID-19 Response	£000's
Share of funding for Community Care	2.901
Hospice Funding Allocation (Accord and St Vincent's)	0.693
Total Confirmed Funding to date	3.594
Less: Estimated Costs @ 16/09/2020	13.643
= Current Funding Gap	- 10.049

- 5.14. Based on the funding announced to date, as detailed above, and in the absence of any further additional funding, there is a risk that the IJB will be required to partially fund any remaining gap.
- 5.15. As highlighted in the CFO's report to the IJB on 31 July 2020, the risk of a shortfall in funding creates a financial governance issue for the IJB. The IJB and its Chief Finance Officer have a duty to make arrangements for the proper administration of the IJB's financial affairs. This includes ensuring that sources of funding are available for items of significant expenditure.
- 5.16. On 31 July 2020 the IJB approved the proposal within the CFO's report, that the Chief Officer writes to the Cabinet Secretary "seeking a firm commitment from the Scottish Government that it will fund the additional expenditure already incurred, and, the anticipated future expenditure as detailed on the local mobilisation plans which are regularly submitted to the Scottish Government. This would then allow the IJB to fund the level of financial support requested from its suppliers to protect their sustainability, and, ensure the financial sustainability of the IJB". A copy of the letter to the Cabinet Secretary and her response are included in Appendices 10 and 11.

6. Current Vacancy Position

- 6.1. As highlighted throughout Section 4, and Appendices 1 to 3 of this report, Employee Costs are projecting a significant underspend throughout all services.
- 6.2. Recruitment has been delayed due to COVID-19 restrictions but continues to be progressed for vacant posts in all services.
- 6.3. Appendices 8 and 9 provide a summary of the number and type of vacancies and the areas/ posts where these vacancies arose.

7. Scottish Government Funding 2020/21

- 7.1. The 2020/21 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) are summarised in the following table.

Funding Description	2018/19				2019/20					2020/21				
	Allocation	Received 1 st /2 nd Tranche	Balance held by SG for future years	Transfer to Earmarked Reserves	Allocation	Drawdown from Reserves	Received @ 31st March	Outstanding	Transfer to Earmarked Reserves	Allocation	Drawdown from Reserves	Received @ 31st August	Outstanding	Transfer to Earmarked Reserves
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Improvement Fund*	1.554	1.465	0.089	0.792	1.861	0.792	0.931	0.930	0.264	3.735	0.264	1.867	1.868	0.000
Mental Health Action 15	0.374	0.333	0.041	0.306	0.575	0.306	0.097	0.478	0.130	0.814	0.130	0.000	0.814	0.000
Alcohol and Drug Partnership	2.139	2.139	0.000	0.321	2.229	0.000	2.229	0.000	0.453	2.308	0.106	1.731	0.577	0.000
TOTAL	4.067	3.937	0.130	1.419	4.665	1.098	3.257	1.408	0.847	6.857	0.500	3.598	3.259	0.000

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

- 7.2. In line with Scottish Government requirements, regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce and delivery of stated outcomes.

8. **Delegated Health Budget Update 2020/21**

- 8.1. At its meeting of 20 March 2020, the IJB agreed to delegate responsibility for the Chief Officer in consultation with the Chair, to accept the 2020/21 delegated health budget subject to the expected uplift of 3% reflecting the Board's uplift for 2020/21 including any final adjustments in relation to recurring budget adjustments at month 12.
- 8.2. NHSGGC's draft financial plan for 2020/21 was presented to the NHSGGC Board in February 2020. An updated version was due to be presented at the April Board meeting however, due to the COVID-19 pandemic this was not possible as the full NHSGGC Board did not meet in April as it has been replaced by an Interim Board. NHSGGC's Operational Plan has been suspended and both it and the supporting Financial Plan will require to be reviewed in light of the COVID-19 pandemic.
- 8.3. The IJB is therefore still to receive its formal 2020/21 budget offer, however, it is anticipated it will be in line with the interim budget offer made in March.

9. **Other Delegated Services**

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

- 9.1. The table above shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.
- 9.2. The Projected outturn position to 31 March 2021 is a breakeven.

10. **Reserves**

- 10.1. As detailed in Appendix 7, the opening IJB reserves position for 2020/21 was £9.517m. This figure comprised £8.116m of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £1.401m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to 0.63% of the IJB's net budget (not including set aside).
- 10.2. As detailed in Appendix 7 and paragraph 4.3, based on current projections for 2020/21 a total of £0.648m of ear marked reserves have been drawn down.
- 10.3. The table in Appendix 7 provides further details on the remaining balances held in reserves by the IJB.

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

- 11.1. For 2020/21, the new Living Wage rate has been set at £9.30, an increase of 30p from the 2019/20 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a 3.3% increase will be applied as per communication issued by the Scottish Government.

- 11.2. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. All Care at Homes providers have accepted the increase. For supported living services, 9 providers have accepted the increase, we await a response from the remaining 1.
- 11.3. The 4 Contracted providers of adult residential services within Renfrewshire have been offered an increase of 3.3% for the payment of the new Scottish Living Wage.
- 11.4. All Scottish Living Wage uplifts will be from the 6th April 2020, as per the Guidance for Commissioned Services issued by COSLA in consultation with the Scottish Government on the 17th April 2020.
- 12. National Care Home Contract 2020/21**
- 12.1. The terms of the contract for 2020/21 were negotiated by COSLA and Scotland Excel, with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 3.54% for Residential Care and 3.51% for Nursing Care was agreed which includes an allowance to support delivery of the Living Wage for 2020/21 of £9.30 per hour to all care staff from 6th April 2020. A Minute of Variation (MOV) has been issued to providers of care homes for older adults in Renfrewshire for their acceptance of the payment of the new Living Wage rate for 2020/21.

Implications of the Report

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

List of Background Papers – None.

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Direction from the Integration Joint Board		
1.	Reference Number	021020-04
2.	Date Direction issued by IJB	2 October 2020
3.	Date from which Direction takes effect	2 October 2020
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	No
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2019-22), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	November 2020.

Appendix 1

HSCP Revenue Budget Position 1st April 2020 to 30th August 2020

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	32,251	1,403		252		33,906	35,597	(1,691)	-5%	overspend
Property Costs	151	-		-		151	210	(59)	-39%	overspend
Supplies and Services	8,125	794	(5,917)	7		3,009	3,602	(594)	-20%	overspend
Third Party Payments	21,947	1,963		-		23,910	25,704	(1,795)	-8%	overspend
Purchase Of Healthcare	1,156	425		10		1,591	1,599	(7)	0%	overspend
Transport	309	-		-		309	246	63	20%	underspend
Family Health Services	35,783	1,817		-		37,600	37,392	209	1%	underspend
Support Services	27	-		-		27	23	5	17%	underspend
Transfer Payments (PTOB)	2,767	(1,471)		-		1,296	1,595	(299)	-23%	overspend
Resource Transfer	8,448	550	(8,998)	-		(0)	-	(0)	0%	overspend
Set Aside	23,540	462		-		24,002	24,002	0	0%	overspend
Gross Expenditure	134,504	5,943	(14,916)	270	-	125,801	129,970	(4,169)	-3%	overspend
Income	(11,323)	140			(270)	(11,453)	(12,368)	915	-8%	underspend
NET EXPENDITURE	123,181	6,083	(14,916)	270	(270)	114,348	117,602	(3,254)	-3%	overspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	26,731	(1,144)		53	(53)	25,587	25,061	526	2%	underspend
Mental Health	9,256	308		90	(90)	9,564	9,674	(110)	-1%	overspend
Learning Disabilities	6,034	868		-	-	6,902	6,747	156	2%	underspend
Children's Services	2,433	211		-	-	2,644	2,511	133	5%	underspend
Prescribing	15,591	450		-	-	16,042	15,894	148	1%	underspend
Health Improvement & Inequalities	359	26		10	(10)	385	385	-	0%	breakeven
FHS	19,161	2,245		-	-	21,406	21,406	0	0%	overspend
Resources	1,498	905	(117)	117	(117)	2,285	2,692	(407)	-18%	overspend
Hosted Services	4,613	219		-	-	4,832	4,523	309	6%	underspend
Resource Transfer	8,448	550	(8,998)	-	-	(0)	-	(0)	0%	overspend
Social Care Fund	5,106	-	(5,106)	-	-	-	-	-	0%	breakeven
Set Aside	23,540	462		-	-	24,002	24,002	0	0%	overspend
Other Delegated Services	410					410	410	-	0%	breakeven
COVID 19	-	983	(695)	-	-	289	4,297	(4,008)	0%	overspend
NET EXPENDITURE	123,181	6,083	(14,916)	270	(270)	114,348	117,602	(3,254)	-3%	overspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	79,871	3,397		606		83,874	87,934	(4,060)	-5%	overspend
Property Costs	389	-		-		389	544	(155)	-40%	overspend
Supplies and Services	19,636	1,905	(14,202)	17		7,356	8,849	(1,493)	-20%	overspend
Third Party Payments	57,062	5,103		-		62,165	66,831	(4,666)	-8%	overspend
Purchase Of Healthcare	2,774	1,020		25		3,819	3,837	(18)	0%	overspend
Transport	803	-		-		803	640	163	20%	underspend
Family Health Services	85,879	4,362		-		90,241	89,740	500	1%	underspend
Support Services	71	-		-		71	59	12	17%	underspend
Transfer Payments (PTOB)	7,193	(3,824)		-		3,369	4,146	(777)	-23%	overspend
Resource Transfer	20,275	1,321	(21,596)	-		-	-	-	0%	breakeven
Set Aside	56,497	1,108		-		57,605	57,605	-	0%	breakeven
Gross Expenditure	330,450	14,391	(35,798)	648	-	309,692	320,185	(10,493)	-3%	overspend
Income	(29,157)	188			(648)	(29,617)	(31,995)	2,378	-8%	underspend
NET EXPENDITURE	301,293	14,580	(35,798)	648	(648)	280,075	288,190	(8,115)	-3%	overspend

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	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	68,434	(2,938)		127	(127)	65,496	64,134	1,362	2%	underspend
Mental Health	22,403	743		215	(215)	23,146	23,408	(262)	-1%	overspend
Learning Disabilities	15,592	2,253		-	-	17,845	17,449	395	2%	underspend
Children's Services	5,840	505		-	-	6,345	6,025	320	5%	underspend
Prescribing	37,419	1,081		-	-	38,500	38,146	354	1%	underspend
Health Improvement & Inequalities	861	61		25	(25)	923	923	-	0%	breakeven
FHS	45,987	5,389		-	-	51,375	51,375	-	0%	breakeven
Resources	3,594	2,171	(281)	281	(281)	5,485	6,462	(977)	-18%	overspend
Hosted Services	11,071	525		-	-	11,596	10,854	742	6%	underspend
Resource Transfer	20,275	1,321	(21,596)	-	-	-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0%	breakeven
Set Aside	56,497	1,108	-	-	-	57,605	57,605	-	0%	breakeven
Other Delegated Services	1,066	-				1,066	1,066	-	0%	breakeven
COVID 19	-	2,360	(1,667)	-	-	693	10,742	(10,049)	-1450%	overspend
NET EXPENDITURE	301,293	14,580	(35,798)	648	(648)	280,075	288,190	(8,115)	-3%	overspend

Funded by:

Renfrewshire Council	73,325
NHS Greater Glasgow & Clyde	207,398
Drawdown of Earmarked Reserves	(648)
TOTAL	280,075

Appendix 2

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

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	19,903	1,250	-	252	-	21,406	23,089	(1,462)	-7%	overspend
Property Costs	15	-	-	-	-	15	12	4	23%	underspend
Supplies and Services	7,452	794	(5,917)	7	-	2,336	2,588	(252)	-11%	overspend
Purchase Of Healthcare	1,156	425	-	10	-	1,591	1,599	(8)	0%	overspend
Family Health Services	35,783	1,817	-	-	-	37,600	37,392	209	1%	underspend
Set Aside	23,540	462	-	-	-	24,002	24,002	-	0%	breakeven
Resource Transfer	8,448	550	(8,998)	-	-	(0)	-	-	-	
Gross Expenditure	96,298	5,298	(14,916)	270	-	86,950	88,681	(1,510)	-2%	overspend
Income	(1,414)	879	-	-	(270)	(805)	(805)	0	0%	overspend
NET EXPENDITURE	94,885	6,177	(14,916)	270	(270)	86,146	87,876	(1,509)	-2%	overspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Addiction Services	1,129	230	-	44	(44)	899	917	(17)	-2%	overspend
Adult Community Services	4,201	48	-	9	(9)	4,249	4,208	41	1%	underspend
Children's Services	2,433	211	-	-	-	2,644	2,511	133	5%	underspend
Learning Disabilities	489	19	-	-	-	508	461	47	9%	underspend
Mental Health	8,316	289	-	90	(90)	8,605	8,725	(120)	-1%	overspend
Hosted Services	4,613	219	-	-	-	4,832	4,523	309	6%	underspend
Prescribing	15,591	450	-	-	-	16,042	15,894	148	1%	underspend
Gms	9,946	717	-	-	-	10,663	10,663	-	0%	breakeven
FHS Other	9,215	1,528	-	-	-	10,744	10,744	-	0%	breakeven
Planning & Health Improvement	359	26	-	10	(10)	385	385	-	0%	breakeven
Primary Care Improvement Prog	0	734	-	117	(117)	735	1,182	(447)	-61%	overspend
Resources	1,497	171	(117)	-	-	1,551	1,511	40	3%	underspend
Set Aside	23,540	462	-	-	-	24,002	24,002	-	0%	breakeven
Resource Transfer	8,448	550	(8,998)	-	-	(0)	-	-	-	
Social Care Fund	5,106	-	(5,106)	-	-	-	-	-	-	
COVID 19	-	983	(695)	-	-	289	2,152	(1,642)	-569%	overspend
NET EXPENDITURE	94,885	6,177	(14,916)	270	(270)	86,146	87,876	(1,509)	-2%	overspend

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

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	47,768	3,000		606		51,374	55,412	(4,038)	-8%	overspend
Property Costs	36					36	28	8	23%	underspend
Supplies and Services	17,886	1,905	(14,202)	17		5,606	6,211	(605)	-11%	overspend
Purchase Of Healthcare	2,774	1,020		25		3,819	3,837	(18)	0%	overspend
Family Health Services	85,879	4,362				90,241	89,740	500	1%	underspend
Set Aside	56,497	1,108				57,605	57,605	-	0%	breakeven
Resource Transfer	20,275	1,321	(21,596)			-		-		
Gross Expenditure	231,115	12,715	(35,798)	648	-	208,681	212,833	(4,152)	-2%	overspend
Income	(3,392)	2,109			(648)	(1,931)	(1,931)	-	0%	breakeven
NET EXPENDITURE	227,723	14,825	(35,798)	648	(648)	206,750	210,902	(4,152)	-2%	overspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Addiction Services	2,711	(552)		106	(106)	2,159	2,200	(42)	-2%	overspend
Adult Community Services	10,082	116		21	(21)	10,198	10,099	99	1%	underspend
Children's Services	5,840	505				6,345	6,025	320	5%	underspend
Learning Disabilities	1,175	45				1,220	1,107	112	9%	underspend
Mental Health	19,958	694		215	(215)	20,652	20,940	(288)	-1%	overspend
Hosted Services	11,071	525				11,596	10,854	742	6%	underspend
Prescribing	37,419	1,081				38,500	38,146	354	1%	underspend
Gms	23,870	1,720				25,590	25,590	-	0%	breakeven
FHS Other	22,117	3,668				25,785	25,785	-	0%	breakeven
Planning & Health Improvement	861	61		25	(25)	923	923	-	0%	breakeven
Primary Care Improvement Prog	1	1,762		281	(281)	1,763	2,836	(1,073)	-61%	overspend
Resources	3,593	409	(281)			3,722	3,626	96	3%	underspend
Set Aside	56,497	1,108				57,605	57,605	-	0%	breakeven
Resource Transfer	20,275	1,321	(21,596)			-		-		
Social Care Fund	12,254		(12,254)			-		-		
COVID 19	-	2,360	(1,667)			693	5,165	(4,472)	-645%	overspend
NET EXPENDITURE	227,723	14,825	(35,798)	648	(648)	206,750	210,902	(4,152)	-2%	overspend

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2020 to 21st August 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Employee Costs	12,247	153	-	-	12,400	12,408	(8)	-0.1%	overspend
Property Costs	136	-	-	-	136	198	(63)	-46.2%	overspend
Supplies and Services	667	-	-	-	667	1,009	(342)	-51.2%	overspend
Third Party Payments	21,947	1,963	-	-	23,910	25,704	(1,795)	-7.5%	overspend
Transport	308	-	-	-	308	245	63	20.4%	underspend
Support Services	27	-	-	-	27	22	5	17.1%	underspend
Transfer Payments (PTOB)	2,401	(1,471)	-	-	930	1,229	(299)	-32.1%	overspend
Gross Expenditure	37,733	645	-	-	38,377	40,816	(2,439)	-6.4%	overspend
Income	(9,847)	(739)	-	-	(10,585)	(11,500)	915	-8.6%	underspend
NET EXPENDITURE	27,886	(94)	-	-	27,792	29,316	(1,524)	-5.5%	overspend

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	18,772	(1,037)	-	-	17,735	17,011	724	4.1%	underspend
Physical or Sensory Difficulties	2,375	67	-	-	2,442	2,687	(245)	-10.0%	overspend
Learning Difficulties	5,545	849	-	-	6,394	6,285	109	1.7%	underspend
Mental Health Needs	940	19	-	-	959	949	10	1.0%	underspend
Addiction Services	255	7	-	-	262	238	23	9.0%	underspend
COVID 19	-	-	-	-	-	2,145	(2,145)		overspend
NET EXPENDITURE	27,886	(94)	-	-	27,792	29,316	(1,524)	-5.5%	overspend

**Adult Social Care Revenue Budget Year End Position
1st April 2020 to 31st March 2021**

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Employee Costs	31,842	397			32,239	32,261	(22)	-0.1%	overspend
Property Costs	353				353	516	(163)	-46.2%	overspend
Supplies and Services	1,735				1,735	2,623	(888)	-51.2%	overspend
Third Party Payments	57,062	5,103			62,165	66,831	(4,666)	-7.5%	overspend
Transport	800				800	637	163	20.4%	underspend
Support Services	70				70	58	12	17.1%	underspend
Transfer Payments (PTOB)	6,243	(3,824)			2,419	3,196	(777)	-32.1%	overspend
Gross Expenditure	98,105	1,676	-	-	99,781	106,122	(6,341)	-6.4%	overspend
Income	(25,601)	(1,921)			(27,522)	(29,900)	2,378	-8.6%	underspend
NET EXPENDITURE	72,504	(245)	-	-	72,259	76,222	(3,963)	-5.5%	overspend

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Older People	48,806	(2,695)			46,111	44,229	1,882	4.1%	underspend
Physical or Sensory Difficulties	6,174	175			6,349	6,987	(638)	-10.0%	overspend
Learning Difficulties	14,417	2,208		-	16,625	16,342	283	1.7%	underspend
Mental Health Needs	2,445	49			2,494	2,468	26	1.0%	underspend
Addiction Services	662	18			680	619	61	9.0%	underspend
COVID 19					-	5,577	(5,577)		overspend
NET EXPENDITURE	72,504	(245)	-	-	72,259	76,222	(3,963)	-5.5%	overspend

Renfrewshire Council 'Other Delegated Services'
1st April 2020 to 21st August 2020

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	100	100	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	6	6	-	0%	breakeven
Transport	1	1	-	0%	breakeven
Support Services	0	0	-	0%	breakeven
Transfer Payments (PTOB)	365	365	-	0%	breakeven
Gross Expenditure	473	473	-	0%	breakeven
Income	(63)	(63)	-	0%	breakeven
NET EXPENDITURE	410	410	-	0%	breakeven

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	319	319	-	0%	breakeven
Women's Aid	91	91	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	410	410	-	0%	breakeven

1st April 2020 to 31st March 2021

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	261	261	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	15	15	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Support Services	1	1	-	0%	breakeven
Transfer Payments (PTOB)	950	950	-	0%	breakeven
Gross Expenditure	1,230	1,230	-	0%	breakeven
Income	(164)	(164)	-	0%	breakeven
NET EXPENDITURE	1,066	1,066	-	0%	breakeven

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

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

2020/21 Health Financial Allocation to Renfrewshire HSCP	
	£k
2020-21 Renfrewshire HSCP Financial Allocation	172,169
Add: Set Aside	57,605
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-20,618
= base budget rolled over	196,903
Additions:	
Budget Uplift - 3.00%	3,752
Podiatry Staff Transfer from Acute	116
Family Health Services - Adjustment	2,558
EMIS Funding - Primary Care Screening	19
	6,445
Reductions:	
Transfer of PCIP Pharmacy Budget Delayed	-288
Transfer of Historical Pharmacy Budget Delayed	-654
	-942
Non-Recurring:	
Cognitive Behavioural Therapist Posts - Psychology review	35
EMIS Funding - Primary Care Screening	71
GMS COVID Funding	620
Local Authority COVID Allocation	1,667
Transfer to Social Care Local Authority COVID Allocation	-1,667
	726
Budget allocated as per 2020-21 Financial Allocation 31st May 2020	203,132
<u>Budget Adjustments posted in month 3</u>	
Reductions:	
Adjustment to Resource Transfer	-978
Transfer of MH Liaison Service to Glasgow	-212
	-1,190
Non-Recurring:	
Scottish Living Wage Uplift	281
Transfer to Scottish Living Wage to Social Care	-281
HOSPICES - LOSS OF INCOME	693
	693
Budget allocated as per 2020-21 Financial Allocation 30th June 2020	202,634
<u>Budget Adjustments posted in month 4</u>	
Non-Recurring:	
SESP Funding 20-21	305
Podiatry Transfer	-2
	303
Budget allocated as per 2020-21 Financial Allocation 31st July 2020	202,937
<u>Budget Adjustments posted in month 5</u>	
Non-Recurring:	
Tranche 1 - Primary Care Improvement Funding	1,603
GMS COVID Funding	129
GMS Non Cash Limited Adjustment	2,081
	3,813
Budget allocated as per 2020-21 Financial Allocation 31st August 2020	206,750

Appendix 7

Movement in Reserves

Earmarked Reserves	Opening Position 2020/21	Amounts Drawn Down in 2020/21	New Reserves	Closing Position 2020/21	Movement in Reserves 2020/21	To be Drawn Down 2020/21 c.£000's	To be Drawn Down 2021/22	To be Drawn Down 2022/23	Ongoing
	£000's	£000's	£000's	£000's	£000's				
PCTF Monies Allocated for Tests of Change and GP Support	380	-38		342	-38	21	✓		
Primary Care Improvement Program (19/20)_(20/21)	264	-264		0	-264	264			
GP Premises Fund - Renfrewshire share of NHS GGC funding for GP premises improvement	277			277	0		✓		
District Nurse Rolling Recruitment Programme	202			202	0				✓
Prescribing	1,000			1,000	0		✓	✓	
ADP Funding	708	-106		602	-106		✓		
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHS GGC Programme	49			49	0		✓		
Tec Grant	20			20	0		✓		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080			1,080	0		✓		
Health Visiting	32			32	0		✓		
Mental Health Improvement Works	150			150	0		✓		
Mental Health Action 15 (19/20)_(20/21)	130	-130		0	-130	130			
Mental Health Strategy Interim Support Pending Completion of Psychology Review	115	-85		30	-85	45	✓		
HSCP Transformation Programme Funding for Temp Staff in Post	500			500	0		✓	✓	
HSCP Transformation Programme Funding 20/21_23/24	1,329			1,329	0				✓
ICT Swift Update Costs	27			27	0		✓		
Information Communication Funding - Care @ Home Scheduling System	882			882	0		✓	✓	
Training for Mental Health Officers in HSCP	288			288	0		✓	✓	
Mile End Refurbishment	89			89	0		✓		
LA Care Home Refurbishment	300			300	0		✓		
Eclipse Support Costs (2 Year)	156			156	0		✓	✓	
Care @ Home Refurbishment and Uniform Replacement	24			24	0		✓		
Renfrewshire Wide Prevention and Early Intervention Programme	100	-25		75	-25		✓	✓	
Henry Programme - Pre 5 Obesity Training	15			15	0		✓		
TOTAL EARMARKED RESERVES	8,116	-648	0	7,469	-648	460			

General Reserves	Opening Position 2019/20	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20	Movement in Reserves 2019/20
	£000's	£000's	£000's	£000's	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	1,401			1,401	0
TOTAL GENERAL RESERVES	1,401	0	0	1,401	0
OVERALL RESERVES POSITION	9,517	-648	0	8,870	-648

HSCP Vacancy Position at 31 August 2020 Per Client Group

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	6.94	96.32	103.26
Mental Health	47.66	5.71	53.37
Learning Disabilities	1.30	5.67	6.97
Children's Services	4.31		4.31
Health Improvement & Inequalities	1.00		1.00
Resources	2.60		2.60
Hosted Services	8.22		8.22
TOTAL	72.03	107.70	179.73

**HSCP Vacancy Position at 31 August 2020
Per Job Description**

Job Description	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	3.60		3.60
Adult Services Co-ordinator		5.00	5.00
Care Assistant		0.54	0.54
Care at Home Team Manager		2.00	2.00
Caretaker		0.19	0.19
Community Alarm Responder		8.11	8.11
Community Alarm Responder (Night)		0.81	0.81
Community Meals Driver		4.37	4.37
Data Quality Assistant		2.00	2.00
Day Care Officer		1.60	1.60
Day Service Assistant		1.48	1.48
Depute Manager		1.00	1.00
Dietetics	0.40		0.40
Escort/ Attendant		0.03	0.03
Finance, Planning & Improvement Manager		1.00	1.00
Home Care Team Leader		3.79	3.79
Home Care Worker		46.19	46.19
Medical & Dental	1.00		1.00
Mental Health Support Worker		0.19	0.19
Nursing Staff - Trained	37.46		37.46
Nursing Staff - Untrained	11.99		11.99
Occupational Therapist	2.60		2.60
Occupational Therapist Assistant	0.50		0.50
Operational Manager		1.00	1.00
Physiotherapist - Assistant	0.50		0.50
Podiatrist	7.22		7.22
Practical Support Team Member		1.03	1.03
Psychology	5.60		5.60
Senior Day Care Officer		0.50	0.50
Service Co-ordinator		1.00	1.00
Service Delivery Scheduler		3.05	3.05
Social Care Assistant		3.93	3.93
Social Care Assistant (Nights)		1.75	1.75
Social Care Worker		2.50	2.50
Social Care Worker (Nights)		1.38	1.38
Social Work Assistant		2.00	2.00
Social Worker		7.89	7.89
Speech & Language Therapist	0.66		0.66
Team Leader		1.00	1.00
Team Manager		2.38	2.38
Technical Instructor	0.5		0.50
TOTAL	72.03	107.70	179.73



Date: 31 July 2020
Our ref: DL/AG
Your ref:
Enquiries: David Leese
Tel: 0141 618 7649
Email: David.Leese@ggc.scot.nhs.uk

Jeanne Freeman MSP
Cabinet Secretary for Health and Sport
The Scottish Parliament
EDINBURGH
EH99 1SP

By email: CabSecHS@gov.scot

Dear Ms Freeman

At its meeting on 31 July 2020, the Renfrewshire Integration Joint Board (IJB) approved a report on the financial implications of Covid-19 on the delegated IJB budget, which included the following recommendations:

- That the Chief Officer writes to the Cabinet Secretary of Health and Sport to seek a commitment of funding for the additional expenditure already incurred, and the anticipated future expenditure as detailed on the local mobilisation plans to allow the IJB to fund the level of financial support requested from its suppliers to protect their sustainability, and ensure the financial sustainability of the IJB; and
- That sustainability payments are not made until the partnership receives confirmation of funding from the Scottish Government.

This letter is being sent to action the IJB's decision.

The full context in which this decision was taken is explained in the attached report (Appendix 1).

The request for funding has become pressing due to requests for payments being submitted to the IJB by providers for which the IJB is unable to identify any source of funding.

The IJB is therefore asking that this issue is addressed urgently, and, that the commitment sought from the Scottish Government for funding as set out in the recommendation is given. This formal commitment would then allow the IJB to fund the level of financial support requested from its suppliers to protect their sustainability, and, ensure the financial sustainability of the IJB.

I would ask you to consider the terms of the IJB's decision and let me have your response in due course.

Yours faithfully

David Leese
Chief Officer

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: scottish.ministers@gov.scot

David Leese
Ann.Gallacher@ggc.scot.nhs.uk

—
Your ref: DL/AG
Our ref: 202000070404
25 August 2020

Thank you for your letter.

You will be aware that on the 3rd of August 2020 I wrote to provide a further update on funding, including notification of an additional tranche of up to £50 million to meet reported and ongoing costs; provided on the basis of appropriate evidence and assurance in respect of actual expenditure. This latest tranche increases the total made available to £100 million.

I trust that when this is aligned with the national principles for sustainability payments agreed between Scottish Government and COSLA, you have the necessary funding assurance you require.

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020





To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Officer

Heading: COVID-19 Recovery and Renewal Planning Update

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

1. Summary

- 1.1. This report provides an update to the IJB on the HSCP's operational response to COVID-19 and ongoing recovery activity, focusing on activity undertaken since the last IJB on 28 August 2020.
- 1.2. The report also provides an update to the IJB on progress made by Renfrewshire HSCP in developing the partnership's overarching approach to recovery and renewal planning alongside the ongoing response. Work has been undertaken to develop the necessary governance structures which will enable effective control over recovery plans and, in light of recent events, will also support ongoing management of the COVID-19 response. This approach reflects the continually changing context within which the HSCP is currently operating.
- 1.3. The report further describes the HSCP's emerging approach to taking forward recovery and renewal activity. This will be focused on delivering urgent short-term priorities in line with the NHS Scotland re-mobilisation framework. More complex medium-term transformation of internal HSCP services and community-based support will also be progressed subject the need to respond to external events, and the availability of capacity within the HSCP to deliver renewal activity. Specifically, this report provides a spotlight update to the IJB on the development of the Older People's Services Review since the last update in March 2020.
- 1.4. Furthermore, the HSCP will continue to monitor proposals and requirements which emerge from the Programme for Government, published on 1 September 2020.

2. Recommendations

It is recommended that the IJB:

- Note the operational service updates provided;
- Note the progress made in developing the HSCP's approach to defining recovery and renewal planning governance, subject to external events, aligned with the partnership's transformation objectives;
- Note the progress made in taking forward the Older People's Services Review.

3. Background

- 3.1. Scotland has continued to progress through the Route Map out of lockdown over the summer period. As restrictions have eased, this has been accompanied by an expected increase in daily COVID-19 infection numbers, resulting in targeted lockdowns across the country to address infection clusters where they arise.
- 3.2. In particular, on 1 September 2020, the Scottish Government announced additional restrictions within the NHS Greater Glasgow and Clyde area, for the Glasgow City, West Dunbartonshire and East Renfrewshire local authority areas. On 2 September a letter was sent to all registered managers of care homes from the Director of Public Health to advise that any indoor visiting should stop across NHS Greater Glasgow and Clyde with immediate effect for 2 weeks, and hospital visiting was also moved to allow essential visits only. Outdoor visiting to Care Homes continues in line with national guidance. In addition, Renfrewshire HSCP determined that a limited reintroduction of day services for older people and those with learning disabilities would be delayed.
- 3.3. On 7 September, restrictions were extended to cover Renfrewshire and East Dunbartonshire, as a result of an increase in infection rates. This position will be reviewed after 2 weeks depending on the rates of infection in the local population. Due to the steps which were taken in response to the initial restrictions within NHS GGC, no additional changes to HSCP services have been required. Health and Social Care staff are still able to enter households to deliver care, adhering at all times to COVID-19 safe work practices. All visits are subject to risk assessments, physical distancing and hygiene measures. Appropriate PPE is available for all staff who require this.
- 3.4. In further recognition of the increasing prevalence of infection, at the latest 21 day review undertaken by the Scottish Government on 10 September 2020, it was announced that limits on the number of people able to gather together with indoors or outdoors would be reduced to a maximum of six people from two households from 14 September 2020. Children under 12 are not counted within this new limit. North and South Lanarkshire were also made subject to the same restrictions as outlined above on 11 September 2020.
- 3.5. On 22 September 2020, the UK and Scottish Governments announced additional restrictions to address further increases in the levels of COVID-19 infections. In Scotland, visiting other households indoors is no longer allowed, subject to a number of exemptions. Meeting with another household up to a

maximum of six people (excluding children under 12) in private gardens and in public indoor and outdoor spaces can continue.

- 3.6. Hospitality venues will now be required to close at 10pm, in line with wider UK restrictions. Further changes include the provision of financial support to those on low incomes who are required to self-isolate, and vulnerable people have not been asked to return to shielding. The Scottish Government has stated that these restrictions will remain under review and further changes may be required in future. Indicative dates for further easing of lockdown on 5 October 2020 are unlikely to now go ahead.
- 3.7. As noted in previous reports to the IJB, the HSCP's Health Improvement Team continues to support the delivery of NHS GGC's Test and Protect programme. This programme is recognised as a priority service and will continue to be central to managing increasing infection levels.
- 3.8. More widely, the Scottish Government published its *Programme for Government* on 1 September 2020. Within this programme a review of the current system of delivering adult social care was announced, to report with recommendations in January 2021. This review will include consideration of a National Care Service.
- 3.9. This context, which impacts both operationally and strategically, reiterates the ongoing need to respond to the impact of the COVID-19 pandemic and retain flexibility both in how services are delivered and in the development of medium-term renewal activity.

4. Operational service updates

- 4.1. Section 3 above outlines the additional restrictions which have been put in place across five local authority areas within NHS Greater Glasgow and Clyde, with the exception of Inverclyde. This has resulted in changes to visiting to Care Homes and hospitals, and a pause on planned timescales for a limited reintroduction of day services for older people and those with learning disabilities. There are no additional changes to HSCP services as a result of this announcement, however we will continue to make plans for the reintroduction of services at the appropriate time. The HSCP continues to communicate and engage with staff, service users, patients and families to provide updates on the current position.
- 4.2. Guidance on adult social care building-based day services was published by the Scottish Government on 31 August 2020. This guidance recognises that the range of user groups and settings used for building-based services means that no 'one size fits all approach' is available and that it will take time to ensure appropriate modifications are in place. Services will need to operate at reduced capacity to ensure the safety of service users and staff. The HSCP is now considering the application of this guidance locally and in the context of the additional restrictions now in place. In line with the Scottish Government's guidance, decisions regarding the provision of building-based services will be subject to risk assessments, working with Renfrewshire Council, Health Protection and the Care Inspectorate as required.

- 4.3. On 3 September 2020, the Scottish Government issued a letter to HSCPs and Care Home Managers setting out new guidance for the implementation of a staged approach to enhancing wellbeing visits and activities in care homes, including communal living. From 7 September, face to face care from a wide range of health and social care professionals have been allowed to resume. This includes, but is not limited to, Oral Health and Wellbeing, Allied Health Professions (including Physiotherapy, Occupational Therapy, Speech and Language) and other visiting specialists. Due to the additional restrictions in place within Renfrewshire and NHS Greater Glasgow and Clyde, these visits will not resume until it is safe to do so. The HSCP continues to monitor this position and will provide further updates to the IJB.

CAMHS Improvement Plan

- 4.4. Specialist Children's Services within NHS Greater Glasgow and Clyde have developed a CAMHS waiting list improvement plan to address waiting times within CAMHS and to support compliance with performance targets by addressing those referrals which have breached 18 weeks waiting time. This plan is also intended to support HSCP teams to develop and deliver improvements locally which establish the capacity needed to meet demand. Renfrewshire HSCP is currently developing a local improvement plan which will aid delivery of this activity.
- 4.5. A short life Delivery Group will be implemented across NHS GGC to monitor delivery of the waiting list improvement plan. This group will report to the Specialist Children's Services Oversight Group, the Chief Officers' Tactical group and NHS GGC CMT to update on the progress of the improvement plan.

Testing Update

- 4.6. All staff in older adult care homes continue to be tested weekly, on a Wednesday, through the UK Government's Social Care Portal and any staff member who tests positive through this portal are retested by the local HSCP team and the swab analysed by the NHS. Over recent weeks, there have been issues with testing delays via the UK Government's Social Care Portal which have received media attention.
- 4.7. At the fortnightly care homes peer support group, a key concern raised by the care home managers is the length of time being taken to receive staff test results in recent weeks. Initially, staff tests were taken and picked up by a courier on the same day and results followed within one or two days maximum. However, over the past few weeks this has no longer been the case for the majority of care homes, with some also reporting that they are not receiving results for staff or having an increase in the number of 'unclear' results.
- 4.8. As a result, care home managers are anxious that any delay in being informed that a staff member is positive could result in contact being maintained with residents and other members of staff. However, this should be mitigated by strict compliance with social distancing and complying with PPE guidance.
- 4.9. The concerns of the care home managers have been escalated to NHS Greater Glasgow and Clyde Executive level; Care Homes Assurance Group and Chief Officers Tactical Group. In a recent letter the Scottish Government

acknowledged that they are aware of the impact of delays in providing staff results and confirmed that they are working to resolve the issues; recognising the UK Government has overall oversight for that part of the system. The UK Government has acknowledged the issues, as a result of rising demand, and has committed to resolving the testing delays in the coming weeks. The Scottish First Minister has advised that they are exploring options for an improved approach.

- 4.10. Resident testing is carried out via the NHS Scotland system 3 times a week on a Monday; Wednesday; and Friday, with provision in place for urgent testing Monday to Friday. These results are available the next day, and there has been no concerns raised with the current system. The last positive resident test was the beginning of June 2020.

5. Recovery and Renewal programme governance

- 5.1. The HSCP recognises the significantly complex nature of recovery and renewal planning. Implementing effective control and oversight over this activity, with the ability to flex to a changing context, is critical. Work has been undertaken to determine the necessary governance structures, with these now being implemented to guide:

- Recovery requirements, including urgent priority actions within the Scottish Government's route map, and additional activity to restart or increase service provision which may take place over a more extended period; and
- Renewal activity, which refers to medium-term transformation and aligns with the requirements of the HSCP's transformation programme developed prior to COVID-19. This includes progression of 'Strand 1' activity focused on the development of a Renfrewshire-wide approach to improving health and wellbeing (an update on which was provided to the IJB in August 2020), and 'Strand 2' activity which will deliver internally focused transformation of HSCP-delivered services (described further in section 6 of this report).

- 5.2. The key components of the Recovery and Renewal governance arrangements are set out below, and re described in further detail in this section:

- Recovery and Renewal Steering Group;
- Links to recovery and renewal activity taken forward by partners;
- Recovery and Renewal service programmes and cross-cutting enablers; and
- Consultation, collaboration and engagement

Recovery and Renewal Steering Group

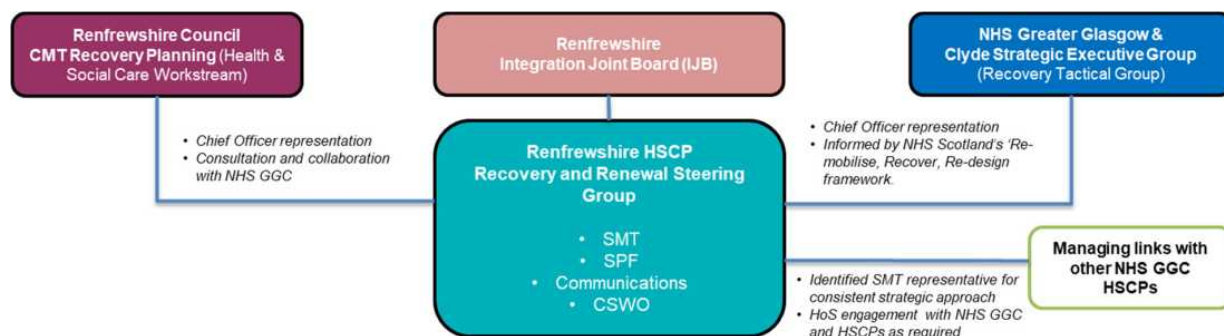


Diagram 1: Recovery and Renewal Steering Group linkages

- 5.3. The Recovery and Renewal Steering Group will provide oversight to the development of recovery plans and proposals for service transformation, ensuring that risks and issues, constraints and dependencies are proactively identified and managed. The Steering Group will be responsible for reviewing and approving any proposals made to ensure they align with the HSCP's transformation guiding principles and contribute to the financial sustainability of the partnership, reflecting the financial context of the HSCP.
- 5.4. Reflecting the importance of collaboration and partnership working in recovery and renewal planning, these arrangements draw membership from the HSCP Senior Management Team (SMT), Staff Partnership Forum (SPF), the Chief Social Work Officer (CSWO) and the HSCP's Communications Lead. Ongoing consideration will also be given to Third Sector and academic representation. The membership of this group will also ensure the maintenance of links with the Strategic Planning Group and existing Clinical and Care Governance structures and processes.
- 5.5. The Steering Group will be responsible to the Integration Joint Board and will continue to consult and collaborate with our partner organisations and participate in the delivery and management of Renfrewshire Council's CMT Recovery Planning and NHS GGC's Strategic Executive Group and Recovery Tactical Group.
- 5.6. The Chief Officer and Heads of Service will also maintain links with other HSCPs to take forward joint recovery and renewal planning. For example, work is underway to take forward Mental Health, Addictions and Learning Disability plans on a board-wide basis.
- 5.7. To support the Steering Group in maintaining effective oversight over recovery plans, regular reporting on activity, risks and issues has been implemented in the form of fortnightly programme dashboards which provide a RAG (red, amber, green) assessment of each service area and emerging risks and issues. Each service area will also provide a 'deeper-dive' report on a rotational basis to enable more detailed service-level discussions.
- 5.8. In addition, a process has been put in place for tracking service and project requests for utilisation of the Transformation reserve. This requires services to evidence the rationale for any transformational funding request and will enable the Recovery and Renewal Steering Group to make evidence-based decisions on the use of the reserve and maintain a robust financial audit trail.

- 5.9. Work is also underway to develop the HSCP's approach to managing the delivery of benefits which will be identified through future renewal activity. Once complete, this will ensure that both qualitative and quantitative benefits are fully understood and tracked so that the Recovery and Renewal programme continues to align with its guiding principles and the HSCP's financial priorities.

Recovery and Renewal Service Programmes and Cross-cutting Enablers

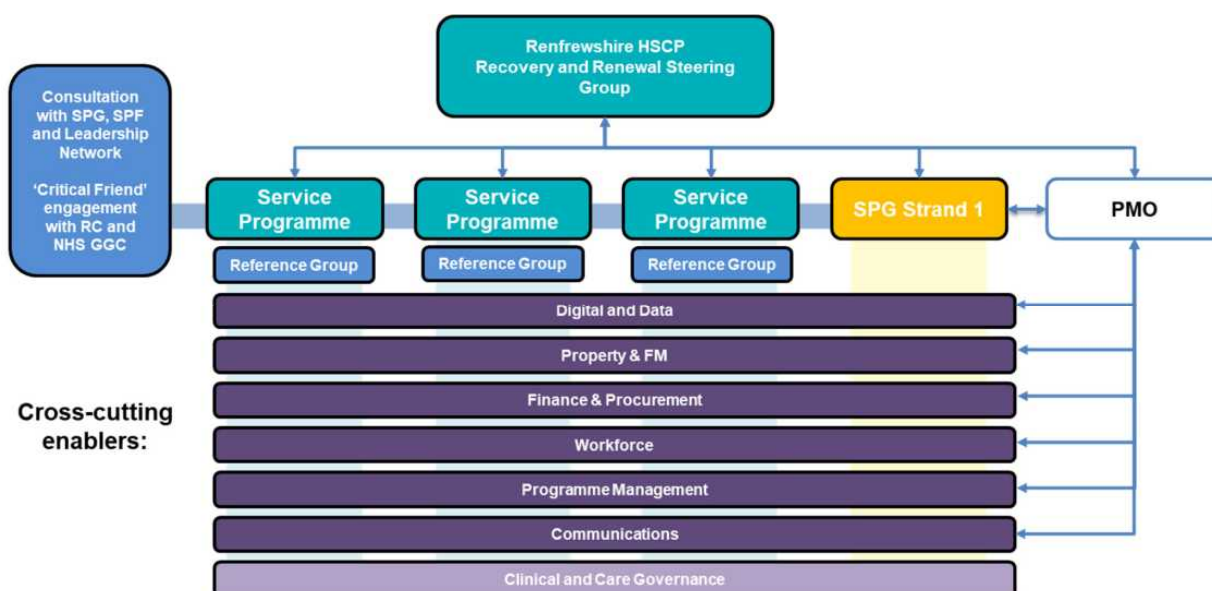


Diagram 2: Service programmes and enablers

- 5.10. Recovery and renewal activity will be taken forward through service-level programmes and a range of cross-cutting activity which will seek to address common challenges across service areas and ensure consistency in approach. Externally focused work with the Strategic Planning Group (SPG) to take forward Renfrewshire's health and wellbeing priorities is also progressing well.
- 5.11. The scope of this activity is currently being developed, informed by emerging recovery plans, and will continue to be refined over coming months. The table below provides an indicative overview of programmes and cross-cutting activity expected within initial focus, including the delivery of previously agreed transformational activity. Each service and cross-cutting area will require its own programme or project governance which feeds into the Recovery and Renewal Steering Group and into board-wide governance structures as appropriate.

Service Programmes	Cross-cutting enablers
<ul style="list-style-type: none"> Older People Services (Section 7 provides a further update on this programme) Learning Disabilities 	<ul style="list-style-type: none"> Digital and Data Accommodation & FM Finance and Procurement

<ul style="list-style-type: none"> • Alcohol and Drug Recovery Services • Mental Health • CAMHS • Strand 1: Renfrewshire-wide approach to Health & Wellbeing, taken forward with SPG partners • Hosted services: Podiatry and Primary Care • Flu Planning <p>[Note: activity to be taken forward will also include existing change commitments such as the GP Contract / PCIP and contractual commitments]</p>	<ul style="list-style-type: none"> • Workforce and Organisational Development • Programme Management and PMO • Communications • Clinical and Care Governance • Change and Improvement resource
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5.12. Additional support for all programmes and activity will be put in place through a Programme Management Office (PMO) approach to assist services and project teams in the application of a consistent approach to planning and progress management. The PMO will also have a critical role in supporting the effective management of dependencies across recovery and renewal activity and the identification and tracking of proposed and delivered benefits. The HSCP is commencing recruitment activity for a Programme Management Officer post to deliver these essential requirements.

5.13. It is noted, however, that while the HSCP continues to develop recovery and renewal plans, the ambitions for renewal activity will need to remain flexible to respond to further external developments. The HSCP's focus continues to be on the ongoing response to the pandemic and the delivery of service recovery activity, all of which places significant demands on available staffing and resources. Therefore, renewal activity may need to be delayed or paused as current uncertainties such as the outcome of the national review of adult social care become clearer, and ongoing challenges such as Test and Protect and increasing infection numbers require the targeting of limited HSCP resources.

Consultation, Collaboration and Engagement

5.14. Consultation and collaboration will be central to recovery and renewal activity. Each service programme will be supported by a reference group of stakeholders to enable conceptual proposals to be considered effectively. These groups will, where appropriate, draw upon existing groups such as the LD Planning Group and Older Peoples' Reference Group. It is proposed that these groups will be maintained beyond recovery and renewal activity as a core element of strategic planning activity, to inform continuous improvement and contribute to the HSCP's development and implementation of future strategic plans.

5.15. The Strategic Planning Group will also operate as a key vehicle for progressing recovery and renewal proposals, recognising the interlinked nature of work to

be taken forward under the two strands of transformation previously identified. This will include:

- Taking forward a Renfrewshire-wide approach to health and wellbeing under Strand 1; and
- Testing emerging ideas from Strand 2 of the HSCP's renewal programme activity. Crucially, this will ensure consultation with the third sector and public sector partners in housing, healthcare (including acute) and Renfrewshire Leisure.

5.16. Additional consultation will continue with our partners in Renfrewshire Council and NHS GGC to gather feedback and test proposals throughout the transformation process.

6. Taking forward Strand 2 activity: internally focused change

6.1. At the March 2020 of the IJB, the HSCP set out plans to take forward 'Strand 2' activity, alongside work with the SPG to progress a health and wellbeing strand, focused on changing the way in which HSCP services are structured and delivered. These plans were paused during the COVID-19 response to enable the prioritisation of resources.

6.2. As the HSCP enters a period of recovery, which will include expanding the provision of reduced services through a risk-based approach, there is an opportunity to align medium-term renewal work with the previously agreed objectives of the HSCP's transformation programme and ensure that the HSCP can build on successes achieved in the COVID-19 response.

6.3. Services across the HSCP are continuing to implement recovery and renewal plans which consider (i) urgent recovery priorities required to reinstate or increase service provision where it is appropriate and safe to do so; and (ii) medium-term renewal priorities which will enable the HSCP to transform service models reflecting both previously agreed objectives and the subsequent impact of COVID-19 (notwithstanding the possibility that the delivery of these priorities may be delayed as noted in paragraph 5.13). Both elements of these recovery and renewal plans will align with the HSCP's transformation guiding principles.

7. Older People's Service Review: Update on Approach and Progress

7.1. In March 2020, a detailed paper on the Older People's Services Review Update was provided to the IJB which detailed the forward approach to service reviews within Older Peoples services, building on the findings of engagement activity undertaken by Journey Associates and reflecting the Fairer Scotland Framework and the HSCP's Strategic Plan 2019-22. This paper also set out the case for change in services for older people, noting that there are just over 14,542 people aged 75 years and over (Source: RHSCP Renfrewshire's Profile to inform Strategic Commissioning April 2018). These figures are projected to increase by 64% by 2039, representing an increase from 8% of the total population in 2016 to 12% in 2039. People aged 75 years and over accounted for 34.22% of all emergency admissions to hospital in 2018-19.

- 7.2. Consequently, a review of how the range of older people's services will be delivered moving forward is a priority. This review will assess and identify future delivery options for services, reflecting the HSCP's guiding principles and the impact of the COVID-19 pandemic on local communities, service users and their families. The changes necessitated by the COVID-19 response have included:
- Closure or reduction of services, to enable infection control and a focus on the delivery of care and support to those with critical needs;
 - Significant impact on vulnerable people, particularly within care homes, and for those who used building-based services to provide social stimulation, care and support activities to them or their loved ones; and
 - A sizeable reduction in staff available to deliver services as a result of illness, COVID-19 symptoms and positive diagnoses, or underlying health conditions, which placed them at high risk. Staff were also deployed to support other services, for example existing day centre staff supporting our Care Homes.
- 7.3. Within this context, this section provides an update on a refreshed approach to delivering the Older People's Services Review, with a focus on activity underway in current workstreams (i) Care at Home services, (ii) Day Support services (iii) Care Homes, and (iv) Local Dementia Strategy
- 7.4. Oversight and governance of these workstreams will be provided by the Older People's Services Review Steering Group. The first meeting of the Steering Group took place on 16 September 2020 and agreed the Terms of Reference and forward programme of work. Membership of this group includes Heads of Service and Service Managers, union representatives and a Carers representative from the Carers Centre. Work is also underway to establish a supporting Strategic Development Group, which will build on the role of the Reference Group in the engagement work supported by Journey Associates.
- Care at Home Services*
- 7.5. The update provided to the IJB in March 2020 highlighted the need to take forward work to modernise Care at Home services. This has now resumed following a pause during the crisis response to COVID-19. Care at Home services encompass the internal, direct provision of services in addition to a range of commissioned services working across all care groups.
- 7.6. Care at Home services are currently undertaking a series of development sessions to identify and implement improvements to support the service in managing challenges around increasing demand, recruitment and retention whilst also addressing requirements and recommendations from the recent Care Inspectorate report. The work underway will create a vision for care at home services, a set of operating principles and a delivery model to underpin a strengthened operational structure. Further work is now required to develop a full engagement and communications strategy to involve and engage the staff groups in the development of the service.

- 7.7. The implementation of a scheduling and monitoring system, Totalmobile, is nearing implementation stage, with this expected to take commence over the coming months.

Day Support Services

- 7.8. The national guidance on adult social care building based day services was published by Scottish Government on 31st August 2020. Services are currently working through the detailed guidance to inform and develop day support. This guidance recognises that a 'one size fits all' approach is not suitable and that building-based services will only be able to deliver at reduced capacity as a result of physical distancing and infection control requirements, and the specific structural nature of some buildings.
- 7.9. Planning work is underway within the HSCP with appropriate partners to identify a model of day services and support aligned to national guidance, reflecting ongoing delivery constraints including the use of three day centres as drop-down hubs for Care at Home staff and PPE provision; the ongoing deployment of staff from day centres to support Care Homes; and the suitability of the existing building base.
- 7.10. Reflecting this context, the HSCP is developing a hub and spoke model of day support for both older people and people with a physical disability, including the delivery of services from one building-based location. This approach will be enhanced by an outreach model for service users to link to services and community groups within the Renfrewshire area and to provide one-to-one support where required by individuals.

Care Homes

- 7.11. Care Homes continue to be monitored through the Daily Huddle chaired by the Chief Officer and co-chaired by the Chief Social Work Officer, with an additional weekly meeting with Public Health and the Care Inspectorate to review the status of care homes in respect of infection and any performance related issues impacting on care of residents arising from the assurance visits, inspection activity and testing. This is further supplemented by a fortnightly clinician led meeting with the Registered Managers in Renfrewshire and a GG&C wide group to provide consistent guidance and support across the 6 HSCPs.
- 7.12. Care Homes have been subject to separate, detailed COVID related guidance throughout the pandemic. Visits to care homes have been subject to specific guidance throughout the pandemic and this sets out how care home visiting can be re-introduced while minimising the risks to residents, staff and visitors.
- 7.13. Work has been taking place across all care homes (both directly provided by the HSCP and those in the independent and third sector) to move to indoor visiting for relatives/significant others in line with the Phase 3 national guidance. As noted in section 3, local advice and measures were introduced in West Dunbartonshire, City of Glasgow and East Renfrewshire on 1 September, followed by local advice and measures for Renfrewshire on 7 September 2020. The measures are targeted to limit the chances of the virus spreading between households and have paused indoor visiting to care

homes. Outdoor visiting continues in line with national guidance. The measures will be reviewed within a 7-day period and place limits on visits to households for social purposes.

- 7.14. Focussed work within Renfrewshire HSCP operated care homes is due to fully commence October 2020, with preplanning work underway to understand the current model and scoping of baselines for care homes for older people within Renfrewshire.

Local Dementia Strategy

- 7.15. As reported to the IJB in March 2020, the HSCP has undertaken work with partners within Renfrewshire Dementia Strategy Group (RDSG). RHSCP paused this work to enable staff involved to focus on the delivery of services during the initial phase of the pandemic response. The HSCP has now reviewed position and determined that further work on the strategy will not take place until (i) an assessment of the impact of COVID-19 on people with dementia has been completed and (ii) a national dementia strategy for Scotland is in place, having been delayed from 2020 until 2021 (further detail on timescales is awaited). In the meantime, the implementation of actions to improve support to people with dementia and their families continues.
- 7.16. Further updates will be brought to the IJB as timescales for development of a Renfrewshire Dementia Strategy are confirmed.

8. Enablers of ongoing transformation through recovery and renewal

- 8.1. In March 2020, the HSCP provided an overview of key enablers of transformational change to the IJB, recognising their importance in maximising the opportunity of success in delivering highly complex change. COVID-19 has significantly impacted upon these enablers, in particular the HSCP's workforce, ability to use available buildings, and use of technology. While this adds additional complexity to the delivery of future transformational change, there are also several successes which can be further developed. This section provides an update on a number of these key enablers: (i) communications; (ii) workforce and organisational development (OD); (iii) data and digital; and (iv) internal and external property.

Communications

- 8.2. Communication has been pivotal throughout the COVID-19 response period, in recognition of the increasingly fragmented nature of the HSCP's workforce as a result of building closures and the need for many staff to work from home where possible. As has been identified in the governance structure for recovery and renewal, the HSCP's Communications Lead attends Steering Group meetings to enable a clear and consistent narrative to be developed.
- 8.3. Following completion of a communications survey across the partnership, work is now underway to develop a Communications Strategy for recovery and renewal activity, aligning this with the transformation guiding principles and strands of activity previously agreed. This strategy will set out key messaging to inform ongoing communications and will be further developed

within each service programme to ensure key themes are effectively contextualised within service transformation plans.

Workforce and Organisational Development (OD)

- 8.4. To ensure we have the capability and capacity to deliver agreed future service delivery models, workforce and organisational development will be a key cross-cutting workstream. This work will reflect the need for updated workforce plans nationally and locally to incorporate the changes driven by COVID-19 and required as the HSCP moves forward. As part of this, the Scottish Government is currently developing a template for completion by Health and Social Care Partnerships to complete, setting out interim workforce planning actions for 2021/22. Alongside this, the HSCP is commencing work to develop an updated workforce plan for implementation from April 2022.
- 8.5. Objectives for the HSCP's next workforce plan will be developed with our Leadership Network and jointly with our partner organisations. This will set out how services are required to develop, aligned with the Recovery and Renewal Programme, and the skills and behaviours that will be required in future. Findings will be compared against a baseline data assessment of the size, structure, demographics and skills of the current workforce and will enable the identification of priority actions required to develop the workforce over time.
- 8.6. The experience of staff and a focus on their health and wellbeing will be central to this activity. More widely, changes to services will need to incorporate the requirement for flexibility in the HSCP's workforce and identify those areas where staff will require additional support as the recovery progresses. Reflecting the essential nature of this work, a Head of Service lead for Workforce and OD has been identified and a delivery group has been convened to progress these requirements.

Data and Digital

- 8.7. Optimising available data and digital technologies will be essential in changing health and social care delivery models in line with our guiding principles. Effective use of technology can support further integrated working and enhanced productivity within the HSCP, and also enable our service users to manage their health and remain independent for longer.
- 8.8. The response to COVID-19 has accelerated adoption of digital technology across the health and social care system significantly quicker than was thought possible six months ago. Attend Anywhere technology has been successfully implemented to support service delivery within Primary Care, Community Mental Health and District Nursing. The use of Skype and Microsoft Teams has enabled ongoing remote team working across services.
- 8.9. The HSCP will continue to build on this progress with Renfrewshire Council and NHS GGC as our parent organisations who provide and support the HSCP's technology solutions. The HSCP is represented on the Council's Digital Board which has been working to develop an updated Digital Strategy.

Digital Health and Social Care has been identified as a key theme of this strategy.

- 8.10. A Digital Delivery Group, with representation from both partners, will also be formed to assess and take forward digital opportunities which arise from recovery and renewal activity. This group will also seek to reflect upon the recent Programme for Government, which commits to the scale-up of digital access to health and care and the refresh of Scotland's digital health and care strategy and the creation of a dedicated data strategy for health and social care. The HSCP is also progressing the development of the role requirements for a Digital Business Lead post which will push forward the HSCP's digital agenda.

Internal and External Property

- 8.11. COVID-19 and related lockdown and physical distancing requirements have impacted significantly on the ability of the HSCP to access and use the existing property base. Similar issues have been faced by our partners across the public and third sectors. Positively, the pandemic has provided evidence that many services can be provided flexibly and from a reduced building base.
- 8.12. However, continued physical distancing restrictions and building closures prevent the HSCP from reinstating services as they were previously provided, and it is expected that such restrictions will continue for several months. Further review of the two-metre physical distancing requirements would enable additional capacity to be provided.
- 8.13. The HSCP has set up a Property Health and Safety group to assess existing buildings and to determine how they can be utilised safely. Given the cross-cutting nature of such issues, this work forms a key workstream within recovery and renewal planning activity, enabling the provision and adoption of consistent guidance across services areas.
- 8.14. Work has also recommenced with NHS GGC on the development of a pilot property strategy. This will also inform development of NHS GGC's Property Strategy more widely. Externally facilitated workshops have taken place over July and August with a range of management and operational stakeholders providing an opportunity for HSCP, NHS and GP stakeholders to discuss 'wants' and objectives for the emerging strategy. These discussions have also benefited from reflections on the impact of COVID and the opportunities which this presents for the HSCP's future property requirements.

Clinical and Care Governance

- 8.15. Clinical and Care Governance will be central to the development of safe and effective recovery and renewal proposals. Each service programme will feed into the HSCP's robust current governance structures and processes to ensure a consistent approach to the application of existing and emerging guidance, reflecting the fluid nature of the COVID-19 pandemic.

Implications of the Report

1. **Financial** – There are no financial implications for this report. However, the ongoing response to COVID-19, and the development of recovery and renewal plans as outlined in this report will have financial implications which will be assessed and monitored on an ongoing basis through the Recovery and Renewal Steering Group.
2. **HR & Organisational Development** – There are no immediate HR & OD implications from this report. However, as recovery and renewal planning progresses HR & OD implications will be identified and managers will liaise closely with staff-side and HR colleagues as appropriate.
3. **Community Planning** – Recovery and renewal planning will involve consideration of the role of communities and community planning partners in future service delivery. Community planning governance and processes will be followed throughout.
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of recovery and renewal activity.
5. **Property/Assets** – No immediate implications however ongoing COVID guidelines around physical distancing, proposals for future service delivery models and the increased adoption of technology will impact upon the nature of property and assets used to deliver services.
6. **Information Technology** – Future proposals will require consideration of how technology can be most effectively adopted and utilised to support new ways of working.
7. **Equality and Human Rights** – There are no Equality and Human Rights impacts from this report. However, future proposals will be assessed in relation to their impact on equalities and human rights.
8. **Health & Safety** – None from this report.
9. **Procurement** – Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Risks and issues arising during the COVID response have been tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

List of Background Papers – N/A

Author: Frances Burns, Head of Strategic Planning and Health Improvement
David Fogg, Change and Improvement Manager

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
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To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Officer

Subject: Annual Performance Report 2019/20

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

1. Summary

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. This is the HSCP's fourth Annual Performance Report for the financial year 2019/20 and covers the period April 2019 to March 2020.
- 1.2 Given the exceptional circumstances due to COVID-19, this year's Annual Performance Report (for the period April 2019-March 2020) has been more challenging to produce than in previous years, as the Partnership focuses on its response and recovery to the pandemic and ensures we continue to support those who are most vulnerable.
- 1.3 During the pandemic, many of our staff have taken on new or adapted roles to support our communities, for example: Shielding Support Services including Medicine Collections; supporting COVID-19 assessment and testing facilities; and more recently the Test and Protect Contact Tracing Programme. So in line with the new power in the Coronavirus (Scotland) Act, and with the approval of our Integration Joint Board on 26 June 2020, we took the decision to postpone publication of the Renfrewshire Health and Social Care Partnership 2019-20 Annual Performance Report until Monday 12 October 2020. It will be available thereafter on the HSCP website at: <https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>
Printed copies will be available on request.

2. Recommendation

It is recommended that the IJB:

- Approves the Renfrewshire HSCP Annual Performance Report 2019/20, which will be published on the HSCP website on Monday 12 October 2020.

3. Annual Performance Report 2019/20 Framework

- 3.1 Our 2019/20 Annual Performance report is structured around the nine National Health and Wellbeing Outcomes. It describes our performance in a number of different ways, recognising that information is used and understood differently by different audiences. We have used a range of key performance indicators to evidence our progress during 2019/20:
- **National Core Integration Indicators** – a core suite of Scottish Government indicators that Integration Authorities use to measure progress towards the National Health and Wellbeing Outcomes.
 - **Ministerial Strategic Group (MSG) Indicators** are included under Outcome 9 and focus on our Unscheduled Care performance.
 - **National, NHS Board, Local Authority and local Key Performance Indicators** are referenced throughout Outcomes 1-7. We have also shown trend analysis where possible.
- 3.2 The structure of the report is divided into seven main sections covering all nine National Health and Wellbeing Outcomes. Under each Outcome you will find evidence and relevant performance indicators from service areas across the Partnership, highlighting our progress as we strive to improve health and wellbeing outcomes with our communities. We also link evidence to service area priorities within our Strategic Plan 2019-2022 and have included examples from Care Groups, individual Case Studies and service user feedback. In Outcomes 8 and 9, we have included examples of the ongoing engagement work with our staff and how we are using our Change and Improvement Programme to manage our resources efficiently and effectively.
- 3.3 While this report is for the period April 2019 to March 2020, data is not yet available for all performance measures to March 2020. Information provided in the report is the most up to date available at this point. National Core Integration Indicator data in Appendix 1 will be updated to reflect the most recent data once published on 22 September 2020.
- 3.4 We have worked hard across our services to ensure the highest level of performance is maintained and this report reflects the significant efforts and wide-ranging work of our staff, carers and partners to improve outcomes for the people of Renfrewshire.

4. COVID-19 Impact on Performance

- 4.1 In light of the uncertainty COVID-19 brings, it is too early to say how substantial the pandemic's impact will be on our performance measures. However we do know that health and wellbeing outcomes in more deprived areas have been impacted, so we can expect the challenge to reduce health inequalities to increase in some areas. The extent will become clearer as we move forward during 2020/21 and our Annual Performance Report April 2020-March 2021 will outline more

detail on the pandemic's continued effect across our services and communities and how we will address these challenges.

- 4.2 While our staff and services continue to respond and recover, our focus remains on ensuring safe and effective services for those at risk in our communities and our performance in all areas will continue to be closely monitored and risks assessed appropriately.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

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Annual Performance Report 2019/20

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





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Foreword

Welcome to Renfrewshire Health and Social Care Partnership's Annual Performance Report 2019-20.

Given the exceptional circumstances due to COVID-19, this year's Annual Performance Report (for the period April 2019-March 2020) has been more challenging to produce than in previous years, as the Partnership focuses on its response and recovery to the pandemic and ensures we continue to support those who have greatest needs and are most vulnerable.

Rapid Response

During the pandemic, many of our staff have taken on new or adapted roles to enhance and support our communities, for example: Shielding Support Services including Medicine Collections; supporting COVID-19 assessment and testing facilities; and more recently the Test and Protect Contact Tracing Programme. So in line with the new power in the Coronavirus (Scotland) Act, and with the approval of our Integration Joint Board, we took the decision to postpone publication of the Renfrewshire Health and Social Care Partnership 2019-20 Annual Performance Report until Monday 12 October 2020. It will be available thereafter on the HSCP website at: <https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>. Printed copies will be available on request.

Our Performance

Across our services we have worked hard to ensure the highest level of performance is maintained and this report reflects the significant efforts and wide-ranging work of our staff, carers and partners to improve outcomes for the people of Renfrewshire.

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

Facing The Future Together

In light of the uncertainty COVID-19 brings, it is too early to say how substantial its impact will be on our performance measures. However we do know that health and wellbeing outcomes in more deprived areas have been impacted. The extent will become clearer as we move forward during 2020/21 and our Annual Performance Report April 2020-March 2021 will outline more detail on the pandemic's continued effect across our services and communities and how we will have responded to these challenges.

While our staff and services continue to respond and recover, our focus remains on ensuring safe and effective services for those at risk in our communities and our performance in all areas will continue to be closely monitored and risks assessed appropriately.

Supporting Our Communities

We would like to say how immensely proud we are of the work everyone has contributed over the last year and, more recently, as part of our pandemic response. Circumstances remain challenging with continued COVID-19 recovery and renewal planning underway across the Partnership. To our staff and partners, whether you have been working 'on the front line'; providing essential support from a base; or working from home, we have often had to overcome extremely difficult obstacles to help keep our services running. Your work to help others when they need support most has made a huge impact to the lives of people across Renfrewshire and we would like to thank you all for your dedication and commitment. Our IJB members also acknowledge this incredible work and we pass on their collective thanks and appreciation to you all.

Going The Extra Mile

We would also like to take this opportunity to thank our unpaid carers for the unparalleled support they have provided throughout the crisis, along with our statutory and community partners. During the pandemic we have all come together to support each other, our communities and provide our residents with continued person-centred care. Thank you all for your unrelenting hard work and for going that extra mile - it really is making a positive difference to people's lives.



David Leese
Chief Officer



**Councillor
Jacqueline Cameron**
Chair, Renfrewshire
Integration Joint Board

Key Achievements

Service areas across the Partnership have been working hard during 2019/20 to provide safe and efficient services, monitor performance and improve health and wellbeing outcomes for the people of Renfrewshire. Some of our key achievements this year include:



We have exceeded our target for reducing **alcohol related hospital stays** with a rate of 8.4 per 1,000 population aged 16+ (target 8.9) at March 2020 – a reduction on the rate of 8.8 at March 2019. **Alcohol and Drug Waiting Times for referral to treatment within 3 weeks** have also improved from 74.4% at March 2019 to 95.9% at March 2020 against a target of 91.5%.



Telecare, or **Technology Enabled Care Service (TECS)**, provides a 24-hour a day emergency response service by supplying community alarms to vulnerable people in the community. The rate for people receiving Telecare aged 75+ (rate per 1,000 population) has increased from 29.1 in 2016/17 to 40.2 in 2018/19, and is now 53.0 in 2019/20.



Paediatric Speech and Language Therapy waiting times for assessment are consistently within the 8-week target. We are also pleased to report that 100% of patients were seen within 18 weeks at March 2020 compared to 63% at March 2019. Please see page 29 for more information.



The **Macmillan Renfrewshire Improving the Cancer Journey (ICJ)** project is now well underway with the first referrals received in January 2020. Feedback has been positive. Please read our Case Study on page 25.



The **Healthier Wealthier Children income maximisation programme** supported 557 families between April 2019 and March 2020, resulting in a total of £1.16 million of additional income for those families – an increase of 31% on the 2018/19 figure of £885,000.

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards (IJBs) to publish an Annual Performance Report, in order to measure its performance in planning and carrying out those functions for which they are responsible.

Renfrewshire IJB, formally established on 1 April 2016, has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within Renfrewshire. These include the following:



More information on the health and social care services and functions delegated to the Renfrewshire IJB is set out within Renfrewshire's Integration Scheme available on the HSCP's website at: www.renfrewshire.hscp.scot/IJB

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



Our Strategic Plan

We will also review our progress against our Strategic Plan for the period 2019-2022. In order to deliver our vision, our Strategic Plan describes the themes and high level priorities which will direct the Partnership over the next three years.

Our three strategic priorities are:

- Improving health and wellbeing
- The right service, at the right time, in the right place
- Working in partnership to support the person as well as the condition.

We do this by:

Bringing services together and improving pathways

Following the review of Alcohol and Drugs Services, a new Recovery Hub is being created in Whitehaugh Gardens in Paisley, with services moving to a recovery focus.

Ensuring services in the community are accessible to all

The HSCP maintains an ongoing focus on the digital transformation of our services and has completed the national Digital Maturity assessment along with identifying emerging digital priorities. Indeed, embracing technology was key to our initial response to the COVID-19 impact to ensure our services were able to continue to support our communities during the pandemic, and will remain so as we begin to rebuild and recover.

Giving people more choice and control

Near Me is a simple to use, secure online system designed for healthcare. It is widely used across NHS Scotland to improve communication and make patient travel optional, with many people being able to talk to their healthcare professional from home, work or another location using their smartphone or webcam.

Helping people to live as independently as possible

We continue work to develop our Care at Home services, including the piloting of the Totalmobile electronic scheduling system which will support the delivery of over 5,500 care visits per week. The system will also support a reduction in delayed discharges, which will ensure people can return home safely and live as independently as possible. Our Telecare services have also seen an increased rate in the numbers of our over 75 population now being supported, and general increases for this service through focused person-centred planning, has enabled more people to be supported to live at home. More detail on this service is featured in our Key Achievements section on page 6.



Tackling inequalities and building strong communities

163 staff from the HSCP and third sector partners have completed Mental Health training during 2019/20. Attendees reported an increase in skills, knowledge and confidence, recognising that mental health affects everyone.

- Providing effective support for carers
- Listening to patients and using service users' feedback to improve services.

Focusing on prevention and early intervention

School counselling and peer mentoring programmes have been further developed. With funding from the Renfrewshire Poverty Commission, the service is provided in all secondary schools and Additional Support Needs provision in Renfrewshire. Support is also offered in school holidays if required. Between April 2019 and March 2020, 630 young people accessed counselling support. The top five most common presenting issues emerging included anxiety/stress, family issues, anger, depression and bereavement/loss.

Providing effective support for carers

Following consultation with carers and partners who gave a valued contribution to its development, we are pleased to report Renfrewshire's Adult Carers' Strategy has been approved by our Integration Joint Board and will be published by the end of 2020 following a delay due to the COVID-19 pandemic.

Listening to patients and using service users' feedback to improve services

We continued to deliver the Older People's Services review including completion of a series of consultation and engagement events, to explore opportunities to develop and redesign community based services for older people. Over 150 participants engaged in workshops as part of this review.

Our Strategic Plan takes account of national strategies and legislation, regional planning, and Renfrewshire Council's Plan and Community Plan. It also highlights NHS Greater Glasgow and Clyde's Moving Forward Together (MFT) programme, which aims to help us to develop and deliver a tiered model of services where people receive treatment as near home as possible, travelling to specialist centres only when expertise in specific areas is required.



A Profile of Renfrewshire

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



Renfrewshire Population

179,100

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



It comprises of:



30,267 (16.9%)
children aged 0-15

+



114,946 (64.2%)
adults aged 16-64

+



33,887 (18.9%)
older adults aged 65 and over



29

GP Practices



43

Community Pharmacies



22

Community Optometrists



33

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.

80.4 years



2016-18 life expectancy for a Renfrewshire female

77.1 years



2016-18 life expectancy for a Renfrewshire male

Demographic Profile:



An estimated

826

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

drug users in Renfrewshire



An estimated

20%

of adults have common mental health problems in Renfrewshire



It is estimated that more than

2,800

people are living with dementia in Renfrewshire
This is expected to increase to 4,400 in 2030

National Outcomes

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 requires Partnerships to assess their performance in relation to 9 National Health and Wellbeing Outcomes. These outcomes provide a strategic framework for the planning and delivery of our health and social care services. They focus on the experiences and quality of services for patients, service users, carers and their families.



Our 2019/20 Annual Performance report is structured around the nine National Health and Wellbeing Outcomes. It describes our performance in a number of different ways, recognising that information is used and understood differently by different audiences.

Our Performance

We have used a range of key performance indicators to evidence our progress during 2019/20:

- **National Core Integration Indicators** – a core suite of Scottish Government indicators that Integration Authorities use to measure progress towards the National Health and Wellbeing Outcomes. Our progress for 2019/20 compared to the national average can be found in Appendix 1.
- **Ministerial Strategic Group (MSG) Indicators** are included under Outcome 9 and focus on our Unscheduled Care performance – see page 77.
- **National, NHS Board, Local Authority and local Key Performance Indicators** are referenced throughout Outcomes 1-7. We have also shown trend analysis where possible.

Report Framework

The structure of the report is divided into seven main sections covering all nine National Health and Wellbeing Outcomes. Under the Outcomes you will find evidence and relevant performance indicators from service areas across the Partnership, highlighting our progress as we strive to improve health and wellbeing outcomes with our communities. We also link evidence to service area priorities within our Strategic Plan 2019-2022 and have included examples from Care Groups, individual Case Studies and service user feedback. In Outcomes 8 and 9, we have included examples of the ongoing engagement work with our staff and how we are using our Change and Improvement Programme to manage our resources efficiently and effectively. The 7 sections are detailed overleaf:



NATIONAL CORE SUITE OF INDICATORS – OUR PERFORMANCE		Page
Outcome 1	Community Health and Wellbeing	14
Outcomes 2-4	Delivering Positive Outcomes by Care Group	19
Outcome 5	Reducing Inequalities	42
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Outcome 8	Effective Organisation	62
Outcome 9	Our Approach to Supporting Organisational Change, Working with Our Partner Organisations to Improve Outcomes, Financial Performance and Best Value	68

Ultimately we aim to continue to build on our commitment to community engagement and participation, reduce inequalities, and tackle loneliness and social isolation. These are areas that are a key focus of the work of our Strategic Planning Group.

Financial information is also part of our performance management framework. 2019/20 has seen continued financial challenges along with the uncertainty of the extent of the financial impact of the COVID-19 pandemic and how it will affect our finances during 2020/21 and beyond. We have detailed our financial position on pages 84-89 as well as the outlook for 2020/21.

Renfrewshire HSCP has lead Partnership responsibility for Primary Care Support and Podiatry Services across NHS Greater Glasgow and Clyde. We have included an update on some of the work underway in these areas on page 81.

As we move into our fifth year of integration, we also continue to highlight the benefits of joint working and our endeavours to provide high quality, compassionate care and support for the people of Renfrewshire. This has been particularly evident in the Partnership's early response to the pandemic and our subsequent recovery and renewal planning.

Community Health and Wellbeing



Community Health and Wellbeing

Outcome 1

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

Introduction

The health and wellbeing of the people of Renfrewshire is at the core of the HSCP's work/what we do?.

This section highlights the positive work we have undertaken over the last year through our Health Improvement Team and, importantly, working with our partners and communities.

We believe that a collaborative community response will have a bigger impact on people's wellbeing than any one organisation can make alone. This is why we have developed a more focused approach to working with our providers, statutory, voluntary and third sector partners, as well as local people as part of our Strategic Planning Group (SPG).

With SPG partners, we are making great progress in creating an exciting forum where we explore opportunities to co-produce a range of activities which can make a real difference to people's health and wellbeing, focusing on prevention and early intervention within community-based support.

Strategic Planning Group

The role of the Strategic Planning Group is to give its views during the development, implementation and review of strategic plans. As the main group within the strategic planning process, it represents the interests of local stakeholders, carers, members of the public and the third sector. The Strategic Plan is available online at www.renfrewshire.hscp.scot/StrategicPlan

Expanding Collaborative Working with Strategic Planning Partners

During this year we have continued to strengthen our connections with our Strategic Planning partners. In addition to the SPG's statutory role outlined above, the HSCP has worked with partners to develop the guiding principles for our transformation programme. We have put in place a supporting strand of activity focusing on the development of a programme of work aimed at working with local communities to improve health and wellbeing across Renfrewshire. This work has identified a number of priority areas of action where activity will be focused:

- **Loneliness and social isolation**
- **Lower-level mental health and wellbeing**
- **Housing as a health issue**
- **Inequalities**
- **Early years and vulnerable families**
- **Healthy and active living**
- **Collaborating for greater impact.**

Due to COVID-19, discussions on the SPG's approach to improving health and wellbeing were paused to enable partners to focus on their response to the pandemic. However, these priorities have been reinforced by the crisis and work will recommence in 2020/21 to identify and implement a collaborative approach to identifying, implementing and supporting projects which contribute towards addressing them.

Third Sector Collaboration

Partnership working with the third sector across Renfrewshire is also an essential part of our strategic planning work. We are creating a Memorandum of Understanding as part of this joint working relationship. Going forward we will agree joint actions and activity which will draw on the assets and expertise of the third sector, and will continue to work together to deliver on the priorities within the context of our Strategic Planning Group.

Some examples of our ongoing collaboration with the Third Sector during 2019/20 include:

- Working with Home-Start to enable a pathway for Health Visitors to refer to this organisation. Home-Start volunteers help families with young children through their challenging times
- Supporting the Carers' Centre by funding an Information Worker to provide an information and advice service for carers
- Continuation of the Community Connectors' programme, delivered on our behalf by RAMH (Recovery Across Mental Health), Active Communities (Scotland) Ltd and Linstone Housing. The aim of the programme is to relieve pressure on GPs by providing non-medical support and information to service users to enable them to take responsibility for their own health and wellbeing.

Over the last year we have also established a HSCP and Voluntary Sector Group, chaired by Engage, which complements the work of the wider SPG, focusing on building relationships between partners, sharing community insight and exploring opportunities to improve outcomes for the people of Renfrewshire.

Health Improvement Team

Our Health Improvement Team work with our partners and play an important role in targeting our interventions and resources to promote prevention, early intervention, self-management and independence. Reducing inequalities is also a key aspect of this work.

Examples of the areas progressed in 2019/20 include:

Eat Better, Feel Better (EBFB)

The Health Improvement Team has worked in partnership with Our Place, Our Families (OPOF) to deliver EBFB Diabetes cookery courses. These were offered to people with Type 2 diabetes, as well as their carers, to help promote healthy eating and self-management of their condition. OPOF has also offered Eat Better, Feel Better to other groups within the community to encourage healthier eating choices and the benefits of increasing physical activity. A response from a participant when asked:

What two things have you started to do at home as a result of this course?

I have started batch cooking and stopped buying ready meals.

Smoke-Free Renfrewshire by 2034

Scotland's Charter for a Tobacco-free Generation is an initiative to help reduce the harm caused by smoking and deliver a tobacco-free generation by 2034. Our Health Improvement Team has used social media to promote the benefits of a smoke free society in Renfrewshire. The Team also supports schools across Renfrewshire to increase awareness of the effects of second hand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects.

6,000+

World No Tobacco Day and National No Smoking Day content reached over 6,000 people via our social media platforms.

The following table shows the number of quits at the 3-month follow-up in the 40% most deprived areas from 2017 to 2020.

	2017/18	2018/19	2019/20
Smoking cessation - non-smokers at the 3 month follow up in the 40% most deprived areas	201	165	173

Sexual Health

In response to a national review of the Relationships, Sexual Health and Parenthood Education programme (RSHPE), the Health Improvement Team provided training to Renfrewshire Council Education Services staff, as well as primary and secondary school staff, to support the delivery of this agenda. In addition, Sandyford, the specialist sexual health service for NHS Greater Glasgow and Clyde has, as part of their service redesign, planned changes to their youth services to increase the accessibility of services for young people going forward.

In 2019 the Health Improvement Team co-ordinated the delivery of a sexual health training programme in partnership with the Scottish Drug Forum (SDF) and NHSGGC Sandyford Sexual Health Services. The SDF delivered seven Sex, Drugs and Vulnerable People courses to 60 staff from areas such as Criminal Justice, Housing, Mental Health and Addictions. Feedback from the training was very positive.

Know Who to Turn To

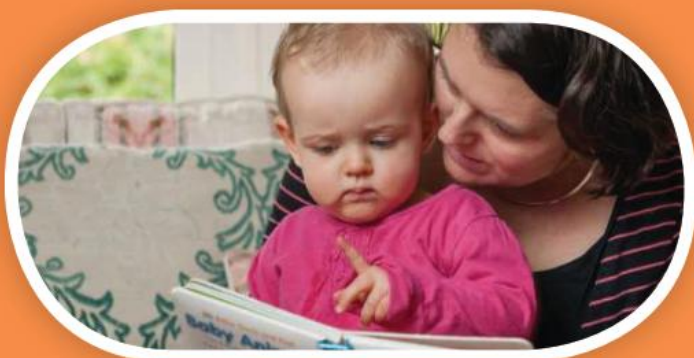
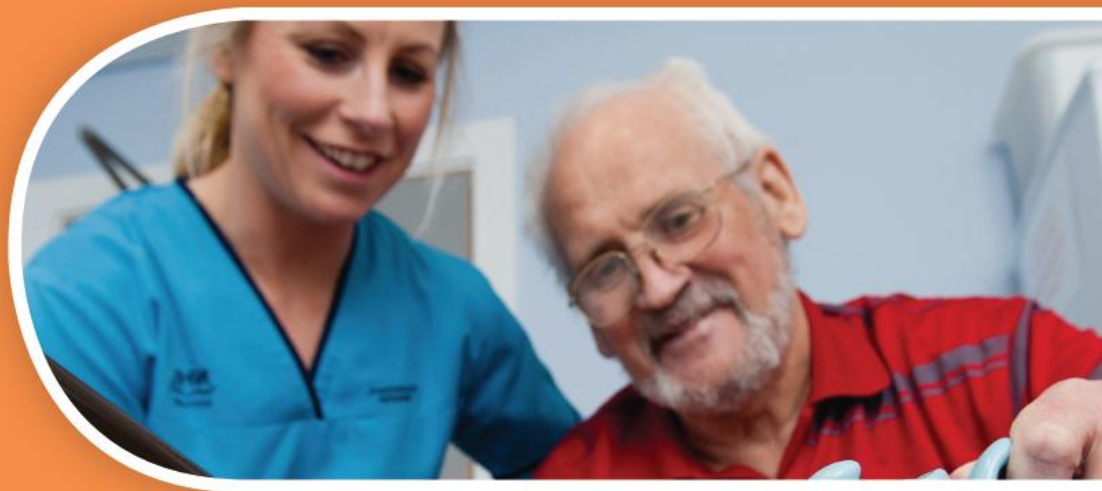
This is a continued communications drive to provide information to people in Renfrewshire about the best health and care service for their individual needs. By continuing this approach, we hope to see a reduction in inappropriate attendances at GP practices and AandE departments by ensuring everyone has access to the treatment they need in the most suitable setting. Where possible we want to keep people out of hospital and well supported in their own homes and communities.

Managing Your Condition

There has been a real shift to empower and support people to manage their long-term health conditions. The Partnership does this in a variety of ways including supporting community-led activity with our community and third-sector partners, promoting tools such as My Diabetes, My Way (MDMW) and encouraging people to access local resources to maintain their wellbeing. The Renfrewshire Integrated Diabetes Interface Group also continues to prioritise diabetes and health inequalities, in particular taking diabetes awareness and education out into the community.

We have continued to develop the HSCP's website to provide the latest information on Health and Social Care Services in Renfrewshire. This resource has been an invaluable communication tool throughout the COVID-19 pandemic. During 2019/20 there were 23,205 visitors to our website with 117,447 page views.

Delivering Positive Outcomes by Care Group



Delivering Positive Outcomes by Care Group

Outcome 2

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

Outcome 3

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

Outcome 4

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

Introduction

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

In this section we highlight by Care Group some of the key developments progressed over the last year to deliver positive outcomes for our communities and the people who use our services.

Older People

Older People's Service Review

Between September 2019 and February 2020, the HSCP worked with Journey Associates to carry out a series of consultation events to develop and re-design community based services for older people to meet changing need and demand. Over 150 participants drawn from across the Partnership, third sector and our communities were involved in the engagement process, including older adults and unpaid carers. These discussions focused on how older adults can be supported to live independently and identified four key themes: services provided by the HSCP; Health and Wellbeing; Early Intervention and Prevention; and Living in our Community.

The feedback received recognised the need to develop services for older people and has been hugely important in helping to shape the next phase of the review:

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

'Things used to be really good and it raised expectations. People now need to recognise they have a responsibility to solve issues first before accessing services'

'We often talk about 'Getting it right for every child'. But we should be 'Getting it right for every adult' too!'

The programme will be taken forward through the Adults and Older People Service Review (OPSR) Steering Group and will be supported through consultation by the Strategic Development Group, which builds on experience from the engagement undertaken. This will include internal and external stakeholders including staff, independent providers, carers and service users. There are a number of core workstreams that will be taken forward over the next 12 to 24 months, with the next phase of work focusing on Care at Home and Day Support. This work will also reflect on the experiences and lessons from COVID-19 as services are developed.

Case Study: Care at Home

Jan is in her early 70s and originally came to the Care at Home Team in Johnstone after a period in hospital after a fall. She was originally bedbound and required the assistance of two workers four times a day, and an overnight service. Jan received support from both Physiotherapy and Occupational Therapy Services and gradually over the space of nine months, and with encouragement from her carers, Jan's service was able to be reduced a little bit at a time. Initially Jan was reluctant about the reduction in her service but staff worked closely with her to build up her confidence. Jan was reliant on the carers for most things but it was more of a comfort than a necessity, so we had to slowly reduce her service gradually rather than a big reduction at once. The Care at Home Team worked closely with the Physiotherapist to give Jan the confidence she needed to do things for herself. Jan eventually started venturing out of the house with gentle encouragement from her carers. The service has been checking in with Jan regularly and she has advised she is now managing fine.

Care Homes

Renfrewshire HSCP is committed to maintaining people's independence in a homely setting in the community, and promoting a good quality of life despite frailty. Work has been ongoing in our care homes in the following areas:



The development of **anticipatory care planning** in residential care home settings has supported our understanding of future care needs by providing input from the person receiving care, their families, and from staff in the environment where the older person is receiving care.



Staff have been working closely with specialised hospice services such as Accord Hospice and St Vincent's Hospice to support care staff's understanding of **palliative and end of life care**.



Extensive training has taken place for our care staff in **Dementia Skills Improvement Practice (DSIP)**. This has been delivered across several residential care, home care services and day care services.



Falls Prevention: the development of a pro-active Falls Prevention Programme is now underway within some day care services and care homes. This has had positive outcomes for day care service users, improving their mobility and confidence.



The **development of technology resources** within care settings is also under exploration, with opportunities in modern care settings that could be beneficial to the future care provided, for example Electronic Care Planning.

Renfrewshire Dementia Strategy Group

The Renfrewshire Dementia Strategy Group is a multi-agency group, who have responsibility for implementing the commitments of Scotland's National Dementia Strategy in Renfrewshire. Work has been underway throughout 2019/20 and will continue in 2020/21 to implement the 21 commitments of the Strategy, with many actions already completed. These include:

- Maintaining and improving people's access to memory assessment and diagnosis
- Over 700 staff attending dementia awareness training
- Continued provision of Post-Diagnostic Support for every person newly diagnosed with dementia
- Introduction of the Older People's Mental Health Acute and Care Home Liaison Service
- Support to Dementia Friendly Community projects
- Introduction of digital communication and engagement software in Older People's Mental Health (OPMH) wards
- Improving palliative and end of life care in OPMH wards.

The Group is also developing [Renfrewshire's first Dementia Strategy](#). This will set out how Renfrewshire will work towards becoming a dementia friendly community. There have been several public engagement events and a survey to find out what is most important to people affected by dementia. The Strategy will evidence what services are already in place and what actions need to be taken. It was hoped the Strategy would be published in 2020, however publication has been delayed due to the COVID-19 pandemic. The aim is now to publish our Strategy in 2021, in line with the new national Strategy publication.

28%
2018/19



27%
2019/20

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

Performance has decreased slightly from 28% at March 2019, to 27% at March 2020.

Clients receiving intensive home care are those who are receiving more than 10 hours of home care per week, but does not include other Home Care services such as community meals and technology enabled care (TEC).

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

Palliative and End of Life Care

In line with the Strategic Framework for Action (SFA) on Palliative and End of Life Care, our aim remains that by 2021 everyone in Renfrewshire who needs palliative care will have access to it and benefit from it, regardless of age, gender, diagnosis, social group or location.

Renfrewshire HSCP's Palliative Care Joint Planning, Performance and Implementation Group has a Workplan which includes the following work carried out during 2019/20:

Palliative Care Strategy

A Palliative Care Strategy is under development with local hospices and other joint partners and reflects the intentions of the Strategic Framework for Action.

Anticipatory Care Planning (ACP)

There has been a continued emphasis on supporting people's end of life preferences by ensuring vital information from sensitive ACP conversations is documented in "My ACP" and transferred to the person's electronic (eKIS) record so it can be shared, particularly with out of hours services. At the start of the pandemic particular attention was paid to refreshing end of life care preferences, discussing ceilings of treatment and ensuring documentation from national frameworks, such as DNACPR (Do Not Attempt Cardiopulmonary Resuscitation), were in place to support dignified end of life care at home or in a care home.

Implementation of new procedures to support planning ahead for practical aspects of care

Across Renfrewshire a number of new processes and procedures have been introduced. Staff have quickly adopted and adapted to new ways of working some of which are intended to help meet the practical care needs of people who experience the effects of COVID-19, including:

- Standard operating procedure for the administration of fluids
- Pharmacy Strategy for Care Homes
- Supply of Oxygen Concentrators to Care Homes
- Community Respiratory Team.

Introduction of new NHS Scotland Palliative Care Guidelines

At the end of March 2020, two new national end of life care guidelines were introduced to support end of life care for people with COVID-19. These guidelines have been implemented across the Partnership.

Grief and Bereavement Network

On Monday 17 August 2019, we launched a pilot of a new grief and bereavement service for families in Renfrewshire. The Renfrewshire Bereavement Network includes local hospices Accord and St. Vincent's, as well as Renfrewshire Council and RAMH (Recovery Across Mental Health). The service is available to all adults and we hope that following a review and depending on demand, it will continue beyond the pilot to become a more permanent feature.

Improving the Cancer Journey

During 2018/19, Renfrewshire Council and Renfrewshire HSCP successfully secured £500,000 from Macmillan Cancer Support to develop the Macmillan Renfrewshire Improving the Cancer Journey (ICJ) project. The project aims to support people affected by cancer in Renfrewshire by building on existing links in local communities to deliver high quality, accessible care centred on the individual's Holistic Needs Assessment. We want everyone diagnosed with cancer in Renfrewshire to easily access all the support they need, as soon as they need it, to enable them to live as well and as independently as possible. Access points are being created for information, advice and other support services, including access to financial and welfare benefits advice. Since service launch in January 2020, the ICJ Project has provided dedicated one-to-one support to 111 people in Renfrewshire who have a cancer diagnosis and helped generate £90,132 in benefit entitlement.

Case Study:

Mr W contacted us in January 2020 after his wife Jean's recurrence of cancer. We assigned a coordinator called Caroline who did a house visit. Jean completed a holistic needs assessment which is the main tool we use to identify concerns. The following issues were identified: Jean was finding it especially hard to transfer in and out of her bath. A referral was made to Occupational Therapist for bathing assessment and a walk-in shower was fitted. In addition, two external steps were also fitted at the back door of their home to make it safer for Jean to access the garden. Mr W also asked about receiving information on Power of Attorney. Their coordinator worked with colleagues at Macmillan Support Line to provide advice, including information on local solicitors who could help and they now have the information required to take things forward. In March 2020 during lockdown, the couple were struggling to manage food shopping as Mr W had to stay in to attend to Mrs W and did not want to leave her. Their co-ordinator worked with local council Shielding Teams to support the couple and regular food parcels were delivered to their home on a weekly basis.

Mr W was also concerned as Jean was in a lot of pain. With their permission, their co-ordinator, contacted the GP practice, who arranged a same day home visit to assist with Jean's pain management.

Feedback from Mr W:

Since Caroline came on the scene, help seems to know no boundaries. She is a breath of fresh air and so considerate, always putting my wife and I first. Recently we were having problems getting satisfaction in a speedy way from our surgery, Caroline took it in hand and the outcome was absolutely amazing including a phone call from our GP within an hour of her intervention to establish our problems and resolve a painful situation. In the last few days she was in touch again with a number to call for help to receive food parcels for the duration of the pandemic. Caroline is a lovely person and a credit to her family and the Improving the Cancer Journey service, and we thank her most sincerely for everything she has done for us.

Physical Disabilities and Sensory Impairment

The HSCP offers day centre provision for physical disabled and sensory-impaired people living in Renfrewshire through the Disability Resource Centre (DRC) in Paisley. The centre promotes independent living through various leisure, social, educational and employment activities and services.

Sensory Impairment

The Sensory Impairment (SI) Team recognises that technology is key in supporting people with sensory loss. It is an integral and crucial part of our rehabilitation service and our provision of training in smart technology and apps is in high demand. During 2019/20 the Team were nominated and won a National Sensory Impairment and Equality Award.

The Team promote independence in daily living and mobility, safe and healthy eating, and self-management of long term conditions, community participation and emotional wellbeing. All of which play a role in the prevention of hospital admission.

Offering specific support to enhance communication and daily living skills for individuals can have a significant impact on quality of life by reducing social isolation and contributing to positive wellbeing and mental health.

Gathering feedback from service users is always important. Below is a selection gathered during 2019/2020:

Service User, age 82, experiencing social isolation and high levels of frustration due to acquired age related hearing loss

Service user "I can hear the TV no problem now. I can even speak to my granddaughter on Facetime and hear her properly."

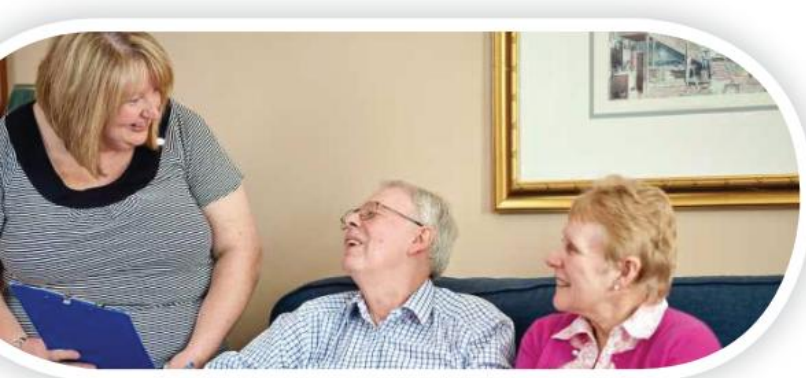
Daughter of service user: "You have been like a miracle worker."

Rehabilitation Worker: "Family and client were quite emotional and very thankful for the support."

Service User, age 18, after completing his first ever independent train journey to Paisley. He is now able to travel independently on other routes including travelling by train to visit his grandparents. Mobility is often referred to as the key to independence.

Service user: "Thanks. I think I could get used to doing that route myself, it felt really, really good being able to do that on my own."

Rehabilitation Worker: "Great achievement!" "Wow, that was a bit emotional! It was more than a train journey... more like a journey into further education and adult life."



Physical Disabilities

The provision offered by the Disability Resource Centre (DRC) is flexible to individuals' needs and offers the opportunity to socialise as well as taking part in activities including yoga, knitting, history, gardening and cooking among others. Activities are not limited to the DRC however, and classes such as swimming, sailing and music-making can also be accessed outwith the centre.

Disability Resource Centre: Friends of Fountain Gardens

In September 2019 volunteers from the Disability Resource Centre (DRC) were involved in supporting a local group called Friends of Fountain Gardens. The group's aim is to promote and improve Fountain Gardens, Paisley's oldest park and home to one of only three category A listed fountains in Scotland. The volunteers and DRC staff met with representatives from the Renfrewshire Disability Arts Forum, the STAR Project, Renfrewshire Environmental Trust, and Mossvale Community Church, resulting in an innovative community partnership. They co-produced a Gala Day as part of Renfrewshire's Doors Open Day events in 2019. Groups of people with protected characteristics were consulted and became involved in the running of the event. Feedback was also gathered and people's views were shared with the Regeneration Team with the aim of building community capacity to develop further plans for investment in this historic park.

Case Study:

My name is Alison Love. I was diagnosed with a degenerative neuromuscular disorder, Friedreich's Ataxia, when I was 24. This means I must use a wheelchair and accept support to live my life the way I want. I returned home to Renfrewshire in 2009, after living and working in Lancaster for many years and quickly realised I had to find a routine and things to do to keep myself and my mind busy. I found the Disability Resource Centre.

There I found a routine and things to become involved in. I have joined many groups where I can feed my curiosity, use skills and knowledge from my working life and share my experience as a disabled woman. When I needed support to live independently and safely in my home, I began to use Self-Directed Support (SDS). My SDS budget allows me to pay for an agency to provide the care and support I want.

At the DRC I discovered the gym and I now go with a support worker in addition to attending with DRC staff. I have been able to remain a trustee for Ataxia UK and travel to London, with support, for bi-monthly meetings. I love travelling and trying new things. I recently tried an accessible underwater sea trek! SDS has allowed me to do so many things: Partners In Policymaking training; GGC Neurological Voices – sharing experiences of using neurological services; leading the support group for people with Ataxia in the West of Scotland; I'm a member of Paisley North, West and Central Local Community Partnership; going abroad on holiday; going to the cinema, attending gigs and eating out; visiting friends and family. I am also treasurer for Renfrewshire Sports Development Committee, which aims to provide accessible sporting opportunities, and for Renfrewshire Disability Arts Forum that provides artistic opportunities for disabilities and showcases disability art of all kinds.



Child and Maternal Health

Childhood Immunisation

In 2019 as part of the Immunisation Transformation Programme, we ran a pilot project to deliver the childhood flu immunisation to eligible children in two community clinics within Renfrewshire. This pilot was successful with uptake improving from 38.4% in Linwood to 71.9 %, and from 50.6% to 52.3% in Ferguslie. A full roll out of the programme to all those eligible for pre-five flu immunisation in Renfrewshire will begin in autumn 2020.

Routine Childhood Immunisations

Health Visitors continue to promote uptake, focusing in particular on children between 4 and 5 years who have not yet had their pre-school Measles, Mumps and Rubella (MMR).

The following table shows that Renfrewshire exceeded the target for MMR vaccination for those aged 24 months for all four calendar years. Unfortunately at 5 years, the rates in Scotland, Renfrewshire and across NHS GGC were all below the 95% target although showing some improvement on 2018 figures.

MMR (Measles, Mumps and Rubella) Vaccination % Uptake

Age	2016	2017	2018	2019
24 months Renfrewshire	95.4%	95.8%	96.0%	95.5%
24 months NHS GGC	94.8%	94.9%	94.4%	94.4%
24 months Scotland	94.9%	94.6%	94.2%	94.0%
5 years Renfrewshire	93.8%	92.2%	90.4%	93.3%
5 years NHS GGC	92.2%	91.1%	89.5%	90.6%
5 years Scotland	92.9%	92.2%	91.2%	91.5%

Breastfeeding

Performance for exclusive breastfeeding at 6-8 weeks has been fairly consistent from 2016 to 2020, averaging 23.6%, which is above the 21.4% target.

	2016/17	2017/18	2018/19	2019/20
Exclusive breastfeeding at 6-8 weeks	23.0%	23.4%	24.4%	23.6%

In November 2019 Renfrewshire HSCP was awarded UNICEF Baby Friendly Re-accreditation. Inspectors were particularly impressed with the staff's knowledge and skills and the support provided to families and babies around infant feeding, ensuring all children get the best start in life. The inspectors also noted that staff were extremely enthusiastic about supporting breastfeeding mothers and promoting positive, close and loving relationships for mothers and babies. We are now working towards achieving the UNICEF Gold sustainability award.

39

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

Child Health 30-Month Assessment

Uptake rate of child health 30-month assessment.

Target: 80%

The uptake rate of the child health 30-month assessment has continued to increase from 93% at March 2019 to 95.5% of eligible families at March 2020, against a target of 80%. During 2019/20, Renfrewshire has benefited from increased health visiting capacity due to reaching the end point of the Healthy Children's Programme. This has led to reduced caseload numbers and has facilitated a sustained performance in relation to the 30-month Ready to Learn assessment.

95.5%

2019/20



93%

2018/19

Teenage Pregnancy

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

The rate of pregnancies for those under 16 years has reduced from 2.4 in 2018/19 to 1.5 in 2019/20, against a target of 3.1.

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

1.5

2019/20



2.4

2018/19



The Free Condom Scheme (FCS) and local Sandyford Services were promoted across Renfrewshire so young people could access services as required.



Specialist Children's Services

Prior to the COVID-19 pandemic, Paediatric Speech and Language Therapy (SLT) Drop-in Clinics were running in five bases, resulting in an increase in pre-referral consultations. Parents can now access advice at a time that suits them with referrals completed at the clinics. This has resulted in no 'Did Not Attends' (DNAs). The service user feedback from the Experience of Service Questionnaire (ESQ) has been very positive with 100% of service users agreeing it is 'certainly true' that the overall help in SLT is good, against the aim to achieve an 80% satisfaction rate. The Paediatric Occupational Therapy Service is also considering adopting a similar model. The ESQ Feedback included the following comments from parents:

"Our son's language and communication have improved significantly and we have also received great support as parents."

"I was reassured and got good advice."

"The staff listened to my concerns and gave my son excellent care and attention."

"The support/workshops for parents helped a lot. It gave us a better understanding of how to guide our son."

SLT waiting times for assessment are consistently within the 8 week target. We are also pleased to report that the longest waiting time from referral to treatment was under the 18-week target at 10 weeks at March 2020 compared to 30 weeks at March 2019.

100%
2019/20



63%
2018/19

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

We achieved this via the following methods:

- Increased pre-referral work at our drop-in clinics
- An increased focus on our partnership with Education Services
- Evidence based clinical pathways for early language and communication delay using the PATIR programme (Play and Talk in Renfrewshire)
- A focus on Community and Locality Team based in West Renfrewshire and Paisley, ensuring easier access to services in deprived areas. This in turn reduces appointment DNAs (did not attends) and increases parental engagement.

82.5%
2018/19



66.7%
2019/20

Child and Adolescents Mental Health (CAMHS)

- % of patients seen within 18 weeks.

Target: 80%

Performance has reduced from 82.5% at March 2019 to 66.7% at March 2020 against a target of 80%. CAMHS waiting times are a challenge across the NHS Greater Glasgow and Clyde Board area, with a Board rate of 46.4% at March 2020. Over the past three years there has been a 10% increase in referrals to the service. The number of rejected referrals has decreased over the last 18 months from 35% to 10%. Staff changes over the same period, due to retirements and staff moving to promoted posts, as well as the time gap to recruit, have all impacted on service performance. In addition, the service has looked at delivering alternative service models, such as group work and developing new clinical pathways. The Service has developed an Improvement Plan supported by the Clinical Director for CAMHS.

Renfrewshire Paediatric Disability Team

The Paediatric Disability team comprises of Paediatricians and Nursing staff who have developed enhanced patient pathways and by using data have continued to deliver an efficient service during 2019/20. We are pleased to report waiting times for an initial non-urgent paediatrician appointment have been maintained at a current average of 4 months as at March 2020.



Primary Care

GMS Contract/Primary Care Improvement Plan

The implementation of Renfrewshire HSCP Primary Care Improvement Plan (PCIP) has been underway since 2018. The new contract and additional funding through the PCIP are intended to benefit patients by reducing and re-focusing GPs and GP practice workload to support the development of their role as an expert medical generalist and to act as senior clinical leaders within wider multi-disciplinary teams across all 29 GP practices in Renfrewshire.

Implementation of the PCIP has involved placing expanded teams of HSCP and NHS Board health professionals in general practice, to meet the needs of patients who do not need to be seen by a GP. It has also involved GPs and their practice teams undertaking training in the new ways of working and signposting patients appropriately.

The illustration below shows the positive progress that has been made in Renfrewshire, enabling patients to benefit from a range of expert advice and services more quickly by direct referral from the trained receptionist rather than by the GP.



Housebound patients/carers were vaccinated by the HSCP Flu Team.

2.6 Advance Nurse Practitioners (ANPs) have been aligned to 5 GP Practices. In additional 2 Care Home Liaison Nurses are proactively working to reduce the need for unscheduled GP visits to care homes.



3.5 Advanced Practice Physiotherapists (APPs) have been aligned to 11 GP Practices as part of the wider Multi Disciplinary Team. APPs can serve as first point of contact for patients presenting with musculoskeletal conditions.



12 Community Link Workers have been aligned to all GP practices one/two days per week, with the addition of an outreach service in our most deprived area within Renfrewshire.



Additional Pharmacist and Pharmacy Technicians support all GP practices to free up more GP time. 3 Pharmacy Support Workers will also support a pharmacy hub model in the Renfrew GP cluster.



Phlebotomy staff have now been aligned to all GP practices and are also carrying out clinics and home visits.

Flu Vaccination

Uptake rates of seasonal flu vaccine in Renfrewshire are similar to the rates for NHSGGC and above the Scottish average for 2017/18 and 2018/19. The over 65s rate has remained fairly stable with a rate of 75.1% in 2018 compared to 75.4% in 2019.

Seasonal Flu Vaccine Uptake Averages – as at week 15, 2019 (end of uptake surveillance period)				
HSCP	Over 65s	Under 65s in at risk groups	Pregnant (not in clinical at risk group)	Pregnant (in clinical at risk group)
Renfrewshire	75.4%	44.2%	54.0%	59.5%
NHSGGC	73.8%	42.8%	50.7%	58.4%
Scotland	73.7%	43.4%	44.5%	57.4%

Learning Disabilities

Learning Disabilities Action Plan

Following on from a review of Learning Disabilities Day and Respite Services, the draft Learning Disabilities (LD) Action Plan was finalised in 2019/20 through a consultative engagement process with a wide range of stakeholders including carers, service users and staff. Workstreams were agreed with a range of people expressing an interest to participate. Key to the delivery of the Action Plan is the Learning Disability Planning Group which will oversee the work towards meeting the objectives outlined within the Plan.

Communication and Engagement

A communication bulletin to carers, staff and service users reflecting on the year's work to date and setting out plans for 2020/21 was developed and distributed. This included invitations to participate in a variety of ways to progress development and improvements in services. We continue to encourage and develop a culture of collaboration and partnership working through various fora, networks and groups. Recent engagement via the Learning Disability Planning Group with individuals, family carers and support providers has enabled active participation in planning for the recovery of services in response to COVID-19.

Community Networks – Speaking Up Group

Our community-based Outreach Support Service supports people with learning disabilities to be active members of the community. Promoting skills for everyday life and taking opportunities to be visible and valued members of our communities are central to the ethos of the service. The 'Speaking Up Group' share their views and opinions with wider forums to help shape and change service delivery. The group has submitted responses to several consultation surveys including:

- Independent review of Learning Disability and Autism in the Mental Health Act
- Scottish Public Transport, which feeds into the Regional Transport Strategy
- Participated in a trial of a new phone travel application developed by Enable Scotland.

Service Developments

Community Networks (CN) successfully supported many individuals when Capability Scotland closed their Renfrewshire Day Services. As part of transition planning, CN worked in partnership with the National Involvement Network (NiN) and Capability Scotland to hold workshops which enabled people to be actively involved in planning their new supports. Feedback has been positive:

"I was worried, but it turned out fine. I like being out and about, I like Community Networks."

"When I heard about the closure, I was very concerned and felt no-one was listening to us. When we moved to Community Networks people did listen. I'm happy now because we still have some of the things we did with Capability; it is a mixture of the two services. It's been a great move."

"I was really worried and upset about the Centre closing because I thought I wouldn't see my friends again. I'm much happier now because we have all been able to stay together and we have met new people and staff."

The Community Integrated Team – Transitions

The Community Team continues to focus on supporting young people and their families to have better experiences of transition to care and support from adult services. During 2019/20 clearer links and planning have been established with social work and nursing, with both services working jointly to holistically assess health and social care needs earlier. This has enabled more responsive and inclusive support planning. A short-term working group is developing an accessible information pack, supported by Speech and Language Therapy, Day Services and the Community Team.

The Community Integrated Team – Accessible Information

The team has developed easy read information leaflets covering a range of topics including Adult Support and Protection, Sexual Health and Wellbeing. Service changes and updates during the CoVID-19 Pandemic have been translated to easy read visual/graphic format with information about Coronavirus and the lockdown restrictions.

The Community Integrated Team – Working in Partnership

National and local collaboration has been key to early discussions and planning to implement recommendations of the Scottish Governments 'Coming Home' report'. The recommendations focus on strengthening commitment to supporting people with learning disabilities locally and working to reduce the need for people to have their needs met in other areas. This will be a key area of work moving forward.

Mental Health

Renfrewshire Health and Social Care Partnership supports the Scottish Government's Mental Health Strategy 2017-2027, and in response has commissioned and developed The Five-year Strategy for Adult Mental Health Services 2018-23 in partnership with NHS Greater Glasgow and Clyde and the other five HSCPs in the Board area.

We recognise that good mental health and resilience are at the heart of our vision and we will ensure mental health and wellbeing is a priority across the whole of Renfrewshire.

90.5%
2019/20



86.5%
2018/19

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

In line with other services, the Doing Well Service embraces the advantages of technology and utilises the Near Me system for self-referral, assessment and treatment appointments. Staff are located in most GP practices and the technology is readily available in each practice.

Doing Well staff have also been issued with laptops and mobile phones that will enable Near Me from community clinics and via home working where practicable. It is hoped this will reduce DNA (did not attend) appointments and improve the efficiency of the service. It is unclear quite how the COVID-19 pandemic will impact on demand and capacity in the future.

The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks, has increased from 86.5% at March 2019 to 90.5% at March 2020 against the target of 100%.

Some postcard feedback from service users at the Charleston Centre completed in March 2020 included the following:

They offer good support

Friendly staff

The staff are very helpful. Very respectful, have been very good

Reception staff nice and I felt welcome

The CPN service is really good and I get treated with respect

Communicate well. Doctor so nice, brilliant, actually listened to and took on board what I said. I felt relaxed and welcome

If you need them they are good at getting in touch

I don't feel like a patient, it's informal but professional

Two recommendations for improvements included making the waiting area more inviting and improving communication for appointments.

Renfrewshire Anti Stigma Alliance

We have established the Renfrewshire Anti Stigma Alliance (RASA) group. This alliance of public, third sector, community groups and people with lived experience strive to influence and strengthen community action, and end mental health stigma and discrimination across Renfrewshire.

The Renfrewshire strand of the Scottish Mental Health Arts Festival took place in May 2019 and the RASA group contributed to hosting Walk a Mile and Listen and Learn events. RASA's Spread a Little Kindness social media campaign to promote positive mental health was also very successful, seen on Twitter approximately 19,000 times. The Listen and Learn event brought people together to engage in open discussion and people with lived experience shared their stories of mental health/wellbeing and recovery.

Mental Health Strategy and Local Action 15 Proposals

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need.

NHS Greater Glasgow and Clyde has developed a five year mental health strategy, linking the planning of services across the whole Health Board area and incorporating the planning priorities of the six Health and Social Care Partnerships. It is also aligned with delivery of the Scottish Government's Mental Health Strategy 2017–2027. Each HSCP is however accountable to its own Integration Joint Board for use of resources and the development of their own Action 15 Plan.

In developing this plan, an initial consultation with a range of services took place and a Renfrewshire Mental Health Strategy/Action 15 Implementation Group was developed. Current priorities for the group include a Recovery Hub, Early Discharge Coordinator, Community Wellbeing Nurses, Inpatient Services Activities and collaboration in a Board-wide Peer Support test of change and wider recovery orientated system of care.

Dementia Support

The Occupational Therapy Department has benefited from Action 15 funding to support the creation of a new support worker post covering two non-acute Dementia wards. This post has enhanced therapeutic activity within the wards. We have also established strong links with Hampden's Football Memories initiative and they donated a football memories box of football memorabilia to North ward which has supported and promoted our existing Football memories group.

The wards also held a successful fun day in May 2019 which promoted physical activity. In addition, we continue with our gardening groups promoting access to fresh air and green space.

Occupational Therapy Support Workers within Mental Health Inpatient Services

One of Renfrewshire's local proposals for investment in the Mental Health Strategy Action 15 funding during 2019/20, was establishing six Occupational Therapy Support Worker (OTSW) Posts to support activities within Mental Health Older Adults' Wards which improve the mental health and wellbeing of our inpatients. To date, the OTSWs have been supporting our inpatients to connect to community groups such as musical group Buddy Beat and the Recovery Café. They have also been instrumental in ensuring patients are able to benefit from work with the ward's Community Musician, Creative Arts Therapist and enjoy outdoor walking exercises in the hospital grounds.

Suicide Prevention

Suicide prevention is a priority within Renfrewshire HSCP. In 2019 there were 784 (581 males, 203 females) deaths in Scotland of which 13 (11 male, 2 female) were in Renfrewshire. This reflects a downward trend for Renfrewshire in line with the national average, and one that we would wish to see continue.

Our **Suicide Prevention Strategy** remains in development, alongside an Action Plan, considering the drivers from 'Every Life Matters' the Scottish Government's national Suicide Prevention Action Plan. Published on 9 August 2018, the Scottish Government's vision is of a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone's business.

Suicide Prevention Training will continue to be delivered to people who either live or work within Renfrewshire, with priority given to those who work with the most vulnerable groups.

From April 2019 to mid-March 2020, 452 people were trained in The Choose Life suite of suicide prevention training courses, with improved links with Education Services. Unfortunately the Training Plan has had to be paused due to the COVID-19 pandemic and associated restrictions. Public Health Scotland is currently reviewing the suite of training courses available. Digital and online solutions will undoubtedly be part of this plan going forward with the focus on safe implementation.

Suicide Prevention Week in September each year remains a focus for raising Public Awareness, alongside web-based information.

The Survivors of Bereavement by Suicide (SOBS) Group has been running in Renfrewshire for the last 10 years and a Memorial Service is held in January each year.

Alcohol and Drugs

Recovery in Renfrewshire

Over the past year the Alcohol and Drug Partnership (ADP) has been working with a range of key partners to enhance recovery opportunities in Renfrewshire as part of the implementation phase of the Review of Alcohol and Drug Services. This phase will inform a change programme to help shape a new fully integrated alcohol and drug service and the provision of a specialist GP Shared Care Team. One of the key achievements is the provision of a Recovery Hub, which will offer a unique opportunity for individuals affected by drugs and alcohol and/or mental health to access dedicated support to enhance their recovery. A building has been secured and is currently being refurbished, reflecting the views of individuals with lived experience and key stakeholders to ensure we provide a safe and therapeutic environment. Sustaining and maintaining recovery is the key aim of the Recovery Hub. This will be enhanced with the provision of in-reach services from local partners such as the local Job Centre, West College Scotland, the Partnership Health Improvement Team and input from the local Advocacy Project. A programme of activities will also be developed, tailored to promote growth in recovery. To support this process, recruitment is underway for an Operational Manager for Recovery and funding has been secured to recruit a further two Peer Workers. These posts will be instrumental in maximising opportunities for individuals affected by alcohol and drugs and/or mental health to engage with appropriate support to enable them to improve their overall chances of recovery.

95.9%

2020



74.4%

2019

Alcohol and Drugs Waiting Times for Referral to Treatment. Percentage seen within 3 weeks. Target: 91.5%

The recent improvement in performance can be attributed to a number of new processes which have been put in place to ensure new referrals are allocated in a timely manner, including an increase in the number of assessment clinics being provided and training offered to staff to improve data quality.

Waiting times for referral to treatment within 3 weeks have improved from 74.4% at March 2019 to 95.9% at March 2020 against a target of 91.5%. This is just under the Greater Glasgow and Clyde Board performance rate of 96.9% and above the overall rate for Scotland which is 94.5% for the same period.

Reduction in Alcohol Related Hospital Stays

We have exceeded our target for reducing alcohol related hospital stays with a rate of 8.4 per 1,000 population aged 16+ (target 8.9) at March 2020 – a reduction on the rate of 8.8 at March 2019.

Alcohol Licensing

The HSCP's Health Improvement Lead for Alcohol Licensing continues to respond to licensing applications to ensure local health and wellbeing needs are effectively considered. During 2019–2020, a total of 36 applications were received; 11 for new licensed premises and 25 to vary an existing licence. 10 responses (28% of total applications received) were submitted with evidence for the Licensing Board to consider in determining the applications. Off-sales accounted for 50% of the responses (5 applications), mostly for new convenience stores. Access for children and young people was a concern relating to five of the applications. By 31 March 2020 all 10 applications had been before the Licensing Board with five (50%) having positive outcomes reflecting the evidence submitted. There has also been closer joint working with Police Scotland in considering the responses to applications flagged as concerning, particularly around the topic of Protecting Children and Young Persons from Harm.

Young Persons' Recovery Service

Youth Connections, a third sector partner, has secured funding for the development and delivery of a Young Persons' Recovery Service in Renfrewshire. The service will be delivered applying a three-tiered approach focusing on prevention and education as well as providing one-to-one recovery sessions. A monitoring and evaluation process has been agreed to monitor the success of this new project.

Case Study:

Donna has experienced significant problems with alcohol and drugs for many years. This was primarily due to the adverse childhood experiences she endured whilst growing up – she viewed alcohol and drugs as a way to help her cope with the trauma. She continued to live a chaotic lifestyle and because of this she lost all contact with her family and friends – alcohol and drugs became her key focus in life. This led to her also feeling isolated and alone. Things started spiralling out of control for Donna and this is when she sought help from her GP who referred her to the Alcohol and Drug Recovery Service for specialist help. She was allocated a key worker and they worked together to agree a Recovery Care Plan which gave her the tools and strategies to help her to achieve abstinence and maintain her recovery from alcohol and drugs. This involved the provision of pharmacological treatment as well as psycho-social interventions. This process supported Donna in gaining a better understanding of herself and the issues she experienced around her addiction and related trauma. She was also supported to attend mutual aid groups and visited the Sunshine Recovery Café. This gave her the opportunity to meet people in a similar position and learn from their personal experiences which has helped her in her own recovery journey. Donna has now been in recovery for eight years and her outlook on life has changed significantly for the better. She has re-connected with friends and her family is very supportive. She has recently completed her first year at college and is a key member of mutual aid. Donna no longer feels the need to take drugs or drink alcohol and accepts that her recovery journey is an ongoing process.

Preventing Alcohol and Drug Related Deaths

The rate of alcohol related deaths has seen an increase from 32.4 in 2017 (per 100,000 population) to 37.8 (per 100,000 population) in 2018. There are plans to develop a process similar to drug deaths to ensure information is captured in relation to each alcohol related death to identify any potential areas for intervention. This is currently being led by the Scottish Government.

Renfrewshire ADP has updated the local Drug Deaths Action Plan which outlines key priorities for preventing deaths. This includes investigating all drug related deaths and trends, the continued distribution of naloxone and reviewing areas for intervention. In 2018, there were 50 drug related deaths in Renfrewshire compared to 38 in 2017, representing a 31.6% increase, and a 38.8% increase on the 5-year average of 36. This rising trend is expected to continue into 2019 but official data has been delayed by National Records for Scotland. The provision of the Festive Overdose Awareness Campaign is ongoing, and involves targeted distribution of naloxone along with advice and support around overdose. Collaborative working continues with the creation of the Drug Action Partnership Group led by Police Scotland with the key aim of preventing and reducing the number of drug related deaths in Renfrewshire.

Navigators at the Royal Alexandra Hospital

Launched in 2015 at Glasgow Royal Infirmary, the Navigator service aims to minimise the number of repeat attendances at Emergency Departments by helping repeat attenders, often involved in violence, get the support they need to escape often chaotic lifestyles. The service was extended to include the Royal Alexandra Hospital in December 2019, and between December and March 2020, Navigators Selma and Jim have offered support to 109 individuals, with 99 (91%) accepting help. Alcohol, drugs and mental health have been the main presenting issues, with additional issues identified after referral including homelessness, social isolation and money worries/debt. During lockdown the Navigator service launched a 24-hour helpline across 7 hospital sites – based in Greater Glasgow and Clyde, Ayrshire and Arran, Tayside, Lothian and Lanarkshire – and have supported 118 people as a result.

Alcohol and Drugs Commission

During 2018/19, Renfrewshire Community Planning Partnership agreed to establish an independent commission to establish a true picture of drugs and alcohol use in Renfrewshire, and to make recommendations on what partners can do together to support local people and communities adversely affected by drugs and alcohol use.

Comprising key representatives from across health and social care, housing, justice, third sector and higher education, the Commission – run in partnership with Renfrewshire Council – has considered policy across areas including the support for people most in need, prevention and early intervention, and recovery.

Work has been undertaken throughout 2019/20, in particular listening to the voices of those with lived experience, talking to service users and people in recovery. In addition, members of the Commission also engaged with frontline staff and Pastoral Care teachers in a series of focus groups.

Due to the impact of the COVID-19 pandemic, work is still ongoing to refine the key messages and recommendations from the work of the Commission. However this work will resume and during 2020/21, Renfrewshire Community Planning Partnership will prioritise work on alcohol and drugs use across Renfrewshire and drive forward the recommendations from the Alcohol and Drugs Commission to reduce the impact on individuals, families and communities.

Pharmacy Services

Further evidence of how we are delivering on Outcomes 2, 3 and 4 can be seen in Renfrewshire HSCP's Pharmacy Team, which provides a number of excellent services across all Care Groups. The information below highlights the work being done both in the community and with our Care at Home Service around medication compliance and review, which has received positive feedback from our service users.

Medication Compliance Service

The Medication Compliance Service carries out assessments for patients at a home visit following a referral. Completed by a pharmacy technician, referrals can be received from GP practices, hospital (if the patient has attended recently), or social work. If the patient agrees to the home visit, the following areas would be discussed and assessed:

- Medication compliance
- Appropriate ordering of medication
- Appropriate timing of medication to improve compliance
- Appropriate administration of medication i.e. is it the correct formulation for the patient?
- Appropriate storage of medication
- Assess the patient's ability to manage their medicines independently and organise appropriate aids if required
- Any use of 'over the counter' medicines
- Help patients understand what their medicines are for and why they need to take them
- How to dispose of any unused medication.

In the majority of cases a follow-up visit is not required but can be arranged if necessary and the patient can also be referred to a pharmacist or their GP for a medication review if appropriate.

We have found this service to be beneficial to both the patient and the referrer. It also allows pharmacists more time to deal with complex clinical pharmaceutical care issues, while the technician is able to support the more technical aspects listed above. This service covers all of Renfrewshire HSCP.

The service also works alongside our Care at Home service to review medication prompts and ensure they are the best way forward for the service user e.g. could their medication be managed in a different way? Would a medication review be beneficial to look at all the medicines the patient takes? Or could the use of a compliance chart or medication chart be more effective for the patient? If medication prompts are changed for any reason then the patient will receive a follow-up visit to find out how they are managing and to check compliance. This type of review helps some people gain control of managing their own medication again, which has received positive feedback from service users.

Reducing Inequalities



Reducing Inequalities

Outcome 5

Health and social care services contribute to reducing health inequalities.

Introduction

The HSCP continues to focus on tackling health inequalities by prioritising early intervention and prevention. In this section we provide examples of the range of activities undertaken to help reduce the health inequalities gap and to promote health and wellbeing. A number of our programmes help increase referrals to income maximisation and employability services, promote good mental health, and increase social connectedness. Reducing the health inequality gap has the potential to reduce the personal, social and economic cost of poverty and inequality.

Mental Health Training

We continue to promote the importance of good mental health and wellbeing and have implemented an anti-stigma training programme across Renfrewshire 'Understanding Mental Health', which provides participants with valuable tools to deal with issues they may encounter in their professional and personal lives.

This year we have trained 163 staff from the HSCP and third sector partners, with attendees reporting an increase in their skills, knowledge and confidence when dealing with mental health issues, recognising that mental health affects everyone.

Attendees were asked to provide feedback on one action they would take forward after attending the course that would make a beneficial difference to their practice. Some of the actions identified include:

"Be more aware of the people around me and know how to ask "are you okay?" and not feel awkward."

"Be more open about mental health in my workplace."

"Take time for my own wellbeing and mental health."

Social Prescribing

Social prescribing is an approach used to support self-management. It is used primarily for connecting people to non-medical sources of support or resources within their community, aiming to prevent the deterioration of patients' health. Community Link Workers are now in all 29 GP practices across Renfrewshire. We created a leaflet to provide a list of community support and information which was disseminated to all to our GP Practices in 2019/20.

"Ten minutes in the doctor's surgery isn't enough. When you've had a mental health issue, getting back out into the community is really difficult because you isolate yourself. I don't think I would have been able to do it on my own. I think every doctor's surgery should have a Community Link Worker."

Income Maximisation – Healthier, Wealthier Children

Renfrewshire HSCP has focused on increasing referrals into income maximisation services to help tackle poverty and the onset of poor mental health. The Healthier Wealthier Children (HWC) intervention supports families by helping them claim benefits they are entitled to and also to manage any debt. By managing the financial situation for families, both parents' and children's health outcomes are more positive.

The Health Improvement Team has produced videos that have been shared with HSCP staff to promote referrals to the HWC Service. The first video included statistics to show that since its inception, the project has generated over £7 million in financial gains for families in Renfrewshire. View the video via the following link:

<https://biteable.com/watch/hwc-2372407>

The second video is based on the case study of a single parent family in Renfrewshire. They received financial gains of £19,983 per year after receiving advice from the HWC Advice Worker. View the video at the following link:

<https://biteable.com/watch/hwc-case-study-2392925>

Building on this work, the Health Improvement Team has also worked with Children's Services to identify Poverty Champions within each Health Visiting Team. These Champions will meet regularly during 2020/21 to discuss any barriers they are facing and share good practice within their teams.

Case Study:

Ms B, a single mother with three children, visited our Healthier Wealthier Children advisor in August 2019. She was supported to claim Personal Independence Payment (PIP) for herself and her son who had just been diagnosed with ADHD. This allowed Ms B to claim carers' allowance, which removed the benefit cap from her housing benefit allowing her to be paid the full amount needed. Ms B was also supported by the HWC advisor to claim child benefit for her two younger children. In total, this advice and support increased Ms B's weekly income by £384.30 per week or £19,983 per year.

Employability

Health inequalities are more prevalent in those of working age and within this population, becoming unemployed can increase premature mortality by 63%. Not being in employment can result in poorer health outcomes, particularly poorer mental health. Supporting people through the stages of the employability pipeline can have a positive effect on mental health and wellbeing, with paid employment having the potential to protect health and contribute to reducing health inequalities.

The HSCP is represented on Renfrewshire Local Employability Partnership (LEP). This partnership has the responsibility for implementing the Scottish Government's 'No One Left Behind Strategy', and the collaborative development of 'Renfrewshire's Economic Future Action Plan, 2019–2024'. Using a partnership approach during 2019/20, the LEP Sub Group for Health has been able to provide support for Renfrewshire in line with local and national priorities including:

- Identifying barriers to work and services required to improve employment outcomes for those in recovery or experiencing mental health issues.

As a result of this work:

- » Partners agreed to prioritise the development of a dedicated role for mental health and recovery
- » A single point of contact has been developed within Invest in Renfrewshire to work in conjunction with HSCP Mental Health and Addiction Services to promote the service to their patients
- » We developed a referral pathway and visited all HSCP Mental Health Team meetings to promote this service. *The initial engagement with Renfrewshire Disability Service staff was postponed due to the COVID 19 pandemic. This will be re-established post pandemic*
- » Initial engagement has been positive with five patients referred by HSCP Mental Health Services to Invest in Renfrewshire between December 2019 and March 2020.

Invest in Healthcare

A six-week 'Invest in Healthcare programme' was delivered in October 2019 by Invest in Renfrewshire, in partnership with NHS Greater Glasgow and Clyde. This resulted in a guaranteed interview for a job opportunity as a Health Care Support Worker or Nursing Assistant for all who completed the course. The course included a three week practical work placement and training delivered by NHS professionals on infection control, moving and handling and assisting with personal care. 24 people from Renfrewshire completed the training, with 19 gaining jobs.

Musculoskeletal (MSK) Help

It has been estimated that between 20–30% of all GP consultations are for Musculoskeletal (MSK) complaints, with 10 million work days lost annually to MSK problems. In response to this, Invest in Renfrewshire and the HSCP provide employability support to individuals with Musculoskeletal (MSK) problems. 12 people to date have been referred by Royal Alexandra Hospital Physiotherapists to the specialist employability support on offer by Invest in Renfrewshire.

Going forward, the LEP Subgroup agreed actions to implement the Scottish Government's pilot of Parental Employment Fund to provide targeted support to parents who are employed on low incomes to tackle in-work poverty. We will also ensure employability support is embedded within the new Mental Health and Recovery Hub scheduled to open in 2020/21.

Gender Based Violence

In 2018 Renfrewshire's Gender Based Violence Strategy Group published its three-year strategy *Equally Safe in Renfrewshire: Renfrewshire's no to Gender Based Violence Strategy*. Our vision is to make Renfrewshire a place where GBV is not tolerated and where victims, perpetrators and communities are supported to address its causes and consequences.

A key commitment of the HSCP is to ensure staff in key settings (Health Visiting, Family Nurse Partnership, Mental Health and Addictions) are trained to enquire about domestic abuse and childhood sexual abuse (Mental Health and Addictions only) and respond appropriately to disclosures. The Health Improvement Team ensures staff are trained in sensitive routine enquiry (SRE) and referral to MARAC (Multi-Agency Risk Assessment Conference) for those who are experiencing domestic abuse and at risk of significant harm or homicide.

In 2019/20, 28 staff were trained in Sensitive Routine Enquiry and 64 staff trained in Risk Identification Checklist and Referral to MARAC.

Sensitive Routine Enquiry

In order to monitor the implementation of SRE, bi-annual audits of Health Visiting and Community Mental Health Service assessments are undertaken.

In addition to supporting those who have experienced abuse, the HSCP's Health Improvement Team has ensured the implementation of NHS GGC's Early Protective Messages programme in key services in Renfrewshire. The programme is endorsed by the local Child Protection Committee, and aims to equip Early Years Practitioners with the information and tools needed to provide consistent and age appropriate approaches to growing up and relationship education.

Case Study:

Following the Sensitive Routine Enquiry training, staff felt they were able to implement consent into their daily practice. Feedback from a follow-up with staff indicated that some staff from Specialist Children's Services had been carrying out examinations on children and although they would explain what they were going to do, they did not directly ask the child for consent to touch them. As a result of the training, staff have now changed their approach to include asking the child directly for consent. Staff members that are in constant physical contact with children and where consent is always asked for will now use different wording so it is clear that consent is being asked prior to any examination.

Equalities

We continue to ensure that the equalities agenda is mainstreamed across the Partnership. For example, we consulted with 33 British Sign Language Users to develop the Renfrewshire BSL Action Plan.

An Equality Impact Assessment (EQIA) information session was carried out with members of the Gender Based Violence Strategy Group as part of the Renfrewshire GBV Strategy Action Plan.

Intergenerational Interventions

It is acknowledged that intergenerational activities have a positive impact on improving the health and wellbeing of older adults and strengthening communities. The Partnership supported the development of an intergenerational quiz made up of 10 teams, which was a fun, informal way to bring older and younger people together. Intergenerational working is an effective way to reduce social isolation as well as tackling the negative attitudes children, young people and older people have towards each other. Some of the comments from the participants included:

"It was good to know the differences between my childhood and the older person's."

"The children were good company and interested in my life, they were fun and very polite."

"It's fun working with older people and it was a good experience to bond with them."



Carers



Carers

Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

Introduction

Renfrewshire HSCP's Carers' Strategy (2020-22) has now been approved by our Integration Joint Board after consultation with Renfrewshire Carers' Centre and local carers, and will be published in late 2020. We continue to promote Adult Carer Support Plans and ensure carers have the support to continue caring.

Carers' Strategy

The Carers (Scotland) Act 2016 has placed several legislative requirements on Local Authorities, including duties to be implemented through Integration Joint Boards.

Section 31 of the Carers' Act sets out the duty to prepare a local carers' strategy.

The HSCP established a Carers' Strategic Steering Group in 2018, to ensure we continue to implement legislative requirements, to oversee the development and implementation of the Adult Carers' Strategy, and to plan and develop services with carers. The Group's membership includes carers, Renfrewshire Carers' Centre, the HSCP, Renfrewshire Council Children's Services and other partners.

The Strategy's development was overseen by the Carers' Strategic Steering Group and to inform the content of the Strategy, a phased consultation process was agreed. The first phase of consultation included:

- A consultation event with carers at Renfrewshire Carers' Centre on Carers' Rights' Day
- The Strategic Planning Group, which includes Renfrewshire Carers' Centre, focused on carers and the draft Strategy at its meeting on 10 April 2019
- The draft Strategy was made available online from 28 October 2019 to 6 December 2019 for comment.

The second phase of consultation gave members of the IJB, including a carer representative, the opportunity to shape the final draft of the Strategy and Action Plan.

The results of the consultation showed that identifying carers as early as possible is crucial to ensuring they receive the support they need and the Partnership has made identifying carers the key priority for the Strategy.

Alongside this key priority, the HSCP will aim to ensure that more carers:

- Have an Adult Carer Support Plan
- Are active participants in their communities
- Have a say in the services provided for the person they care for
- Feel supported to continue caring
- Say caring does not have a negative impact on their health and wellbeing
- Have a good balance between caring and other things in their life
- Say local services are well coordinated for the people they look after.

The Strategy was approved by the IJB on 26 June 2020 and the Carers' Strategic Steering Group will report progress to the IJB. The Strategy is due for renewal in 2022.

During 2019/20:



Carers' Feedback

During 2019/20, some of the comments from service users at the Carers' Centre included the following:

"Everything I learned at the training today will help me support my son."

"I now no longer feel alone. I know that there is help and support out there."

"Thank you for all of this information, it is reassuring to know you are there for us when we need it."

"Just want to say a big thank you for the yoga classes. My highlight of the week."

Case Study:

I have a wonderful husband called Billy. Three years ago, his personality changed; he became withdrawn, was verbally aggressive, couldn't complete tasks and suffered from memory loss.

During a holiday in Canada, Billy's episodes became worse and I was worried that Billy was in the early stages of Alzheimer's.

When we returned home, our GP referred us to the Memory Clinic, where Billy underwent a series of tests which proved positive. Billy was diagnosed with Amyloid Plaque, one of the many causes of Alzheimer's, but what a relief for us both to get a positive result.

We were referred to a Link Worker based in our GP surgery who gave us a list of organisations that could support us. We decided to visit Renfrewshire Carers' Centre. Our initial visit with Susan was brilliant; she was very understanding, as are all the staff at the Centre. At last, we were able to talk freely about our stress and worries about the present and future.

Susan visited us at home and helped us complete an Adult Carer Support Plan and an Emergency Care Plan. Susan also arranged for a home visit to ensure we were in receipt of all our benefits. Susan also referred us to the Carers' Centre's Support Groups and to the Dementia Adviser, who visited us and gave us lots of information on the support that Alzheimer Scotland can offer in our area.

Renfrewshire Carers' Centre certainly ensures people are made aware of all the support available and it is helpful to meet others in the same situation that have similar stories. Credit must be given to the Centre for the continuing good work they do, and not knowing what the future holds, it is good to have them around.

Safe Services



Safe Services

Outcome 7

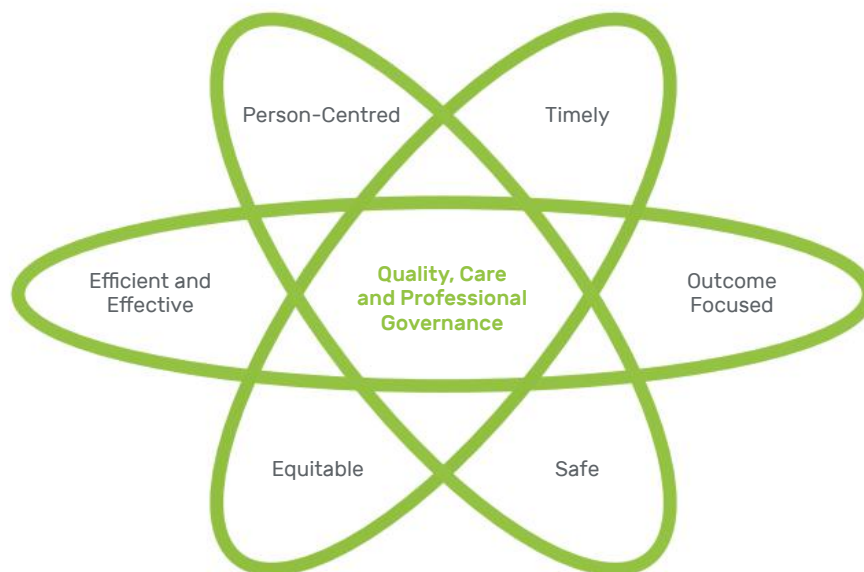
People using health and social care services are safe from harm.

Introduction

The HSCP commitment to Safer Services is integral to the way we work and deliver services. In this section we have included an overview of the two key areas that support this outcome – our Quality, Care and Professional Governance Framework and Adult Support and Protection. We have highlighted some of the ways we ensure people using our services are kept safe from harm and how we support the delivery of safe, effective and person-centred health and social care services. We have also shared information on our Joint Inspection of Adult Support and Protection and Inspection of Services. Monitoring and evaluation play a key part in ensuring our services continue to meet statutory standards and obligations. The HSCP has a positive approach to feedback and welcomes this to improve services, inform continued improvement and ways of working

Quality, Care and Professional Governance

The core components of Renfrewshire HSCP's Quality, Care and Professional Governance Framework are based on service delivery, care, and interventions that are person-centred, timely, outcome focused, equitable, safe, efficient and effective.



The HSCP continues to review its governance arrangements to ensure that structures are efficient and effective.

A key strength of our current arrangements is that all areas of service are linked into an appropriate governance group. There is a platform to share learning and good practice across the Partnership and escalate issues as appropriate. Our HSCP Operational and Procedures Group also provide a governance forum to discuss, develop, review and ratify local operational procedures and guidelines.

Examples of incident management/investigation/reporting improvements:

- A number of Significant Clinical Incident (SCI) reports and action plans have been completed and learning shared
- A review of Medication Errors to identify any themes and learning. Supporting areas of work have been progressed as a result
- A process is in place to share learning across HSCP Governance Groups and the NHSGGC Primary Care and Community Clinical Governance Forum.

Annual Governance Report

Our 2019/20 Annual Governance Report, which ordinarily brings together all our workstreams and includes data and activity from throughout the year, has unfortunately been suspended due to the COVID-19 pandemic. However we continue to monitor progress via our parent organisations and outputs are taken to our Quality, Care and Professional Governance Executive Group.

Feedback

Renfrewshire HSCP continues to have a positive approach to feedback and we use it to inform continuous improvement in our service provision and ways of working. We also continue to ensure mechanisms are in place to obtain feedback from patients, service users and carers.

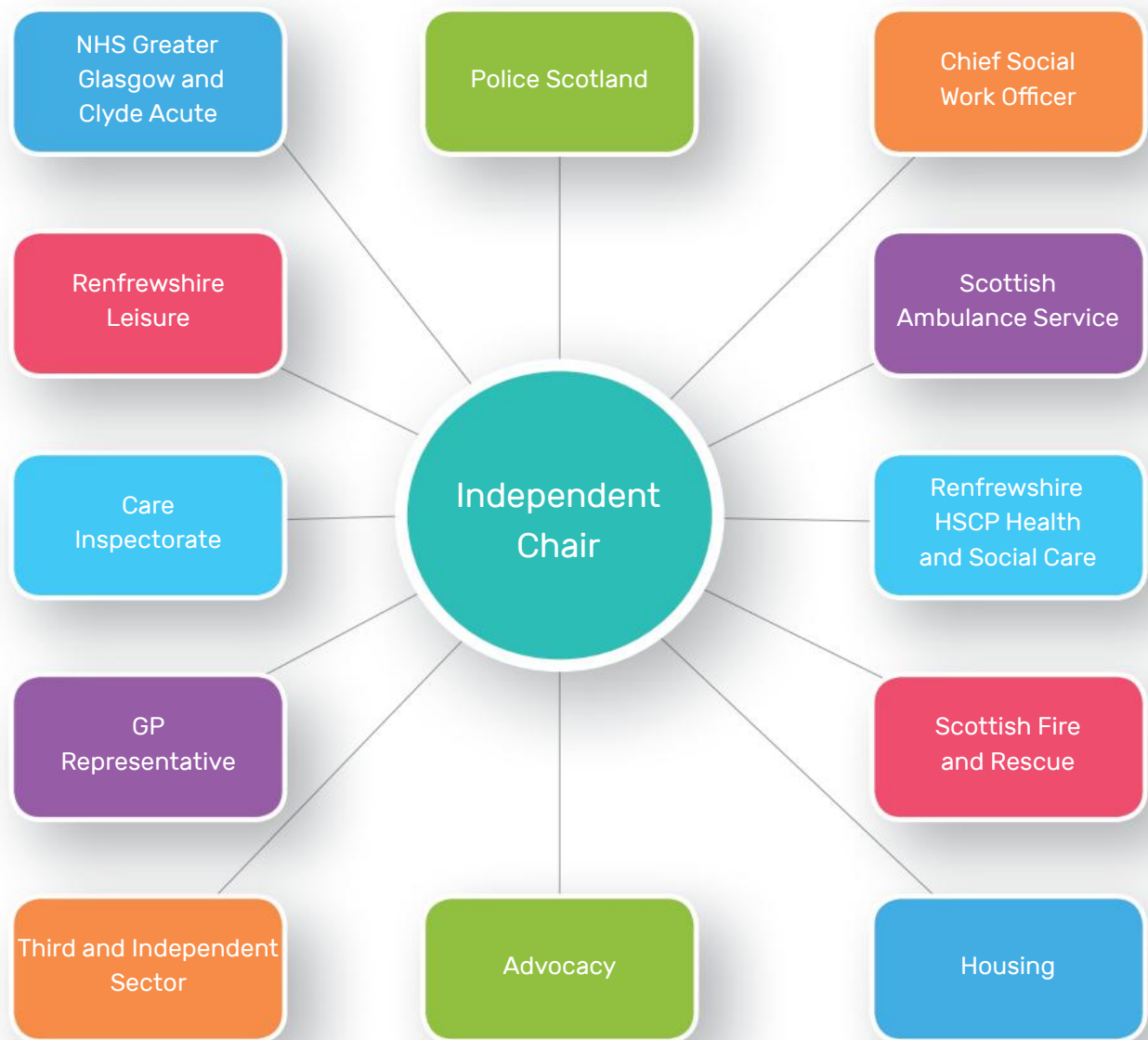


Adult Protection Services

Renfrewshire Adult Protection Committee (RAPC) statement:

In Renfrewshire everyone is committed to keeping adults at risk of harm safe and protected.

Representation on the Adult Protection Committee



To assist the Adult Protection Committee in fulfilling its statutory duties, there are three sub-committees:

- Practice, Policy and Performance Sub-committee (PPP)
- Learning and Development Sub-committee (LandD)
- Continuous Improvement Sub-committee (CI).

The Financial Harm Sub-group and Repeat Referrals Group operate under the PPP. Other short life working groups are established on an as-required basis.

In 2019/20 Renfrewshire received 3,106 Adult Support and Protection contacts, broken down as 1,208 Adult Protection referrals and 1,898 welfare concern referrals. The total is a 14% increase from 2018/19 (2,723).

Case Study: Adult Support and Protection

John is 19 years old and has a diagnosis of Autism and a genetic disorder which has resulted in a number of physical health issues for him. He recently transitioned to adult services and was assigned a Community Psychiatric Nurse (CPN) and Social Worker within the Community Mental Health Team (CMHT). John lived with his mother and younger brother (known to childcare services). John's mother and primary carer, Mrs A, was also known to the CMHT due to her diagnosis of schizophrenia. An Adult Protection referral for John was received from the Children with Disabilities Team following an incident when they visited the family home and found Mrs A to be intoxicated. The home was in significant disarray with evidence of animal faeces and urine throughout, and John stating that he had not had his medication in several days. It was unclear if John and his brother had been receiving regular meals. A Child Protection investigation was also triggered at this time. Given the information stated within the referral, an Adult Protection referral was also made for Mrs A by John's social worker, reflecting recognition that Mrs A was possibly also an adult at risk of harm. Both John and his mother accepted a referral to independent advocacy services at the beginning of the process. It was recognised that John had established a good working relationship with his CPN, therefore the Council Officer (John's social worker) undertook inquiries while working closely with the CPN and the subsequent Adult Support and Protection investigation utilised the CPN as the second worker, in line with good practice. Investigations for John and for Mrs A occurred simultaneously, ensuring a holistic approach to supporting a family at risk of harm, but with a person-centred focus on each of the family members' personal outcomes. A Carer's Assessment was offered to Mrs A, although she declined it at this time. While investigations were underway, close partnership working within a multi-disciplinary setting ensured that consideration of all treatment options for mental health and addiction issues were addressed, while social work focused on practical and social support for John and his mother. This ensured that at the conclusion of the investigation clear progress had been made with the family in supporting them to address their needs and mitigating future risk. As a result, further action under Adult Support and Protection was deemed unnecessary and it was agreed collaboratively with the family that future support would be provided informally by the multi-disciplinary team.

Large Scale Investigation

One Large Scale Investigation (LSI) within a care home was undertaken during 2019/20. The LSI process and outcomes reflects our adherence to the principles of the Adult Support and Protection Act, including the pursuit of person-centred care and the least restrictive option for individuals. Comprehensive, collaborative reports undertaken for every individual included in the LSI were shared within LSI meetings and contributed directly to assessment of risk on both an individual and setting-wide basis.

Our own LSI operational guidance and procedures were developed this year, incorporating key multi-disciplinary and multi-agency cooperation. Contributions to LSIs from colleagues across the health service; Police Scotland; the Care Inspectorate; Scottish Fire and Rescue Services; Care Home Liaison Nurses; commissioning staff; Social Work Services and the Third Sector leads to holistic assessment of risks and strengths within a care setting. The coordinated response to shared concerns enhances the efficiency and efficacy of safeguarding measures undertaken.

ASP Practitioner Forum

To promote a Council Officer workforce that is competent and confident in their roles, we have established an ASP Practitioner Forum, for which practitioners are encouraged to identify topics for discussion or speakers to attend. This is complemented by an ASP e-Newsletter, which builds on the National Adult Protection Coordinator's newsletter and highlights topics of local interest alongside updates from RAPC.

The ASP Repeat Referrals Group

The Adult Support and Protection Repeat Referrals Group has been established to ensure senior operational managers from across the Renfrewshire Partnership area have oversight of those adults for whom multiple adult protection and welfare concern referrals have been made. This multi-agency, multi-disciplinary group takes a collaborative and innovative approach to its scrutiny of the circumstances of our most complex service users. Its purpose is to ensure an effective and appropriate ASP process for all individuals, with all possible safeguarding measures in place.

The group meets quarterly, focusing on a select group of adults for whom three or more adult protection or welfare concerns have been received within a rolling 12-month period. All agencies involved are also encouraged to nominate cases for discussion, even if these have not been subject to ASP referrals.

The ASP Repeat Referrals Group is responsible for identifying trends and highlighting these to the RAPC Practice, Policy and Performance Sub-committee for improvement or monitoring.

Joint Inspection of Adult Support and Protection Services

The Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS) began the on-site phase of a joint inspection of adult support and protection arrangements in Renfrewshire in mid-March, with preparatory work underway from early January 2020.

The inspection was undertaken at the request of Scottish Ministers and is part of a programme of scrutiny and assurance activity which will take place throughout 2020 and 2021 in all Partnership areas in Scotland, except the six areas included in the first independent scrutiny of adult support and protection practice in 2017.

The focus of the joint inspection was to provide:

- Independent scrutiny and assurance of how Partnerships ensure adults at risk of harm are kept safe, protected, and supported
- Assurance to Scottish Ministers about how effectively Partnerships have implemented the Adult Support and Protection (Scotland) Act 2007
- An opportunity to identify good practice and support improvement more broadly across Scotland.

The inspection focused on two key areas:

1. Key adult support and protection processes.
2. Leadership for adult support and protection.

Although the on-site phase began on Monday 16 March 2020, unfortunately due to the COVID-19 pandemic, not all activities were able to be completed. Findings will be taken to a future IJB Audit Committee.

Collaboration across Adult Support and Protection Partners

In 2019/20 we worked closely with our partners to improve outcomes for adults at risk of harm.

- Data from our Daily Tasking meetings at the Community Safety Partnership Hub reflects the multi-agency response to adults at risk of harm; analysis of the data has led to the development of an escalation process via monthly tasking meetings, which will focus on key harm indicators or themes
- Over the year we saw a 25% rise in referral numbers from Scottish Fire and Rescue (SFRS) as compared to 2018/19. This figure reflects the ASP learning and development that has been provided within SFRS, in addition to the close links that have been established between SFRS and our social work services. Strong working relationships between social work, community police and SFRS contribute to a joined-up approach to identifying, supporting, and safeguarding adults at risk of harm. Preventative approaches are taken collaboratively with positive effect, including the use of Home Fire Safety Visits, home visits with police, and information sharing between partners to reduce risk of concerns escalating
- Innovative use of the Herbert Protocol across K-Division – and in collaboration with health and social work colleagues – to use this information sharing tool for any adults at risk of going missing in the community.



Mental Health Officer Team

Renfrewshire has a full-time Mental Health Officer (MHO) Team, in addition to qualified MHOs working across the authority as “dispersed” MHOs. MHOs have a unique, statutory role in supporting and protecting people who are vulnerable because of mental disorder; their work focuses predominantly on use of the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.

The number of Welfare Guardianships held by the Chief Social Work Officer across 2019/20 remains similar to that of recent years (115 in 2019/20; 113 in 2018/19). The increased complexity of cases is not reflected in the figures.

While there was a reduction in the number of duty calls received under the Mental Health Act during 2019/20 compared with 2018/19, there was an overall increase in the amount of statutory activity undertaken by the MHO Service, including attendance at Mental Health Tribunals; Adults with Incapacity reports (both for private applications and those relating to the Chief Social Work Officer); and other action required by the Mental Health Act.

Inspection of Services

Renfrewshire Health and Social Care Partnership commission several externally provided care and support services. Maintaining a high standard in the quality of service is vital to ensure positive outcomes for our service users.

Monitoring and evaluation play a key part in ensuring these services meet contractual standards and obligations, as well as delivering planned commissioning outcomes on the ground.

Contract Monitoring

The HSCP has an internal Contract Performance Management Team which monitors externally provided services. A rolling programme of contract monitoring visits cover:

- 10 Supported Living providers
- 22 Care Home Services
- 4 Care Homes for people with Learning/Physical Disabilities
- 7 Care at Home companies
- 11 block funded services covering mental health, carers’ services, domestic violence, advocacy and older people.

Through a proactive approach, our Contract Performance Management Team ensure externally contracted organisations are person-centred, safe, effective and sustainable. Services are visited regularly and any performance issues are addressed through jointly negotiated service improvement action plans and follow-up visits. The Team also adopts a reactive practice and keeps a 'watchful eye' on services as the main point of contact for managing significant events, Adult Protection referrals, managing complaints and investigations, and through regular liaison with:

- The Providers on an individual basis or through organising provider forums
- The Care Inspectorate through joint working and regular information sharing.

In order to robustly assess care home arrangements to respond to the COVID-19 pandemic, the Care Inspectorate placed a particular focus on infection prevention and control, personal protective equipment and staffing in care settings. This was in response to the duties placed on the Care Inspectorate by the Coronavirus (Scotland) (No. 2) Act and the subsequent guidance that we must evaluate (grade) infection prevention and control, and staffing. Inspections are carried out with colleagues from Health Improvement Scotland and Health Protection Scotland, to assess care and support for people being cared for during the COVID-19 pandemic. The health and wellbeing of people experiencing care is at the heart of all inspections.

The Partnership directly provides a number of services which are subject to a rolling programme of independent inspection from the Care Inspectorate.

Inspection assures us that services are working well and highlights areas for improvement. The inspectors examine the overall quality of care and support, the staffing, the management and leadership, and the environment in which the care is provided. Inspections are designed to evidence the impact that care has on people's individual experiences.

The Evaluation Table overleaf provides the grades our services received using a six-point quality scale:

6 Excellent	Outstanding or sector leading
5 Very good	Major strengths
4 Good	Important strengths, with some areas for improvement
3 Adequate	Strengths just outweigh weaknesses
2 Weak	Important weaknesses – priority action required
1 Unsatisfactory	Major weaknesses – urgent remedial action required
N/A	No inspection carried out

Table 1: Evaluation of services as at April 2020					
Service name	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Ailsa Lodge	5	4	4	4	3
Braemount	4	4	4	4	4
Elderslie	4	n/a	n/a	n/a	4
Wallace Court	5	4	4	4	3
Adams House	4	4	4	4	4
Erskine Home	4	n/a	n/a	n/a	n/a
Erskine Park	4	4	4	4	4
Lancefield	4	n/a	n/a	n/a	4
Erskine Care Centre	3	3	3	3	3
Inchinnan Care Home	3	4	4	4	4
Cochrane Care Home	4	n/a	n/a	n/a	4
Craigielea	5	4	5	5	4
Hillside View	4	n/a	n/a	n/a	4
Kyle Care Home	4	4	4	4	4
Ranfurlly Care Home	5	n/a	n/a	n/a	5
Westerfields Care Home	5	n/a	n/a	n/a	5
Mosswood Care Home	5	5	5	4	5
Stanely Park Care Home	5	n/a	n/a	n/a	5
Nightingale	5	n/a	n/a	n/a	5
Cherrywood Elderslie Project	5	n/a	n/a	n/a	5
Beechmount	3	3	3	4	4
Jenny's Well Care Home	4	n/a	n/a	n/a	4
Renfrew Care Home (HSCP)	4	n/a	n/a	n/a	4
Montrose Care Home (HSCP)	4	n/a	n/a	n/a	4
Hunterhill Care Home (HSCP)	4	n/a	n/a	n/a	4

Effective Organisation



Effective Organisation

Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Introduction

Renfrewshire HSCP supports our workforce to be committed, capable and engaged in person-centred, safe and effective care and service delivery. In this section we have highlighted some of the activity underway to support attendance, our investment in leadership programmes, and in communication and technology.

iMatter

iMatter is a team-based, employee engagement questionnaire which was introduced by the Scottish Government in January 2015. Renfrewshire HSCP implemented iMatter as part of our Organisational Development and Service Improvement Strategy and our staff undertook the most recent survey in March 2020.

The response rate for Renfrewshire HSCP was recorded as 51% at March 2020. This is below the target of 60% and can be directly attributed to the timing of the survey falling within the weeks immediately preceding the national lockdown when many staff were focused on responses to emerging personal, clinical and organisational challenges. Subsequently the Scottish Government halted iMatter 2020 due to the pandemic. To date, results have not been made available and the NHSGGC Board has implemented guidance postponing action planning around iMatter while staff are dealing with the pandemic emergency. As the 2019 response rate was 64%, a 5% increase on the 2018 response rate, a further increase had been anticipated. At this time, Team Leaders in the HSCP are engaging with staff in a number of ways, capturing their experience and ensuring their Mental Health and Wellbeing needs are identified and supported. The Partnership awaits guidance on the resumption of the iMatter process from the NHSGGC Board and Scottish Government. We will report on the 2021 survey in our 2020/21 Annual Performance Report.

Sickness Absence

Sickness absence and a healthy workforce remains a priority for the Partnership. The two employers of HSCP staff, NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council, monitor sickness absence rates in different ways. The Local Delivery Plan (LDP) standard is for NHS Boards to achieve a sickness absence rate of 4% or less. In line with reporting requirements for Scottish Councils, Renfrewshire Council's staff absence is expressed as a number of work days lost per full-time equivalent (FTE) employee. The annual target for 2019/20 was 15.3 days per full-time equivalent employee.

The sickness absence level for NHS staff at March 2020 in Renfrewshire was 4.7%, 0.6% lower than the March 2019 figure of 5.3%, and a further reduction on the March 2018 rate of 5.5%.

Absence Rate (%)	March 2018	March 2019	March 2020
NHS	5.5%	5.3%	4.7%

At March 2020 the annual Adult Social Work sickness absence rate was 18.0 days per employee, a slight deterioration on the March 2019 rate of 17.4 days and a further deterioration on the March 2018 rate of 15.7 days.

Absence Rate (Work Days Lost)	March 2018	March 2019	March 2020
Adult Social Work	15.7	17.4	18.0

Supporting Attendance Activity

Work remains focused on improving sickness absence performance. Planned actions include:

- HR Teams continuing to work closely with Service Management Teams to identify areas that require additional support
- A Council review of current attendance policies. Meetings have taken place with Trade Unions to ensure this is a fully collaborative process
- Human Resource (HR) Operational Teams continue to proactively advise and support managers, particularly in teams where absence rates are high
- The delivery of supporting attendance training for managers, with the provision of tailored training for managers and employees at a service level
- Ongoing health improvement activities and support through Healthy Working Lives (HWL), aimed at raising employee awareness of health issues.

Improving communication and making better use of technology have been two key strands of activity we have used to develop the culture of our organisation. This has been paramount during the COVID-19 pandemic with the provision of essential updates to staff, ensuring consistent and frequent engagement throughout the crisis, as well as regular communications and briefing notes from the Chief Officer and their employing organisation, NHSGGC or Renfrewshire Council.

Workforce Planning

Our Organisational Development, Service Improvement and Workforce Implementation Plan covers the planning period 2017-20 and supports the workforce to be committed, capable and engaged in person-centred, safe and effective service delivery. Workforce planning also plays a pivotal role in using the right resources in the right place, which also links to Outcome 9.

We have continued to invest in supporting our leadership programmes. Two of these key themes are:

- Continued development of our Leadership Network comprising over 160 managers and leaders from the organisation. Topics covered in 2019/20 included the development of the guiding principles for the HSCP Transformation programme, and the identification of actions to support effective absence management
- Supporting leadership training, including the Ready 2 Lead (R2L) programme. 15 members completed this in 2019/20; with a further 19 completing Renfrewshire Council facilitated Leadership Courses such as Aspire and Leaders of the Future.
-

Our social media presence is significant and growing, and we have used this to communicate both internally with our staff, and externally to share public health messages with local communities.

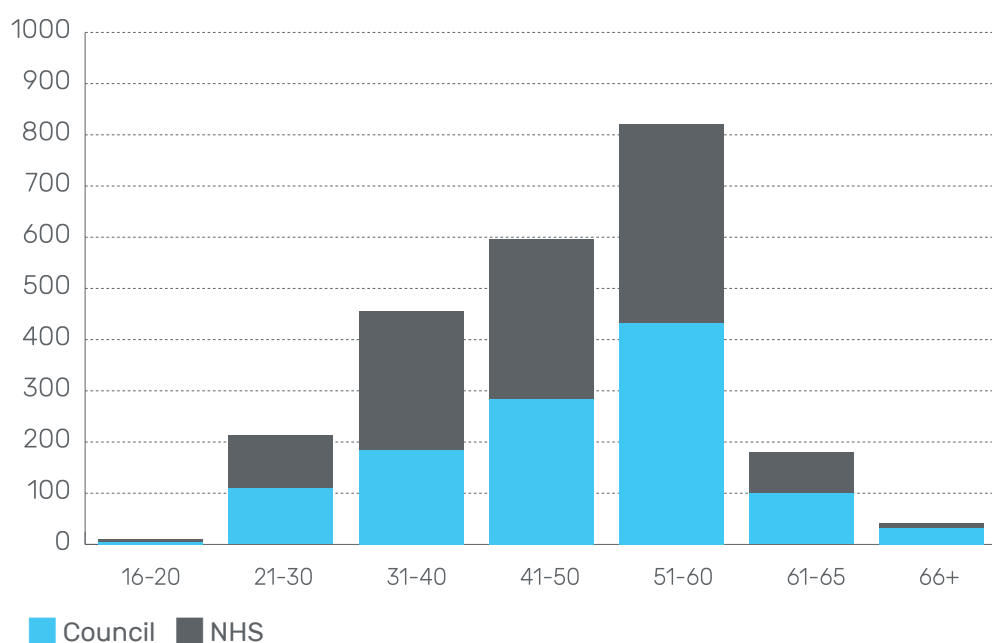
Workforce Data

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		HSCP Total		% of available workforce
	Headcount	WTE	Headcount	WTE	Headcount	WTE	%
16-20	2	0.97	2	2	4	2.97	0.17
21-30	92	74.75	117	104.51	209	179.26	9.11
31-40	176	142.63	273	223.48	449	366.11	19.56
41-50	276	226.63	321	261.28	597	487.91	26.01
51-60	428	346.40	399	334.57	827	680.97	36.03
61-65	100	75.70	81	66.37	181	213.4	7.89
66+	21	12.94	7	4.72	28	17.66	1.22
Total	1,095	880.02	1,200	996.93	2,295	1,876.95	

Age Profiles

The chart below shows the HSCP head count workforce in age profiles:

Renfrewshire HSCP Age Profile by Employer (Headcount)



The profile shows a number of workforce characteristics which are important in relation to our workforce planning processes:

- 45.1% (35.2% 2018/19) of the combined HSCP workforce is over 50 years old
- 50.1% (37.2% 2018/19) of the Council workforce is over 50 years old, with the NHS figure at 40.6% (33.2% 2018/19)

The largest age band falls between 51 and 60, with significant numbers also falling in the 41-50 age grouping

- 9% (7% 2018/19) of the workforce is over 60 years old
- 9% (10% 2018/19) of the workforce is in the 21-30 age band, with just four (5 2018/19) staff members under 20.

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.

Introducing a Scheduling and Monitoring System for Care at Home Services

This new system provides wider communication and engagement benefits for our frontline workforce, ensuring they are well informed and engaged with effectively. The system allows policies, processes and messages to be broadcast to staff working in the community, whilst allowing these to be stored on their new mobile devices, giving them access at any time. The system also provides direct access to NHS 24, Renfrewshire Council and Renfrewshire HSCP websites. This supports service users to contact other services and supports.

2,295

people work in Renfrewshire HSCP

Staff Case Study

Leigh Fitzsimmons is a Band 5 Mental Health Nurse who has worked with the Memory Clinic based at the Royal Alexandra Hospital for a number of years. However she felt her skills within mental health nursing for older people were not being developed. With the help of her line manager, they developed a rotational programme that provided Leigh with experience in all aspects of Older People's Mental Health Services. This allowed Leigh to work with the Care Home Liaison Service for a year, followed by a period as a Community Psychiatric Nurse (CPN), as well as leading the new memory service that provides home assessments rather than being clinic based. This allowed Leigh to gain practical experience working with other agencies across the health and social care field. As a result, Leigh was involved in a significant number of Adult Support and Protection referrals, focusing on multi-agency agreed care packages to enable and support people to live as independently and as safely as possible within the community.

The rotational programme provided Leigh with experience and positive challenges, providing new learning opportunities along with the ability to deliver care to older people across different settings. This has helped Leigh to remain passionate about the delivery of mental health care for older adults and has provided her with an excellent foundation to be able to progress further in her career with confidence, recently securing a promotion to a Band 6 position within an Older People's Mental Health Team. Leigh has commented that the rotational programme has made her feel more supported within her role.

"As a Band 5 nurse who felt passionate about furthering my skills and knowledge in the Older People's community setting, the rotational post has really allowed me to utilise my skills as well as develop my confidence. I felt fully supported in my role through regular clinical supervision and case load management. Due to the support I was provided with in my career development, I am enthusiastic about motivating others in the same way. I believe that health and social care staff are engaged in the work they do and are supported to continuously improve information, support, care and treatment to promote patient centred care at all times."

Our Approach to Supporting Organisational Change



Our Approach to Supporting Organisational Change

Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

Introduction

The HSCP is delivering services within an environment of increasing demand and complexity, driven by an ageing population. These challenges exist within the context of ongoing financial challenges, outlined in the IJB's Medium Term Financial Plan.

This section outlines how our Change and Improvement Team has enabled service improvement and organisational change across Renfrewshire HSCP. We have highlighted some of the key achievements this year, including developments to increase our digital capability.

The Change and Improvement Team works closely with our operational services, partners, service users and carers to project manage and support service redesign reviews using a structured approach to managing change. In this work, they play an important role in identifying, co-designing and implementing innovative, cost effective and customer focused service delivery models and pathways, which contribute to delivering the objectives and outcomes set out in the HSCP's Strategic and Medium-Term Financial plans.

Change and Improvement

[Renfrewshire IJB Strategy and Business Model: Determining Operations for the Year](#)

Activity undertaken by the IJB throughout 2019/20, has been driven by our Strategic Plan 2019-22 and Medium-Term Financial Plan 2020/21 to 2024/25.

These plans, as set out in the diagram overleaf, provide the strategic direction for the delivery of health and social care services within Renfrewshire, embedding national legislation and policy within Renfrewshire's local context and enabling the identification of priorities to be addressed through Renfrewshire HSCP's Change and Improvement activity.






Renfrewshire HSCP has continued to deliver upon its established Change and Improvement Programme during 2019/20. We have focused on proactively developing our health and social care services in line with national direction and statutory requirements, and furthering integrated working. This programme has supported our work to ensure we provide the best possible services and care to people who use our services.

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



The HSCP has worked with internal stakeholders and external partners to develop the structure and focus of a wider Transformation Programme, which encompasses existing Change and Improvement work and delivers the step-change required to address projected financial challenges. This programme (which will align with COVID-19 recovery and renewal activity) will ensure services are structured to meet the changing needs and demands of Renfrewshire's population and support individuals to manage their health and wellbeing independently within our communities for as long as possible.



The IJB has agreed the guiding principles and strands of work in the diagram on page 69. These strands of work will be underpinned by a focus at a project and programme level on ensuring the enablers for change are considered: Communications; Workforce and Organisational Development; Data and Digital; Finance and Procurement; Clinical and Care Governance; and Property and Facilities Management. Putting these enablers in place will support the delivery of new service delivery models and help maximise the benefits which can be realised through transformation.


Communications

Communication is often cited as the number one reason for the failure of transformation programmes. We recognise that a clear and consistent narrative is therefore essential in achieving the ambitions we have set out in our guiding principles for the Recovery and Renewal Programme which will be progressed during 2020/21. This activity must also align with and complement business as usual communications, particularly considering the impact of the COVID-19 pandemic. The HSCP recruited a Communications Manager in early 2020 and work is now underway to develop a comprehensive communications plan to support the HSCP's approach to transformation.

Workforce and Organisational Development (OD)

Any changes that we seek to make will require cultural and behavioural change within the HSCP. It is essential that these changes are underpinned by effective organisational development and workforce plans to ensure we have the capability and capacity to deliver agreed future service delivery models. Throughout the year, we have continued to work with our Leadership Network, which is a group of over 100 people including Senior Management, Service Managers and Team Leaders to develop our guiding principles and reflect on what change may look like for the roles we currently have in the partnership.

We recognise the need for workforce plans nationally and locally to be updated to incorporate the changes driven by COVID-19. As the HSCP moves forward we will be developing a short-term workforce planning template for implementation from March 2021, with further work to develop a longer-term plan from March 2022 in line with guidance we have received from the Scottish Government.



The experience of staff and a focus on their health and wellbeing will be central to this activity. More widely, changes to services will need to incorporate the requirement for flexibility in the HSCP's workforce and identify those areas where staff will require additional support as the recovery progresses. Reflecting the essential nature of this work, a focused lead for Workforce and OD has been identified and discussions are ongoing to consider the most effective approach to resourcing this requirement

Property and Facilities Management

In developing proposals for change, the HSCP is focused on maximising the use of Council and NHS property and in considering the innovative use of community-based assets. The COVID-19 lockdown in March 2020, and ongoing physical distancing requirements have impacted significantly on the ability of the HSCP to access and use our existing property base. Similar issues have been faced by our partners across the public and third sectors. Positively, the pandemic has provided evidence that many services can be provided flexibly and form a reduced building base.

However, as we progress continued physical distancing restrictions and building closures prevent the HSCP from reinstating services as they were previously provided, and it is expected that such restrictions will continue for several months. Further review of the two-metre physical distancing requirements would enable additional capacity to be provided.

The HSCP has set up a Property Health and Safety group to assess existing buildings and to determine how they can be utilised safely. Given the cross-cutting nature of such issues, this work will form a key workstream within recovery and renewal planning activity, enabling the provision and adoption of consistent guidance across services areas.

Work has commenced with NHSGGC on the development of a pilot property strategy. Externally facilitated workshops have taken place providing an opportunity for HSCP, NHS and GP stakeholders to discuss objectives for the emerging strategy. These discussions have also benefited from reflections on the impact of COVID and the opportunities which this presents for the HSCP's future property requirements.

Finance and Procurement

We discuss the financial content for the HSCP in more detail in the Financial Performance and Best Value chapter. However, in developing our proposals for change over 2019/20, and in our review of these as part of our Recovery and Renewal work, we have a clear objective that service change must support the financial challenges we face as an organisation. In particular, as a programme we are now developing our approach to benefits management, considering how we determine the impact of changes we propose and track these impacts through to their implementation and beyond.

Data and Digital

Within our Strategic Plan, the HSCP set out the following digital priorities for 2019-22:

1. Develop a joint Digital Strategy for Health and Social Care; and
2. Implement the following digital developments, focused on:
 - [Social care case management system](#)
 - [Scheduling and monitoring system for Care at Home Services](#)
 - [Upgrade Telecare from analogue to digital technology.](#)

The HSCP has continued to make progress in delivering against these priorities, providing a firm base to be built upon whilst recognising the ongoing impact COVID-19 will have during 2020/21.

Priority 1 Progress

The HSCP completed the Scottish Government's Digital Maturity Assessment and undertook a survey to understand staff views of our current digital capabilities. The findings from this assessment were used, alongside Scotland's Digital Health and Care Strategy, to inform the development of proposed short, medium and long-term digital priorities.

The HSCP has also been closely engaged with our partner organisations in Renfrewshire Council and NHSGGC throughout. This included participation in Renfrewshire Council's Digital Board, which is intended to provide the mechanism for digital priorities across service areas to be agreed. Unfortunately activity had to be postponed due to our COVID-19 pandemic response, but will re-start during 2020/21 and despite the pause, significant progress has been made by NHSGGC, Renfrewshire Council and the HSCP in delivering against a number of the priorities identified in early 2020.

Accelerated activity commenced in March 2020 to enable:

- The roll out of Microsoft Teams across the NHSGGC workforce, enabling remote working and effective collaboration between NHS and Council employees within the HSCP
- The roll-out of Near Me technology to enable virtual consultations in Primary Care, District Nursing and Community Mental Health
- The rapid roll out of technology-enabled remote working to support working from home in response to the March lockdown and closure of non-essential buildings.

Priority 2 Progress

ECLIPSE Case Management

The HSCP has worked closely with colleagues from Renfrewshire Council at all levels of the new ECLIPSE social work case management system implementation, including the Project Board, Design Authority and Implementation Team. The system was implemented in Children's Services in August 2020, with concurrent work within the HSCP being undertaken to define roll-out plans within the Partnership, drawing upon the lessons learned from work completed to date. Stakeholders and service representatives from across HSCP services are engaged in and supporting this development work.

Scheduling and Monitoring System for Care at Home Services

This new system will provide more accurate management information and improve how we schedule our care workers' visits, enabling us to better manage our resources and offer a more responsive service. This included delivery of an Essential Digital Skills Survey and bespoke Digital Skills Training for Care at Home staff.

The Partnership completed a pilot of the Totalmobile scheduling and monitoring system in late 2019, which enabled us to understand the benefits to be achieved through wider roll-out. Work has continued to develop an implementation plan for the full roll-out of the system, with elements identified for accelerated focus to support the ongoing response to COVID-19.

Analogue to Digital Telecare Switchover

Work continues on the upgrade of Telecare from analogue to digital technology. This has included plans to run a test of change jointly with Inverclyde to provide useful evidence and guidance for the switchover process. The delivery of this Test of Change was delayed as a result of COVID-19, and will be rescheduled when it is safe and appropriate to do so. The HSCP also continues to monitor and develop our understanding of planned digital switchover dates for telecom providers. These dates vary by provider and by location and developing this understanding is a challenge faced by HSCPs across Scotland.

Working with our Partner Organisations (Renfrewshire Council and NHS GGC) to Improve Outcomes



Working with our Partner Organisations (Renfrewshire Council and NHSGGC) to Improve Outcomes

Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

Introduction

As a public organisation, the HSCP has a duty to optimise the use of its resources. However, increasing demand for our services has added significant financial challenges across the health and social care sector. In response to this, we have focused on further unlocking the benefits of partnership working which has enabled us to pool expertise and resources, and align our strategies and plans to enhance the efficiency and quality of service provision.

This section highlights some of the key areas where we are working with our partner organisations: the work undertaken this year to develop an NHS Greater Glasgow and Clyde Unscheduled Care Strategic Commissioning Plan; our ongoing work with Renfrewshire Council to ensure we have a good quality and wide range of housing; and appropriate support so people are able to live independently for as long as possible in their own community. We also provide an update on the two areas that Renfrewshire HSCP host on behalf of NHS Greater Glasgow and Clyde – Primary Care Support and Development and Podiatry.

NHSGGC Draft Unscheduled Care Strategic Commissioning Plan

NHS Greater Glasgow and Clyde's Unscheduled Care Programme contributes to all nine National Health and Wellbeing Outcomes and in particular is fundamental to the delivery of Outcome 9: resources are used effectively and efficiently in the provision of health and social care services.

Pre COVID-19, work was undertaken by all six HSCPs in Greater Glasgow and Clyde to develop a system wide Strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division, and in line with IJB Strategic Plans. The draft Plan builds on the [Greater Glasgow and Clyde Board-wide Unscheduled Care Improvement Programme](#) and is integral to [the Board-wide Moving Forward Together programme](#).

The purpose of the Unscheduled Care Commissioning Plan is to outline how we will respond to the continuing pressures on health and social care services in Greater Glasgow and Clyde and meet future demand. The draft explains that with an ageing population and changes in how and when people choose to access services, we need to adapt so we can meet patients' needs in a variety of ways, with new services that the public understand how to use.

One key aspect of the Unscheduled Care work is learning from the pandemic. While the bulk of the draft Plan is still relevant, the learning from what has worked well during the pandemic will be incorporated in the key actions in the final version and will be subject to consultation.

The draft Plan is available at: <https://www.renfrewshire.hscp.scot/article/6314/Strategies--Plans>

Unscheduled Care

Unscheduled care is the unplanned treatment and care of a patient, usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances and emergency admissions to hospital. We are working with hospital services to avoid unnecessary admissions, and focusing on keeping people supported at home where possible.

Ministerial Strategic Group Indicators

We have focused our attention in the last year on tracking progress and improving on the six Ministerial Strategy Group (MSG) indicators as part of our overall performance management process. The performance measures we focus on are:

1. Emergency admissions (18+)
2. Unscheduled Hospital Bed Days for Acute Specialties (18+)
3. AandE attendances (18+)
4. Delayed discharge bed days (18+)
5. Percentage of last 6 months of life spent in the community (all ages)
6. Percentage of 65+ population living at home (unsupported).

The following table shows the data for these performance indicators for the 5-year period 2015 – 2020.

MINISTERIAL STRATEGIC GROUP INDICATORS	2015/16	2016/17	2017/18	2018/19	2019/20
Number of emergency admissions 18+	19,536	19,334	16,961	16,741	18,168p
Number of unscheduled hospital bed days (acute specialties) 18+	125,625	125,833	126,918	128,896	126,729p
AandE attendances 18+	45,120	45,910	44,684	47,718	47,297p
Acute Bed Days Lost to Delayed Discharge 18+	6,099	3,205	4,680	6,085	9,221p
Percentage of last six months of life spent in Community setting	87.4%	86.9%	88.4%	87.4%	87.6%p
Balance of care: Percentage of population at home (unsupported)	89.9%	90.4%	90.3%p	90.5%p	Currently Unavailable

p: provsional - not yet published

The Partnership continues to focus on reducing delayed discharges. This area of work is a challenge for Health and Social Care Partnerships nationwide. Renfrewshire is currently sitting in sixth position of all 31 HSCPs in Scotland.

Ongoing work in 2019/20 has included:

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

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

Housing as a Health Issue

Through partnership-working, Renfrewshire HSCP supports the planning and implementation of Renfrewshire's Local Housing Strategy (LHS) and Strategic Housing Investment Plan (SHIP) 2020/21-2024/25.

Good quality housing enhances Renfrewshire's towns and villages. It can also have a positive impact on health, general wellbeing and the promotion of educational attainment. Indeed, our Strategic Planning Group has identified Housing as a health issue as a key priority area going forward.

Flexible Housing to Support Independence

The Local Housing Strategy highlights the importance of developing housing that meets the particular housing needs of a range of client groups. The Strategic Housing Investment Plan recognises this and includes an ambitious development programme that will deliver accommodation for both general and particular needs. This includes amenity housing for older people; extra care housing; accommodation to support those with mental health issues; and new build sheltered housing that better meets the needs of residents in existing accommodation.

Such provision in conjunction with appropriate support and housing related services is critical to ensuring people are able to live independently for as long as possible in their own community.

The Communities, Housing and Planning Service continue to support the provision of a range of accessible and suitable accommodation across Renfrewshire to help achieve this outcome.

Housing-led regeneration and the new build affordable development programme continue to progress well with both the Council and our housing association partners actively developing sites or planning to do so over the next five years.

Homelessness and Health

With research having acknowledged the strong link between homelessness and ill-health (in particular mental ill-health and addiction issues), the HSCP works with its partners (the Local Authority Housing Service, the Homelessness and Housing Advice Service; Housing Associations, and Third Sector Support Services) to ensure that all homeless people are able to access health and social care services. During October 2019, an Audit of Housing Provision across all Local Authorities within NHS Greater Glasgow and Clyde (NHSGGC) commenced in order to gain an understanding of where input from Public Health might be best placed. The Audit is ongoing.

Homelessness and Rapid Re-housing Transition Plans

Local Authorities across Scotland have produced Five-year Rapid Re-housing Transition Plans (RRTPs). Endorsed at our IJB meeting on 22 November 2019, Renfrewshire's RRTP sets out proposed actions to prevent homelessness, and to re-house homeless people as quickly as possible where homelessness does occur. Renfrewshire's Housing First Project provides a secure tenancy with wrap-around support for those whose needs are complex. For those with few or no support needs, the Housing Options Service offers access to a Rent Deposit Scheme; an in-house Family Mediation Service; a Tenancy Sustainment Course for young people (Keys to Learn) and other services, including Welfare Rights.



Reporting on Lead Partnership Responsibilities

Renfrewshire HSCP is the lead Partnership for Primary Care Support and Podiatry Services for NHS Greater Glasgow and Clyde. We also support primary care contractors within the Board area.

Primary Care Support and Development

Primary Care Support and Development (PCS) is hosted by Renfrewshire HSCP. The Team works across the whole of the NHS Greater Glasgow and Clyde area to support primary care contractors. This includes managing contracts and payments; working with Health and Social Care Partnerships on future planning and any changes to practices; GP appraisal; Practice Nursing Support; and Screening and Immunisation Services. The Team works with 235 GP Practices and 184 Optometry premises across Greater Glasgow and Clyde.

- Annual appraisal delivered to 1,115 GPs on the Performer's List
- Screening and Immunisation invites issued for all screening programmes within required timescales: 529,998 invites issued over the course of the year
- Training and development support to 569 Practice Nurses and 249 Healthcare Support Workers

GP Contract

In 2019/20, the Primary Care Support and Development (PCS) Team has overseen the implementation of the new GP contract, which means every practice within NHS Greater Glasgow and Clyde (NHSGGC) is supported by expanded teams of HSCP and NHS Board employed health professionals to support patients who do not need to be seen by a General Practitioner (GP). The Team also provides support and training to GP Clusters, supporting practices to understand the new ways of working and how to signpost patients appropriately.

Primary Care Improvement Plans

The PCS Team has also supported all Health and Social Care Partnerships with the ongoing development of their Primary Care Improvement Plans (PCIPs), which take account of local priorities, population needs and existing services. The Team provide advice and oversight on funding arrangements, and ensure effective governance arrangements are in place.

Screening and Immunisation

The Screening and Immunisation Team has continued to achieve core targets in support of immunisation and screening delivery. They have also supported the implementation of the Vaccination Transformation Programme, which aims to modernise the delivery of vaccinations to better suit patients' needs. The Team has also had significant input into the national Human Papillomavirus Vaccination (HPV) programme and the new Child Health IT system.

Podiatry

Podiatrists are health care specialists who treat problems affecting the feet and lower limb. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections.

NHS Greater Glasgow and Clyde employs approximately 200 podiatrists in over 60 clinical locations spread across the six Health and Social Care Partnerships. The Podiatry Service currently provides over 166,000 treatments each year for around 38,000 patients across the NHSGGC Board area, representing 3.4% of the population.

In 2013, the service set a target that 90% of all new referrals wait less than 4 weeks by April 2016 in order to comply with the 4 week target suggested by the Scottish Government. Since then, the service has consistently achieved 90% for 33 out of the last 36 months. There has been a 176% increase in the number of referrals from 2015-2020.

Performance Indicator	2016/17	2017/18	2018/19	2019/20	Target
Percentage of new Podiatry referrals seen within 4 weeks in Renfrewshire	95.7%	96.6%	95.4%	90.1%	90%
Percentage of new Podiatry referrals seen within 4 weeks in NHSGGC	96.3%	97.4%	93.5%	91.4%	90%

The NHSGGC Podiatry Service aims to see 90% of foot ulcer referrals within two working days and 45% within one working day of referral.

In 2019/20, an average 88.6% of diabetic foot ulcers were treated within two working days and 30.1% within one working day. This is similar to 2018/19 performance despite a further increase in referrals.

Performance Indicator	2016/17	2017/18	2018/19	2019/20	Target
Percentage of new Diabetic Foot Ulcer referrals seen within 4 weeks in CLYDE Quadrant (Renfrewshire data unavailable)	77.8%	93.7%	91.1%	81.6%	90%
Percentage of new Diabetic Foot Ulcer referrals seen within 4 weeks in NHSGGC	83.6%	90.5%	87.4%	88.6%	90%

Financial Performance and Best Value



Financial Performance and Best Value

Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

Introduction

We have included an overview of financial performance for 2019/20 as well as trend data back to 2016/17, which was the first year the Integration Joint Board (IJB) was fully operational. We have then outlined our 5-year Medium Term Financial Plan and the associated transformation programme, the Future Challenges for 2020/21 and beyond, and our commitment to Best Value.

Financial Performance

The financial position for public services continues to be challenging, with the Partnership operating within ever increasing budget restraints and pressures which are reflected in regular monitoring reports by the Chief Finance Officer (CFO) to the IJB.

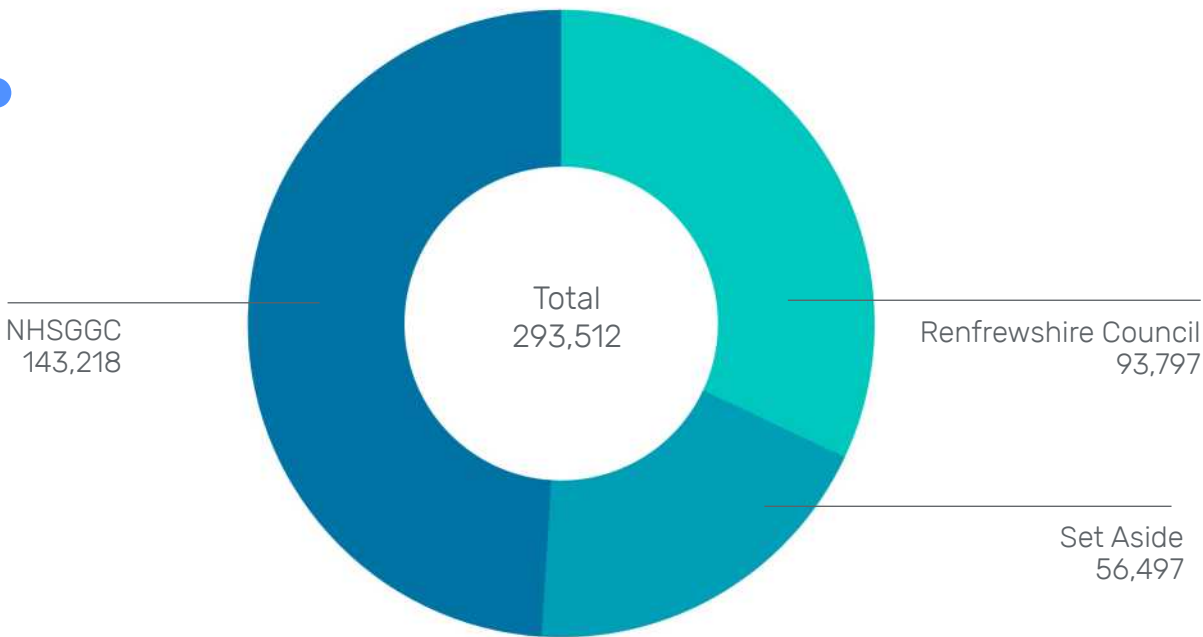
Since the establishment of the IJB, Renfrewshire HSCP has successfully managed to deliver year on year financial balance. This has been achieved through a combination of:

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

Resources Available to the IJB 2019/20

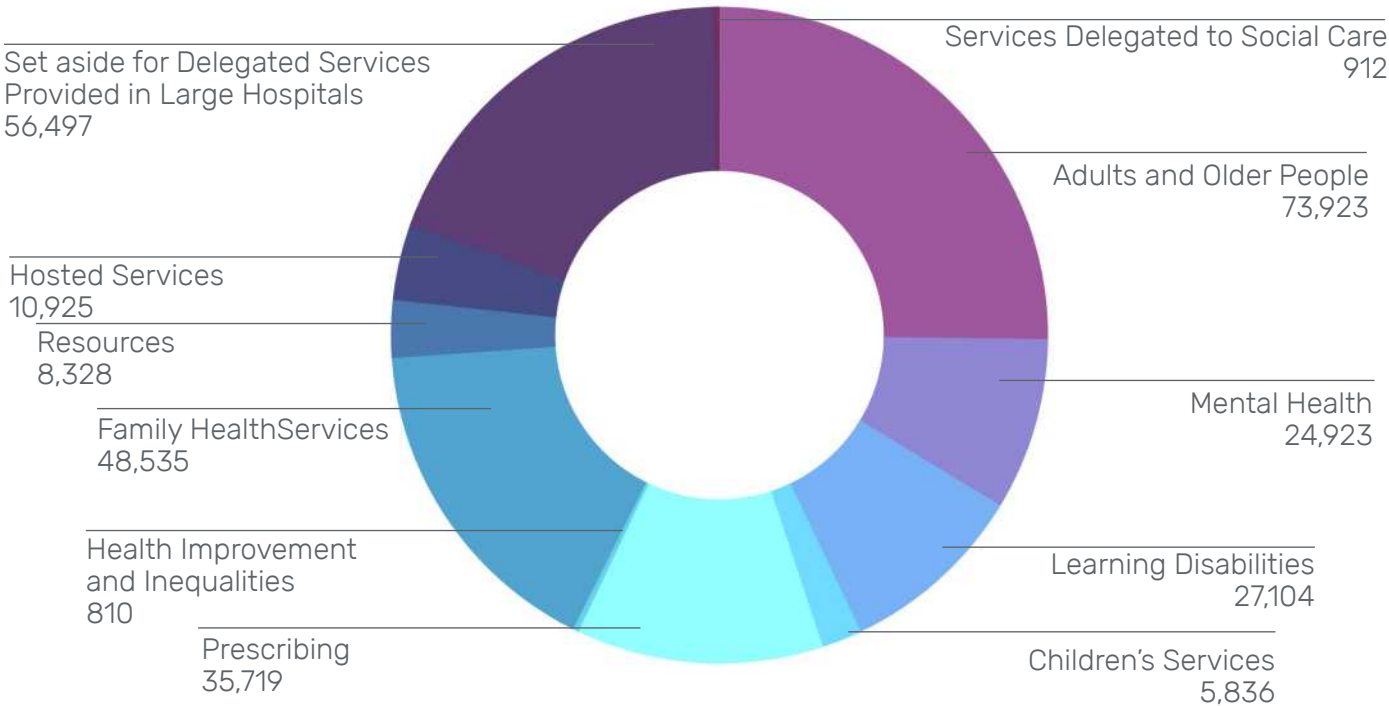
Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire. This is funded through budgets delegated from both Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC). The resources available to the IJB in 2019/20 to take forward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

Resources Available (£000s)



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

Our Budget (£000s)



The following tables show how the resources available to the IJB have changed over the past four years as well as providing a breakdown of where these resources come from; as well as a summary of how resources were spent over the past four years.

(Please note: The following figures are taken from the IJB Annual Accounts Comprehensive Income and Expenditure Statement for the past four years).

Funding Type	2019/20	2018/19	2017/18	2016/17
	£000's			
Renfrewshire Council	93,797	89,107	82,500	79,087
NHSGGC	143,218	134,432	133,343	132,854
Set Aside	56,497	57,461	29,582	29,582
TOTAL	293,512	281,000	245,425	241,523

Care Group	Actual Outturn			
	2019/20	2018/19	2017/18	2016/17
	£000's			
Adults and Older People	71,944	69,706	68,711	64,218
Mental Health	24,984	23,328	24,815	23,787
Learning Disabilities	27,269	25,760	23,611	21,269
Children's Services	5,970	5,058	5,023	5,013
Prescribing	35,276	35,942	36,271	35,007
Health Improvement and Inequalities	710	939	1,044	1,083
Family Health Services	48,535	45,282	45,138	43,706
Resources	6,273	4,011	1,810	757
Hosted Services	11,098	10,603	10,109	10,387
Set Aside	56,497	57,461	29,582	29,582
Other delegated services	912	880	1,363	1,220
Movement in Reserves	4,044	2,030	-2,052	5,494
TOTAL	293,512	281,000	245,425	241,523

Summary of Financial Position 2019/20

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

The final HSCP outturn position for 2019/20 was an underspend of £4.349m, prior to the transfer of balances to General and Earmarked Reserves.

The final outturn position for all delegated HSCP services in 2019/20 net of transfers to reserves is summarised in the following table. (Please note: the net expenditure figures below differ from those shown in the table above due to differences in the presentation of earmarked reserves, resource transfer and social care fund adjustments).

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

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

Adults and Older People	Year End Outturn
	Underspend £409K

Continued Pressures within the Care at Home Service

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

Employee Costs - Adult Social Care

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

Addictions (including Alcohol and Drug Partnership)

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

Adult Community Services

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

Mental Health	Year End Outturn
	Underspend £491K

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

Children's Services	Year End Outturn
	Underspend £310K

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

Health Improvement	Year End Outturn
	Underspend £232K

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

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

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

Hosted Services	Year End Outturn
	Underspend £398K

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

Prescribing	Year End Outturn
	Underspend £501K

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

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

COVID-19 Pandemic 2019/20 Financial Impact

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

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

Medium-Term Financial Plan

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

Work was undertaken in early 2019/20 to update the assumptions and projections outlined within this Plan, and the IJB approved a revised Medium-Term Financial Plan (MTFP) 2020/21 to 2024/25 in November 2019, which outlined the financial challenges and opportunities the HSCP faces over the next five years, and provides a framework for the HSCP to remain financially sustainable.

A further review of the key assumptions was carried out in March 2020, in the context of delayed Scottish Government and UK Government budget announcements. This identified a net budget gap of £9m to £19m between 2021/22 and 2023/24, which the IJB will need to address.

However, the above projections did not consider the impact of the COVID-19 pandemic on Renfrewshire IJB's financial position. The full extent of this impact is inherently uncertain. The HSCP's response to mitigating against the impact of COVID-19 and the uncertainty and challenges arising from this situation are unprecedented and will continue to impact beyond the next financial year, the extent of which will become clearer as financial year 2020/21 progresses.

The 2020/21 budget is underpinned by £2.619m savings, however given the ongoing impact of COVID-19, existing savings proposals are unlikely to be delivered in full in financial year 2020/21, and both service budgets and savings plans will need to be continually reviewed as the COVID-19 situation progresses.

The IJB agreed the adoption of a two-tier approach to delivering its financial strategy, focusing on the continued delivery of short-term savings alongside medium-term transformation of the way in which Renfrewshire HSCP operates:

- Tier 1 savings derived through ongoing efficiencies and furthering integrated working within 2020/21. However, as noted above, delivery of these will be subject to the ongoing COVID-19 response requirements
- Tier 2 savings to be delivered by 2024 through the creation of a Transformation Programme within the HSCP, building on the progress made to date through Change and Improvement work. The long term impact of COVID-19 will however play a significant role on how we deliver our transformation programme including the ability to make significant cost reductions within tight timescales.

The delivery of the HSCP's Transformation Programme and agreed savings to be achieved within financial year 2020/21 were predicated on the continued delivery of existing service reviews and the wider implementation of the HSCP's Transformation Programme. However, since March 2020 all transformational activity has been paused by the HSCP, to enable focus on the delivery of critical and essential services during the pandemic.



Our Recovery and Renewal Programme will now replace the former Transformation Programme. It will continue to have the same overarching objectives of the Transformation Programme, however the delivery approach and scale of what needs to be delivered will need to change to reflect COVID-19 and the changing financial position.

It is hoped that moving into 2021/22 the financial impact would to an extent return to normal financial planning levels, however given the likelihood of the longer term impact on the economy as a whole and the delay in the delivery of approved savings, the IJB's financial position will remain subject to a number of varying scenarios.

The immediate financial outlook for the public sector and beyond is highly challenging and unpredictable as the scale of the impact of the COVID-19 pandemic becomes clearer. In the medium term, there is significant uncertainty over the scale of the funding gap facing the IJB. It is therefore important that we continue to plan for a range of potential outcomes which provide flexibility to manage the financial position in response to COVID-19 and wider pressures which may rise over the next few years.

Future Challenges

As highlighted previously, it is critical that the IJB continues to plan for a range of potential outcomes which provide flexibility to manage the financial position in response to COVID-19.

The key financial risks and pressures for Renfrewshire include:

COVID-19 Response



The spread of COVID-19 across the UK and locally within Renfrewshire has significantly impacted upon what services continue to be delivered and the nature in which these are delivered. This has had a material impact in the current financial year and will continue to impact during financial year 2020/21. The extent and length of the interruptions remain unknown.

Brexit

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



Continued Complexity of IJB Governance Arrangements



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

Shortage of Key Professionals

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



Set Aside Arrangements

The Health Board is required to determine an amount set aside for integrated services provided by large hospitals. Since the Joint Bodies Act came into force, this has not operated fully as the legislation required. The Ministerial Steering Group (MSG) Review of Integration proposed that all delegated hospital budgets and set aside requirements must be fully implemented during 2019. Work is underway to develop an Unscheduled Care Commissioning Plan across NHSGGC.



Prescribing Costs

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



Investing in Digital Technology

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



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

Agreed savings to be achieved within financial year 2020/21 were predicated on continued delivery of existing service reviews and the wider implementation of our Transformation Programme. This change activity has been halted as the HSCP focuses upon the COVID-19 response. Savings plans will therefore need to be re-profiled and realigned, in line with our Recovery and Renewal Programme which will now replace our Transformation Programme. It is expected proposed savings linked to care packages and prescribing costs will not be achieved in full.



Managing Increasing Demand from an Ageing Population

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



Best Value

Renfrewshire IJB is responsible for ensuring its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled, and the activities through which it is accountable for and engages with the community. The IJB must have arrangements in place to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The IJB must have arrangements in place for the proper administration of its financial affairs and to ensure the proper officer of the Board has responsibility for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this IJB, that officer is the Chief Finance Officer.

The IJB considers that key performance indicators, measurable progress in delivering the priorities of the Strategic Plan and financial performance form the basis of demonstrating Best Value in the following ways:

- Regular performance information is provided to the IJB members and operational managers
- Benchmarking is used to compare performance with other organisations to support change and improvement, with National Outcomes being monitored throughout the year
- Financial Reporting
- Reporting on the delivery of the priorities of the Strategic and Financial Plans to the IJB.

Spend by Locality

Finally, reporting on spend by locality continues to be a common challenge nationally for Health and Social Care Partnerships. This area was to be explored further by the Scottish Government and the Chief Finance Officers' Group, however due to the COVID-19 pandemic these discussions have been unable to take place. In response to the pandemic, Renfrewshire HSCP moved to a single locality model to enable us to focus on the delivery of critical and essential services during the outbreak, and our focus remains on ensuring safe and effective services for those at risk in our communities. We will report on any progress in this area in our 2020/21 Annual Performance Report.

Appendix 1

National Core Suite of Integration Indicators

Indicator		2015-16	2016-17	2017-18	2018-19	2019-20	Direction of Travel from 2018/19 to 2019/20
		Renfrewshire (Scotland)					
11.	Premature mortality rate (per 100,000 people aged under 75)	463 (441)	491 (440)	473 (425)	465 (432)	463 (426)	↑
12.	Emergency admission rate (per 100,000 people aged 18+)	14,137 (12,120)	14,107 (12,347)	12,838 (12,156)	12,461 (12,215)	13,110 (12,616)p	↓
13.	Emergency bed day rate (per 100,000 people aged 18+)	126,904 (127,010)	129,836 (126,947)	127,369 (122,335)	131,634 (120,758)	132,500 (118,127)p	↓
14.	Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	105 (97)	101 (101)	92 (102)	89 (103)	93 (105)p	↓
15.	Proportion of last 6 months of life spent at home or in a community setting	87.8% (86.9%)	86.8% (87.3%)	88.1% (87.8%)	87.5% (88.1%)	87.2% (88.6%)p	↓
16.	Falls rate per 1,000 population aged 65+	19.1 (20.9)	18.7 (21.4)	19.2 (22.0)	21.4 (22.4)	21.3 (22.5)	↑

■ Better than Scotland
 ■ Worse than Scotland

Indicator		2015-16	2016-17	2017-18	2018-19	2019-20	Direction of Travel from 2018/19 to 2019/20
		Renfrewshire (Scotland)					
17.	Proportion of care services graded 'good' (4) or better in CareInspectorate inspections	91.2% (82.9%)	86.2% (83.8%)	88.1% (85.4%)	87.3% (82.2%)	85.2% (81.8%)	↓
18.	Percentage of adults with intensive care needs receiving care at home	64.1% (61.2%)	62.9% (61.6%)	62.0% (60.7%)	63.4% (62.1%)	N/A	N/A
19.	Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population**	287 (915)	107 (841)	190 (762)	246 (793)	383 (774)	↓
20.	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21.7% (23.0%)	23.5% (23.5%)	23.2% (23.7%)	24.5% (23.9%)	23.8% (23.7%)p	↑

■ Better than Scotland ■ Worse than Scotland

* INDICATOR DATA STATUS – PUBLISHED DATA AVAILABLE FROM 22 September 2020

1-9 – updated data will be released on 13 October 2020

12-16 and 20 – data is for calendar year 2019

18 – data is for calendar year 2018-data unavailable until 29 September 2020

p: provisional

** NI 19:

1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non-hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at Partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

Source: PHS Delayed Discharge data collection

Brighter futures

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We are happy to consider requests for this publication in other languages or formats such as large print.

Please call: 0141 618 7629

Or email: Renfrewshire.HSCP@ggc.scot.nhs.uk

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 @RenHSCP

 RenfrewshireHSCP



Renfrewshire
Health & Social Care
Partnership

To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Officer

Heading: Non-Financial Governance Arrangements

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

1. Summary

- 1.1. The purpose of this report is to provide an update to members on the non-financial governance arrangements in place. The report also provides performance information regarding Freedom of Information and Complaints and covers the period 1 April 2019 to 31 March 2020.
- 1.2. The timetable for the annual and six monthly Non-Financial Governance Reports is not in line with the reporting cycle. We would like to propose that a change is made for the Annual Report to be presented in June and the six monthly update to be presented in November each year.

2. Recommendation

It is recommended that the Integration Joint Board (IJB):

- Note the content of this Report, specifically around:
 - Freedom of Information (Fol)
 - Health and Safety
 - Complaints
 - Compliments
 - Civil Contingencies & Business Continuity
 - Insurance and Claims
 - Risk Management
 - General Data Protection
 - Records Management Plan
 - Communication
- Approve the change to the timetable for these Reports.

3. Implications of the Report

1. **Financial** – Sound financial governance arrangements are in place to support the work of the Partnership.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper
4. **Legal** – The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** - There are no property/ asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights** -The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Procurement Implications** - There are no procurement implications arising from the submission of this paper.
9. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.
10. **Risk** – none.
11. **Risk Implications** – As per the subject content of the risk section of this paper.

List of Background Papers – None.

Author: Jean Still, Head of Administration

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

Non Financial Governance Arrangements 1 April 2019 to 31 March 2020



Freedom of Information



Health & Safety



Complaints



Compliments



Civil Contingencies
& Business Continuity



Insurance & Claims



Risk Management



General Data Protection Regulations



Records Management Plan



Communication



1.

- 1.1. At its meeting on 15 January 2016, the IJB approved the arrangements for dealing with requests for information in respect of functions undertaken by the IJB.

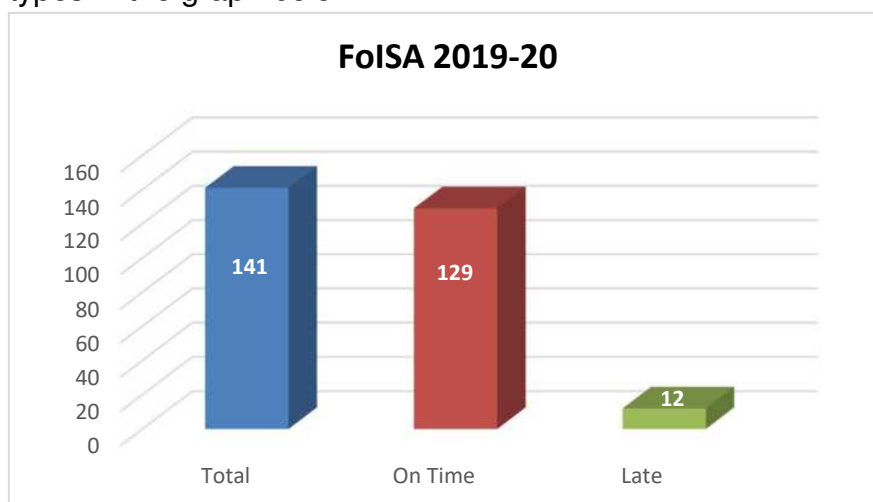
Background

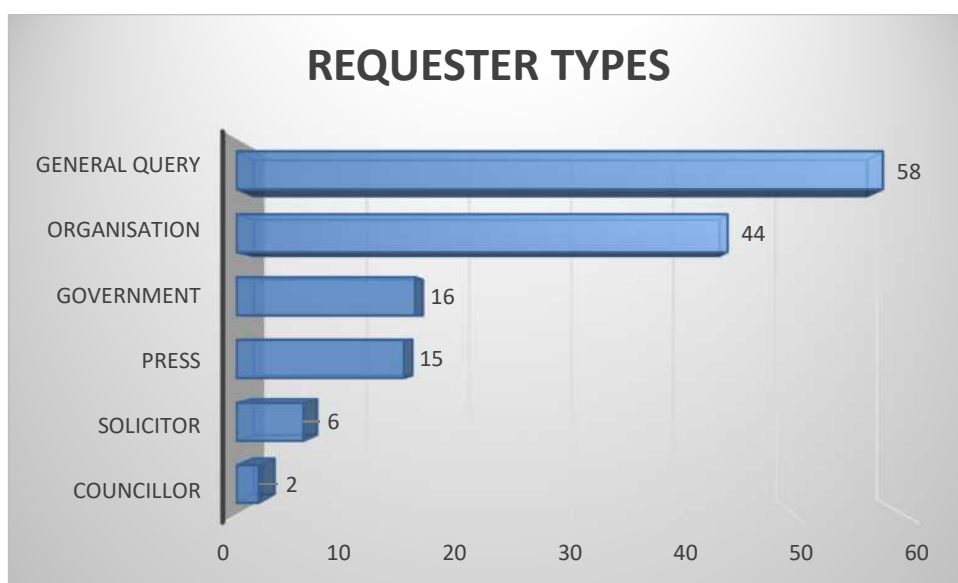
- 1.2. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005 and created a general right to obtain information from a public authority subject to limited exemptions. The IJB is therefore subject to FOISA as a public authority within its own right. Although the IJB will only hold a very limited amount of information, it must respond to FoI requests made directly to the IJB for information which it holds within the statutory timescale and have its own Publication Scheme. The IJB adoption of the Model Publication Scheme (MPS) was submitted to the Scottish Information Commissioner's office on 8 November 2016 and approved on 11 November 2016. A link to the IJB Publication Scheme is noted below.

http://www.renfrewshire.gov.uk/media/3233/Renfrewshire-IJBPublication-Scheme/pdf/Renfrewshire_IJB_Publication_Scheme.pdf

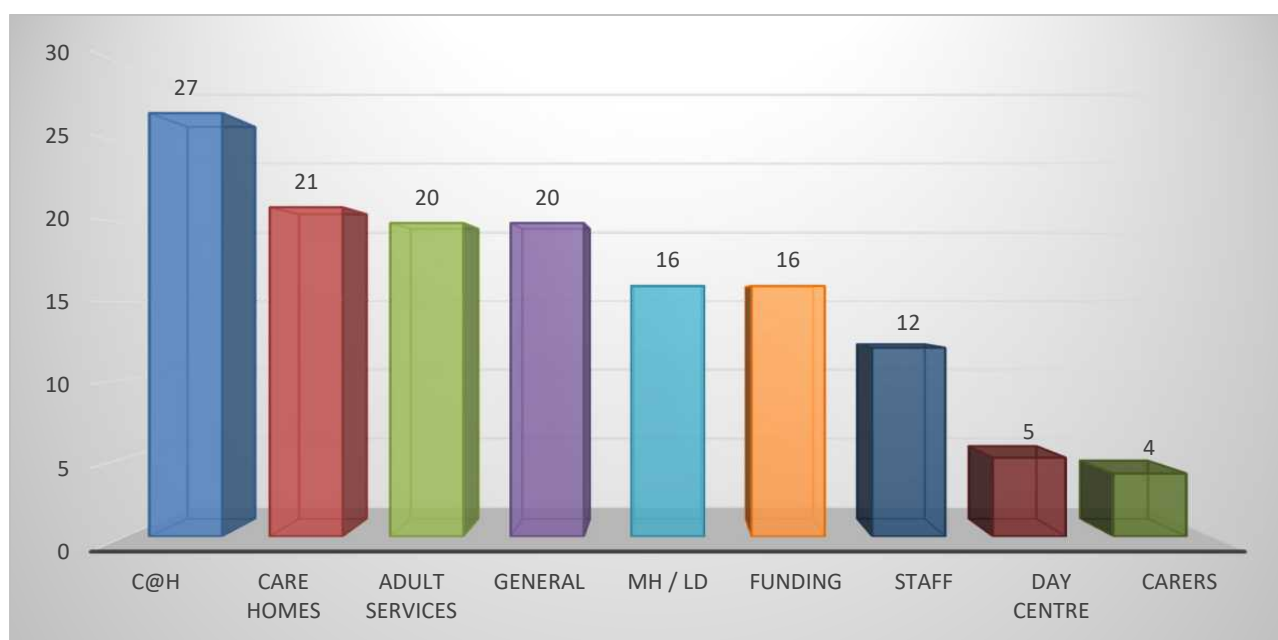
Requests Received

- 1.3. During the period 1 April 2019 to 31 March 2020, the IJB received **1** request for information regarding the total salary costs of direct employees and expenses paid to the voting members of the Integration Joint Board. Statistical information regarding IJB Fols is uploaded directly onto the Scottish Information Commissioner's statistics database on a quarterly basis.
- 1.4. It was agreed that any FoI relating to the operational delivery of health and adult social care service received by the Local Authority or NHS Greater Glasgow & Clyde would be shared with the Health & Social Care Partnership.
- 1.5. During the specified timeframe 141 FOISA requests were received broken down by types in the graph below.





1.6. The main issues related to the following services:



1.7 Subject Access Requests

A Subject Access Request is a request for personal information that an organisation may hold about an individual. For the Partnership, this may mean that one of our patients or service users can ask what information we hold about them and what we do with if we do hold information about them, then they are entitled to have a copy.

During 1 April 2019 to 31 March 2020, the Partnership responded to **41** Subject Access Requests from patients, clients and staff.

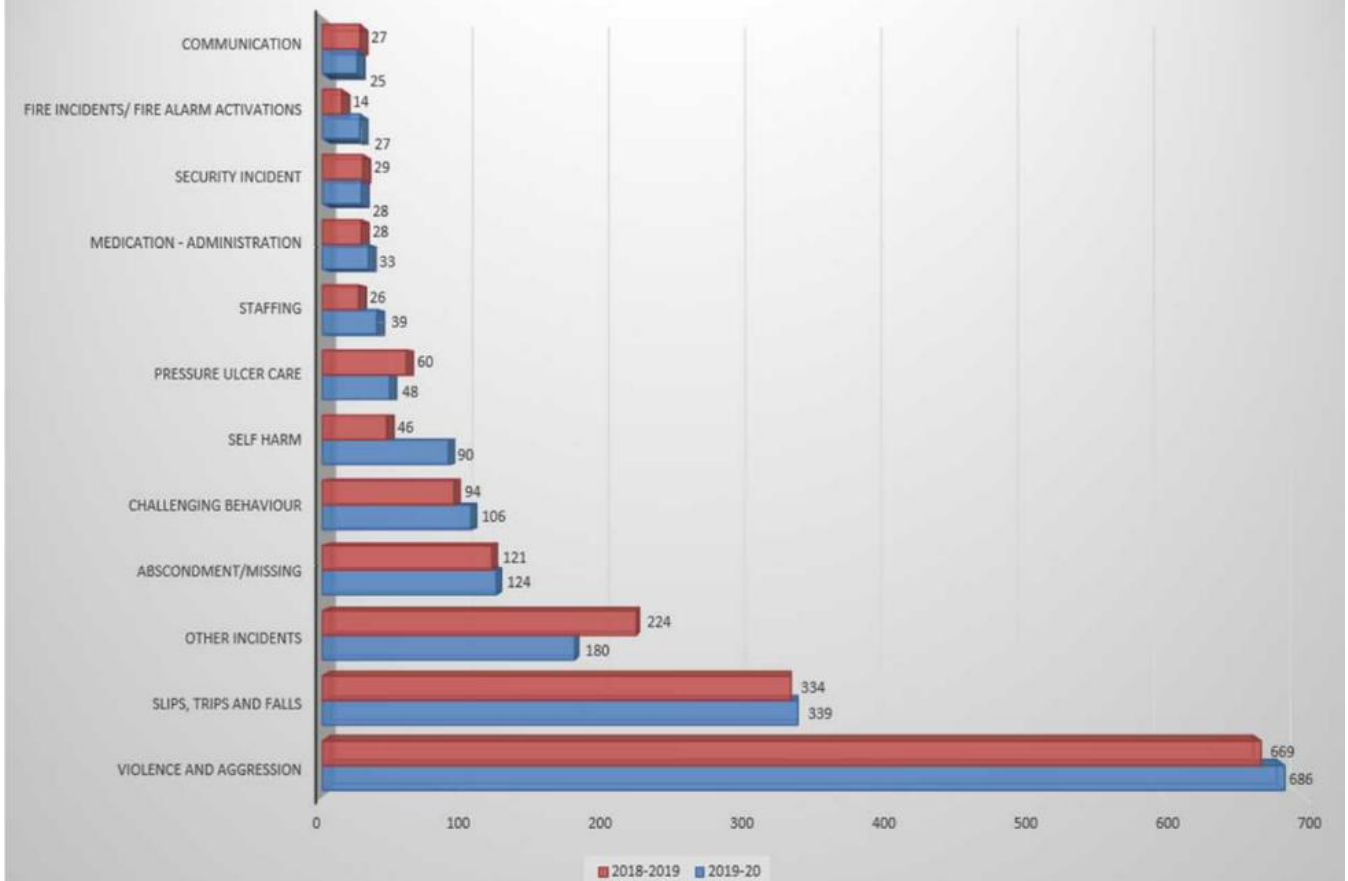


2.

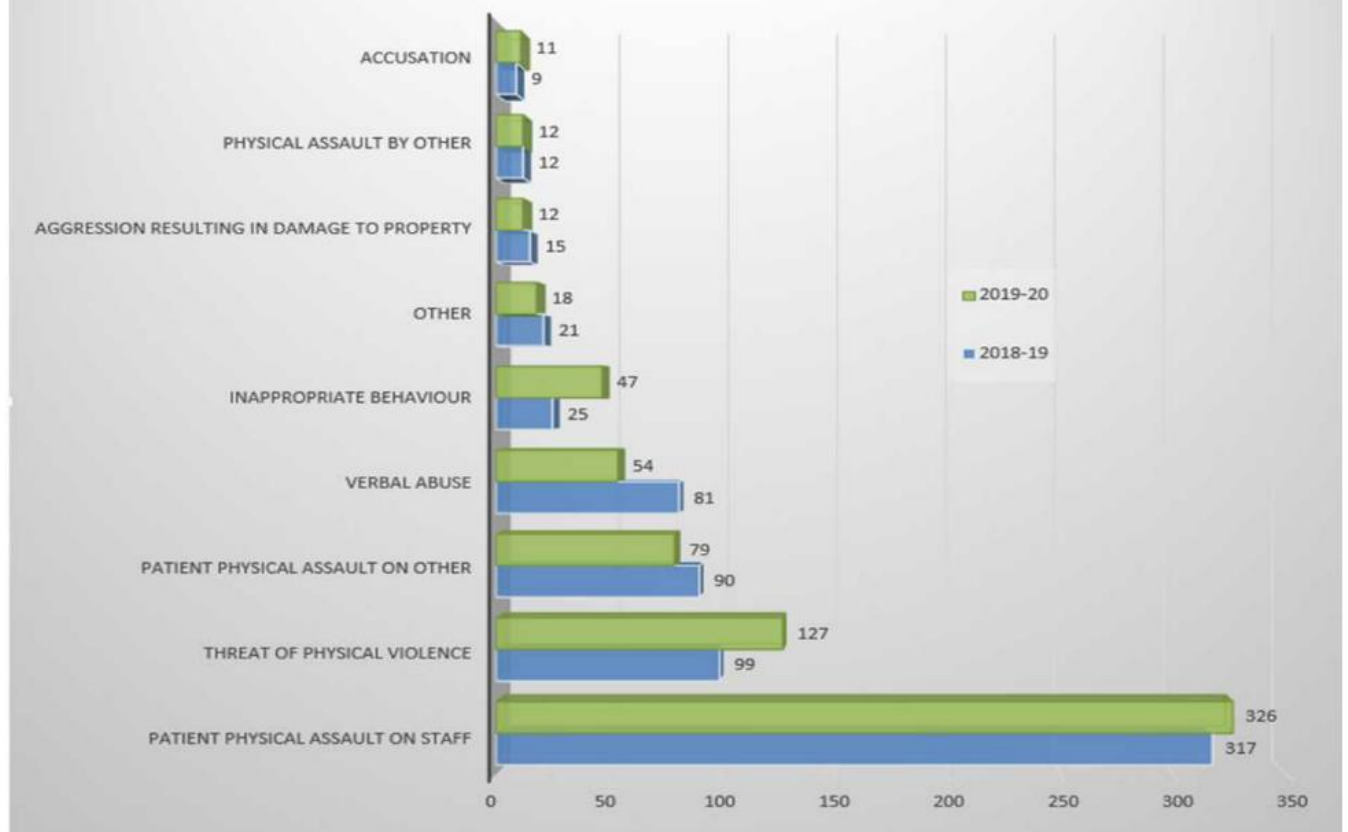
Background

- 2.1 The employment status of employees working within the HSCP remains with NHS Greater Glasgow & Clyde or Renfrewshire Council. As a consequence, the statutory responsibility for Health & Safety also lies with these bodies.
- 2.2 The Health & Safety arrangements within NHS Greater Glasgow & Clyde are governed by the Health & Safety Forum reporting to the NHS Board's Staff Governance Committee and its Area Partnership Forum.
- 2.3 The Health & Safety arrangements within Renfrewshire Council are governed by the Corporate health and safety section which inform the Chief Executive and Directors. This is further enhanced with the application of a health and safety management system which is certified to BS OHAS 18001: 2007 and this is reflected in the corporate health and safety plan.
- 2.4 A Joint HSCP Health & Safety Committee is in place and has service representation from health, council and partnership. The Committee meets quarterly.
- 2.5 The HSCP Health & Safety Committee's role within the Partnership is to coordinate the implementation of respective NHS Greater Glasgow & Clyde and Renfrewshire Council health and safety policies, strategies and action plans and take guidance from respective health and safety advisers as required.
- 2.6 The table below provides a snapshot view of the top 12 health and safety incident categories over the twelve month period 1 April 2019 to 31 March 2020. This includes patients, service users and staff.
- 2.7 A further breakdown of the top incidents by sub-category is noted below. We have also included the figures that were advised in our Annual Report 2018-19, as a comparison. A further breakdown of the Violence and Aggression sub-categories is also detailed below.

Top 12 Incidents by Category



Sub Category of Top Incident: Violence & Aggression



2.8 Health & Safety Alerts Report

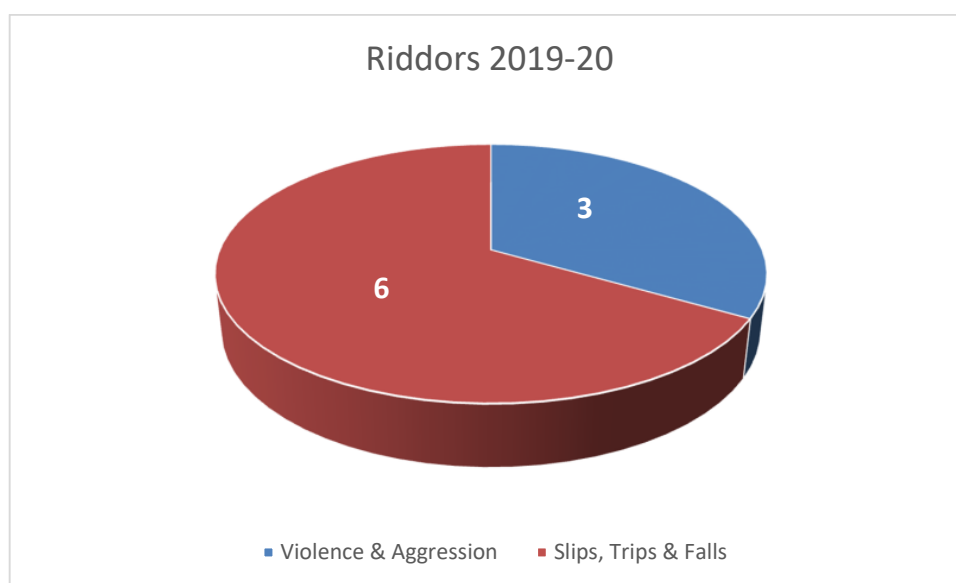
Health & Safety Alerts are received via email and cascaded across services within the HSCP. All services will then advise if relevant to their area and a final response gathered and noted in an action plan if appropriate.

There were 22 Health & Safety Alerts received over the twelve month period 1 April 2019 to 31 March 2020. The Health & Safety Alerts are reviewed quarterly at the H&S Committee meetings and none required an action for this period.

2.9 RIDDOR incidents

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) puts duties on employers and staff working within an organisation to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

There were 9 RIDDOR reportable incidents to the Health & Safety Executive from 1 April 2019 to 31 March 2020 for the Health & Social Care Partnership. Five incidents within health and 4 incidents within the Council have been investigated with reports and actions plan in place. The table below highlights the categories for these 9 incidents.



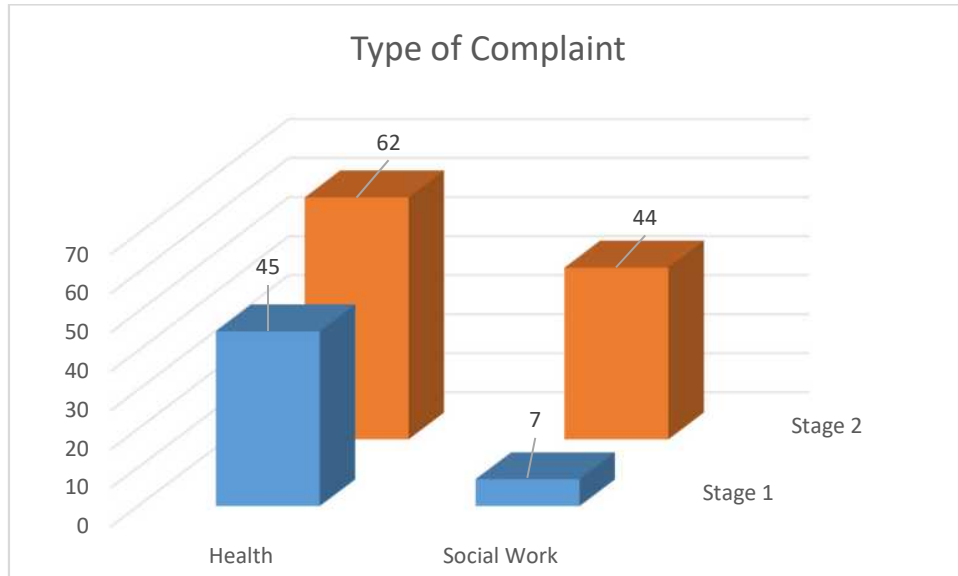


Complaints

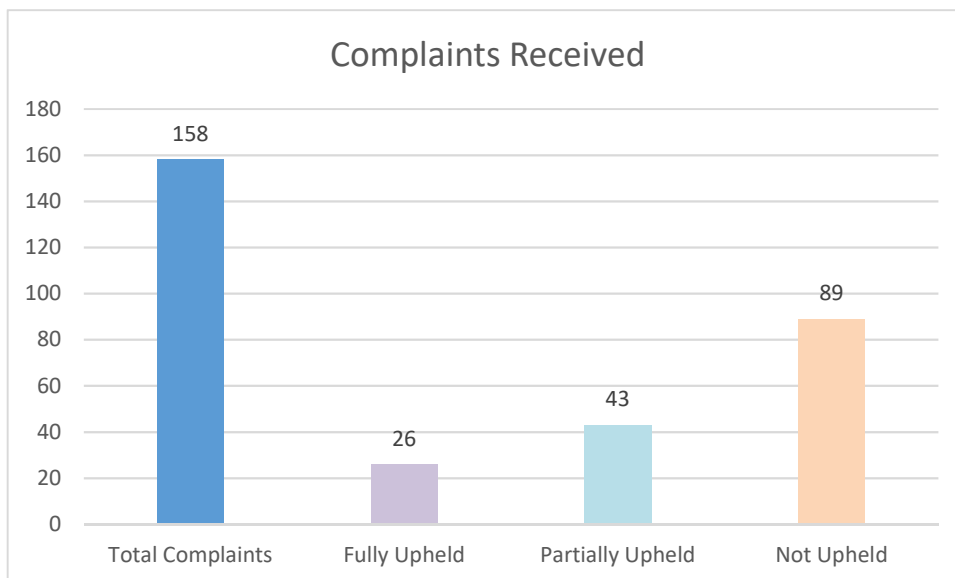
3.

3.1 This report provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2019 to 31 March 2020. It looks at complaints resolved at local level and identifies areas of improvement and ongoing development.

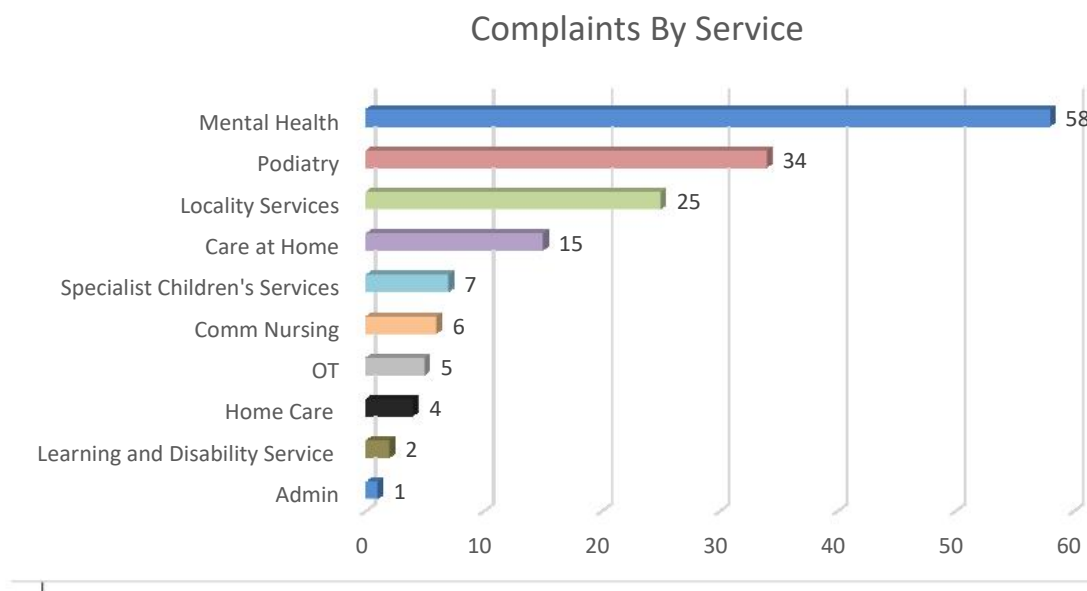
3.2 There were **107** formal and **51** informal complaints received across the HSCP from 1 April 2019 to 31 March 2020 as shown in the graph below.



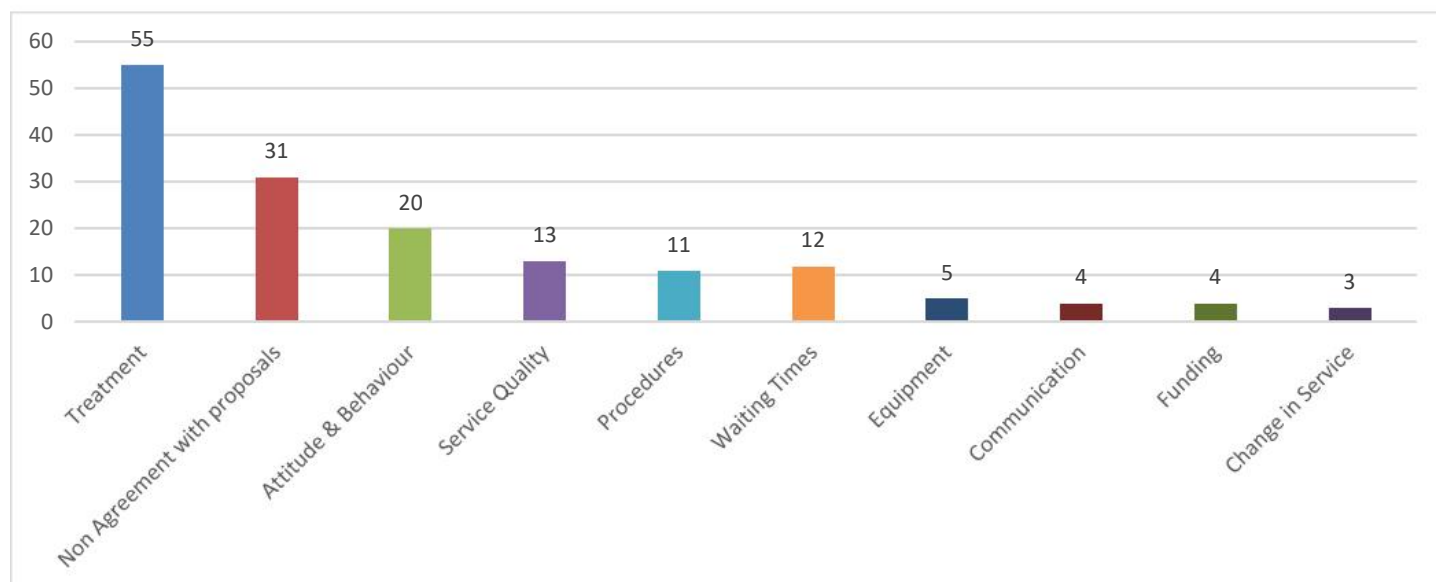
3.3 The graph below breaks these down into type of complaint.



3.4 The graph below shows the breakdown of complaints by service for the period 1 April 2019 to 31 March 2020.



3.4 The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Staff Attitude & Behaviour are recurring issues raised by complainants.



3.5 Learning from complaints - some of the actions taken in response of the above issues were as follows:

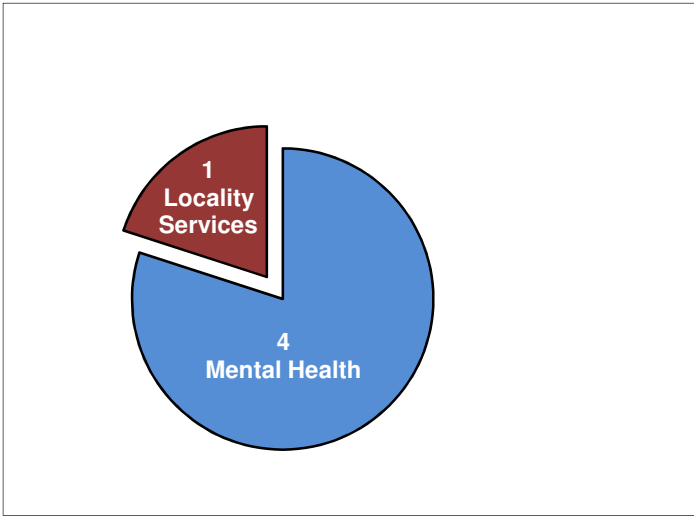
A podiatry complaint regarding the unsatisfactory treatment the patient had experienced has resulted in the following:

- A definitive management plan was agreed with the patient.
- A new process has been agreed to allow two clinicians to be in attendance for complex referrals.

A mother complaining that her son is unable to access the CAMHS service has resulted in the following:

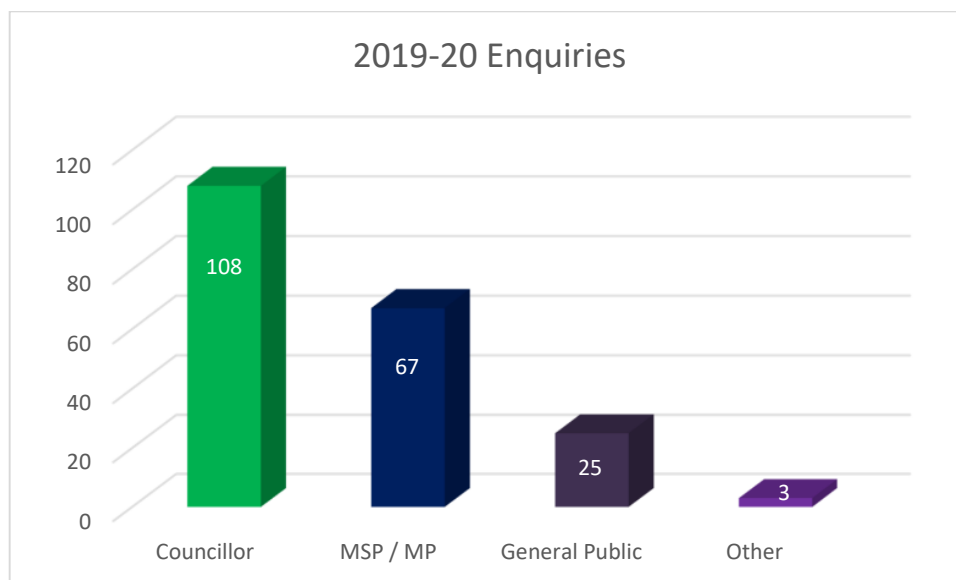
- Review referral acceptance notification process
- Ensure Standard Operating Procedure (SOP) for timescales acknowledging receipt of referral is adhered to.
- All CAMHS (clinical and admin) staff briefed and reminded to refer to SOP.

3.6 Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). The graph below shows the total number of complaints for health and social care.



- 3.6.1 The SPSO advised us in September 2019 that a complaint submitted by a complainant regarding the care and treatment received from the Mental Health Services did not require a formal investigation due to the passage of time that had passed being a significant factor in terms of what could be investigated.
- 3.6.2 The SPSO advised us in September 2019 that a complaint submitted regarding how the complainant was treated by the HSCP when trying to arrange respite care for a family member was not upheld. The SPSO informed that the actions taken by the HSCP in response to the complaint were in line with the kind of actions the SPSO would expect the HSCP to take.
- 3.6.3 The SPSO advised us in January 2020 that a complaint submitted by a complainant regarding charges for Community Meals did not require a formal investigation due to the lack of independent evidence or witnesses to provide corroboration.
- 3.6.4 A complaint submitted to the HSCP in May 2018 regarding an SDS assessment received from Social Work Locality services was submitted in May 2019. We await the outcome of this complaint.
- 3.6.5 A complaint submitted to the HSCP in May 2017 regarding the actions of Social Workers in relation to an Adult Protection investigation was submitted in May 2019. We await the outcome of this complaint.

3.7 During the period 1 April 2019 to 31 March 2020, the HSCP received 203 enquiries broken down in the chart below (show Councillors, MPs, MSPs, members of the public and other third party organisations).



3.7 GP Complaints

There were 136 complaints made to the 29 General Practitioners within the first three quarters of the year.

Service Improvements

3.8 One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services.

3.9 Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment/Quality of Care, Staff Attitude & Behaviour and Communication are key issues for complaints and steps are being taken by services to improve these.

Policies & Procedures

3.10 Under health and social care integration, there will remain two separate complaints handling procedures for health and social work. The new policies were implemented on 1 April 2017.

3.11 Whilst NHS Greater Glasgow & Clyde is responsible for the delivery of health services, Health and Social Care Partnerships have responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the NHS Board, Local Authority and third sector organisations to work together in order to provide joined up, person-centred services.

3.12 There is a standard approach to handling complaints across the NHS and Council which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patients Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

3.13 If a person raises a complaint about a health service and a social care service the response will depend on whether these services are being delivered through a single, integrated HSCP.

- 3.14 Where these services are integrated, we must work together to resolve the complaint. A decision must be taken, by following the procedure that the HSCP has in place, as to whether the NHS or Local Authority will lead on the response. It is important, wherever possible, to give a single response from the lead organisation.

4.



Compliments

You were wonderful

Health Centre Admin Staff
"Please accept my thanks for all of the support you have given us to keep running our community SLT drop in clinics. The support of reception staff in all community clinics has been vital and is very much appreciated"



Amazing Health Professionals

Podiatry

"The Podiatry Service have provided a very comprehensive report. Clearly they have invested in QI, and have the tools and data to show where the pressures are across the service"



To say thank you is not enough

Bishopton District Nurses
"Thank you from the bottom of our hearts for everything you have done during this very worrying and difficult time. Your love, patient, support and above all outstanding care has been very much appreciated by both of us and we will forever be thankful for everything"



Thank you

Doing Well Service

"Thank you for your support and patience over the past year, it was very much appreciated and invaluable to the both of us and our family. It has helped me cope and come to terms with my anxiety and panic attacks and made me realise I must take each day as it comes. Thank you"



Covid-19 Testing

Care Home Testing Team

"We don't know where we would have been without you and your team!"

Impressed by Care Home Staff

"The Care Home Testing Team would like to thank the welcome from staff, the general presentation of the care home and overall describing them as warm and caring. The mentioned the residents are all

"immaculate", with lovely clothes, hair being styled and nails painted. They recognised that the staff work very hard, taking pride in their work and how communicated with the residents. Well done and thank you to all the staff"



COMPLIMENTS 2018-19

Gratitude helps you to grow and expand; gratitude brings joy and laughter into your life and into the lives of all those around you." -Eileen Caddy

*Wonderful caring
Team*

"We would like to thank all the carers who came into our mother's home to take care of her. You all formed close relationships with mum and the family. It is so easy these days to complain quickly when things to wrong but not as quick to compliment when things go well.. Thank you"



Excellent care and service

Mental Health Adult Services

"There was a little confusion with my mums appointment at elderly mental health services in RAH. Everything was taken control of by the wonderful Medical Secretary who along with the amazing doctor. saved the day. Both went more than the extra mile to help us and at my mum's appointment both were outstanding"



A Wonderful Experience

Podiatry

"To visit the Podiatry Clinic as I was in and out within quarter of an hour and attended to at every juncture so efficiently. Thank you to all concerned"



*Can't thank you
enough*

Community Mental Health

"Thank you for my CPN session this morning. The lady was superbly knowledgeable and kind. I felt a huge burden being lifted with every passing minute. What a professional! What perception! What rare empathy! Thank you Charleston Centre! Thank you CPN whose name I wish I could recall as such high calibre work should be sung of!!



Covid-19 PPE

PPE Store

"Can I just take this opportunity to say a huge thanks on behalf of Key for both the communication and organisation around the Renfrewshire PPE supply"



*Great Collaborative Working
Renfrew Health & Social Work Centre*

"I just wanted to say how amazing Pat was he made sure we were ok and is a great guy, and we are booked in again for next year and we made some connection with staff who work in the social work department."





5.

- 5.1 The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 (CCA) and accompanying non-legislative measures came into force on 14 November 2005. The aim of the Act is to deliver a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty-first century. The Act is separated into two substantive parts
- Local Arrangements for Civil Protection (Part 1)
 - Emergency Powers (Part 2)
- 5.2. The Act lists the NHS and Local Authorities as Category 1 responders and, as such, places duties as follows:
- Assess the risk of emergencies occurring and use this to inform contingency planning.
 - Put in place emergency plans.
 - Put in place business continuity management arrangements.
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- 5.3 Renfrewshire Council and NHS Greater Glasgow & Clyde are supported by their respective Civil Contingencies/Protection Teams in fulfilling the duties placed upon them as Category 1 responders.
- The Civil Protection Steering Committee and the Health & Social Care Resilience Group are the coordinating groups for each organisation. The remit of these groups include:
 - Sharing information across the internal services
 - Coordinating the plans and procedures to be adopted across the organisation
 - Identifying training and exercise requirements and delivery method
 - Develop a work plan to deliver the resilience agenda
 - Share best practice and lessons identified.
- 5.4. At strategic levels, the Renfrewshire Health & Social Care Partnership Chief Officer sits on both NHS Greater Glasgow & Clyde's and Renfrewshire Council's Corporate Management Teams.
- 5.5. A joint Business Continuity Plan has been developed and is routinely tested.
- 5.6. In addition to reporting to the Integration Joint Board, this Group will link to the Renfrewshire Civil Contingencies Service and NHS Greater Glasgow and Clyde Civil Contingencies Unit.



6.

- 6.1. The Clinical Negligence & Other Risk Indemnity Scheme (CNORIS) Scotland Regulations 2000 was established with effect from 1 April 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland for delivering patient care. Private contractors, including General Medical Practitioners, are outwith the scheme.
- 6.2. With the introduction of the Public Bodies (Joint Working) (Scotland) Act, from April 2015, the Scheme was broadened to enable Integration Joint Boards to become members.
- 6.3. Renfrewshire IJB has been a Member of CNORIS since 1 April 2015.
- 6.4. CNORIS provides indemnity in relation to Employer's Liability, Public/Product Liability and Professional Indemnity type risks. The Scheme also provides cover in relation to Clinical Negligence.
- 6.5. NHS Greater Glasgow & Clyde and Renfrewshire Council both have procedures in place for handling claims regarding the services they provide.



7.

- 7.1 Regarding the arrangements in place for the management of risk within the HSCP, Members previously approved the risk management arrangements and have received update reports. It was also agreed that the Senior Management Team monitor the Risk Register on a monthly basis.
- 7.2 The Risk Registers for the IJB and HSCP are maintained, updated and reported in line with the risk management policies of NHS Greater Glasgow & Clyde and Renfrewshire Council.
- 7.3 Risk owners are identified for each risk and are responsible for the ongoing monitoring and updating of their respective risks.
- 7.4 An updated version of the Risk Management Framework was approved by the IJB Audit Committee in November 2017. This revised framework updated the approach to reporting risks whereby the Risk Register was separated into an IJB Risk Register tracking strategic risks specifically relating to the Board and an HSCP Risk Register which tracked operational risks.
- 7.5 The Audit Committee is a key component of the IJB's governance framework. One of its core functions is to provide the IJB with independent assurance on the adequacy of its risk management arrangements.
- 7.6 As such, this update is to provide assurance to IJB members that the Audit Committee will review the effectiveness of the risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate the identified risks.
- 7.7 The Risk Management Policy and Strategy has been updated to reflect these changes.
- 7.8 During the Covid-19 response, the HSCP implemented additional risk management measures to identify and manage emerging risks. As recovery and renewal activity progresses, these interim measures will continue but will need to be adapted to align further with existing risk management arrangements. Consequently, the HSCP believes that a review and update of the Risk Management Framework is required to ensure that the IJB's approach to risk management addresses the complexity of the current and future environment.
- 7.9 For members' awareness, a report with this proposal was agreed by the Audit, Risk & Scrutiny Committee at its meeting on 11 September 2020. It is proposed that the revised Risk Management Framework will be implemented from April 2021 and further progress updates will be brought to the IJB.



8.

- 8.1. Data Protection laws changed on 25 May 2018. EU General Data Protection Regulations (GDPR) came into force on that date
- 8.2 The legislation introduced new rules on how personal data is collected and processed to ensure individuals have greater control and privacy rights for their information we hold. It shortens timescales for certain processes and significantly increases penalties for failure to comply.
- 8.3 There is a need for greater transparency. Formal notifications of the nature of, reason for and parties involved in data processing and data sharing are mandatory. These are referred to as Privacy notices.
- 8.4 As the IJB is a statutory authority, it is subject to the new regulations. However, the IJB in practice handles very little personal data and the impacts on the IJB specifically, as opposed to the partner organisations, is anticipated to be quite limited.
- 8.5 There are a wide range of activities across Renfrewshire Council and NHS Greater Glasgow & Clyde aimed at putting suitable arrangements in place for these changes.
- 8.6 A more limited range of activities will require to be progressed for IJB itself to ensure compliance with the new legislation. All members should have awareness of these changes.



9.

- 9.1 The Public Records (Scotland) Act 2011 requires all public bodies in Scotland to prepare a Records Management Plan (RMP) which sets out the organisation's arrangements for managing our records.
- 9.2 NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 9.3 Formal notification was received in September 2018 from National Records Scotland that the Keeper was inviting Renfrewshire IJB to submit its RMP by 1 February 2019, approval of the RMP is awaited.
- 9.4 The IJB submitted a Records Management Plan to the Keeper of the Records Scotland in January 2019. The RMP sets out how the IJB records are created and managed in line with national policy.
- 9.5 As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan.



Communications Evaluation: 1 April 2019 - 31 March 2020

Website

www.renfrewshire.hscp.scot



23,205
Users



117,447
Page Views



50.4%
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User feedback

easy to navigate

very clear search function

easy to use 8 / 10

Top visited pages

1.	4,147	Community Mental Health Team
2.	2,628	Adults & Older People Services
3.	2,438	Primary Care Mental Health Team
4.	2,401	About Us
5.	1,902	IJB

Social Media



1,637
Followers

327,000
Reach



785
Followers

35,743
Reach

Successful Campaigns

District Nursing
SPOA

Flu Campaign
2019

Smoke Free
Renfrewshire

Clap for
Carers



To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Officer

**Heading: Delivering the 2018 General Medical Services Contract in Scotland
- Update on the Development of the Primary Care Improvement Plan
(PCIP) & COVID-19 PCIP 3 Template Return**

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

1. Purpose

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the delivery of the Renfrewshire HSCP Primary Care Improvement Plan (PCIP) and the requirement for a COVID-19 PCIP 3 template return to the Scottish Government by 16 October 2020. The need to respond to the COVID-19 pandemic brought some, but not all PCIP implementation to a pause.

2. Summary

- 2.1 Before the COVID-19 pandemic, the HSCP was over halfway through the Primary Care Improvement Programme cycle that emerged from the 2018 GP Contract. The Contract and associated Memorandum of Understanding (MOU) set out a planned transition over three years commencing in 2018/19 that requires an extensive programme of change to achieve the transition to support expanded teams of HSCP and NHS Board employed health professionals to create a skilled multidisciplinary team surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist. Funding for this programme was phased by Scottish Government over 4 years to March 2022.

The six key priorities to be implemented over a three year period (April 2018-March 2021) include:

- **Vaccination** Transformation Programme – all services to be Board run by 2021. Note due to the impact of COVID-19 the transfer deadline for this MOU area has been extended to March 2022.
- **Pharmacotherapy** – a pharmacotherapy service to the patients of every practice by 2021.
- **Community Treatment and Care** Services – a service in every area, by 2021, starting with phlebotomy.
- **Urgent Care** – a sustainable advanced practitioner service for urgent

- unscheduled care as part of a practice or cluster based team by 2021
 - **Additional Professional Roles** – the addition of members of MDT such as physiotherapists and mental health workers for first point of contact care
 - **Community Links Workers** – non clinical staff, to, supporting patients who need it, starting in deprived areas.
- 2.2 On 23 March 2020 the Scottish Government wrote to advise Integration Authority Chief Officers/Chief Finance Officers to pause PCIP and tracker returns until the impact of COVID-19 had significantly reduced.
- 2.3 Scottish Government wrote on 25 August 2020 and have developed a COVID PCIP 3 template (a copy is attached at Appendix 1, for information) by HSCPs for return by 16 October 2020; this is to provide the National GMS Oversight Group with the information it needs. The approach incorporates the PCIP 3 and workforce tracker into one document. The key aim of this is to establish the current position on delivery, including the impact on COVID on existing plans, and to understand how the extended multi-disciplinary team will continue to be developed between now and March 2021.
- 2.4 This information is not required to go through the formal IJB sign off process. However, as per the MOU, the work to complete the return must involve the IJB and GP sub-committee and be agreed with the LMC (Local Medical Committee).
- 2.5 Locally, implementation of the PCIP has remained steady with a number of the MOU priorities set out within Year 1 2018/19 and Year 2 2019/20 have been successfully delivered.
-

3. Recommendation

It is recommended that the IJB:

- Note the progress towards delivery to date; and
 - Note requirement for COVID PCIP 3 return to the Scottish Government by 16 October 2020.
-

4. Background

- 4.1 The Scottish General Medical Services contract was agreed in January 2018 and new regulations were introduced to Parliament on 1 April 2018. The contract focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally worked, GPs will be supported by health professionals from the broader health and social care, through better integration of key services which impact on health and wellbeing within Renfrewshire. The contract is designed to integrate these wider teams into primary care from the years 2018-2021. As part of the Contract, a Memorandum of Understanding (MOU) was developed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. The MOU sets out the key aspects relevant to facilitating and commissioning of primary care services and service redesign to support the role of the GP as the expert medical generalist.

5. Current position with delivery

5.1 During the COVID pandemic a number of PCIP staff had to be redeployed however the HSCP have continued to work to ensure all we do is consistent with the direction of travel set out in the GMS Contract/MOU. There are many aspects of our COVID response and recovery work that have built upon our PCIP work thus far and enabled GPs to focus on their expert medical generalist role. These steps include investment in attend anywhere to enable all GPs to offer digital triage and consultations (telephone or video) as standard thereby minimising foot fall into the practice premises; enabling digital links to patients in care homes by introducing attend anywhere into homes wherever possible; progressing development of local phlebotomy services in line with Community Treatment and Care Services and development of COVID Assessment Centre to ensure symptomatic patients are assessed in a safe space away from each GP practice.

5.2 Other key achievements in delivery include:

- Pre-school immunisation clinics are in place. Renfrewshire HSCP was an early adopter for a 'community clinic' model. Previously child immunisations were provided in GP practices and this work has been removed from GP workload since 2018.
- School Based Immunisations are being provided by the NHSGG&C Immunisation School Health Team within Renfrewshire Schools.
- Advanced Nurse Practitioners (ANP) – 2.6wte resource has been aligned to 5 GP Practices. In addition 2.0wte Care Home Liaison Nurse ANPs are proactively working in 6 residential homes to reduce the need for unscheduled GP visits to care homes.
- Advanced Practice Physiotherapists (APPs) – 3.6wte have been aligned to 11 GP Practices as part of their wider multi-disciplinary team working. APPs can serve as first point of contact for patients presenting with acute musculoskeletal conditions.
- Flu Vaccination programme for the housebound is delivered each year by the HSCP flu team. Carers are also opportunistically offered this at home. This reduces GP and practice workload considerably and within the guidelines set by public health of achieving flu programme. This is being extended for the 2020 flu programme.
- 13 Community Link Workers have been recruited and now aligned to every GP practice working on a one/two days per week basis per practice. This third sector partnership supports all aspects of people's health including advice, housing and physical activity.
- Pharmacists and pharmacy technicians – 24.6wte have been recruited and is working to free up GP time by dealing with some routine and emergency prescriptions.
- 29 GP practices are benefiting from our new community phlebotomy service.
- A Team Lead for Community Treatment and Care Services has been recruited. These services are still being developed and will include access to management of minor injuries, dressings and suture removal service.

5.3 Two Treatment Room Nurses have also been recruited to support our initial work to develop Community Treatment and Care Services locally; however these staff members remain deployed within our COVID Assessment Centre with the addition of an ANP. This will slow our existing plans to have two initial treatment rooms up and running by October/November 2020. Further recruitment is underway but it is unknown at this stage whether these staff members will also need to be deployed to support our ongoing COVID response.

5.4 Key challenges to overall implementation include:

- The availability of additional pharmacists and pharmacy technicians.
- Time required from GPs to train attached staff e.g. ANPs, and non-medical prescribers.
- Accommodation space to deliver effective primary care services, both in GP practices and in HSCP premises.
- IT to establish new ways of working in extended primary care teams
- Even if we have the full staffing complement and premises available the current proposed funding is unlikely to cover the full cost implementation of the contract.

These challenges are continually being reviewed and discussed with the clear aim to identify potential solutions both locally, NHS Board wide and Nationally.

6. **Next Steps**

- 6.1 Further work is required to develop the service models in those areas which are less well developed; in particular Community Treatment & Care Services where establishing local treatment room services remain an HSCP priority. Ongoing recruitment to extend multi-disciplinary teams will also continue between now and March 2021 and beyond given full funding for the GP contract/MOU does not come into play until financial year 2021/22.

Implications of the Report

1. **Financial** - Primary Care Improvement Fund allocation in 2020/21 for Renfrewshire is £3,735,000 to facilitate service redesign through the Primary Care Improvement Plan. £1,864,880 of this resource has been received. The scale and pace of change is explicitly linked to available finance and workforce.
2. **HR & Organisational Development** - The new Contract supports the development of new roles and multi-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across GGC.
3. **Community Planning** - The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Ongoing engagement with community groups and service users will help to outline any issues with new ways of working in primary care.
4. **Legal** - There are no legal issues with this report.
5. **Property/Assets** - Property remains in the ownership of the parent bodies. As a function of the PCIP, an HSCP wide accommodation and premises survey was undertaken to facilitate sharing of space and colocation of working within primary care.
6. **Information Technology** - Managing information and making information available will require ICT input. Collocation of staff members within general practice requires updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.
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 during 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** - Nil
9. **Procurement** - Procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** - The implementation of the new contract is only possible with full engagement of all IJBs, NHS Board, GP Sub Committee and LMC. The new contract seeks to address GP primary care sustainability. Workforce availability across all Allied Health Professionals/extended roles have been recognised as a challenge nationally.
11. **Privacy Impact** - N/A

List of Background Papers: COVID PCIP 3 Template – For information

Authors: Dr Stuart Sutton, Clinical Director
Angela Riddell, Change & Improvement Officer

Any enquiries regarding this paper should be directed to Dr Stuart Sutton, Clinical Director / Email Stuart.Sutton@ggc.scot.nhs.uk / Tel: 0141 618 7661
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Health Board Area:
Health & Social Care Partnership:
Number of practices:

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices with PSP service in place			
Practices with PSP level 1 service in place			
Practices with PSP level 2 service in place			
Practices with PSP level 3 service in place			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices with access to phlebotomy service			
Practices with access to management of minor injuries and dressings service			
Practices with access to ear syringing service			
Practices with access to suture removal service			
Practices with access to chronic disease monitoring and related data collection			
Practices with access to other services			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Pre School - Practices covered by service			
School age - Practices covered by service			
Out of Schedule - Practices covered by service			
Adult imms - Practices covered by service			
Adult flu - Practices covered by service			
Pregnancy - Practices covered by service			
Travel - Practices covered by service			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.4 Urgent Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices supported with Urgent Care Service			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Additional professional services

2.5 Physiotherapy / MSK	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20
Practices accessing APP			

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.6 Mental health workers (ref to Action 15 where appropriate)

Practices with no access by 31/8/20

Practices with partial access by 31/8/20

Practices with full access by 31/8/20

Practices accessing MH workers / support

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.7 Community Links Workers

Practices with no access by 31/8/20

Practices with partial access by 31/8/20

Practices with full access by 31/8/20

Practices accessing Link workers

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

2.8 Other locally agreed services (insert details)

Practices with no access by 31/8/20

Practices with partial access by 31/8/20

Practices with full access by 31/8/20

Practices accessing service

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

Workforce profile

Health Board Area: Health & Social Care Partnership:

Table 1: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018												
INCREASE in staff headcount (1 April 2018 - 31 March 2019)												
INCREASE in staff headcount (1 April 2019 - 31 March 2020)												
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]												
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]												
TOTAL headcount staff in post by 31 March 2022	0	0	0	0	0	0	0	0	0	0	0	0

[a] please specify workforce types in the comment field

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

Table 2: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018												
INCREASE in staff WTE (1 April 2018 - 31 March 2019)												
INCREASE in staff WTE (1 April 2019 - 31 March 2020)												
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]												
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]												
TOTAL staff WTE in post by 31 March 2022	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

[a] please specify workforce types in the comment field

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

Comment:

To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Officer

Heading: Equality Outcomes 2020-2024 Action Plan

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

1. Summary

- 1.1 This report provides members of the Integration Joint Board (IJB) with a final draft of the Equality Outcomes 2020-2024 Action Plan (Appendix 1) for approval.

2. Recommendation

It is recommended that the IJB:

- Approve the final draft Equality Outcomes 2020-2024 Action Plan;
- Note that regular updates, in line with statutory requirements, will be provided to the IJB.

3. Background

- 3.1 The IJB has a statutory duty to publish a set of Equality Outcomes every 4 years in line with The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 legislation. At its meeting in March 2020, the IJB approved their 2020-2024 Equality Outcomes and Mainstreaming Progress report. The report has subsequently been published on the Health and Social Care Partnership (HSCP) website as agreed, and a draft action plan based on the outcomes has now been developed and is attached in Appendix 1.

4. Equality Outcomes 2020-2024

- 4.1 Detailed below are the five equality outcomes agreed:

- Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life;
- Our workforce are better informed and have confidence to make equality and human rights central to the way we work;
- Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care;
- People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services;
- People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.

4.2 The Equality Outcomes were developed in consultation with a number of stakeholders including staff, senior management, the Diversity, Equality and Alliance in Renfrewshire (DEAR) Group and the Strategic Planning Group (SPG). Responses and outcomes of discussion were incorporated into the consultative draft of the Equality Outcomes 2020-2024, approved by the IJB on 20 March 2020. The draft action plan based on these equality outcomes has now been developed, closely aligned to our Strategic Plan Priorities and principles:

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

5 **Next Steps**

5.1 The pandemic has exposed and exacerbated deep-rooted health and social inequalities, with the impact of COVID-19 felt more acutely by the most vulnerable and those in poverty. The HSCP recognises the critical work required to deliver on our Equality Outcomes, through the implementation of the action plan outlined in Appendix 1, and also the importance of closely monitoring and supporting those disproportionately impacted by COVID.

5.2 Community health and wellbeing is central to the HSCP's Recovery and Renewal Programme. Our plans recognise that a partnership, community led approach is pivotal to improving health and wellbeing outcomes. We are therefore working with our Strategic Planning Group (SPG) to identify where and how we can collectively make the greatest impact, through a focus on prevention and early intervention within community-based support. The SPG

has agreed 7 shared Community Health and Wellbeing priorities (listed below) which we will jointly work to address, one of which is Equalities:

7 Health and Wellbeing Priorities

1. Loneliness and social isolation
2. Mental health and wellbeing
3. Housing as a health issue
4. Inequalities
5. Early years and vulnerable families
6. Healthy and active living
7. Collaborating for greater impact

- 5.3 As per legislation an update report highlighting activities within the Equality Outcomes Action plan will be presented to the IJB in September 2022 and an Equality Outcomes and Mainstreaming Progress report against these actions will be submitted in 2024.

Implications of the Report

1. **Financial** – Nil
2. **HR & Organisational Development** – Nil
3. **Community Planning** – Nil
4. **Legal** – Nil
5. **Property/Assets** – Nil
6. **Information Technology** – Nil
7. **Equality & Human Rights** – The details in this report relate to ongoing work to ensure those with protected characteristics (in line with the Equality Act 2010) are protected from discrimination. No negative impacts on those with protected characteristics or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – Nil
9. **Procurement** – Nil
10. **Risk** – Nil
11. **Privacy Impact** – Nil

List of Background Papers: Equality Outcomes and Mainstreaming Progress Report and Consultation on Equality Outcomes 2020-2024 (Renfrewshire IJB, 20 March 2020)

Authors: Bernadette Reilly Senior Community Link Officer
Heather Cunningham, Health Improvement and Inequalities Manager

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 7657)

Renfrewshire Health and Social Care Partnership Equality Outcomes 2020 – 2024

This Action Plan provides details of activity relating to the following 5 equality outcomes:

1. Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life.
2. Our workforce are better informed and have confidence to make equality and human rights central to the way we work.
3. Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care.
4. People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services.
5. People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.

Equality Outcomes 2020-2024 Action Plan

1	Equality Outcome	Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life.				
	Health and Wellbeing National Outcome	Health and social care services are centred on helping to maintain or improve the quality of life of service users.				
	What we will do	Protected Characteristics	When we will have it done	Who will be responsible	How we will know it is working	
1.1	Update existing and develop new protocols on Gender Based Violence and contribute to the Renfrewshire's No to Gender Based Violence Strategy.	Gender	31/3/2022	Health Improvement Team	Actions from Renfrewshire's No to Gender Based Violence Strategy 2018-2021 completed and updated strategy developed.	
1.2	Promote information for wider circulation on how to access support for long term conditions and health and wellbeing.	All	31/3/2021	Community Link Team	Renfrewshire Health and Social Care Partnership (RHSCP) staff/teams are provided with information on how to access support around health and wellbeing through Scotland's Service Directory (https://www.nhsinform.scot/scotlands-service-directory). Information collated from system on how many people access this resource.	
1.3	Work in partnership with pharmacy to provide a drop in service in a deprived area to support those with a diagnosis of Type 2 Diabetes to manage their condition.	All	31/3/2021	RHSCP Diabetes Interface Group	Pre and post evaluation of all those attending the drop in service.	

1.4	Undertake the LGBT Youth Scotland Charter of Foundations Award to increase LGBT inclusion in our services.	Sexual Orientation (LGBT+)	31/3/2024	Health Improvement Team	Actions from the LGBT Youth Scotland Charter award completed.
1.5	Improve communications with British Sign Language (BSL) users and prioritise Mental Health and wellbeing actions in the Renfrewshire British Sign Language plan 2018-2024.	All/ Disability	31/3/2024	Heads of Service	<p>BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives as follows:</p> <p>Website link made available to support and signpost BSL users to health and social care information available in BSL (to be produced by NHS Health Scotland and NHS24), and b) develop complementary information in BSL about local provision, as appropriate.</p> <p>Ensure that psychological therapies can be offered on a fair and equal basis to BSL users by gathering information from services.</p>

2	Equality Outcome	Our workforce are better informed and have confidence to make equality and human rights central to the way we work.				
	Health and Wellbeing National Outcome	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide in the work they do.				
	What we will do	Protected Characteristics	When we will have it done	Who will be responsible	How we will know it is working	
2.1	Ensure Renfrewshire Health and Social Care Partnership (RHSCP) staff are aware of Equality Impact Assessment (EQIA) process and can access the relevant guidance and training.	All	31/10/2021	Community Link Team	EQIAs are completed and Equality and Human Right processes are integrated into policies, plans and budget decisions.	
2.2	Review and update the RHSCP Equality literature and website.	All	31/3/2021	Community Link Team	New literature published and website updated and regularly reviewed.	
2.3	Investment in Digital Technology and transition to digital telecare.	All	31/3/2024	Eclipse Management Team	A new case management system for Adult social care established and operational. Greater opportunities to expand service provision to telehealth and improve available data.	

3	Equality Outcome	Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care.			
	Health and Wellbeing National Outcome	Health and social care services contribute to reducing health inequalities.			
	What we will do	Protected Characteristics	When we will have it done	Who will be responsible	How we will know it is working
3.1	Contribute to reducing Child Poverty in Renfrewshire through partnerships to tackle the three main drivers of child poverty: Income from Employment; Cost of Living; Income from social security and benefits in kind. Including jointly producing Renfrewshire Local Child Poverty action Report in partnership with Renfrewshire Council.	All	Annually	Health Improvement Team	Renfrewshire Local Child Poverty Action Report produced.
3.2	Support Health sub group of Renfrewshire Local Employability partnership to ensure identified groups with Scottish Government Employability Strategy “No One Left Behind” receive support to progress along the employability pathway.	All	30/6/2021	Health Improvement Team	Employability support provided for identified groups including those accessing HSCP Mental Health & Addictions services.
3.3	Support partnership work to implement any recommendations resulting from the COVID19 Recovery and Renewal Planning, and Transformation Programme and service reviews, and ensure any recommendations are subject to equality impact assessment.	All	31/3/2022	Heads of Services	Recommendations implemented to better meet the outcomes of service provision. Partnership Plans have evidence of equality impact assessment.

3.4	Work in partnership with third sector organisations to support the delivery of a healthy eating programme for those with Type 2 Diabetes.	All	31/3/2021	RHSCP Diabetes Interface Group	Evaluation of programme will inform current and future practice.
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4	Equality Outcome	People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services.			
	Health and Wellbeing National Outcome	People who use health and social care services have a positive experience of those services, and have their dignity respected.			
	What will we do	Protected Characteristics	When we will have it done by	Who will be responsible	How we will know it is working
4.1	Establish an integration network project which will co-ordinate and promote partnership across a range of supports, resources and services available to people from black and minority ethnic communities in Renfrewshire.	Race	31/3/2022	Community Link Team	Integration network established and evaluated including monitoring increased service user access and participation.
4.2	Build capacity and empower under-represented groups to access funding opportunities to enable them to contribute and participate fully in their community.	All	31/3/2021	Community Link Team	Community and voluntary groups equipped to access funding to enable people to participate in their community, have a voice and express their views. Baseline of spend and increase year on year will be collated.

4.3	Public event to engage the local community, providing advice and information around wellbeing and mental health while having fun outdoors.	All	31/5/2021	Community Link Team/Disability Resource Centre Staff.	Wellbeing in the Park event May 2021.
4.4	We will work with the Renfrewshire Community Planning Partnership Alcohol and Drugs Commission following the publication of their report to implement any recommendations delegated to the HSCP to ensure that equalities is integral to the delivery of the actions.	All	31/3/2022	Renfrewshire Alcohol and Drug Partnership	Actions from recommendations in relation to equalities completed as reported to the Renfrewshire Community Planning Partnership Alcohol and Drugs Commission.

5	Equality Outcome	People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.			
	Health and Wellbeing National Outcome	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.			
	What will we do	Protected Characteristics	When we will have it done by	Who will be responsible	How we will know it is working
5.1	The Renfrewshire Dementia Strategy Group (RDSG) are working in partnership with voluntary, statutory, public and private organisations to develop a local Dementia Strategy that will ensure all of those with a	All	31/3/2024	Renfrewshire Dementia Strategy Group	EQIA of the strategy completed and actions implemented. Improved support and service user and carer feedback on experience.

	diagnosis of dementia are supported at every stage of their journey.				
5.2	Work with Children's Services to develop a pathway and protocol for young carer to adult carer transitioning planning.	Age	31/3/2021	Community Link Team	Feedback and survey of young adult carers to confirm transitions pathway and protocol developed and effective.
5.3	We will improve the transition process for children moving into adult learning and disability services.	Disability	31/3/2023	Learning Disability Service	Transitions protocol for children moving into adult services, reviewed in collaboration with education and social work children's services colleagues. Baseline identified by Learning Disability service to benchmark future improvements.

To: Renfrewshire Integration Joint Board

On: 2 October 2020

Report by: Chief Officer

Heading: Renfrewshire HSCP - Winter Plan 2020/21

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

1. Summary

- 1.1. Planning for winter 2020/21 within the context of COVID-19 is underway across NHSGGC taking account of learning and adaptation from the service responses to the pandemic.
- 1.2. The draft Winter Plan 2020/21, attached as Appendix 1, describes additional actions being taken to prepare for the winter period in Renfrewshire. It should be read in conjunction with the Draft NHSGGC Unscheduled Care Commissioning Planⁱ, which was presented to the IJB on 26 June 2020 and describes the Board-wide work to reduce reliance on unscheduled care.

2. Recommendations

It is recommended that the IJB:

- Approve Renfrewshire HSCP's draft Winter Plan 2020/21; and
- Notes that the Plan will be aligned to the NHSGGC Board Winter Plan and will be a flexible, live document to allow us to review and reprioritise as necessary, as we respond to the changing circumstances surrounding the pandemic

3. Background

- 3.1. As we prepare for winter, it is clear the challenges related to the pandemic are not yet over. Although the reduction in the number of inpatients with COVID-19 is evident, it is essential we maintain the flexibility and capacity to increase our response at any time. Balancing this and the requirements

of remobilisation will need significant effort and focus to ensure we continue to provide high quality, safe and person-centred care to our service users.

3.2. Renfrewshire HSCP's Winter Plan has been adapted to include more specific COVID-19 related actions.

3.3. The Plan focuses on the following key actions:

- Updating Business continuity plans
- Promoting and operationalising Adverse Weather policies
- Scenario plans for local COVID-19 outbreaks, second wave and our ongoing response
- Ensure Operational escalation plans, workforce capacity plans and rotas
- Strategies for additional surge capacity
- Optimising the use of Community Pharmacy
- Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays
- Communication Plans for staff and the public
- Delivery of seasonal flu vaccinations to staff and the public
- Proactive planning with GP Practices, Care Homes and Nursing Homes
- Development of a Winter Plan Risk Register to enable a responsive approach;
- Monitoring the impact of Brexit
- Securing sufficient cleaning capacity
- Ensuring resilience within the Community Meals Delivery Services
- Access to Information and Communications Technology (ICT) equipment to support service delivery.

3.4. This Winter Plan complements our ongoing work to reduce the demand for unscheduled care and is aligned to the NHSGGC winter planning work programme.

3.5. Once approved by the IJB, the Winter Plan will be shared with the Council's Civil Contingency Team and NHSGGC Health Board colleagues.

3.6. The Winter Plan will be brought fortnightly to the HSCP Senior Management Team meetings, with Operational Heads of Service responsible for service updates. The Senior Management Team will manage/oversee the delivery of the Plan and monitor supporting data to ensure the effectiveness of the actions being taken.

3.7. The IJB will be kept briefed on our response throughout the winter at Development Sessions, and if there is any significant change to the Plan

this will be reported to the IJB via the regular Recovery and Renewal Update.

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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ⁱ [https://www.renfrewshire.hscp.scot/media/12484/Draft-Unscheduled-Care-commissioning-Plan/pdf/Draft Unscheduled Care commissioning Plan.pdf?m=1598522828897](https://www.renfrewshire.hscp.scot/media/12484/Draft-Unscheduled-Care-commissioning-Plan/pdf/Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf?m=1598522828897)

Renfrewshire HSCP**Winter Assurance Framework 2020/21**

This Framework describes additional actions being taken to prepare for the winter period. It should be read in conjunction with the Draft NHSGGC Unscheduled Care Commissioning Plan, which describes the Board-wide work to reduce reliance on unscheduled care and is available online via the following link: [https://www.renfrewshire.hscp.scot/media/12484/Draft-Unscheduled-Care-commissioning-Plan/pdf/Draft Unscheduled Care commissioning Plan.pdf?m=1598522828897](https://www.renfrewshire.hscp.scot/media/12484/Draft-Unscheduled-Care-commissioning-Plan/pdf/Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf?m=1598522828897)

Key Action	Response	Lead
1. Business continuity plans	Business Continuity Plans are under review. Reminders will be issued to ensure all plans are up to date.	Head of Administration
2. Promote and operationalise adverse weather policies	<p>Policy reminder to be issued to all service areas.</p> <p>Communication to all staff. This will take account that in 2020/21 an increased number of staff continue to work from home.</p> <p>Identify other appropriate bases for staff as the number of available premises is currently reduced due to COVID.</p>	Head of Administration/Communications Team
3. Access to 4-wheel drive vehicles	<p>Hire arrangements to be in place with driving lessons/test/insurance for 4-wheel drive vehicles covered in hire.</p> <p>Availability of drivers to be confirmed.</p>	Locality Managers

Key Action	Response	Lead
	<p>Services that require 4-wheel drive vehicles includes: DN/RES/Care at Home/ORT prescriptions for Addictions Services/Community Hubs.</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> <p>Locality call-outs – ensure flexibility of staff depending on location.</p>	
<p>4. Preparation for outbreaks/ second wave of Covid</p>	<p>Develop a resource plan to reinstate our humanitarian response if required through redeployment of staff – in particular, Medicine, Food and Welfare.</p> <p>Scenario plans for a 2nd wave are in place in relation to Care Homes and Care at Home.</p> <p>Ensure scenario plans are in place from the three completed lockdown scenarios in:</p> <ul style="list-style-type: none"> • COVID-19 outbreak • Multiple outbreaks • Second wave 	<p>Head of Strategic Planning and Health Improvement</p> <p>Head of Health and Social Care</p> <p>Senior Management Team</p>

Key Action	Response	Lead
5. 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 the HSCP communicated to the Acute system when pressures are identified. HSCP to provide input to daily huddles, with escalation route through Head of Service. Process in place for the Chief Officer (or nominated SMT member) to be the main escalation route for the RAH, outside the huddle process.</p> <p>Communicate escalation plans with staff and partners.</p>	Operational Heads of Service
6. Capacity monitoring	<p>Agreement and flexibility on the best use of our staffing resource. Robust recording and monitoring process in place for those self-isolating and overall absence trends.</p> <p>Staff welfare is well supported by managers, which is ongoing as part of the HSCP COVID response.</p>	Heads of Service
7. Ongoing response to COVID	<p>Implement good practice and learning from the COVID-19 experience if there is a resurgence.</p> <ul style="list-style-type: none"> Care Homes (internal and external to the HSCP) 	Heads of Health and Social Care

Key Action	Response	Lead
	<ul style="list-style-type: none"> Care At Home services (internal and commissioned) Social Work staff, in particular those based at the RAH District Nursing and Rehabilitation Services <p>Provide additional support for possible redeployment to COVID-19 testing centres.</p>	Senior Management Team
8. Strategies for additional surge capacity	<p>Use of the respite unit at Hunterhill Care Home available as a step-down facility when the demand for Care at Home Services cannot be met. Discussion with the Care Inspectorate required in terms of the variation of service. Daily reporting allows flow management.</p> <p>Maintain crisis respite for Learning Disability Services.</p> <p>COVID restrictions in place on the use of beds.</p> <p>Adoption of NHSGGC System Wide Escalation Policy, procedures and supporting local actions.</p>	<p>Head of Health and Social Care</p> <p>Senior Management Team</p>

Key Action	Response	Lead
	<p>In line with the workforce planning work - stream, identify staffing resource that can be redeployed if necessary.</p> <p>Map out what additional resources/support may be required when Operational Services are under pressure.</p>	<p>Head of Health and Social Care</p> <p>Head of Strategic Planning and Health Improvement /Head of Health and Social Care</p>
9. Optimising the 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.</p> <p>Pharmacy First - people can access community pharmacy for minor ailments without going to a GP.</p> <p>Appropriate NHSGGC and Renfrewshire Council communications will be shared with all independent providers.</p>	<p>Lead Pharmacist</p> <p>Communications Team</p>
10. Workforce capacity plans and rotas to be agreed by the end of October 2020	<p>Confirmation that rotas and staffing schedules will be completed by the end of October 2020 to ensure adequate cover/capacity and resilience over the winter period.</p> <p>Wider teams required to support front line services. Look at wider capacity in terms of Christmas and New Year holidays.</p>	<p>Heads of Service</p>

Key Action	Response	Lead
	Business Support (Council and HSCP) – Head of Administration will seek advice from the Council as staff are generally off during the Christmas/New Year period. Determine what needs to be put in place for adequate cover over this period.	Head of Administration
11. Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays	<p>The SW Team Manager (RAH) monitors and manages the discharge process. Capacity shift from locality services as a contingency when necessary for this priority service.</p> <p>Inpatient Dashboard that provides up-to-date patient flow and capacity data in place.</p> <p>A joint plan and discharge process to be agreed by Acute and the HSCP for the period 18th December 2020 until 6th January 2021. Discussions to take place with Acute on maintaining contact during this period. HSCP Services will be operational throughout the festive period and performance continuously monitored</p> <p>Hospital Social Work Team attends daily huddles including bank holidays. Services will be responsive to any Acute requests for additional support.</p>	<p>SW Team Manager (RAH)</p> <p>Head of Health and Social Care</p>

Key Action	Response	Lead
12. The risk of patients being delayed on their pathway is minimised	Contract/Locality Managers continue to work with external care homes.	Head of Health and Social Care
13. Communication Plans for staff and public	Re-enforce NHSGGC Board public messages regarding preparations for winter, including referral mechanisms and alternatives to admission (local directory).	Head of Strategic Planning and Health Improvement/Communications Team
14. Delivery of seasonal flu vaccinations to public and staff	<p>Peer immunisation will be delivered in conjunction with the mass flu clinics.</p> <p>Communications Plan to advertise and promote staff immunisation.</p> <p>HSCP plan in place for the delivery of the over 65s and 55-64 age group flu programmes.</p> <p>Communicate with Care Homes and Care at Home providers to seek assurances they will be offering staff immunisations and direct to the community for flu vaccinations.</p> <p>GP plan in place for immunising 18-64 at risk cohort.</p> <p>Child flu immunisations plan in place for the Central Pre-School and School Immunisation Teams.</p>	<p>Head of Health and Social Care/ Service Managers – District Nursing/RES</p> <p>Clinical Director</p> <p>Central Pre-School and School Immunisation Teams</p>

Key Action	Response	Lead
15. Winter Planning with GP Practices	<p>Continue to build on the increase in Key Information Summaries (KIS) for high risk individuals in March 2020 during COVID-19 pandemic. The main aim is now to reduce differences between GP practices and work with them to ensure Key Information Summaries are reviewed and kept up to date.</p> <p>Ensure all GP Practices are open and can provide an urgent service.</p> <p>Engage with GP practices to ensure repeat prescription arrangements are in place for the holiday period.</p>	Clinical Director
16. Proactive planning with Care Homes	<p>Implemented through daily huddles; weekly Care Inspectorate meetings and Public Health meetings. Fortnightly clinician led meetings are also in place with the care home sector providers.</p> <p>In line with the guidance, continue to support care homes with infection control at a national and local level.</p> <p>Daily monitoring of infection rates.</p> <p>Continuation of nurse assurance and Care Inspectorate visits. Care Home Team enhanced with Allied Health Professionals (AHPs) and Care Home nurses. Also</p>	Chief Nurse/Service Managers in DN and RES

Key Action	Response	Lead
	<p>recruiting a lead Advanced Nurse Practitioner (ANP) and Care Home Advanced Nurse Practitioner. Corporate Team to ensure consistency of approach within NHSGGC Partnerships.</p> <p>Continue to work with care homes to accept admissions in line with national guidance.</p>	
17. Winter Plan Risk Register	A risk register will be developed and monitored at Operational Heads of Service meetings and by the Senior Management Team.	Head of Strategic Planning and Health Improvement
18. Planning for Brexit	<p>Ensure our planning around Brexit aligns with the NHSGGC Board and Renfrewshire Council Plans.</p> <p>Monitor any risks that will impact our Winter Plan.</p>	Head of Administration
19. Cleaning Teams	Discussions with NHSGGC and Renfrewshire Council to ensure overall facilities management and emergency access is in place to respond to COVID outbreaks etc. so disruption to service delivery is minimised.	Head of Administration
20. Community Meals Delivery	Meet with partners to ensure resilience plans around the delivery of community meals are in place.	Head of Health and Social Care/Care at Home Manager

Key Action	Response	Lead
21. ICT Equipment and Support	<p>Identify any outstanding requests for equipment for the winter period.</p> <p>Ensure an urgent IT helpdesk is available.</p> <p>Explore the need for an on-call service for ICT (Information and Communications Technology) resources and support.</p>	Head of Strategic Planning and Health Improvement