

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

Date	Time	Venue
Friday, 27 January 2023	10:00	Remotely by MS Teams,

MARK CONAGHAN
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam: Councillor Fiona Airlie-Nicolson: Councillor Iain McMillan: Margaret Kerr: John Matthews: Frank Shennan: Ann Cameron Burns: Karen Jarvis: Paul Higgins: Lisa Cameron: vacancy: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

John Matthews (Chair); and Councillor Jennifer Adam (Vice Chair)

Recording of Meeting

This meeting will be recorded for subsequent viewing via the Council's internet site. If you have any queries regarding this please contact committee services on 0141 487 1116.

To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording

<https://youtu.be/yIBWoPujE08>

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

- | | | |
|----------|--|----------------|
| 1 | Minute | 3 - 12 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 25 November 2022. | |
| 2 | Rolling Action Log | 13 - 14 |
| | IJB rolling action log. | |
| 3 | Membership Update | 15 - 16 |
| | Report by Clerk. | |
| 4 | NHSGGC Specialist Children's Services Hosting Arrangements | 17 - 24 |
| | Report by Chief Officer. | |
| 5 | Chief Officer's Report | 25 - 44 |
| | Report by Chief Officer. | |
| 6 | Financial Report 1 April to 30 November 2022 | 45 - 68 |
| | Report by Chief Finance Officer. | |
| 7 | Performance Management Mid-year Report 2022/23 | 69 - 88 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 8 | Unscheduled Care Winter Update | 89 - 96 |
| | Report by Head of Health & Social Care. | |
| 9 | Date of Next Meeting | |
| | Note that the next meeting of the IJB will be held at 10.00 am on 31 March 2023. | |



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

Date	Time	Venue
Friday, 25 November 2022	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam, Councillor Fiona Airlie-Nicolson and Councillor Alison Ann-Dowling (substitute for Councillor Iain McMillan) (all Renfrewshire Council); Margaret Kerr and Ann Cameron Burns (both Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Paul Higgins (Health Board staff member involved in service provision); Lisa Cameron (Council staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Chief Officer (Renfrewshire Health and Social Care Partnership) and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

In the absence of the Chair, Councillor Adam, Vice Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk) and Euan Gray, Senior Committee Services officer (both Renfrewshire Council); Frances Burns, Head of Strategic Planning & Health Improvement, Carron O'Byrne, Head of Health & Social Care (Paisley), James Higgins, Corporate Business Officer, John Millar, Communications Business Lead (Transformation), David Fogg, Service Improvement Manager, Laura Howat, Interim Head of Mental Health, Learning Disability & Alcohol & Drugs Recovery Services, Sian Ramsey, Assistant Finance Business Partner and Jade Collins, Communications Officer (all Renfrewshire Health and Social Care Partnership).

Recording of Meeting

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

Apologies

Councillor Iain McMillan (Renfrewshire Council), John Matthews and Frank Shennan (both Greater Glasgow & Clyde Health Board) and Annie Hair (Trade Union representative for Health Board).

Declarations of Interest

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

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 16 September 2022 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

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

3 Arrangements for Future Meetings of the Integration Joint Board and the Integration Joint Board Audit, Risk and Scrutiny Committee

Under reference to item 19 of the Minute of the meeting of the IJB held on 24 June 2022, the Clerk submitted a report relative to the arrangements for future meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee.

The report intimated that to allow for the remote attendance of members at meetings, the HSCP was continually investigating the possibility of meeting in venues, other than Council or Health Board venues, which offered a hybrid meeting facility. This matter would be kept under review and a report would be submitted to the first available IJB meeting should a suitable venue be identified which met IJB requirements.

The report advised that in the meantime and following discussion with the Chair and Vice Chair of the IJB, it was proposed that meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held remotely using MS teams. Therefore, the meetings of the IJB scheduled to be held on 27 January, 31 March and 30 June 2023 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 24 March and 23 June 2023 would be held remotely using MS teams.

DECIDED:

(a) That meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held using MS teams and that the meetings of the IJB scheduled to be held on 27 January, 31 March and 30 June 2023 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 24 March and 23 June 2023 be held remotely using MS teams; and

(b) That it be noted that this matter would be kept under review and that a report would be submitted to the first available meeting should a suitable venue be identified which met IJB requirements.

4 **Updated IJB Report Template**

The Clerk submitted a report relative to an updated IJB report template, a copy of which was appended to the report.

The report intimated that the IJB approved the current report template when it was established in 2015. In March 2020, the template was updated to include reference to Directions in response to the publication of guidance from Scottish Ministers.

The report sought agreement to further update the implications section of the template, in response to previous discussion within IJB meetings, to make the section more relevant to the business of the IJB and proposed that the original 'Community Planning' implication be replaced with a 'Strategic Plan and Community Planning' implication as well as including two additional implications being 'Wider Strategic Alignment' and 'Fairer Duty Scotland' in recognition that the business considered by the IJB was wide ranging and covered a range of strategic priorities.

The report proposed that, subject to approval, the updated template would be brought forward for use from January 2023 onwards.

DECIDED: That the proposed amendments to the report template, as appended to the report, be approved.

5 **Chief Officer's Report**

The Chief Officer submitted a report providing an update on key developments and operational activity since the last meeting of the IJB held on 16 September 2022 and additional policy developments which would be built into future workplans, strategies and action plans.

The report intimated that the report had been developed during an ongoing period of change and uncertainty, particularly with the financial circumstances faced by the IJB, and provided an update on financial planning, which set out the approach to preparing for and managing likely financial challenges in the current and future years.

The report provided updates in relation to the formal opening of CIRCLE and the reopening of the Disability Resource Centre; the autumn/winter COVID-19 booster and winter vaccination programme; financial planning; the National Care Service; drug related deaths and suspected drug deaths; suicide prevention; the Scottish Government winter resilience plan and the social care staff support fund; the Scottish Parliament's publication of the Health, Social Care and Sports Committee's report entitled 'tackling health inequalities in Scotland'; the Patient Safety Commissioner Bill; and the NHS public protection accountability and assurance framework.

DECIDED:

(a) That the key operational updates covering the formal opening of CIRCLE and the reopening of the Disability Resource Centre following refurbishment works, as detailed in section 4 of the report, be noted;

(b) That the update on the autumn/winter COVID-19 booster and winter vaccination programme and respective timescales, as detailed in section 5 of the report be noted;

(c) That the financial planning update and approach taken to identify savings and service development opportunities, as detailed in section 6 of the report, be noted;

(d) That the progress update on the National Care Service (Scotland) Bill, as detailed in section 7 of the report, be noted;

(e) That publication of Police Scotland's latest quarterly statistics on suspected drug deaths in Scotland between April to June 2022 and related local activity, as detailed in section 8 of the report, be noted; and

(f) That the updates on a range of policy publications from the Scottish Government and Scottish Parliament, as detailed in sections 9 to 13 of the report, be noted.

6 Financial Report 1 April to 30 September 2022

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 September 2022 and the projected year-end position for the year ended 31 March 2023.

The report referred to the development session held on 12 August 2022 where the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis and the likelihood that this would have a negative impact on projections through the financial year. It was noted that given the current fluid discussions on pay negotiations it was not yet clear what the final impact would be on the overall budget position for 2022/23 or what funding would be passed through to the IJB to meet these increased costs.

The report intimated that, as highlighted at the IJB meeting held on 16 September 2022, the continued delay in receiving a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities meant that it was not clear how the in-year budget would be impacted and what conditions would be attached to the funding when it was received, including whether it would be recurring or non-recurring.

The report advised that the IJB year-to-date position, including the impact of COVID-19 which was funded from the draw-down of COVID-19 earmarked reserves, was an underspend of £1,151,000 and the projected outturn for 2022/23 was an underspend of £2,370,000.

The report provided information on the key pressures; responding to the COVID-19 pandemic; Scottish Government funding 2022/23; changes to the PCIP funding and the anticipated impact service delivery; other delegated services and reserves.

Appendices 1 to 4 of the report detailed the revenue budget position of the HSCP, adult social care, health, and Renfrewshire Council other delegated services; Appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the Scottish Government funding streams and Appendix 8 to the report detailed the movement in ear marked reserves. Letters from the Scottish Government formed appendices 9 to 11 of the report.

DECIDED:

- (a) That the in-year position at 30 September 2022 be noted;
- (b) That the projected year-end position for 2022/23 be noted;
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2022/23 be noted;
- (d) That the creation of an earmarked reserve to fund the projected shortfall in the delivery of the PCIP programme to be funded from the projected year end health underspend and a realignment of a proportion of the fixed-term posts reserve, reflecting difficulties in recruiting to fixed-term posts, as detailed in paragraph 6.4 of the report, be approved; and
- (e) That it be noted that a report would be submitted to a future meeting of the Integration Joint Board to provide an update on the PCIP delivery plan following the change in the funding model.

7 IJB Audited Annual Accounts 2021/22

Under reference to item 10 of the Minute of the meeting of the IJB held on 24 June 2022, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2021/22, a copy of which was appended to the report.

The report intimated that Audit Scotland had provided an audit opinion which was free from qualification. It was noted that Audit Scotland had also submitted a report to the IJB Audit, Risk and Scrutiny Committee held on 18 November 2022 which detailed matters arising over the course of the audit.

The report advised that under the Local Authority Accounts (Scotland) Regulations 2014, the IJB must meet to consider the annual accounts and approve those accounts for signature no later than 30 September, however, due to the impact of the coronavirus pandemic, additional flexibility had been given for the 2021/22 annual accounts. Regulation 10(1) of the accounts regulations had been amended for 2021/22 requiring that the audited accounts be approved for signature by 30 November 2022.

DECIDED: That the audited annual accounts 2021/22 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

8 Final Draft of Workforce Plan 2022/25

Under reference to item 13 of the Minute of the meeting of the IJB held on 24 June 2022, the Head of Strategic Planning & Health Improvement submitted a report relative to the final draft of the Workforce Plan 2022/25, a copy of which was appended to the report.

The report intimated that following approval by the IJB in June 2022, the draft Workforce Plan 2022/25 had been submitted to the Scottish Government in July 2022 for review and comment and the very positive feedback provided by the Scottish Government was summarised within the report. The Workforce Plan had subsequently been reviewed and updated and the HSCP had engaged with NHGGC and Renfrewshire Council for any additional feedback.

DECIDED:

- (a) That the further updates made to the Workforce Plan be noted;
- (b) That it be noted that a more detailed delivery Plan with owners and key deliverables would be developed to support delivery of the Plan, once approved; and
- (c) That the draft of the Workforce Plan, appended to the report, be approved as the final version.

9 **Draft Annual Performance Report 2021/22**

The Head of Strategic Planning & Health Improvement submitted a report relative to the HSCP's draft annual performance report for 2021/22 which included the performance scorecard and the core suite of integration indicators, a copy of which was appended to the report.

The report intimated that previously HSCPs were required to publish annual performance reports by 31 July, however, the Scottish Government moved legislation to extend the Coronavirus (Scotland) Act 2020 through to 30 September 2022 and advised that IJBs were able to extend the date of publication to 30 November 2022. It was noted that in taking advantage of this extension, the data in the report was more robust than previous years, having been validated through the appropriate structures.

The report advised that as the annual performance report was for the 2021/22 financial year it did not reflect the more recent developments such as the improved waiting lists for CAMHS or the opening of the CIRCLE recovery hub.

The report noted that the annual performance report was structured around the nine national health and wellbeing outcomes and was divided into seven main sections. Evidence and relevant performance indicators highlighting commitment to improving health and wellbeing outcomes within communities could be found under each outcome. Following approval, the annual performance report 2021/22 would be published online on 30 November 2022 and a summary version would be available both online and in printed form.

DECIDED: That the draft annual performance report 2021/22, as appended to the report, be approved.

10 **IJB Financial Sustainability and Outlook 2023/24**

Under reference to item 10 of the Minute of the meeting of this IJB held on 25 March 2022, the Chief Finance Officer submitted a report relative to the estimated financial outlook for the IJB for 2023/24, taking into account the extreme and ongoing period of uncertainty and increasing levels of risk relating to the financial sustainability and stability of the IJB.

The report intimated that Renfrewshire IJB was a legal entity in its own right created by Parliamentary Order following ministerial approval of the Integration Scheme between Renfrewshire Council and NHSGGC. It was accountable for the stewardship of public funds and ensuring that its business was conducted under public sector best practice governance arrangements, including ensuring that public money was safeguarded, properly accounted for and used economically, efficiently and effectively. The budget delegated by the two partner bodies, was used to commission services delivered by Renfrewshire HSCP. Under the terms of the Integration Scheme, partner organisations would make appropriate arrangements to fund pay awards, contractual uplifts, the

impact of demographic changes and determine efficiency targets of their respective budget setting process.

The report provided updates of activity underway to maintain continued financial balance at this time of significant economic volatility.

DECIDED:

(a) That the assumption and context of the medium-term financial outlook and the levels of uncertainty that existed in relation to these assumptions, and the ongoing expectation of the IJB being required to continue to plan for further significant budget gaps going forward, be noted;

(b) That it be agreed that Audit Scotland's key recommendation from its annual audit report 2021/22, as highlighted in section 8.2 of the report, that 'The Board should remain focussed on the financial challenges facing the IJB and continue to ensure decisions are taken to support medium and long-term financial sustainability' be taken forward;

(c) That the replanned timetable for financial planning, as detailed in section 10.3 of the report, be noted and agreed; and

(d) That the additional areas of focus for savings and transformation, as detailed in section 10.5 of the report, be noted.

11 Renfrewshire HSCP Winter Plan 2022/23

The Head of Strategic Planning & Health Improvement submitted a report relative to Renfrewshire HSCP's Winter Plan 2022/23, a copy of which was appended to the report.

The report intimated that each year, the HSCP and partner organisations proactively developed plans to ensure the resilience of critical services over the winter period. It was recognised that pressures which were usually more likely to be prevalent in winter were now being identified and managed throughout the year. It was noted that the HSCP's winter planning focussed on identifying further actions to protect service provision during this period.

The report advised that the Winter Plan 2022/23 provided a summary of additional actions being undertaken to prepare for the winter period in Renfrewshire and linked to individual service level plans, planning undertaken by partner organisations and the Unscheduled Care Commissioning Plan and reinforced existing business continuity plans which were under ongoing review within the HSCP.

DECIDED:

(a) That Renfrewshire HSCP's Winter Plan 2022/23 be approved;

(b) That it be noted that the Plan would be aligned to both the NHSGGC Board and Renfrewshire Council Winter Plans and would remain a live document to respond to changing circumstances throughout the winter period; and

(c) That it be noted that implementation of winter plans would be supported by internal and external communications and engagement strategies developed in conjunction with NHSGGC and Renfrewshire Council.

12 **Mental Health - Suicide Prevention**

The Interim Head of Mental Health, Learning Disabilities and Alcohol and Drugs Recovery Services submitted a report providing an update on the local and national suicide prevention context, the current and planned strategic activity relating to suicide prevention and highlighting the most recent statistics for probable deaths by suicide in Renfrewshire.

The report outlined the Scottish Government's recently published National Suicide Prevention Strategy 2022/32 'Creating Hope Together' and accompanying three-year Action Plan for 2022/25 and advised that the strategy's vision, guiding principles and priorities were aligned with the HSCP's Strategic Plan and ongoing local activity.

The report advised that one short-term priority was the implementation of a Chief Officer led local multi-agency strategic group for suicide prevention by March 2023 which was currently being established with the remit and comprehensive terms of reference being developed. The group would consist of relevant key partners across Renfrewshire and would lead on developing a suicide prevention strategy with the aim of reducing the rate of suicide and self-harm within Renfrewshire.

DECIDED:

(a) That the local and national position on ongoing activity in relation to suicide prevention be noted;

(b) That the headline priorities of the National Suicide Prevention Strategy and how this aligned with the ongoing and planned activity within Renfrewshire be noted; and

(c) That the progression towards implementing a multi-agency strategic group for suicide prevention in Renfrewshire and the request for IJB representation and support be noted.

13 **Alcohol and Drugs Recovery Service Update**

The Interim Head of Mental Health, Learning Disabilities and Alcohol and Drugs Recovery Services submitted a report providing an update on the local activity and progress in relation to tackling drug related deaths in Renfrewshire.

The report intimated that this report followed the outline brief update within the Chief Officer's report to the IJB on 14 September 2022 and included information relating to the publication of 2021 statistics and the most recent figures on suspected drugs related deaths for 2022.

The report provided detail on the current local position and how this aligned with national context and policies and an overview of the work already underway or planned to tackle drug related deaths in Renfrewshire.

DECIDED:

(a) That the confirmed 2021 drug related death statistics published by National Records of Scotland and the 2022 suspected drug related deaths report from Police Scotland be noted;

(b) That the local and national position and ongoing activity in relation to tackling drug related deaths in Renfrewshire be noted; and

(c) That the important local work progressed thus far, future planned activity, and how the impact of this would be monitored and evaluated be noted.

14 **Chief Social Work Officer Report 2021/22**

The Chief Social Work Officer submitted a report relative to his 2021/22 annual report.

The report provided an overview of governance arrangements; the activities of the Chief Social Work Officer in 2021/22; an overview of social work services; and identified key priorities for 2021/22.

A copy of the annual report by the Chief Social Work Officer was appended to the report. The report intimated that the scope of the Chief Social Work Officer role covered all social work and social care services, whether provided directly by the local authority, or in partnership with others. Where these services were purchased or commissioned from external providers, the Chief Social Work Officer had responsibility to advise on the specification, quality and standards of services commissioned. It was noted that current guidance for the role reflected the strategic nature and the particular function in relation to IJBs and HSCPs.

DECIDED:

(a) That the key activities outlined in the Chief Social Work Officer's 2021/22 annual report be noted;

(b) That the commitment of social work staff in the consistent delivery of quality frontline services be acknowledged;

(c) That it be noted that the CSWO annual report was presented to the meeting of Renfrewshire Council held on 29 September 2022;

(d) That it be noted that the Chief Social Work Officer's annual report would be submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and

(e) That it be agreed that the next annual report from the Chief Social Work Officer would be presented in Autumn 2023.

15 **Climate Change Duties**

The Head of Strategic Planning & Health Improvement submitted a report relative to Renfrewshire IJB's annual report on compliance with climate change duties for 2021/22.

The report intimated that the Scottish Government required IJBs to prepare annual reports on compliance with climate change duties and that the 2021/22 report required to be submitted to the Sustainable Scotland Network by 30 November 2022.

The report advised that on 3 November 2022, the Scottish Government issued specific guidance for IJBs recognising that since mandatory reporting legislation came into force in 2015, the IJB climate change emissions and service delivery were reported through

the relevant NHS Board and Local Authority. However, the Scottish Government were keen to better understand how IJBs interacted with their partner bodies on decision-making relating to climate change policies.

The report noted that Renfrewshire HSCP continued to support both Renfrewshire Council and NHSGGC in tackling the climate emergency and environmental challenges locally and across the Glasgow City Region.

DECIDED: That the content of the compliance with the climate change report 2021/22 be approved.

16 **IJB Audit, Risk and Scrutiny Committee**

Under reference to item 10 of the Minute of the meeting of the IJB held on 16 September 2022, the Chair of the IJB Audit, Risk & Scrutiny Committee provided a verbal update on the business conducted at the meeting held on 18 November 2022.

A number of audit reports had been presented to the Committee, namely internal audit reports from the Council and NHS and a positive report from Audit Scotland. The annual accounts had also been reviewed and approved prior to submission to this meeting of the IJB. The IJB Risk Register was reviewed and it was agreed to add items to highlight the anticipated increase in demand for mental health services due to the cost of living crisis and the potential impact of planned power outages on the service and members of the public. It had been noted that the Care Inspectorate had carried out inspections of Montrose Care Home and Renfrew Care Home and that both had received very positive reports.

DECIDED: That the verbal update be noted.

17 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held remotely on MS Teams at 10.00 am on 27 January 2023.

IJB Rolling Action Log – 27 January 2023

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
28/01/22	NHSGGC Specialist Children's Services Mental Health Recovery and Renewal – CAMHS Funding	Submit report to future meeting in relation to funding proposals for Phase 2 funding	Head of Health & Social Care		Phase 2 funding not confirmed as yet. Will be brought to IJB when available
25/03/22	Membership Update	Advise IJB of Dr Shilpa Shivaprasad's replacement once known	Chief Officer		Report forms part of this agenda
24/06/22	NHSGGC Mental Health Strategy: Renfrewshire Implementation Update	Submit update, when available, on the funding allocations and evaluation of the activity within the 2018/23 Strategy and the refreshed Strategy to 2027	Interim Head of Mental Health, Alcohol and Drug Recovery and Learning Disability Services		Funding allocations not confirmed as yet. Will be brought to the IJB when available
25/11/22	Financial Report 1 April to 30 September 2022	Submit update report on the PCIP delivery plan following the change in the funding model	Chief Officer	30 June 2023	

To: Renfrewshire Integration Joint Board

On: 27 January 2023

Report by: Clerk

Heading: 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. Summary

- 1.1 The NHS Board has intimated that Mags Kerr has been reappointed as a voting member on the IJB with effect from 31 March 2023 for a further period of three years. Further that Dr Shilpa Shivaprasad will take up the non-voting position of other Medical Practitioner (non-GP) on the IJB with effect from 17 January 2023 for a period of three years; and that Dr Stuart Sutton has been reappointed to the non-voting position of General Practitioner on the IJB with effect from 19 January 2023 for a period of three years.
- 1.2 It is for the IJB to confirm these appointments.

2. Recommendations

- 2.1 That the IJB confirm that Mags Kerr, appointed by the NHS Board, be reappointed as a voting member to the IJB with effect from 31 March 2023 for a further period of three years;
- 2.2 That the IJB confirm that Dr Shilpa Shivaprasad, appointed by the NHS Board, take up the non-voting position of other Medical Practitioner (non-GP) on the IJB with effect from 17 January 2023 for a period of three years; and
- 2.2 That the IJB confirm that Dr Stuart Sutton, appointed by the NHS Board, be reappointed to the non-voting position of General Practitioner on the IJB with effect from 19 January 2023 for a period of three years.

3. Background

- 3.1 Renfrewshire Integration Joint Board was established by an Order of the Scottish Parliament on 27 June 2015 and the first meeting of the IJB took place on 18 September 2015.
- 3.2 The membership of the IJB is split between voting members and non-voting members and the group of non-voting members is further divided into different categories to which different rules on periods of membership apply. Those arrangements are in line with the provisions relating to IJB membership set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the 2014” Order).

Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Strategic Plan and Community Planning** - none.
4. **Wider Strategic Alignment**
5. **Legal** - none.
6. **Property/Assets** - none.
7. **Information Technology** - none.
8. **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 NHS GC&C website.
9. **Fairer Duty Scotland**
10. **Health & Safety** - none.
11. **Procurement** - none.
12. **Risk** - none.
13. **Privacy Impact** - none.

List of Background Papers – none.

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To: Renfrewshire Integration Joint Board

On: 27 January 2023

Report by: Chief Officer

Heading: NHSGGC Specialist Children's Services Hosting 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 on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS) that will be hosted centrally within East Dunbartonshire Health and Social Care Partnership, on behalf of NHS Greater Glasgow & Clyde.
- 1.2. The briefing, as attached in Appendix 1, provides an opportunity to update on the planning, engagement, and initial process for the creation of a single management arrangement for SCS, with a view to a fuller report being submitted to IJBs within NHSGGC in March 2023 for approval of the details of transition.
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2. Recommendation

It is recommended that the IJB:

- Note the content as outlined within Appendix 1; and
 - Note that an update report will be brought back to the March meeting setting out the details of the transitional arrangements.
-

3. Background

- 3.1 Within GGC Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. SCS comprises Child and Adolescent Mental

Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.

- 3.2 The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCTPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.
- 3.3 A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GGC and the performance of CAMHS and community paediatrics across the health board area.
- 3.4 The main principles that will guide the transition are as follows:
- Services will continue to be delivered locally, and by existing teams
 - Services will remain located within their current HSCTPs
 - Services will continue to work closely in partnership with HSCP colleagues
- 3.5 Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCTPs within the GGC area.
- 3.6 Further and fuller details are available in Appendix 1 (SCS Realignment Briefing) which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.
- 3.7 A further report will be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

Implications of the Report

1. **Financial** – Realignment of SCS budgets, Tier 3 and 4 into a single budget hosted by East Dunbartonshire HSCP. A process of due diligence is underway, as part of the project plan, to review the budgets to be re-aligned and to provide

assurance that the relevant budgets will be transferred to support the new consolidated service delivery model.

2. **HR & Organisational Development** – Realignment of line management for a small number of existing SCS Service Managers.
3. **Strategic Plan and Community Planning** – none.
4. **Wider Strategic Alignment** – none.
5. **Legal** – none.
6. **Property/Assets** – none.
7. **Information Technology** – none.
8. **Equality & Human Rights** – none.
9. **Fairer Duty Scotland** – none.
10. **Health & Safety** – none.
11. **Procurement** – none.
12. **Risk** – An Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.
13. **Privacy Impact** – none.

List of Background Papers – None

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Briefing setting out the pre-established rationale for realignment of Child and Adolescent Mental Health Services and Specialist Children's Services

Implementation plan to support transition to a whole system management arrangement for Specialist Children's Services and the delivery of the Mental Health Recovery and Renewal plan.

1. Situation

Within the Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services.

The single system management arrangement aims to offer the following advantages:

- Flexibility, cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Ability to better plan and implement improvement programmes on a GGC basis taking cognisance of local arrangements and variances
- Meeting increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements
- Cohesion between Tier 3 and Tier 4 services
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A structure to take forward the development of regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

Consideration has been given to where this single management arrangement will be held and it has been agreed that this will be held in a single HSCP, with strategic, financial and management responsibility for the full service. This will require revised management arrangements to ensure the capacity and capability to deliver on a single structure and some changes to the current governance arrangements.

2. Background

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the current delegated **Tier 3** Specialist Children's Service, including CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, were provided by Glasgow.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

3. Implementation

Change will not be immediate, rather it will be guided by a project plan which will be developed and will include a communication and engagement plan. Work will be inclusive of all key stakeholders and our staff partnership colleagues. An oversight group will also be put in place to support the work.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC focus to strategic planning.

The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group will be established to oversee the development and implementation of the single service model. A range of sub groups will be required in order to ensure attention to all required areas.

3.1 Communication and Engagement plan

A communication and engagement plan will be required to ensure that we have a consistent and clear message that ensures that everyone is well informed and therefore minimising any cause for concerns. There are four key groups:

- Staff in both Tier 3 and Tier 4 of Specialist Children Services
- Staff in services in HSCPs and staff involved in transition areas
- Patients / Carers: All Patients and carers currently known to the service to receive an update on the service changes, the rationale for why we are making the service changes and our commitment to retain service delivery in the local areas.
- Referrers: Local Service managers to continue to communicate with referrers in local area about the changes and that local connections will be retained

3.2 Finance realignment

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

3.3 Management Structure

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit i.e. Health visiting/School nursing and social work and social care children's services

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for SCS as a whole alongside the Clinical Directors.

Bringing the services together in to a single management and financial arrangement would see a combined annual budget of approximately £55.8 million with a staff of circa 926wte (including additional MHRR funding and posts). This would create a combined operational and strategic team of 19.5 wte (Table 2).

	Service Managers tier 3 & 4	Professional Leads	Clinical Directors	Total
Total	9 wte	8.5 wte	2 wte	19.5

A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

In order to manage the realigned Tier 3 services it is assessed that there would be a need for a new permanent Head of Specialists Children's Service replacing the functions currently delivered by the HSCP's Heads of Children's Services. This would sit alongside the current post of (HoSCS) managing the Tier 4 services.

In order to manage the transition and the existing service developments associated with the Mental Health Recovery and Renewal plan it is proposed to create a temporary Project Manager Post to support the implementation of the new arrangements. Slippage from the Mental Health Recovery and Renewal funding will be used to fund this temporary role.

3.4 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

3.5 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.



To: Renfrewshire Integration Joint Board

On: 27 January 2023

Report by: Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 25 November 2022 and additional policy developments that the HSCP is building into future workplans, strategies and action plans.
- 1.2. This paper has been developed during an ongoing period of change and uncertainty, particularly within the financial circumstances faced by the IJB. An update on the Scottish Government Budget 2023/24 briefly sets out the budget highlights and potential challenges that will be faced by the IJB in the next financial year.
- 1.3. More widely, an update is provided on the HSCP's winter response to ensure that robust plans are in place to manage any potential challenges – focused on key business continuity activity and emerging risks.
- 1.4. Sections of the report are provided in summary only with detailed updates included in separate agenda items due to the volume of detail which is reflective of their importance e.g., Specialist Children's Services.
-

2. Recommendations

- 2.1. It is recommended that the IJB note:
- The change to hosting arrangements for Specialist Children's Services across the NHSGGC board area (Section 4);
 - The update on workforce planning and support (Section 5);
 - The updated Primary Care Improvement Plan and tracker summary provided to the Scottish Government (Section 6);

- The development of an NHSGGC board-wide Primary Care Strategy (Section 7);
- Current winter pressures and planning activity ongoing within the context of HSCP Business Continuity Planning on emerging risks (Section 8);
- The introduction of new arrangements for enhanced collaborative clinical and care support for care homes (Section 9);
- The update on the Scottish Budget 2023/24 (Section 10);
- The progress update on the National Care Service (Scotland) Bill (Section 11);
- The potential impact of new legislation contained within Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022 (Section 12); and
- The publication of the national Carers Strategy (Section 13).

3. Background

- 3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the ongoing impact of COVID-19 and the ongoing cost of living crisis which will continue to impact on local communities, providers, and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on the future operation of the IJB and HSCP.
- 3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

4. Specialist Children's Services Hosting Arrangements

- 4.1 NHSGGC have agreed to revise the hosting arrangements for Special Children's Services (SCS) by implementing a single board-wide service structure. SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams Services. Delegated Tier 3 HSCP SCS Services and board-wide Tier 4 services will move into a single management structure hosted by East Dunbartonshire HSCP.
- 4.2 A single system arrangement is a development that Scottish Government are keen to progress and is viewed as critical to the improvement of the coordination and management of Children's Services across NHSGGC. These changes will be guided by a project plan, developed through engagement and consultation with key stakeholders and staff partnership colleagues. For assurance, an oversight group will be implemented to support the work. The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition.
- 4.3 A further detailed update on the proposed arrangements is subject to a separate agenda item at the January IJB meeting.

5. Workforce Planning Update

- 5.1 Following the IJB's approval of the Workforce Plan for 2022-25 at its meeting in November 2022, the HSCP has reinstated its Workforce Planning and Organisational Development Group to oversee delivery of the Plan. The group membership includes HSCP officers, Staff-side representation, and NHSGGC and Renfrewshire Council HR and Organisational Development representatives. It is chaired by the HSCP's Head of Strategic Planning and Health Improvement.
- 5.2 The first meeting of the group was held in December 2022 with the agenda focused on discussion of a draft delivery plan with assigned owners for each of the actions identified within the Workforce Plan. This delivery plan will provide the basis for oversight of progress through to September 2025. In undertaking this initial assessment, good progress has already been made on many actions set out to start, or be completed, in Year 1 of the Plan. The HSCP will bring annual updates to the IJB on progress made, with further updates on specific workforce issues and activity brought to the IJB as required.
- 5.3 The remit of the group also includes ensuring that the HSCP is working with partners to support staff health and wellbeing wherever possible. It provides a local forum for the identification of additional support mechanisms and assessment of the impact of existing support in place. Recent examples of the activity ongoing were provided to the IJB at its development session in early December 2022, including but not limited to providing touchdown areas for staff to access warm spaces and hot drinks during shifts in the community; providing staff with winter-appropriate uniforms and access to 4x4 vehicles; identifying further supplies requirements for staff in event of power outage scenario; and ensuring staff are aware of and have access to a range of information and advice services.

6. Primary Care Improvement Plan (PCIP 5.5)

- 6.1 Renfrewshire HSCP provides regular updates to the Scottish Government on progress made in the local implementation of Renfrewshire's Primary Care Improvement Plan (PCIP). In October 2022, the Scottish Government revised the PCIP template to enable data collection at a national level i.e., current activity and capacity for each of the Memorandum of Understanding (MOU) services due to the need for more granular detail on service delivery.
- 6.2 The aim is to support robust financial planning and inform future development and investment in Primary Care Improvement. The financial data will be used to consolidate separate commissions into a single format and inform tranche two funding allocations. Additionally, the data will inform planning for the Scottish Budget 2023/24 to support the implementation of future directions on Pharmacotherapy, Community Treatment and Care (CTAC) and Urgent Care Regulations, which are key priorities for 2022/23.
- 6.3 The HSCP submitted the revised PCIP 5.5 and implementation tracker by the 22 November 2022 deadline. A copy of this is included within Appendix 1 and given the prescriptive formatting of the document, this is best viewed online

rather than printed format. Whilst the HSCP has focused on delivering the key priorities, the HSCP remains committed to the funding and delivery of all six services set out in the initial MOU. Key highlights within the PCIP include:

- Aim to recruit 121.54 WTE across all 6 work streams by 31 March 2023.
- Vaccination Transformation Programme has moved from a GP based delivery model to a NHSGGC board delivery model by various vaccination teams freeing up GP practice. The HSCP continues to deliver the housebound winter vaccination element of the programme.
- Community Treatment and Care Services offer an agreed intervention list implemented by transferring work from all 28 GP Practices by March 2023.
- Pharmacotherapy Service are available to all GP practices via a pharmacy hub model which level 2/3 service offering will be built on by March 2023.
- Community Link Workers continue to be aligned to all GP practices.
- MSK/Physiotherapy resource continues to be aligned to 14 GP practices. Service allows patients to benefit from quicker access in primary care to a physiotherapist and treatment and reduces unnecessary GP referrals and pressure on workloads.
- Urgent Care - we have moved to deliver mainly Care Home aligned ANPs to in line with MOU commitment, offering a proactive and reactive service.
- Mental Health capacity - the PCIP reported as directly funded locally, through Action 15 monies. There are currently 5.0 WTE Community Mental Health and Wellbeing Nurses and 1.7 WTE Occupational Therapists (OTs) supporting several GP practices locally - 12 practices have aligned Community Mental Health and Wellbeing Nurses and 3 practices have aligned OTs.

6.4 To fully achieve delivery of the 2018 GMS Contract and MOU objectives at a local level, it is estimated that it would cost around £12.23m. The 2022/23 PCIP allocation to date draws down on existing reserves. The Scottish Government Tranche 1 Allocation is £5.18m and insufficient to fully implement every aspect of the GMS Contract and ensure equity of services/resource across all GP practices. The Tranche 2 Allocation is essential for the HSCP to meet its 2022/23 obligations and is awaited from Scottish Government. The key challenges that remain are:

- Accommodation space to deliver effective primary care services in GP practices and HSCP premises.
- IT to establish new ways of working in extended primary care teams.
- Overall funding available to support full implementation of the GMS Contract/PCIP and associated MOU.

6.5 The HSCP recognises that robust financial planning and support is critical to ensuring it meets its contractual obligations under the 2018 GMS Contract and MOU2. Challenges are subject to ongoing review and discussed regularly at a local, board-wide, and national level through the various governance and reporting arrangements. A future update will provide to the IJB and will include a detailed update on Scottish Government funding allocations.

7. Primary Care Strategy

- 7.1 Renfrewshire HSCP currently host Primary Care services on behalf of the NHSGGC including General Practice Out of Hours (GPOOH) on an interim basis. Operational responsibility for GPOOH sits in Acute Services and the strategic responsibility for the planning of the service formally sits with Renfrewshire, the hosting HSCP, as strategic planning is a delegated function.
- 7.2 In June 2022, the NHSGGC Board's Operational Priorities for 2022/23 were approved. Aligned to the 4 Corporate Aims, they are designed to support the delivery of the Corporate Objectives, whilst also recognising future system pressures and challenges. Primary and Community Care has been identified as an operational priority - this includes the development of extended multi-disciplinary teams in Primary Care, whilst maintaining access to core services at the right time and the right place.
- 7.3 To support the delivery of these priorities a board-wide Primary Care Strategy is currently being developed. The strategy will set out the key priorities and challenges for primary care services across NHSGGC and HSCPs. The strategy will be aligned with key national and local strategies, plans and priorities. This includes Renfrewshire HSCP's 'Shaping Our Future' Strategic Plan 2022 – 2025. For governance and assurance, the draft strategy will be brought to the IJB in 2023 for approval. In advance, the strategy will be subject to extensive stakeholder engagement to agree the strategic direction for travel and approach to wider engagement and public consultation.
- 7.4 A new Director of Primary Care (currently being recruited) will be responsible for overseeing the development and implementation of the strategy and will work jointly with each of the six HSCPs' strategic planning functions on its delivery. The Director will be responsible for leading the programme of primary care transformation including independent contractor services, working collaboratively with key stakeholders to deliver the necessary transformation of primary care services and workforce. This is a substantial programme of change in terms of scale and complexity across each of the six HSCPs, 228 GP practices and a wide range of community services and professional groups.
- 7.5 A Primary Care Strategy project group is leading on the strategy development. The project group has representation from NHSGGC, HSCPs, and reports into various NHSGGC and HSCP governance forums. A period of extensive stakeholder engagement is due to take place between January and March 2023. This work will be jointly led by the NHSGGC Patient Engagement and Public Interaction Team, NHSGGC Communication Team and the Primary Care Strategy Project Team before a wider consultation programme which seeks the views of patients and the public. Approval of the strategy will be brought to the IJB in due course.

8 Winter Planning and Business Continuity

- 8.1 A report was provided to the IJB in November 2022 which outlined the HSCP's Winter Plan 2022/23, forthcoming planning activities and an assessment of

emerging winter risks. The report described the opportunities and mitigations being put into place to ensure the HSCP maintains effective business continuity arrangements to continue to deliver safe and effective care. The HSCP and its partners continue to undertake a range of planning activities to prepare for those risks to ensure services remain resilient through the winter period. This includes a range of scenario planning to identify challenges by working with a cross section of providers and organisations conducting similar exercises for consistency.

- 8.2 As the IJB will be aware, the health and social care system has been under significant pressure throughout this Winter, with a combination of Covid infections, high levels of Flu and Strep-A alongside other respiratory illnesses increasing demand significantly within acute services. These demands also impact on hospital discharge and community health and care services.
- 8.3 Section 7 in the Performance Management Mid-Year Report 2022/23 provided to the IJB at this meeting sets out performance in bed days lost due to Acute Delayed Discharge. The report notes that at September 2022, Renfrewshire was the highest performing local authority area in Scotland for acute standard days lost.
- 8.4 The most recent figures available from Public Health Scotland also show that in November 2022, Renfrewshire was the highest performing local authority area for standard delays with a rate of 80 bed days per 100,000 population. This compares against a Scotland average of 955.2 bed days per 100,000. The delayed discharge team in Renfrewshire continue to deliver results in highly challenging circumstances and the HSCP's SMT recognise their ongoing hard work and commitment to supporting timely discharge for local citizens.

Business Continuity Planning – Winter Power Outages

- 8.5 Following several engagement sessions with the Scottish Government, electricity network providers, Ofgem and resilience networks, we have undertaken several activities to better prepare the HSCP for the possible yet unlikely scenario of either a mass unplanned or planned power outages. Media coverage has indicated the potential for a series of 3 hour planned power outages to occur across geographical areas on rotation in a bid to manage the demand on the overall network through winter. In response, key activity undertaken by the HSCP to mitigate potential risks includes:
- Reviewing the HSCP's estate and identifying rota blocks for each postcode, to understand the geographical spread and associated level of risk from the rota disconnection process.
 - Completion of feasibility studies and costings of installation backup power generators within the three care homes operated by the HSCP.
 - An assessment of services and the prioritisation criteria to be applied in a power reduction / outage scenario.

- Creating a contingency plan to enable the HSCP to continue delivery of priority services from different buildings.
- Reviewing data requirements and progressing backup data provision essential for the running of services
- Reviewing service users/patients to understand those most vulnerable and at risk in a power outage scenario.
- Established an emergency grab-bag policy and procedure to support services to relocate during a power outage scenario easily and safely.

8.6 Planning for winter 2022/23 is set within the context of both new and continuing challenge and uncertainty. Both the Winter Plan and Business Continuity Plans are regularly reviewed by the HSCP Senior Management Team including Operational Heads of Service responsible for service delivery. Plans will continue to be monitored and updated to increase sustainability, resilience and ensure that effective actions are being taken in response to new and emerging risks and challenges across the sector.

9. **New arrangements for enhanced collaborative clinical and care support for care homes**

9.1 As reported to the IJB in September 2022, the Scottish Government introduced the [My Health, My Care, My Home](#) healthcare framework for adults living in care homes in June 2022. The framework makes 78 recommendations that aim to transform the healthcare for people living in care homes by examining how the health and care of people living in care homes should be optimised, supported, and delivered. It will also enhance the assessment, monitoring and responding to the ongoing change of health and healthcare needs with a focus on collaborative and strong multidisciplinary team working.

9.2 On 14 December 2022, the Scottish Government published an [advice note](#) confirming new arrangements with NHS Boards and Local Authorities for providing enhanced collaborative clinical and care support for social care in Scotland. The new arrangements are informed by learning to date including a review undertaken by a Short Life Working Group (SLWG), comprising a range of stakeholders from across the health and social care sector. Several recommendations have been made which provide guiding principles and a framework for collaborative improvement, with the aim of strengthening locally developed approaches whilst ensuring a level of consistency is embedded across Scotland.

9.3 It was agreed that NHSGGC system-wide consideration would be given to the implementation of the extended framework given its early stage. HSCPs across NHSGGC, including Renfrewshire, have undertaken an initial benchmarking exercise against the range of recommendations made. RHSCP's Senior Management Team will now consider the collective recommendations and relevant actions which can support further development. Alongside this, the joint Clinical and Care Governance Oversight Group will review the implications and their governance arrangements and operational management.

10. Scottish Budget 2023/24 Update

10.1 On 15 December 2022, the Scottish Government set the Scottish Budget for 2023/24. The budget has been set amidst turbulent economic and financial times. The UK Government announced additional consequential in the Autumn Statement which are expected to offset the impact of inflation on the Scottish Budget in 2023/24 and 2024/25, and additional revenue raised through devolved tax powers will be used to increase spending on health and social care. Key measures in the Budget included a £1 billion uplift to the health budget and an additional £550 million to the Local Government settlement, suggesting a more positive situation than that presented in the Resource Spending Review in May 2022.

10.2 Overall, the budget suggests that devolved public service spend will increase by 1.9% in real terms from the current year. However, analysis by the Institute of Fiscal Studies suggests that (due to variations in the choice of deflator used to express spending in real terms, and the lack of consideration of in-year rises for 2023/23), the budget represents a real-terms spending cut of 1.6%. Of the £1 billion additional monies allocated to health, much of this figure has already been committed:

- £515 million of this figure is allocated for the recurring 'agenda for change' (AfC) pay uplift; and
- £100 million is allocated to the Adult Social Care Provider pay uplift.

10.3 Of the £550 million additional Local Government monies, COSLA has challenged this figure, maintaining that once existing policy commitments are considered, the uplift will be reduced to just £71 million, and significantly adrift of the £1 billion that COSLA and CIPFA Directors of Finance state is needed to address the multiple challenges councils are facing.

10.4 Further clarity on budget settlements is expected in the coming months and further detail will be provided to the IJB when it sets its budget in March 2023. However, taken together, and considering the Budget announcements and known existing pressures, the anticipated settlement from our funding partners is expected to result in a significant budget gap for the IJB.

11. National Care Service Progress Update

11.1 An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in November 2022. It was agreed that future progress updates would be provided to the IJB on key developments. On 1 December 2022, as part of the ongoing parliamentary scrutiny process, oral evidence sessions heard by Financial and Public Administration Committee on the Bills Financial Memorandum concluded. The Committee's [report](#) concluded that:

- The Committee has significant concerns in relation to the costings within this Financial Memorandum, which it considers does not provide best estimates of the costs the Bill gives rise to.

- The Financial Memorandum in its present form does not provide an overall estimate of the costs of creating a National Care Service. Many decisions are yet to be made, and no estimates of costings have been provided for VAT liability, transfer of assets and staff and the creation of a health and social care record, all of which have the potential to result in significant costs.
- The Committee appreciates the Scottish Government's intention to design the system in collaboration with those most closely affected, however, it has been argued that such work should have been completed prior to the introduction of primary legislation.
- As previously recommended in the Committee's report on post-legislative scrutiny of the Children and Young People (Scotland) Bill, major policies should not be implemented via secondary legislation or business cases which cannot be subject to the same in-depth and formal financial scrutiny as Financial Memorandums to Bills.
- The current Financial Memorandum relies heavily on future secondary legislation and business cases and does not provide the Committee with enough detail on costs to allow it to fully assess or scrutinise the financial implications of the Bill. The significant gaps highlighted throughout the report in combination with the Scottish Government's approach to introducing the primary legislation prior to completion of the co-design process has frustrated the parliamentary scrutiny process.
- The Committee therefore requests that the Scottish Government provides a revised Financial Memorandum, including full details of the underlying assumptions, updated estimates for the gaps identified in this report, as well as updates to the existing cost estimates set out in the FM. This updated FM should be provided at least two weeks prior to the completion of Stage 1 – scheduled for March 2023 - to inform Members' approach to the debate on the general principles of the Bill and consideration of the Financial Resolution.
- Should the Bill be enacted, implementation costs, savings and forecast expenditure should be monitored and reported on to the Finance and Public Administration Committee twice a year. The Committee further recommends that updates are provided in a similar format to the Financial Memorandum, rather than simply as part of a Programme Business Case, to allow proper comparative scrutiny.

11.2

The Health, Social Care and Sports Committee (Lead Committee) will continue to hear oral evidence sessions and a final report is expected in January 2023. A further progress update will be provided to the IJB in March 2023.

12. The Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022

- 12.1 The Housing (Scotland) Act 1987 conveys a power on local authorities to investigate if a homeless household has a local connection to its area. Local connection is acquired where a household member has been resident or has economic or social ties to the local authority area. Where an authority has established that no local connection exists it may exercise the power to refer the household back to another local authority where a local connection reasonably exists.
- 12.2 On 29 November 2022, the Homelessness Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022 came into force. The order suspends the local connection within the Housing (Scotland) Act 1987 and places a duty on local authorities to secure settled accommodation for any unintentionally homeless household regardless of where the applicant resided prior to making the application. There will be no investigation required to establish a local connection as part of the homeless investigation.
- 12.3 Although the impact of the Order is unknown, it likely that homeless applications from households with no local connection to Renfrewshire will increase. This may pose a challenge for services including housing, education, health, and social work and care. The Scottish Government have confirmed that they will monitor the impact of the changes on Local Authorities and HSCPs. Locally, the HSCP will also monitor potential implications of this change as part of our joint working arrangements with Renfrewshire Council to determine whether there has been increased demand for services.

13. Publication of the National Carers Strategy and local alignment

- 13.1 The Scottish Government published the National Carers Strategy on 21 December 2022. The strategy aims to drive long-term, sustainable systemic change to how unpaid carers are valued and supported, and to recognise and mitigate the potential wellbeing, economic and social risks of caring. It highlights the IJB's current duties and responsibilities to unpaid adult carers, as set out in the Carers Act, alongside new and existing national policies relating to unpaid carers and the wider community, some of which falls within the scope of the IJB.
- 13.2 The strategy also reflects the current context, in particular recognising the impact of the pandemic on unpaid carers and how carers will be involved in strategic planning, and specifically the development of the National Care Service.
- 13.3 Renfrewshire HSCP had the opportunity to comment on draft versions of the strategy through the Government's carers lead network. An initial review of the final version indicates that the key themes of the strategy align with the IJB's Unpaid Adult Carers Strategy, approved on 16 September 2022. The Unpaid Adult Carers Planning Group will undertake a comprehensive review of the strategy and ensure any new commitments are identified and, where required, progressed locally.

- 13.4 An update on the review of the national strategy will be provided to the IJB in March 2023.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Strategic Plan and Community Planning** – No implications from this report.
4. **Wider Strategic Alignment** – No specific implications from this report, however all activity referenced is undertaken in alignment with the IJB's Strategic Plan, Renfrewshire's Community Plan and relevant strategies of NHSGGC and Renfrewshire Council.
5. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – No implications from this report.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – No implications from this report.
9. **Fairer Duty Scotland** - No implications from this report
10. **Health & Safety** – No implications from this report.
11. **Procurement** – No implications from this report.
12. **Risk** – Risks and issues arising from the contents of this report and tracked and managed on an ongoing basis and incorporated into reports to the IJB Audit, Risk and Scrutiny Committee as appropriate.
13. **Privacy Impact** – None from this report.

List of Background Papers: None

Author: David Fogg, Strategic Lead and Improvement Manager

Any enquiries regarding this paper should be directed to Christine Laverty, Chief Officer
(christine.laverty@renfrewshire.gov.uk)

Local Implementation Tracker Guidance

Purpose of Tracker

We are collecting information about the primary care workforce funded through the Primary Care Improvement Fund (PCIF) and other funding streams, and the activity which is being delivered by these staff. We are also collecting financial information relating to your Primary Care Improvement Plan (PCIP). These trackers have been combined in order to simplify the process.

What information is mandatory/voluntary?

Because this is the first time we are sending out the tracker in this format, not all information is mandatory at this time. Please note the following colour scheme, which will tell you which cells are mandatory and which cells are voluntary:

Orange cells are required to be completed.

Blue cells are voluntary. However, we do expect you to fill out either capacity or activity. If possible, please do fill out both. If this is not possible, we do expect you to inform us why the remaining data is not available.

Grey cells are for guidance or are automatically populated

Returning the template

The template should be completed and returned via eRDM connect. Those requiring access to eRDM connect should email julia.vanaart@gov.scot and instructions will be provided on the site on how to download and return the template.

Trackers should be returned by Tuesday 22nd November 2022.

Cells are highlighted in blue and orange to list mandatory/voluntary nature. The list of mandatory cells are also provided at the start of a worksheet. If you have any accessibility issues with filling out the tracker, please get in touch.

Guidance for completing the form - general

To help you fill out these trackers, we have scheduled support sessions on Tuesday 8 November - 2pm-3pm and Thursday 10 November 11am-12noon. As part of these sessions we will talk you through the tracker, and you will be able to ask questions. We will circulate the slides for those who can't make it to these sessions.

Guidance for completing the form - definitions and detailed guidance

More detailed guidance is available in a word document also on eRDM connect. Please read this document before completing the tracker.

Covid PCIP 5.5

Health Board Area:	NHS Greater Glasgow and Clyde
PLEASE SELECT: Health & Social Care Partnership:	Renfrewshire
Total number of practices:	28

The following cells are mandatory: Pharmacotherapy - C13 to C20, B22; CTAC - C28:C30, B32; VTP - C38:C44, B46; Urgent Care - C48:C49, B51; Physio/MSK - C58, B60; Mental Health workers - C66, B68; Community Links Workers - C74, B76. Other - C82, B84
 The other cells are voluntary

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with access to service by 31/3/23	Weekly activity/number of tasks or items (based on current workforce)
Level 1: Authorise/action acute prescribing requests	28	
Level 1: Authorise/action repeat prescribing requests	0	
Level 1: Authorise/action hospital discharge letters/outpatient requests	28	
Level 1: Other	0	
Level 2: Medication review (more than 5 medicines)	28	
Level 2: other	0	
Level 3: poly pharmacy reviews and specialist clinics	28	
Level 3: other	0	

Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.

80-100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.

MoU2. Available resource varies by two-fold across HSCPs, impacting on degree of delivery. Clinical priorities for level 3 activity are in place aligned to priority higher risk cohorts including frailty, pain, diabetes, respiratory with a view to reducing demand. Nation: If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?

Following the advice of the Directors of Pharmacy, activity data relating to the pharmacotherapy service has not been provided because it does not measure the professional input of the pharmacy team in GP practices; it is not comparable across Boards; it is not

2.2 Community Treatment and Care Services	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current number of appointments taken up (activity) in a typical week
General Practice phlebotomy	28		
Chronic Disease Monitoring	28		
CTAC treatment services including but not limited to ear syringing, suture removal etc	28		

Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.

80-100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.

Phlebotomy is based on 10 minute appointments and domi appointments can vary between 10-20 minutes. For wider treatment room services interventions are based on 10 - 30 minutes dependant on the intervention.

If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?

Phlebotomy is GP Practice aligned/based and is recorded within GP Practice systems this has proven difficult to obtain this collective data. Would require support/resource to obtain. For wider treatment services we are still rolling out this service across Renfrew:

2.3 Vaccine Transformation Program	Practices with access to service by 31/3/23
Pre School - Practices covered by service	28
School age - Practices covered by service	28
Out of Schedule - Practices covered by service	28
Adult imms - Practices covered by service	28
Adult flu - Practices covered by service	28
Pregnancy - Practices covered by service	28
Travel - Practices covered by service	28

Please provide a (rough) estimate of the percentage of the Vaccine Transformation Program that is funded through PCIP.

80-100%				
2.4 Urgent Care Services	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
In-practice	1			
External appointments e.g. house visits or care homes	27			
Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
All Care Homes have different number of patients and not all patients may need to be seen, therefore difficult to quantify demand/capacity/activity within a given week. Complexity is also variable. The service currently offer a proactive and reactive service with				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
Would require additional support./resource to obtain at level of request.				
Additional professional services				
2.5 Physiotherapy / MSK	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Practices accessing APP	14	227	215	
Please provide a (rough) estimate of the percentage of Physiotherapy/MSK that is funded through PCIP.				
80-100%				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
For 1wte (typical 7.5hr working day), 2hrs indirect daily clinical workload, 10% wte non-clinical, 10% wte funded through MSK Physio, with practitioner working in MSK Physio dept. No cover for leave currently provided due to funding constraints. Monthly CPD a				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
2.6 Mental health workers	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Practices accessing MH workers / support through PCIF	12			
Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
2.7 Community Links Workers	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Practices accessing Link workers	28			
Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.				
60-80%				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				
This is a procured service and we will need to continue to work with the provider to provide activity at this level.				
2.8 Other - please provide details in the description box below	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity	
Other				
Please provide a (rough) estimate of the percentage of Other services that are funded through PCIP.				
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.				
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?				

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The following cells are mandatory: C12:P15
 The following cells are voluntary: C21

Table x: Workforce profile (WTE)

Financial Year	Service 2: Pharmacotherapy			Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
WTE staff in post at 31 March 2022 funded through PCIF (Overwrite if necessary)	15.6	17.2		12	26.4	1	5.7	0	1	0	4.3	1	8.8
PCIF Funding FORECAST WTE staff in post at 31 March 2023 (staff that you expect to have in post by this date) [b]	18.1	12.8	15.8	17.2	33.13	1	8.3	0	1	0	4.4	1	8.8
FORECAST WTE posts not funded by PCIF delivering MOU services at 31 March 2023 irrespective of funding source [b]										6.7			
PCIF Funded Service intentions: PCIF PLANNED WTE posts at 31 March 2023 (based on staffing complement required to deliver against each of the MoU services as defined in section 6 the guidance).	52	41	16.8	17.2	38.63	1	14.1	0	1		12.7	1.2	8.8

[a] please specify workforce types in the comment field
 [b] If planned number cannot be estimated, add n/a
 [c] please provide more details in the comment field

Comment:

Key: IAs need to input to all orange shaded cells These are Cells D17:E30, G17:G30, G36, F43:F56
Grey cells are calculated cells - no input required

Integration Authority: Renfrewshire

NHS Board Area: Greater Glasgow & Clyde

Total PCIF 2022-23 (£000): £5,721

1. Expenditure Forecast 2022-23

All values are in £000s

PCIF programme:	Category	Actual YTD Spend £000s	Forecast Spend to the year-end £000s	Total Spend 2022-23 £000s	Brief Description of Funded Activities (3):
		at 31 October 2022	1 November 2022 to 31 March 2023		
		Total YTD costs (1)	Total Forecast Costs (2)	Total Costs 2022-23	
Vaccination Transfer Programme	Staff costs	100	428	528	Nurses and pharmacists for immunisation programme
	Non-staff costs	77	58	135	Contribution to boardwide vaccination programmes
Pharmacotherapy services	Staff costs	945	921	1,866	Pharmacists, technicians and support works
	Non-staff costs	47	32	78	Equipment, travel etc
Community Treatment and Care Services	Staff costs	875	816	1,691	HCSW, Admin staff + team lead
	Non-staff costs	80	60	140	Equipment, travel etc
Urgent care services	Staff costs	215	238	453	ANP
	Non-staff costs	13	10	23	Travel
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	161	135	296	Physiotherapists,
	Non-staff costs			0	
Community Link Workers	Staff costs			0	
	Non-staff costs	151	108	259	Wellbeing workers - 3rd party
Other - please provide detail in Description box	Staff costs	34	43	77	Support services
	Non-staff costs	35	139	174	Equipment, other
Total Expenditure		2,734	2,987	5,721	

Allocation summary 2022-23

Expenditure	Funding held at IA	SG	Funding need
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All figures in £000s

	2022-23 Forecast Expenditure	2022-23 Tranche One entitlement	Of which, reserves	Other funding contributed by IA (4)	2022-23 Tranche Two entitlement	Of which, additional reserves	Additional funding need	Tranche 2 allocation
PCIF Summary 2022-23	5,721	4,005	3,162		1,716	0	1,716	1,716

2. Three year spend summary

All figures in £000s

		2021-22 outturn	2022-23 forecast	2023-24 forecast (5)
PCIF programme:	Category	Total	Total	Total
Vaccination Transfer Programme	Staff costs	458	528	593
	Non-staff costs	70	135	151
Pharmacotherapy services	Staff costs	1,182	1,866	6,289
	Non-staff costs	31	78	562
Community Treatment and Care Services	Staff costs	1,058	1,691	2,147
	Non-staff costs	134	140	100
Urgent care services	Staff costs	386	453	1,084
	Non-staff costs	40	23	20
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	314	296	919
	Non-staff costs	0	0	0
Community Link Workers	Staff costs	259	0	0
	Non-staff costs	0	259	250
Other - please provide detail in Description box	Staff costs	N/A	77	71
	Non-staff costs	N/A	174	40
Total Expenditure		3,932	5,721	12,226

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your forecast 2023-24 spend below (6);

Forecast costs do not include legally committed reserve costs. Reserve allocation agreement for future years was £1.337m, however only £1.185m appears in table above leaving a gap of £0.152m

To: Renfrewshire Integration Joint Board

On: 27 January 2023

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2022 to 30 November 2022

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 November 2022, and, the projected year end position for the year ending 31 March 2023.
- 1.2. Members are reminded that at the development session of 12 August 2022 the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis, and the likelihood that this will have a negative impact on projections as we move through the financial year. Given the current fluid discussions on pay negotiations it is not yet clear what the final impact will be on the overall budget position for 2022/23 or what funding will be passed through to the IJB to meet these increased costs.
- 1.3. Further clarity on budget settlements is expected in the coming months and further detail will be provided to the IJB when it sets its budget in March 2023.
- 1.4. In addition, as previously highlighted in the Chief Finance Officers report to the IJB in September, there is still a delay in receiving a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities. It is therefore not clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 November 2022.
- Note the projected year-end position for 2022/23; and
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2022/23.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £636k and the projected outturn for 2022/23 an underspend of £919k (these

figures include the impact of COVID-19 which is funded from the draw-down of COVID-19 earmarked reserves) and in line with Scottish Government funding arrangements assumes a transfer of any in-year underspend at 31 March 2023 to ear marked reserves in relation to:

- Winter pressures monies
- Action 15
- Primary Care Improvement Programme (PCIP),
- Alcohol and Drug Partnership (ADP).

3.2. Members should note that the financial position reflects the movement of the projected year end health underspend to fund the projected shortfall in the delivery of the PCIP programme which was approved by the IJB on 25 November 2022. (For members information the table below includes a summary of the position prior to the movement to reserves.)

Division	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £1,843k	Underspend £2,725k
Other Delegated Services	Overspend (£71k)	Overspend (£102k)
TOTAL	Underspend £1,772k	Underspend £2,623k
Less: Movement to 'HSCP Funded PCIP Commitments Ear Marked Reserve'	Health Underspend £1,136k	Health Underspend £1,704k
GRAND TOTAL	Underspend £636k	Underspend £919k

3.3. The following table provides a high-level summary of the main reasons why the IJB is currently projecting an underspend of £2,623k against its budget this year (prior to movement to the 'HSCP Funded PCIP Commitments EMR').

Subjective Heading	Variance Prior to: Movement to 'HSCP Funded PCIP Commitments EMR' £000's	Comments
Employee Costs	3,829	ongoing challenges in terms of recruitment and retention issues across all service areas due to the limited availability of the skills mix required within the workforce market. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
Property Costs	(135)	Overspend reflecting increase in cleaning costs due to infection control requirements
Supplies & Services	(256)	overspend mainly in relation to equipment, including costs the purchase of IT equipment across all areas of the service to augment flexible working.
Third Party Payments	(727)	Care at Home o/s £2,304k: increase in spend reflects the service continuing to support delayed discharges and demand. Care Home Placements u/s £460k: reflects greater numbers of clients choosing to remain at home for longer. Adult Care Placements u/s £962k: reflective of the current client profile but subject to change depending on

		demand and the implementation of planned adult care placements over the financial year.
Purchase of Healthcare	(7)	Overspend reflects increased costs associated with LMC (local medical committee) invoices.
Transport	349	underspend reflective of services such as Day Care operating at a reduced capacity during 2022/23
FHS	(997)	reflects issues currently impacting on the price of drugs as well as a number of items being on short supply.
Support Services	16	underspend reflective of services operating at a reduced capacity during 2022/23
Transfer Payments	230	impact of Covid19 on some contracted services who have been operating at reduced capacity during 2022/23.
Income	321	Over recovery due to new charging orders registered and funds received.
TOTAL	2,623	

3.4. As highlighted to the IJB throughout this financial year we are living in unprecedented times. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK. The full extent of which is still emerging. Members should be aware that it is highly likely that these scenarios will impact on the current year end projections for the IJB.

3.5. Whilst our current financial position is projected to deliver an underspend, this position is subject to fluctuation as the financial year progresses. In addition, this position also masks the difficulties of the financial outlook in the medium term which includes an anticipated reduction in partner budgets arising from the Scottish Government budget announcement on 15 December 2022 and the increasing prevalence of non-recurring funding streams which create a lack of flexibility in how the IJB can use their funding.

3.6. The IJB's financial planning arrangements will remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios and help us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

3.7. 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	Projected Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £1,843k	Underspend £2,725k
Less: Movement to 'HSCP Funded PCIP Commitments Ear Marked Reserve'	Health Underspend £1,136k	Health Underspend £1,704k
TOTAL	Underspend £707k	Underspend £1,021k

- 4.1. The overall net underspend for the HSCP at 30 November 2022 is an underspend of £707k, with an anticipated year-end underspend of £1,021k, assuming that the current trajectory of spend continues throughout this financial year. As highlighted in para 3.2 above this position reflects the movement of the projected year end health underspend to fund the projected shortfall in the delivery of the PCIP programme which was approved by the IJB on 25 November 2022.
- 4.2. The current and projected year end position for Winter Pressures monies, Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume that if there are any underspends, they will be transferred to earmarked reserves at the year-end in line with Scottish Government funding arrangements.
- 4.3. The current and projected underspend includes a net drawdown of £7,546k to date, from earmarked reserves as detailed in the following table and in Appendix 8.

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	New Reserves 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23
	£000's	£000's	£000's	£000's	£000's
Covid Funding	17,242	-1,713	0	15,529	-1,713
Scottish Government Ring Fenced Monies carried forward:					
PCIP	4,347	-4,347	0	0	-4,347
PCTF Monies Allocated for Tests of Change and GP Support	216	-82	0	134	-82
GP Premises Improvement Fund	462	0	0	462	0
ADP Funding	2,551	-577	0	1,974	-577
Mental Health Recovery and Renewal Funding	1,560	-343	0	1,217	-343
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663	-663	0	0	-663
District Nurse Recruitment Programme	312	-117	0	195	-117
Winter Planning Monies / Care Home Liaison Monies	4,740	-641	0	4,099	-641
Health Visiting	32	0	0	32	0
SG Pay Award and LW Health & Social Care (21/22)	340	0	0	340	0
Mental Health Dementia Funding	119	0	0	119	0
Public Health Improvement Monies	168	0	0	168	0
Scottish Government Ring Fenced Monies carried forward	15,510	-6,770	0	8,740	-6,770
Grant Funding carried forward	534	-48	0	486	-48
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	33,286	-8,531	0	24,755	-8,531
ICT / Systems Related	643	-185	0	458	-185
Premises Related	662	-49	0	613	-49
Prescribing	2,000	0	0	2,000	0
Other IJB Reserves	8,677	-485	0	8,192	-485
HSCP Funded PCIP Commitments			1,704	1,704	1,704
TOTAL EARMARKED RESERVES	45,268	-9,250	0	37,722	-7,546

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

Adults and Older People	Year to Date Position	Year End Outturn
		Overspend (£216k)

4.5. The main areas to note within Adults and Older People are in line with previous reports and largely relate to:

- *Continued pressures within the Care at Home service* – the overspend within care at home has increased as the service continues to support delayed discharges and demand.
- *Care Homes* – Currently, the Care Home budget is projecting an underspend reflecting the number of clients choosing to remain at home for longer.
- *Employee costs - Adult Social Care*
Underspends in employee costs reflect ongoing difficulties recruiting to specialist posts across a number of areas, including homecare workers; social care assistants; team leaders. Where appropriate and where possible these are being covered through overtime and agency staff.
- *Transport costs - Adult Social Care*
Underspends reflecting services currently operating at a reduced capacity.
- *Adult Community Services*
Underspend, reflecting ongoing turnover and recruitment and retention issues across services.

Mental Health Services	Year to Date Position	Year End Outturn
		Underspend £439k

4.6. The underspend within Mental Health Services reflects vacancies due to recruitment issues throughout all mental health service areas. In order to maintain the recommended safe staffing and skill mix across these services, as well as the need to respond to increasing levels of demand and acute presentations, bank and agency staff are required to fill the current gaps due to vacancies – this position is likely to continue. These underspends are offsetting an overspend on the special observations budget within adult in-patient wards.

Learning Disabilities	Year to Date Position	Year End Outturn
		Underspend £1,038k

4.7. The underspend within Learning Disabilities is mainly due to vacancies across all areas of the service. In addition, there is an underspend on adult care packages reflective of the current client profile which will be subject to change depending on demand and the timescales for the implementation of planned adult care placements over the financial year.

Children's Services	Year to Date Position	Year End Outturn
		Underspend £513k

4.8. The underspend within Children's Services is mainly due to vacancies reflecting recruitment and retention issues across the service.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £375k	Underspend £563k

4.9. The underspend in Hosted Services is mainly due to vacancies within the Primary Care and Podiatry Services.

Prescribing	Year to Date Position	Year End Outturn
	Overspend (£633k)	Overspend (£950k)

4.10. As previously reported, this projected overspend reflects prescribing volumes now being on par with those experienced prior to the pandemic, as well as an unprecedented number of items being on short supply and, a number of issues currently impacting on the price of drugs including:

- limitations in manufacturing capacity due to COVID-19, War in Ukraine, lockdowns in Far East, staffing shortages
- ongoing issues with availability and cost of card and cardboard packaging
- ongoing issues with raw materials
- manufacturing processes
- increased testing for excipients in the manufacturing process
- increased shipping costs (fuel and containers - delays and strikes at ports in England)

The following tables illustrate the impact of the above over the past few months both in terms of volume and average cost per item which has risen from £10.14 in April to £10.78 in August, and the fluctuation in prices of specific drugs which are on short supply.

		Apr-22	May-22	Jun-22	Jul-22	Aug-22
Forecast 21/22	Schedule 4 Gic £'000	£ 3,025	£ 3,017	£ 3,140	£ 3,054	£ 2,977
	Schedule 4 Gic Items '000	292	292	304	296	286
	Schedule 4 Gic Cost per Item	£ 10.37	£ 10.34	£ 10.33	£ 10.30	£ 10.40
Actual 22/23	Schedule 4 Gic £'000	£ 2,916	£ 2,982	£ 3,133	£ 3,033	£ 3,450
	Schedule 4 Gic Items '000	287.6	292.7	300.4	287.8	320.0
	Schedule 4 Gic Cost per Item	£ 10.14	£ 10.19	£ 10.43	£ 10.54	£ 10.78

top 10 price increases (mainly due to short supply)			April (£)	May (£)	June (£)	July (£)	August (£)	Sept (£)	Oct (£)	Nov (£)	Movement from April
Name	Form	STR									
Aripiprazole	Tab	10mg	1.50	1.50	1.50	5.00	79.99	34.99	78.00	57.57	3738%
Aripiprazole	Tab	5mg	1.25	1.25	1.25	1.25	45.00	19.95	37.55	37.55	2904%
Temazepam	Tab	20mg	1.18	1.18	1.18	22.50	22.99	28.03	31.75	31.75	2591%
Temazepam	Tab	10mg	1.20	1.20	1.20	22.50	22.99	27.00	31.00	31.00	2483%
Aripiprazole	Tab	15mg	1.75	1.75	1.75	1.75	45.00	29.90	45.00	45.00	2471%
Nebivolol	Tab	2.5mg	1.69	1.69	1.69	1.69	28.48	28.48	19.99	19.99	1083%
Dustateride and Tamsulosin Hydrochloride	Tab	500mcg/400	1.93	1.93	1.93	3.90	4.16	19.80	19.80	19.80	926%
Alendronic	Tab	70mg	0.85	0.85	5.50	11.99	11.99	13.20	11.45	7.32	761%
Venafaxine	Tab	75mg	2.65	2.65	2.65	2.65	12.86	16.62	16.62	16.62	527%
Frovatriptan	Tab	2.5mg	2.24	3.09	3.09	3.06	3.06	11.48	13.27	13.27	492%

5. Responding to the COVID-19 Pandemic

5.1. Throughout 2021/22 the Local Mobilisation Plan (LMP) Covid-19 financial tracker was submitted quarterly to the Scottish Government, however in 2022/23 this has reverted to a monthly submission, to allow close monitoring of the impact of Covid Cost Improvement Programmes.

5.2. The following table summarises the expenditure which the HSCP has incurred to date and an estimate of future commitments for 2022/23. To date (in 2022/23) £1,782k has been spent responding to COVID-19, of which £380k relates to health services and, £1,402k relates to adult social care services.

Total Estimated Costs at 09/12/22							
Description of Cost Type	Health			Adult Social Care			TOTAL £000's
	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	
Additional Staff Costs	185	90	275	260	(0)	260	535
Provider Sustainability Costs			-	855	912	1,767	1,767
PPE	7	-	7			-	7
Community Hubs	9	3	12			-	12
Loss of Income			-	105	52	157	157
FHS costs	178	116	294			-	294
Other Costs	0	52	52	183	113	297	349
TOTAL	380	260	640	1,402	1,078	2,480	3,120

5.3. Funding of costs associated with COVID-19, for services delegated to the IJB, is routed through NHSGGC, and passed through to the IJB. In total, additional funding of £17.243m was received in 2021/22 reflecting funding in advance of need which is currently held in an earmarked reserve to address COVID-19 expenditure commitments in 2022/23.

5.4. As detailed in the following table the opening earmarked COVID-19 reserve was £17.242m.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	Funding c/f Earmarked Reserves £000's	New funding received 2022/23 £000's	Anticipated Funding Required 2022/23 £000's	Estimated Costs @ 16/09/22 £000's	Remaining Balance £000's
Covid - Intergration Authority Support	16,545			3,120	13,425
Covid - Community Living Change	697		0	0	697
Total	17,242	0	0	3,120	14,122

5.5. Currently, we are projecting that expenditure in 2022/23 will be £3.120m leaving a projected remaining balance of £14.122m.

5.6. As highlighted in the Chief Finance Officer's report to the IJB on 25 November the Scottish Government wrote to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid19 reserves to be redistributed

across the sector to meet current Covid19 priorities. At this stage, the details in relation to process, values and timescale have not yet been confirmed.

6. Scottish Government Funding 2022/23

- 6.1. As highlighted in para 1.8 we have not yet received a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities. It is therefore not yet clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.
- 6.2. 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.
- 6.3. The 2022/23 allocations received to date for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) are summarised in Appendix 7.

7. Other Delegated Services

- 7.1. The following table 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.
- 7.2. The Projected outturn position to 31 March 2022 is an overspend of £102k.

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	931	(102)	-12%	overspend
Women's Aid	239	239	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

8. Reserves

- 8.1. It is essential for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.
- 8.2. The opening IJB reserves position for 2022/23 was £51,049k comprising:
- COVID-19 Funding £17,242k;
 - Scottish Government Ring Fenced Monies £15,510k;
 - Grant Funding £534k and
 - IJB Earmarked Reserves £11,982k.

The remaining balance of £5,781k 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. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net

budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.

- 8.3. As detailed in Appendix 8 and paragraph 4.3, based on current projections for 2022/23 a total of £7.546m of earmarked reserves have been drawn down to date.
- 8.4. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This includes Mental Health, Primary Care and Alcohol and Drugs services. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.
- 8.5. As highlighted previously to members in relation to PCIP and ADP, the Scottish Government has confirmed that IJBs must draw down these reserves in the first instance and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding will therefore be restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances (an overall reduction in this year's assumed available funding).
- 8.6. In addition to the Scottish Government's funding changes to PCIP and ADP funding, there are also anticipated restrictions in other funding streams including Mental Health Action 15. This means a significant portion of Committed Reserves will be utilised during 2022/23.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** - No specific implications from this report, however there continues to be alignment and reference with the IJB's Strategic and Financial Plans where possible.
4. **Wider Strategic Alignment** – none
5. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
6. **Property/Assets** – none.
7. **Information Technology** – none
8. **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.
9. **Fairer Duty Scotland**
10. **Health & Safety** – none.
11. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
12. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
13. **Privacy Impact** – none.

List of Background Papers – None.

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Direction from the Integration Joint Board

1.	Reference Number	270123-06
2.	Date Direction issued by IJB	27 January 2023
3.	Date from which Direction takes effect	27 January 2023
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	Yes, 251122-05
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 (2022-25), 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 strategic objectives and outcomes set out in the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	March 2023.

Appendix 1

HSCP Revenue Budget Position 1st April 2022 to 30th November 2022

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend YTD (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%		£000's	£000's	£000's	%	
Employee Costs	62,258	3,143	-	4,555	-	69,955	67,386	2,570	3.7%	underspend	(1,136)	68,522	1,434	2.0%	underspend
Property Costs	311	50	-	33	-	394	485	(91)	-23.2%	overspend	-	485	(91)	-23.2%	overspend
Supplies and Services	13,039	701	(8,169)	389	-	5,960	6,127	(168)	-2.8%	overspend	-	6,127	(168)	-2.8%	overspend
Third Party Payments	52,210	362	-	27	-	52,599	53,102	(503)	-1.0%	overspend	-	53,102	(503)	-1.0%	overspend
Purchase Of Healthcare	1,973	53	-	(16)	-	2,010	2,015	(5)	-0.2%	overspend	-	2,015	(5)	-0.2%	overspend
Transport	584	(3)	-	-	-	581	339	242	41.6%	underspend	-	339	242	41.6%	underspend
Family Health Services	63,112	1,617	-	(1)	-	64,729	65,393	(665)	-1.0%	overspend	-	65,393	(665)	-1.0%	overspend
Support Services	48	-	-	12	-	60	49	11	18.4%	underspend	-	49	11	18.4%	underspend
Transfer Payments (PTOB)	5,141	(1,110)	-	49	-	4,080	3,921	159	3.9%	underspend	-	3,921	159	3.9%	underspend
Resource Transfer	15,473	(28)	(15,445)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
Set Aside	42,386	-	-	-	-	42,386	42,386	-	0.0%	breakeven	-	42,386	-	0.0%	breakeven
COVID 19	-	-	-	1,174	-	1,174	1,174	-	0.0%	breakeven	-	1,174	-	0.0%	breakeven
Gross Expenditure	256,535	4,785	(23,614)	6,222	-	243,927	242,377	1,550	0.6%	underspend	(1,136)	243,513	414	0.2%	underspend
Income	(21,456)	(1,619)	-	-	(6,222)	(29,297)	(29,519)	222	-0.8%	underspend	-	(29,519)	222	-0.8%	underspend
NET EXPENDITURE	235,079	3,166	(23,614)	6,222	(6,222)	214,630	212,858	1,772	0.8%	underspend	(1,136)	213,994	636	0.3%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend YTD (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%		£000's	£000's	£000's	%	
Adults & Older People	55,377	2,161	-	1,116	(1,116)	57,537	57,754	(216)	-0.4%	overspend	(238)	57,992	(454)	-0.8%	overspend
Mental Health	17,025	1,234	-	606	(606)	18,259	17,820	439	2.4%	underspend	(136)	17,956	303	1.7%	underspend
Learning Disabilities	16,569	(802)	-	6	(6)	15,768	14,730	1,038	6.6%	underspend	(179)	14,909	858	5.4%	underspend
Children's Services	4,248	261	-	289	(289)	4,509	3,996	513	11.4%	underspend	(513)	4,509	-	0.0%	breakeven
Prescribing	25,003	(167)	-	-	-	24,836	25,469	(633)	-2.6%	overspend	633	24,836	-	0.0%	breakeven
Health Improvement & Inequalities	649	125	-	-	-	774	630	144	18.6%	underspend	(144)	774	-	0.0%	breakeven
FHS	37,624	1,125	-	-	-	38,749	38,749	-	0.0%	breakeven	-	38,749	-	0.0%	breakeven
Resources	4,103	(1,036)	-	3,017	(3,017)	3,067	2,883	184	6.0%	underspend	(184)	3,067	-	0.0%	breakeven
Hosted Services	7,715	293	-	14	(14)	8,007	7,632	375	4.7%	underspend	(375)	8,007	-	0.0%	breakeven
Resource Transfer	15,473	(28)	(15,445)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
Set Aside	42,386	-	-	-	-	42,386	42,386	-	0.0%	breakeven	-	42,386	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	234,339	3,166	(23,614)	5,048	(5,048)	213,891	212,048	1,843	0.9%	underspend	(1,136)	213,184	707	0.3%	underspend
Other Delegated Services	739	-	-	-	-	739	810	(71)	-9.6%	overspend	-	810	(71)	-9.6%	overspend
NET EXPENDITURE before COVID	235,079	3,166	(23,614)	5,048	(5,048)	214,630	212,858	1,772	0.8%	underspend	(1,136)	213,994	636	0.3%	underspend
COVID 19	-	-	-	1,174	(1,174)	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
NET EXPENDITURE	235,079	3,166	(23,614)	6,222	(6,222)	214,630	212,858	1,772	0.8%	underspend	(1,136)	213,994	636	0.3%	underspend

HSCP Revenue Budget Position

1st April 2022 to 31st March 2023

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 (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend to Year End (reflecting movements to reserves)		Variance		
								£000's	%			£000's	£000's	£000's	%	
Employee Costs	91,983	4,639	-	6,815	-	103,437	99,608	3,829	3.7%	underspend	(1,704)	101,312	2,125	2.1%	underspend	
Property Costs	453	72	-	49	-	574	709	(135)	-23.5%	overspend	-	709	(135)	-23.5%	overspend	
Supplies and Services	19,482	1,052	(12,254)	574	-	8,854	9,110	(256)	-2.9%	overspend	-	9,110	(256)	-2.9%	overspend	
Third Party Payments	75,414	523	-	39	-	75,976	76,703	(727)	-1.0%	overspend	-	76,703	(727)	-1.0%	overspend	
Purchase Of Healthcare	2,960	79	-	(24)	-	3,015	3,022	(7)	-0.2%	overspend	-	3,022	(7)	-0.2%	overspend	
Transport	843	(4)	-	-	-	839	490	349	41.6%	underspend	-	490	349	41.6%	underspend	
Family Health Services	94,668	2,426	-	(1)	-	97,093	98,090	(997)	-1.0%	overspend	-	98,090	(997)	-1.0%	overspend	
Support Services	70	-	-	17	-	87	71	16	18.4%	underspend	-	71	16	18.4%	underspend	
Transfer Payments (PTOB)	7,426	(1,604)	-	71	-	5,893	5,663	230	3.9%	underspend	-	5,663	230	3.9%	underspend	
Resource Transfer	23,209	(42)	(23,167)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven	
Set Aside	63,579	-	-	-	-	63,579	63,579	-	0.0%	breakeven	-	63,579	-	0.0%	breakeven	
COVID 19	-	-	-	1,713	-	1,713	1,713	-	0.0%	breakeven	-	1,713	-	0.0%	breakeven	
Gross Expenditure	380,087	7,141	(35,421)	9,253	-	361,060	358,758	2,302	0.6%	underspend	(1,704)	360,462	598	0.2%	underspend	
Income	(31,107)	(2,396)	-	-	(9,253)	(42,756)	(43,077)	321	-0.8%	underspend	-	(43,077)	321	-0.8%	underspend	
NET EXPENDITURE	348,980	4,745	(35,421)	9,253	(9,253)	318,304	315,681	2,623	0.8%	underspend	(1,704)	317,385	919	0.3%	underspend	

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend to Year End (reflecting movements to reserves)		Variance		
								£000's	%			£000's	£000's	£000's	%	
Adults & Older People	80,445	3,227	-	1,644	(1,644)	83,672	83,971	(299)	-0.4%	overspend	(357)	84,328	(656)	-0.8%	overspend	
Mental Health	25,432	1,807	-	908	(908)	27,239	26,598	641	2.4%	underspend	(204)	26,802	437	1.6%	underspend	
Learning Disabilities	23,982	(1,148)	-	9	(9)	22,834	21,325	1,509	6.6%	underspend	(269)	21,594	1,240	5.4%	underspend	
Children's Services	6,372	391	-	433	(433)	6,763	5,994	769	11.4%	underspend	(769)	6,763	-	0.0%	breakeven	
Prescribing	37,504	(250)	-	-	-	37,254	38,204	(950)	-2.6%	overspend	950	37,254	-	0.0%	breakeven	
Health Improvement & Inequalities	973	188	-	-	-	1,161	945	216	18.6%	underspend	(216)	1,161	-	0.0%	breakeven	
FHS	56,436	1,687	-	-	-	58,123	58,123	-	0.0%	breakeven	-	58,123	-	0.0%	breakeven	
Resources	6,154	(1,554)	-	4,525	(4,525)	4,600	4,324	276	6.0%	underspend	(276)	4,600	-	0.0%	breakeven	
Hosted Services	11,572	439	-	21	(21)	12,011	11,448	563	4.7%	underspend	(563)	12,011	-	0.0%	breakeven	
Resource Transfer	23,209	(42)	(23,167)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven	
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven	
Set Aside	63,579	-	-	-	-	63,579	63,579	-	0.0%	breakeven	-	63,579	-	0.0%	breakeven	
NET EXPENDITURE (before delegated)	347,912	4,745	(35,421)	7,540	(7,540)	317,236	314,511	2,725	0.9%	underspend	(1,704)	316,215	1,021	0.3%	underspend	
Other Delegated Services	1,068	-	-	-	-	1,068	1,170	(102)	-9.6%	overspend	-	1,170	(102)	0.0%	overspend	
NET EXPENDITURE before COVID	348,980	4,745	(35,421)	7,540	(7,540)	318,304	315,681	2,623	0.8%	underspend	(1,704)	317,385	919	0.3%	underspend	
COVID 19	-	-	-	1,713	(1,713)	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven	
NET EXPENDITURE	348,980	4,745	(35,421)	9,253	(9,253)	318,304	315,681	2,623	0.8%	underspend	(1,704)	317,385	919	0.3%	underspend	

Appendix 2

Adult Social Care Revenue Budget Position 1st April 2022 to 9th December 2022

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	Projected Spend YTD (before movements to reserves) £000's	Variance			Adjustment to Move Monies to Reserves £000's	Projected Spend YTD (reflecting movements to reserves) £000's	Variance		
								£000's	%				£000's	%	
Employee Costs	25,122	1,350	-	314	-	26,787	26,329	458	1.7%	underspend	-	26,329	458	1.7%	underspend
Property Costs	244	62	-	-	-	306	341	(35)	-11.5%	overspend	-	341	(35)	-11.5%	overspend
Supplies and Services	1,370	(12)	-	179	-	1,537	1,454	83	5.4%	underspend	-	1,454	83	5.4%	underspend
Third Party Payments	52,210	362	-	27	-	52,599	53,102	(503)	-1.0%	overspend	-	53,102	(503)	-1.0%	overspend
Transport	582	(3)	-	-	-	579	337	242	41.7%	underspend	-	337	242	41.7%	underspend
Support Services	48	-	-	12	-	60	49	11	18.4%	underspend	-	49	11	18.4%	underspend
Transfer Payments (PTOB)	4,512	(1,110)	-	49	-	3,451	3,221	230	6.7%	underspend	-	3,221	230	6.7%	underspend
COVID 19	-	-	-	853	-	853	853	-	0.0%	breakeven	-	853	-	0.0%	breakeven
Gross Expenditure	84,088	649	-	1,434	-	86,172	85,687	485	0.6%	underspend	-	85,687	485	0.6%	underspend
Income	(19,343)	(590)	-	-	(1,434)	(21,367)	(21,590)	222	-1.0%	underspend	-	(21,590)	222	-1.0%	underspend
NET EXPENDITURE	64,745	59	-	1,434	(1,434)	64,804	64,097	707	1.1%	underspend	-	64,097	707	1.1%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance			Adjustment to Move Monies to Reserves £000's	Projected Spend YTD (reflecting movements to reserves) £000's	Variance		
								£000's	%				£000's	%	
Older People	42,052	(413)	-	464	(464)	41,640	42,225	(586)	-1.4%	overspend	-	42,225	(586)	-1.4%	overspend
Physical or Sensory Difficulties	4,657	560	-	-	-	5,217	5,080	137	2.6%	underspend	-	5,080	137	2.6%	underspend
Learning Difficulties	15,697	(984)	-	6	(6)	14,712	13,854	858	5.8%	underspend	-	13,854	858	5.8%	underspend
Mental Health Needs	1,887	792	-	27	(27)	2,679	2,377	303	11.3%	underspend	-	2,377	303	11.3%	underspend
Addiction Services	452	104	-	84	(84)	556	561	(6)	-1.0%	overspend	-	561	(6)	-1.0%	overspend
COVID 19	-	-	-	853	(853)	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
NET EXPENDITURE	64,745	59	-	1,434	(1,434)	64,804	64,097	707	1.1%	underspend	-	64,097	707	1.1%	underspend

Adult Social Care Revenue Budget Year End Position
1st April 2022 to 31st March 2023

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 (before movements to reserves) £000's	Variance			Adjustment to Move Monies to Reserves £000's	Projected Spend to Year End (reflecting movements to reserves) £000's	Variance		
								£000's	%				£000's	%	
Employee Costs	36,288	1,950		454		38,692	38,031	661	1.7%	underspend		38,031	661	1.7%	underspend
Property Costs	352	90				442	493	(51)	-11.5%	overspend		493	(51)	-11.5%	overspend
Supplies and Services	1,979	(18)		259		2,220	2,100	120	5.4%	underspend		2,100	120	5.4%	underspend
Third Party Payments	75,414	523		39		75,976	76,703	(727)	-1.0%	overspend		76,703	(727)	-1.0%	overspend
Transport	840	(4)				836	487	349	41.7%	underspend		487	349	41.7%	underspend
Support Services	70			17		87	71	16	18.4%	underspend		71	16	18.4%	underspend
Transfer Payments (PTOB)	6,518	(1,604)		71		4,985	4,653	332	6.7%	underspend		4,653	332	6.7%	underspend
COVID 19				1,232		1,232	1,232	-	0.0%	breakeven		1,232	-	0.0%	breakeven
Gross Expenditure	121,461	937	-	2,072	-	124,470	123,770	700	0.6%	underspend	-	123,770	700	0.6%	underspend
Income	(27,940)	(852)			(2,072)	(30,864)	(31,185)	321	-1.0%	underspend		(31,185)	321	-1.0%	underspend
NET EXPENDITURE	93,521	85	-	2,072	(2,072)	93,606	92,585	1,021	1.1%	underspend	-	92,585	1,021	1.1%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance			Adjustment to Move Monies to Reserves £000's	Projected Spend to Year End (reflecting movements to reserves) £000's	Variance		
								£000's	%				£000's	%	
Older People	60,742	(596)		670	(670)	60,146	60,992	(846)	-1.4%	overspend		60,992	(846)	-1.4%	overspend
Physical or Sensory Difficulties	6,727	809				7,536	7,338	198	2.6%	underspend		7,338	198	2.6%	underspend
Learning Difficulties	22,673	(1,422)		9	(9)	21,251	20,011	1,240	5.8%	underspend		20,011	1,240	5.8%	underspend
Mental Health Needs	2,726	1,144		39	(39)	3,870	3,433	437	11.3%	underspend		3,433	437	11.3%	underspend
Addiction Services	653	150		122	(122)	803	811	(8)	-1.0%	overspend		811	(8)	-1.0%	overspend
COVID 19				1,232	(1,232)	-	-	-	0.0%	breakeven		-	-	0.0%	breakeven
NET EXPENDITURE	93,521	85	-	2,072	(2,072)	93,606	92,585	1,021	1.1%	underspend	-	92,585	1,021	1.1%	underspend

Appendix 3

Health Revenue Budget Position 1st April 2022 to 30th November 2022

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend YTD (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%		£000's	£000's	£000's	%	
Employee Costs	36,995	1,793	-	4,241	-	43,028	40,916	2,112	4.9%	underspend	(1,136)	42,052	976	2.3%	underspend
Property Costs	67	(12)	-	33	-	88	144	(56)	-63.6%	overspend	-	144	(56)	-63.6%	overspend
Supplies and Services	11,663	713	(8,169)	210	-	4,417	4,667	(251)	-5.7%	overspend	-	4,667	(251)	-5.7%	overspend
Purchase Of Healthcare	1,973	53	-	(16)	-	2,010	2,015	(5)	-0.2%	overspend	-	2,015	(5)	-0.2%	overspend
Family Health Services	63,112	1,617	-	(1)	-	64,729	65,393	(665)	-1.0%	overspend	-	65,393	(665)	-1.0%	overspend
Set Aside	42,386	-	-	-	-	42,386	42,386	-	0.0%	breakeven	-	42,386	-	0.0%	breakeven
Resource Transfer	15,473	(28)	(15,445)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
COVID 19	-	-	-	321	-	321	321	-	100.0%	breakeven	-	321	-	0.0%	breakeven
Gross Expenditure	171,669	4,136	(23,614)	4,787	-	156,978	155,842	1,136	0.7%	underspend	(1,136)	156,978	0	0.0%	
Income	(2,075)	(1,029)	-	-	(4,787)	(7,891)	(7,891)	-	0.0%	breakeven	-	(7,891)	-	0.0%	
NET EXPENDITURE	169,594	3,107	(23,614)	4,787	(4,787)	149,087	147,951	1,136	0.8%	underspend	(1,136)	149,087	0	0.0%	

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend YTD (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%		£000's	£000's	£000's	%	
Addiction Services	262	9	-	-	-	271	271	-	0.0%	breakeven	-	271	-	0.0%	breakeven
Addiction Services - ADP	1,109	-	-	312	(312)	1,109	1,109	-	0.0%	breakeven	-	1,109	-	0.0%	breakeven
Adult Community Services	6,844	1,900	-	256	(256)	8,744	8,506	238	2.7%	underspend	(238)	8,744	-	0.0%	breakeven
Children's Services	4,248	261	-	289	(289)	4,509	3,996	513	11.4%	underspend	(513)	4,509	-	0.0%	breakeven
Learning Disabilities	873	183	-	-	-	1,055	876	179	17.0%	underspend	(179)	1,055	-	0.0%	breakeven
Mental Health	15,137	442	-	137	(137)	15,579	15,443	136	0.9%	underspend	(136)	15,579	-	0.0%	breakeven
Mental Health - Action 15	-	-	-	442	(442)	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
Hosted Services	7,715	293	-	14	(14)	8,007	7,632	375	4.7%	underspend	(375)	8,007	-	0.0%	breakeven
Prescribing	25,003	(167)	-	-	-	24,836	25,469	(633)	-2.6%	overspend	633	24,836	-	0.0%	breakeven
Gms	19,851	-	-	-	-	19,851	19,851	-	0.0%	breakeven	-	19,851	-	0.0%	breakeven
FHS Other	17,773	1,125	-	-	-	18,898	18,898	-	0.0%	breakeven	-	18,898	-	0.0%	breakeven
Planning & Health Improvement	649	125	-	-	-	774	630	144	18.6%	underspend	(144)	774	-	0.0%	breakeven
Primary Care Improvement Prog	-	559	-	2,898	(2,898)	559	559	-	0.0%	breakeven	-	559	-	0.0%	breakeven
Resources	4,103	(1,595)	-	119	(119)	2,507	2,323	184	7.3%	underspend	(184)	2,507	-	0.0%	breakeven
Set Aside	42,386	-	-	-	-	42,386	42,386	-	0.0%	breakeven	-	42,386	-	0.0%	breakeven
Resource Transfer	15,473	(28)	(15,445)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
Covid 19	-	-	-	321	(321)	-	-	-	0.0%	breakeven	-	-	-	0.0%	breakeven
NET EXPENDITURE	169,594	3,107	(23,614)	4,787	(4,787)	149,087	147,951	1,136	0.8%	underspend	(1,136)	149,087	0	0.0%	

Health Budget Year End Position
1st April 2022 to 31st March 2023

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 (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%		£000's	£000's	£000's	%	
Employee Costs	55,492	2,689		6,361		64,542	61,374	3,168	4.9%	underspend	(1,704)	63,078	1,464	2.3%	underspend
Property Costs	101	(18)		49		132	216	(84)	-63.6%	overspend		216	(84)	-63.6%	overspend
Supplies and Services	17,494	1,070	(12,254)	315		6,625	7,001	(376)	-5.7%	overspend		7,001	(376)	-5.7%	overspend
Purchase Of Healthcare	2,960	79		(24)		3,015	3,022	(7)	-0.2%	overspend		3,022	(7)	-0.2%	overspend
Family Health Services	94,668	2,426		(1)		97,093	98,090	(997)	-1.0%	overspend		98,090	(997)	-1.0%	overspend
Set Aside	63,579					63,579	63,579		0.0%	breakeven		63,579	-	0.0%	breakeven
Resource Transfer	23,209	(42)	(23,167)			-	-		0.0%	breakeven		-	-	0.0%	breakeven
COVID 19				481		481	481		100.0%	breakeven		481	-	0.0%	breakeven
Gross Expenditure	257,503	6,204	(35,421)	7,181	-	235,467	233,763	1,704	0.7%	underspend	(1,704)	235,467	-	0.0%	breakeven
Income	(3,112)	(1,544)			(7,181)	(11,837)	(11,837)		0.0%	breakeven		(11,837)	-	0.0%	breakeven
NET EXPENDITURE	254,391	4,660	(35,421)	7,181	(7,181)	223,630	221,926	1,704	0.8%	underspend	(1,704)	223,630	-	0.0%	breakeven

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 (before movements to reserves)	Variance			Adjustment to Move Monies to Reserves	Projected Spend to Year End (reflecting movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%		£000's	£000's	£000's	%	
Addiction Services	393	14				407	407		0.0%	breakeven		407	-	0.0%	breakeven
Addiction Services - ADP	1,664			468	(468)	1,664	1,664		0.0%	breakeven		1,664	-	0.0%	breakeven
Adult Community Services	10,266	2,850		384	(384)	13,116	12,759	357	2.7%	underspend	(357)	13,116	-	0.0%	breakeven
Children's Services	6,372	391		433	(433)	6,763	5,994	769	11.4%	underspend	(769)	6,763	-	0.0%	breakeven
Learning Disabilities	1,309	274				1,583	1,314	269	17.0%	underspend	(269)	1,583	-	0.0%	breakeven
Mental Health	22,706	663		206	(206)	23,369	23,165	204	0.9%	underspend	(204)	23,369	-	0.0%	breakeven
Mental Health - Action 15	-			663	(663)	-	-		0.0%	breakeven		-	-	0.0%	breakeven
Hosted Services	11,572	439		21	(21)	12,011	11,448	563	4.7%	underspend	(563)	12,011	-	0.0%	breakeven
Prescribing	37,504	(250)				37,254	38,204	(950)	-2.6%	overspend	950	37,254	-	0.0%	breakeven
Gms	29,776					29,776	29,776		0.0%	breakeven		29,776	-	0.0%	breakeven
FHS Other	26,660	1,687				28,347	28,347		0.0%	breakeven		28,347	-	0.0%	breakeven
Planning & Health Improvement	973	188				1,161	945	216	18.6%	underspend	(216)	1,161	-	0.0%	breakeven
Primary Care Improvement Prog		839		4,347	(4,347)	839	839		0.0%	breakeven		839	-	0.0%	breakeven
Resources	6,154	(2,393)		178	(178)	3,761	3,485	276	7.3%	underspend	(276)	3,761	-	0.0%	breakeven
Set Aside	63,579					63,579	63,579		0.0%	breakeven		63,579	-	0.0%	breakeven
Resource Transfer	23,209	(42)	(23,167)			-	-		0.0%	breakeven		-	-	0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven		-	-	0.0%	breakeven
Covid 19				481	(481)	-	-			breakeven		-	-	0.0%	breakeven
NET EXPENDITURE	254,391	4,660	(35,421)	7,181	(7,181)	223,630	221,926	1,704	0.8%	underspend	(1,704)	223,630	-	0.0%	breakeven

**Renfrewshire Council 'Other Delegated Services'
1st April 2022 to 9th December 2022**

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	141	141	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	6	6	-	0%	breakeven
Transport	2	2	-	0%	breakeven
Transfer Payments (PTOB)	629	699	(71)	-10%	overspend
Gross Expenditure	777	848	(71)	-10%	overspend
Income	(38)	(38)	-	0%	breakeven
NET EXPENDITURE	739	810	(71)	-10%	overspend

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	574	645	(71)	-11%	overspend
Women's Aid	165	165	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	739	810	(71)	-11%	overspend

1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	203	203	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	9	9	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Transfer Payments (PTOB)	908	1,010	(102)	-11%	overspend
Gross Expenditure	1,123	1,225	(102)	-11%	overspend
Income	(55)	(55)	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-11%	overspend

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	931	(102)	-12%	overspend
Women's Aid	239	239	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

2022/23 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2022/23 Renfrewshire HSCP Opening Budget:	93,521
Adult Social Care Budget as reported @ 27th May 2022	93,521
<u>Budget Adjustment posted in month 3</u>	
<u>Recurring:</u>	
Transfer of WAN connection to ICT for the CIRCLE	-3
Transfer of Winter Monies from Health for Additional Posts	88
Adult Social Care Budget as reported @ 9th December 2022	93,606

Appendix 6

2022/23 Health Financial Allocation to Renfrewshire HSCP	£k
2022/23 Renfrewshire HSCP Financial Allocation	190,812
Add: Set Aside	63,579
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-23,209
= base budget rolled over	218,928
RT Adjustments	1,192
Budget allocated as per 2022/23 Financial Allocation 31st May 2022	220,120
<u>Budget Adjustments posted in month 3</u>	
<u>Non-Recurring Additions</u>	
Adjustment to Prescribing	42
Budget allocated as per 2022/23 Financial Allocation 30th June 2022	220,162
<u>Budget Adjustments posted in month 4</u>	
<u>Additions</u>	
General Dental Services (NCL) incentive workload payments	1,687
<u>Non-Recurring:</u>	
FHS Prescribing	52
Budget allocated as per 2022/23 Financial Allocation 31st July 2022	221,901
<u>Budget Adjustments posted in month 5</u>	
<u>Additions</u>	
Renf Sesp Funding	207
Renf Sesp Funding Smoke Ces	13
Sesp Practice Nurse	45
<u>Non-Recurring:</u>	
Apremilast Cam Acute M5 June22	41
Budget allocated as per 2022/23 Financial Allocation 31st August 2022.	222,207
<u>Budget Adjustments posted in month 6</u>	
<u>Additions</u>	
Camchp29 Pcip Baseline Ni	3
<u>Non-Recurring:</u>	
Camchp47 Pcip Tranche 1	581
Camchp60 Phi Smoke Cess	35
Apremilast	32
Budget allocated as per 2022/23 Financial Allocation 30th September 2022.	222,858
<u>Budget Adjustments posted in month 7</u>	
<u>Additions</u>	
<u>Non-Recurring:</u>	
Aprem Acute Oct22 Accr Mvmt	8
Apremilast Acute Oct22 Actual	58
Camchp76 Mdt	996
Camchp77 Hcsw Band 2-4	1,012
Ldl Team From Ld To Hscps	23
Tariff Swap Adj 22/23 Ren	-505
Budget allocated as per 2022/23 Financial Allocation 31st October 2022.	224,450
<u>Budget Adjustments posted in month 8</u>	
<u>Additions</u>	
OU Student Cam	15
RT Adjustment	-1,150
<u>Non-Recurring:</u>	
Camchp 88 District Nursing	292
Gvp22090 Apremilast Sept 22	40
Gw Tariff Swap Adj 22/23 Gso	-17
Budget allocated as per 2022/23 Financial Allocation 30th November 2022.	223,630

Scottish Government Funding Streams

Funding Description	2022/23											
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P8 £000's	Core Budget £000's	Per Allocation Letter £000's	Received @ 30th November £000's	Total Budget P8 £000's	Forecasted Expenditure £000's	Variance £000's	Funded By Creation of Notional Reserve £000's	Scottish Government Funding for Legal Commitments £000's	Revised Variance £000's
PCIF	4,347	4,347	-	260	-	581	5,188	8,574	- 3,041	1,704	1,337	-
Action 15	663	663	-	-	-	-	663	663	-	-	-	-
ADP (includes all ADP Related Funding Streams)	2,551	577	1,974	1,640	-	-	2,217	2,217	-	-	-	-
TOTAL	7,561	5,587	1,974	1,900	-	581	8,068	11,454	- 3,041	1,704	1,337	-

Note : No allocation letters for Action 15 to confirm funding for 22/23

Appendix 8

Movement in Ear Marked Reserves

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	New Reserves 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23	To be Drawn Down 2022/23	To be Drawn Down 2023/24	Ongoing
	£000's	£000's	£000's	£000's	£000's			
Covid Funding	17,242	-1,713	0	15,529	-1,713			
Scottish Government Ring Fenced Monies carried forward:								
PCIP	4,347	-4,347	0	0	-4,347	✓		
PCTF Monies Allocated for Tests of Change and GP Support	216	-82	0	134	-82	✓		
GP Premises Improvement Fund	462	0	0	462	0	✓		
ADP Funding	2,551	-577	0	1,974	-577			
Mental Health Recovery and Renewal Funding	1,560	-343	0	1,217	-343			
Mental Health Action 15 (19/20) (20/21) (21/22)	663	-663	0	0	-663	✓		
District Nurse Recruitment Programme	312	-117	0	195	-117			
Winter Planning Monies / Care Home Liaison Monies	4,740	-641	0	4,099	-641			
Health Visiting	32	0	0	32	0	✓		
SG Pay Award and LW Health & Social Care (21/22)	340	0	0	340	0	✓		
Mental Health Dementia Funding	119	0	0	119	0	✓		
Public Health Improvement Monies	168	0	0	168	0	✓		
Scottish Government Ring Fenced Monies carried forward	15,510	-6,770	0	8,740	-6,770			
Grant Funding carried forward	534	-48	0	486	-48			
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	33,286	-8,531	0	24,755	-8,531			
ICT / Systems Related	643	-185	0	458	-185			
Premises Related	662	-49	0	613	-49			
Prescribing	2,000	0	0	2,000	0			✓
Other IJB Reserves	8,677	-485	0	8,192	-485			
HSCP Funded PCIP Commitments			1,704	1,704	1,704			
TOTAL EARMARKED RESERVES	45,268	-9,250	0	37,722	-7,546			

To: Renfrewshire Integration Joint Board

On: 27 January 2023

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Management Mid-Year Report 2022/23

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

1. Summary

- 1.1 The purpose of this report is to update the IJB on mid-year performance for the financial year 2022/23. The full Scorecard updating all performance measures is attached as Appendix 1 and covers the period April to September 2022.
- 1.2 While this report is for the period April to September 2022, data is not yet available for all performance measures to September 2022. As such, the information provided in the report is the most up to date available at this point.
- 1.3 The report has 51 indicators of which 40 have targets set against them. Performance status is assessed as either Red, more than 10% variance from target; Amber, within 10% variance of target; or Green, on or exceeds target.
- 1.4 At the mid-year point 2022/23 the Scorecard shows a relatively stable position compared to year end 2021/22. The status of the 40 indicators that have targets set against them includes:
- 10 Red indicators (25%)
 - 12 Amber indicators (30%)
 - 18 Green indicators (45%)

2. Recommendation

It is recommended the IJB:

- Approves the Performance Management Mid-Year Report 2022/23 for Renfrewshire HSCP.

3. Performance for the period April to September 2022

3.1 The Performance Scorecard is included as Appendix 1. Section 5 of this paper shows the performance indicators that have improved and section 6 shows the indicators where performance has deteriorated. Section 7 gives an update on the unscheduled care indicators.

4. Performance Indicators Status

4.1 The following table shows the position of scorecard indicators as at 30.09.22. Due to the changes agreed at the September 2022 IJB Meeting, we have now increased the number of indicators with targets set against performance. The changes make it difficult to draw any direct comparisons to the overall performance position as at 2021/22 year end.

Performance Indicator Status	As at 30.09.22.
	Alert: 10
	Warning: 12
	Target achieved: 18
	No targets: 11

5. Improvements in Performance

Breastfeeding

5.1 The % of mothers **exclusively breastfeeding at 6-8 weeks (Outcome 1)** has increased from 19.7% at March 2022 to 22.3% at June 2022 against the 21.4% target. This improvement has seen the indicator status move from Amber to Green.

5.2 In addition, the % of mothers **exclusively breastfeeding at 6-8 weeks in the most deprived areas of Renfrewshire (Outcome 5)** has increased from 11.8% at March 2022 to 16.3% at June 2022. While status is still Red against the 19.9% target, we hope to continue to see an increase in performance in 2022/23.

5.3 One specific area the Health Improvement Team promotes and supports is the Breastfeeding Friendly Scotland Scheme in Renfrewshire. The team has engaged with a number of businesses and organisations in Renfrewshire and we now have 87 signed up to the scheme including One Ren facilities and all their community-based buildings. This includes 79 new establishments registered since August 2022 in addition to 8 establishments already registered from the previous Breastfeeding Welcome award last year.

- 5.4 Early in 2023, the team will also be working with Renfrewshire Council and the wider HSCP to ensure all buildings are breastfeeding friendly; this will include training managers, front facing and administration staff. Local businesses and organisations in the 3rd and private sector will also be targeted with support from Engage Renfrewshire and the Renfrewshire Employability Partnership. In addition, we have recently been approached by Glasgow Airport and will be supporting them to become Breastfeeding Friendly in 2023.
- 5.5 We continue to work closely with partners to explore creative and innovative ways to increase our exclusive breastfeeding rates at 6-8 weeks and support mums and families as best we can.

Child and Adolescents Mental Health Service (CAMHS)

- 5.6 There has been a substantial increase in the **% of patients seen within 18 weeks in our Child and Adolescents Mental Health Service (CAMHS) - (Outcome 3)**. Performance at September 2022 was 98.5% compared to 58.8% at March 2022, with the increase in performance resulting in the indicator status moving from Red to Green.
- 5.7 This increase in performance can be attributed to a range of initiatives being progressed by the service including:
- A waiting list initiative for initial assessment has been in place since January 2022. This has significantly increased the number of appointments available to our children, young people and their families
 - Weekend and evening appointments have been made available, providing greater flexibility
 - The introduction of an 'opt in' process allowing families to book an appointment at a time that suits them.

Podiatry

- 5.8 There has been a good increase in the **% of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC and % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)** which has seen indicator status move from Red to Amber.
- 5.9 This improvement can be attributed to service investment in fixed term and secondment posts in waiting list administration, assistant practitioners and clinical sub specialties. Active management of waiting times and resource along with the use of virtual contact for new patients has allowed the service to maximise the use of clinical capacity. Early data for Quarter 3 (October to

December) shows that waiting time performance is being maintained in the context of consistent referral demand.

Emergency Admissions from Care Homes

- 5.10 Despite the introduction of a more ambitious target for **Emergency admissions from care homes (Outcome 4)** performance is on track to improve on the previous year's position with 182 admissions as at September 2022 compared to 201 admissions recorded at September 2021.
- 5.11 Care Home residents have access to nursing input where this is required, with regular review by Care Home Liaison Nurses/Advanced Nurse Practitioners. Additional input is sought from Community Psychiatric Nurses as required. District Nurses may also be involved with residents in HSCP Care Homes for diabetes management/wound management/palliative and end of life care.

Sickness Absence – NHS Staff

- 5.12 The **sickness absence rate for HSCP NHS staff (Outcome 8)** has decreased from 6.52% at March 2022 to 6.18% at September 2022, against the national NHS target of 4%. The rate across NHSGGC was 6.59% at September 2022.
- 5.13 Long term sickness absence rates reduced to 3.4% at September 2022 compared to a 4% average across April to September 2022. At September 2022, short term absence rates were at 2.8% compared to a 4% average across April to September 2022. The combined sickness absence rate for 2022/23 so far has averaged at 6%.
- 5.14 The recording of Covid related absence changed to sick leave absence from 1 September 2022. However, if staff have a positive Covid result, then special leave can be granted for a maximum of 10 days. We do still have a number of staff off with long Covid and expect an increase in short term illnesses over the winter months.
- 5.15 Work is ongoing to deliver training locally to service managers around managing absences and regular 'check ins' take place with Heads of Service to review named lists and identify where support may be required around instances of long term or repeat absences.

6. Areas for Improvement

Alcohol and Drugs waiting times for referral to treatment

- 6.1 Performance has decreased for **Alcohol and Drugs waiting times for referral to treatment (Outcome 4)**. The % of patients seen within 3 weeks has dropped from 90.8% at March 2022 to 84.8% at September 2022.

6.2 The decrease in performance is partly due to service redesign and implementation which led to issues relating to compliance and data quality within recording systems. There are also ongoing challenges regarding the recruitment and retention of staff, as well as long term sickness absences. Performance has however improved from 76.2% of patients seen within 3 weeks at June 2022.

Smoking Cessation

6.3 Performance has changed from amber to red for **Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)**. The most recent available data indicated that there were 28 quits at June 2022 compared to 48 at June 2021.

6.4 Smoking Cessation Services are now managed by NHSGGC rather than at local HSCP level. For Quarter one (April to June 2022), both the Quit Your Way (QYW) Specialist Services (Community, Acute, Maternity and Mental Health) and the QYW Pharmacy Services in NHSGGC experienced a large decline in quit attempts, impacting on the ability of the services to meet Local Delivery Plan (LDP) targets for quarter one. In Renfrewshire HSCP the QYW Pharmacy Services experienced a 45% drop in 3 month quits compared to quarter one 2021/22 while the QYW Specialist Services also saw a 39% drop.

6.5 There are likely to be several reasons for the reduction in quit attempts including:

- A lack of Varenicline, the most successful stop smoking medication available free on the NHS, has been unavailable since June 2021
- Ongoing capacity challenges across pharmacies
- Limited 'free' NHS venue access for face to face remobilisation of the QYW Community Services

6.6 The QYW Stop Smoking Services continue to link with key stakeholders to identify opportunities to raise the profile of the services. The QYW Pharmacy Service has recommenced pharmacy visits and pharmacy training, however the impact of these actions will not be realised until spring 2023.

Anticipatory Care Plans (ACPs)

6.7 The **number of adults with a new Anticipatory Care Plan (Outcome 2)** was 52 at September 2022 compared to 106 at September 2021.

6.8 The HSCP is currently developing local action plans to increase the number of Anticipatory Care Plans and Key Information Summaries (KIS) for patients which requires collaboration with local General Practitioners.

- 6.9 The newly formed Renfrewshire HSCP Anticipatory Care Plan (ACP) Implementation Group will also provide practical implementation and co-ordination of activity to achieve the ACP ambition outlined in the NHSGGC Unscheduled Care Joint Commissioning Plan.
- 6.10 We will also review our recording processes across KIS and Clinical Portal as we work to streamline the recording pathways. We will also consider how ACP conversations in care settings should be captured.

TURAS/Personal Development Plans – NHS Staff

- 6.11 The % of health staff with a completed TURAS Profile/PDP (Outcome 8) has decreased from 50.5% at March 2022 to 42.4% at September 2022. However, the data has just been updated to December 2022 and has increased to 51.09%.
- 6.12 Action is ongoing to increase TURAS compliance across the HSCP. As at July 2022, 7 HSCP Services were less than 40% compliant and as such were targeted to take lead responsibility on improving compliance towards the HSCP target of 80%. The trajectory that the HSCP is currently working towards is to improve overall compliance to 54% or higher by March 2023.
- 6.13 It should be noted that for services with a high turnover of staff, there is a direct impact on the maximum percentage of compliance that is possible, as new staff will not be included in the compliance totals until a review has been signed off. The percentage compliant does not occur until a member of staff has completed a full year in post and therefore limits the actual percentage of compliance a service can achieve.

Paediatric Speech & Language Therapy

- 6.14 There has been a reduction in the % of children seen within 18 weeks for Paediatric Speech & Language Therapy assessment to appointment (Outcome 4) from 52.7% at March 2022 to 35.4% at September 2022.
- 6.15 Speech & Language Therapy performance has been affected by staff vacancies and maternity leave, resulting in fewer appointments available for service users. Service demand is however returning to a more manageable level with the service averaging around 30 referrals per month for the financial year to date, compared to 41 per month for the financial year 2021/22. The service is also maintaining a 100% rate of first contact and triage waiting times within 8 weeks of referral target.

Sickness Absence – Adult Social Work Staff

- 6.16 The **sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)** was 11.54 days from April to September 2022 against a full year target of 15.3 days and currently has Red status.
- 6.17 Human Resources, Organisational Development and the Business World Team are working to improve the absence information available to managers. The improvements will streamline attendance related processes which will facilitate prompt absence recording and reporting across Council Services.
- 6.18 The Council is currently redesigning the current supporting attendance training courses, ensuring managers are fully equipped to manage staff absence and take accountability for their absence statistics.
- 6.19 To support employees with psychological absences, the council provides a range of support services that employees can be referred to at an early stage for assistance, such as the Council's Occupational Health Service and the Time for Talking employee counselling service.
- 6.20 Addressing absence management is a key priority for the Senior Management Team. Human Resources and Organisational Development Managers from NHSGGC and Renfrewshire Council continue to support Heads of Service and Service Managers with absence management

7. Unscheduled Care Indicators

- 7.1 At the 2022/23 mid-year position Scottish Government Ministerial Strategic Group (MSG) unscheduled care indicators have seen an improvement in performance relative to the 2021/2022 year end position.

A&E Attendances

- 7.2 At September 2022, A&E attendance figures were approximately 7.3% lower than for the same period in 2021. If performance continues at a similar rate until March 2023, the full 2022/23 year A&E attendance figures will be similar to 2020/21. NHSGGC continues to urge people to only attend A&E if their condition is serious.

Acute Delayed Discharge Bed Days Lost

- 7.3 The number of Acute delayed discharge bed days lost for April to September 2022 was 3,752 which was approximately a 14% decrease on the numbers recorded for the same period in 2021/22.

- 7.4 The split for the 3,752 Acute delayed discharge bed days lost in 2022/23 so far was 1,033 for standard delays and 2,719 for Code 9s. Examples of those patients included in Code 9s are Adults with Incapacity (AWI) going through a Guardianship process; patients delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate; patients delayed due to infection control measures; and patients for whom an interim move is not possible or reasonable.
- 7.5 While timescales for AWI/Guardianships are not within our control, we have a pro-active approach with families and solicitors on a case-by-case basis. Cases are regularly reviewed and solicitors are contacted frequently to ensure cases are progressed as swiftly as possible.
- 7.6 A number of patients recorded as Code 9 delays have very specific care needs requiring highly specialised individual care. There is a limited number of service providers at both a local and national level which, at current available capacity, is insufficient to meet the present demand for care packages.
- 7.7 Within a national context, at September 2022, Renfrewshire was the highest performing Local Authority area in Scotland for the financial year 2022/23 for Acute standard delays with 1,033 bed days lost, equating to a rate of 706.0 per 100,000 population. The national average rate at September 2022 for the financial year to date was 5,265.69 and the NHS Greater Glasgow and Clyde average was 3,606.3 per 100,000 population.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Strategic Plan and Community Planning** – None
 4. **Wider Strategic Alignment** – None
 5. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
 6. **Property/Assets** – None
 7. **Information Technology** – None
 8. **Equality & Human Rights** – No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
 9. **Fairer Duty Scotland** – None
 10. **Health & Safety** – None
 11. **Procurement** – None
 12. **Risk** – None
 13. **Privacy Impact** – None
-

List of Background Papers – None.

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Renfrewshire Integration Joint Board Scorecard 2022-2023

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of service users
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing
7	People using health and social care services are safe from harm
8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do
9	Resources are used effectively in the provision of health and social care services

Performance Indicator Status		Direction of Travel		Target Source	
	Alert:		Improvement	N	National
	Warning:		Deterioration	B	NHSGGC Board
	Target achieved:		Same as previous reporting period	L	Local
	No targets:			M	MSG

This Performance Scorecard is for the financial Year 2022/23 and contains data for the period April to September 2022.

As previously outlined to the IJB, while the Scorecard Report continues to highlight how the Partnership has performed against the measures normally used for comparison year on year, it is difficult to draw direct comparisons to previous performance data due to the pandemic. The HSCP will therefore continue to proactively monitor performance trends to assess the impact of the pandemic throughout 2022/23.

Section 1 – Performance Indicators with Targets

10 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
1. Number of adults with a new Anticipatory Care Plan (Outcome 2)	201	185	52 (Sept 22)	221	↓		L
2. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	89.0%	88%	87.5% (Sept 22)	100%	↓		B
3. A&E waits less than 4 hours (Outcome 3)	88%	67.1%	70.1% (Sept 22)	95%	↑		N
4. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	84.4%	80.2%	78% (Sept 22)	90%	↓		B
5. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	63%	52.7%	35.4% (Sept 22)	95%	↓		B
6. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	23.3%	11.8%	16.3% (June 22)	19.9%	↑		B

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
7. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	161	176	28 (June 22)	182			B
8. % of health staff with completed TURAS profile/PDP (Outcome 8)	41.7%	50.5%	42.4% (Sept 22)	80%			B
9. Sickness absence rate for HSCP NHS staff (Outcome 8)	5.65%	6.52%	6.18% (Sept 22)	4%			N
10. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	13.5	17.79	11.54 (Sept 22)	15.3			L

12 Amber Indicators	Performance is less than 10% variance from target						
	Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status
11. Percentage of long term care clients receiving intensive home care (national target: 30%) (Outcome 2)	29%	29%	28% (Sept 22)	30%			N
12. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	86.8%	90.9%	84.3% (Sept 22)	90%			N
13. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	98%	90.8%	84.8% (Sept 22)	Local Target 91.5% (National Target 90%)			L
14. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.2%	6.8%	6.1% (Sept 22)	6%			B
15. Number of carers accessing training (Outcome 6)	165	282	122 (Sept 22)	257			L
16. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID 19.	58%	59%	60%			B
17. Formulary compliance (Outcome 9)	77.6%	76.56%	76.98% (Sept 22)	78%			L
18. Prescribing cost per treated patient (Outcome 9)	£87.71	£88.28	£88.07 (Sept 22)	£86.63			L

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
19. % of foot ulcers seen within 2 working days in NHSGGC (Outcome 9)	75.0%	83.7%	88.6% (Sept 22)	90%			B
20. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	77.0%	84.6%	81.2% (Sept 22)	90%			B
21. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	67.0%	41.4%	87.2% (Sept 22)	90%			B
22. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)	62.0%	41%	82.4% (Sept 22)	90%			B

18 Green Indicators	Performance is on or exceeds target						
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
23. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	26.8%	19.7%	22.3% (June 22)	21.4%	↑	✓	B
24. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	93%	91% (Sept 22)	85%	↓	✓	L
25. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	390	411	432 (Sept 22)	420	↑	✓	L
26. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	46	58	117* (Sept 22)	60	↑	✓	L
27. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	68%	91% (Sept 22)	45%	↑	✓	L
28. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	143	170 (Sept 22)	350	↓	✓	L
29. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	70.1%	58.8%	98.5% (Sept 22)	80%	↑	✓	N
30. Uptake rate of child health 30-month assessment (Outcome 4)	87%	94.9%	92% (Sept 22)	80%	↓	✓	N
31. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	98.5%	97.3%	97.5% (June 22)	95%	↑	✓	N
32. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	96.8%	96.8%	96.6% (June 22)	95%	↓	✓	N
33. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	6.3	6.8	6.3 (Sept 22)	8.9	↑	✓	N
34. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100% (Sept 22)	100%	—	✓	B

*The Telecare number is higher than expected due to a change in the reporting methodology, arising from the move to the ECLIPSE information management system. Previous years have under-reported the rate of the 75+ population receiving a telecare service and only included service users with 'enhanced alarms' which is those with peripherals like door and fall monitors. This revised indicator is for all service users including basic and enhanced alarms which provides a fuller and more accurate picture of the extent of the services use and uptake in the 75+ population

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
35. Emergency admissions from care homes (Outcome 4)	506	400	182 (Sept 22)	450			L
36. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.0 (2018)	1.1 (2019)	1.2 (2020)	1.6			L
37. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	93.7%	94.6% (Sept 22)	80%			N
38. Number of adult support plans completed for carers (age 18+) (Outcome 6)	86	148	Data not yet available	145			L
39. Number of new Adult Carers supported (Outcome 6)	815	963	466 (Sept 22)	913			L
40. % of complaints within HSCP responded to within 20 days (Outcome 8)	82%	90%	92.9% (Sept 22)	70%			B

Section 2 – Performance Indicators without Targets

Ministerial Scottish Government Indicators (5)							
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
41. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	112,609	129,987	61,782p (Sept 22)	-			M
42. Number of emergency admissions (18+) (Outcome 2)	14,399	17,372	7,248p (Sept 22)	-			M
43. Number of Acute delayed discharge bed days (Outcome 2)	8,759	9,117	3,752 (Sept 22)	-			M
44. Total number of A&E attendances (Outcome 9)	39,432	54,111	27,226 (Sept 22)	-			M
45. Number of A&E attendances (18+) (Outcome 9)	31,892	40,601	20,201 (Sept 22)	-			M

Safe from Harm Indicators (5)							
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
46. Number of suicides (Outcome 7)	22 (2020)	25 (2021)	N/A	-	-		-
47. Number of Adult Protection contacts received (Outcome 7)	3,487	4,263	277 (Sept 22)	-	-		-
48. Total Mental Health Officer service activity (Outcome 7)	627	1,222	706 (Sept 22)	-	-		-
49. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	115	125	128 (Sept 22)	-	-		-
50. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	29%	30.4%	28% (Sept 22)	-	-		-

Prescribing Indicator (1)							
Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Direction of Travel	Status	Target Source
51. Prescribing variance from budget (Outcome 9)	5.72% under budget	3.43% under budget	1.05% Over Budget (Sept 22)	-			-

Notes

p Denotes provisional data



To: Renfrewshire Integration Joint Board

On: 27 January 2023

Report by: Head of Health and Social Care

Heading: Unscheduled Care Winter 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. To update members on developments in the Governance of the Unscheduled Care agenda and Scottish Government's high impact change areas for Winter 2022 to 2023.
- 1.2. At its meeting in March 2022 the IJB received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022 to 2023 through to the period 2024 to 2025. Subsequently the NHSGGC Board and HSCP Chief Officers have adapted to the requirement for Scottish Government assurance through refinement of the governance structure for Urgent and Unscheduled Care.
-

2. Recommendation

It is recommended that the IJB:

- Note the content of this report; and
 - Note that a further update will be brought back to the IJB in Summer 2023.
-

3. Purpose and Background

- 3.1 The purpose of this report is to update the IJB on developments in Urgent and Unscheduled (U&UC) care governance across NHSGGC and how HSCPs are delivering against U&UC priorities to minimise the impact of unscheduled care during Winter.

3.2 In March 2022 IJBs received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022 to 2023 through to the period 2024 to 2025 ratified by all 6 IJBs. This detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an ageing population with increasing complex care needs.

3.3 The enduring and significant impacts of unscheduled care on NHS Scotland have led the Scottish Government to seek assurances from NHS boards and HSCPs aligned to eight specific themes, termed High Impact Change areas (HIC). Further detail can be found at Appendix 1. NHSGGC partnerships are participating actively in three of these HIC areas;

- HIC 3 – Virtual Capacity
- HIC 5 – Rapid Assessment & Discharge
- HIC 8 – Community Focussed Integrated Care

4. Urgent and Unscheduled Care Governance

4.1 As a result of Scottish Government requests for assurances around Unscheduled Care the NHSGGC Board and HSCP Chief Officers have adapted the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
- **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting

4.2 This new governance structure is shown at Appendix 2. Operational delivery remains largely unchanged with acute sector; and individual HSCP implementation groups are driving activity locally. Tactical co-ordination has been aligned with the High Impact Change structure, with HSCP senior officers leading on the “Discharge without Delay and Rapid Acute Assessment” and “Community Focussed Integrated Care” workstreams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Programme Board, ensuring whole-system integration and ultimately reports into the Board’s Corporate Management Team.

5. High Impact Change 3 – Virtual Capacity

5.1 Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GGC. Our HIC 3 workstream is targeted to deliver on four key areas:

- Reduced number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Increase the number of patients assessed and discharged through the use of the 'NearMe' consultation IT platform via the Flow Navigation Centre (FNC)
- Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways via FNC e.g. Minor Injury Units
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

5.2 14 virtual pathways are now live across NHSGGC with ongoing discussions with partner agencies e.g. SAS and NHS24 as to how their use can be further maximised. Flow Navigation Centre capacity is likely to be the rate limiting step in the short term, however, options to expand this are being considered.

6. High Impact Change 5 – Rapid Assessment & Discharge

6.1 The HIC 5 workstream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process. It will also improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge. The interface care workstream is also monitored under HIC 5, however is a primarily acute endeavour.

6.2 For Discharge without Delay, HSCPs are equipped with dedicated multi-disciplinary teams including Allied Health Professionals, Elderly Care Advanced Nurse Practitioners or Specialist Nurses. These teams proactively reach into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand, complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local intermediate care facilities to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step

down approach. The use of interim beds across NHSGGC will be optimised over the winter period including Bonnyton House, intermediate care facility (East Ren), 6 additional care beds provided in Inverclyde, new Intermediate Care Service contract being tendered in Glasgow City (75 beds). Renfrewshire also is currently modelling a potential 6 beds service based within a local care home.

- 6.3 KPI targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients. Opportunities have already been identified to build on a successful rapid discharge practices through a test of change in Ward 54 of the QEUH by rolling this process out to 17 other wards across the South Sector, before further application in North and Clyde.

7. High Impact Change 8 – Community Focused Integrated Care

- 7.1 Our well-established Unscheduled Care Design and Delivery plan has allowed us to progress existing initiatives through HIC 8. We are delivering on 3 key priorities:

- GG&C Community Falls Pathway
- Hospital @ Home
- Home First Response Service

- 7.2 The GGC Community Falls Pathway launched in September 2022, linking SAS crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care. When compared with the previous year, data from September/October 2022 showed a 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes.

- 7.3 The Hospital @ Home (H@H) test of change has published its first phase evaluation and is delivering reduced admittance by providing care direct to patients within their home or homely setting. With 187 patients having used the service, it is estimated that 906 bed days have been saved in that period as a result of H@H. Governance discussions are underway to agree the timeline for expanding the 10 bed model to 15.

- 7.4 The Home First Response Service, hosted by Renfrewshire and Glasgow City HSCPs, conducted the first of a series of phased launches on 1st Nov 2022. This service delivers a multidisciplinary virtual team at the ED front door of the Royal Alexandra Hospital and

Queen Elizabeth University Hospital who review frail patients with a view to avoiding admittance through community care provision. Recruitment is ongoing to establish 11 Advanced Practice Frailty Practitioners in post by mid-January 2023, however even with limited staff the initial phase of the service has proved promising with several patients having been urgently referred to Community Rehabilitation opposed to being unnecessarily admitted. Full data will be gathered once the service is deemed fully operational.

7.5 Progress and reporting across all three High Impact Change Areas will now take place through the new governance structures to ensure delivery and oversight of each of the programmes.

8. Next Steps

8.1 The Board is asked to note the contents of the Report.

8.2 A further update on the Unscheduled Care Programme will be brought to the IJB in the summer of 2023.

Implications of the Report

1. **Financial** – The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. The IJB’s budget for 2022/23 includes a “set aside” amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to be £63,579,000 for Renfrewshire HSCP.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** – none
4. **Wider Strategic Alignment** – The approach outlined will have implications for the planning and delivery of acute hospital services for all 6 GG&C HSCPs.
5. **Legal** – The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.
6. **Property/Assets** – none
7. **Information Technology** – none
8. **Equality & Human Rights** – none
9. **Fairer Duty Scotland** – none
10. **Health & Safety** – none
11. **Procurement** – none
12. **Risk** – none
13. **Privacy Impact** – none.

List of Background Papers – March 2022 IJB Report: Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23-2024/25)

Author: Antoni Anderson, Lead Officer for Unscheduled Care Improvement.

Any enquiries regarding this paper should be directed to Carron O'Byrne, Head of Health and Social Care Services (Carron.Obyrne@renfrewshire.gov.uk / 0141 618 6855)

Urgent & Unscheduled Care Collaborative
The Right Care, in the Right Place, for Every Person, Every Time
High Impact Changes and Aims

- Whole system Integration and collaboration
- Integrated health and social care MDTs
- Range of community services aimed at avoiding admission and supporting discharge
- Supporting prevention and self-management
- Sustainable models of social care delivery

- Highly capable and accessible MDTs built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient

- Optimise discharge without any delays
- Improve patient experience by simplifying the discharge process
- Improve LOS by discharging patients on planned day of discharge
- Optimising Flow by aligning capacity with demand across the system

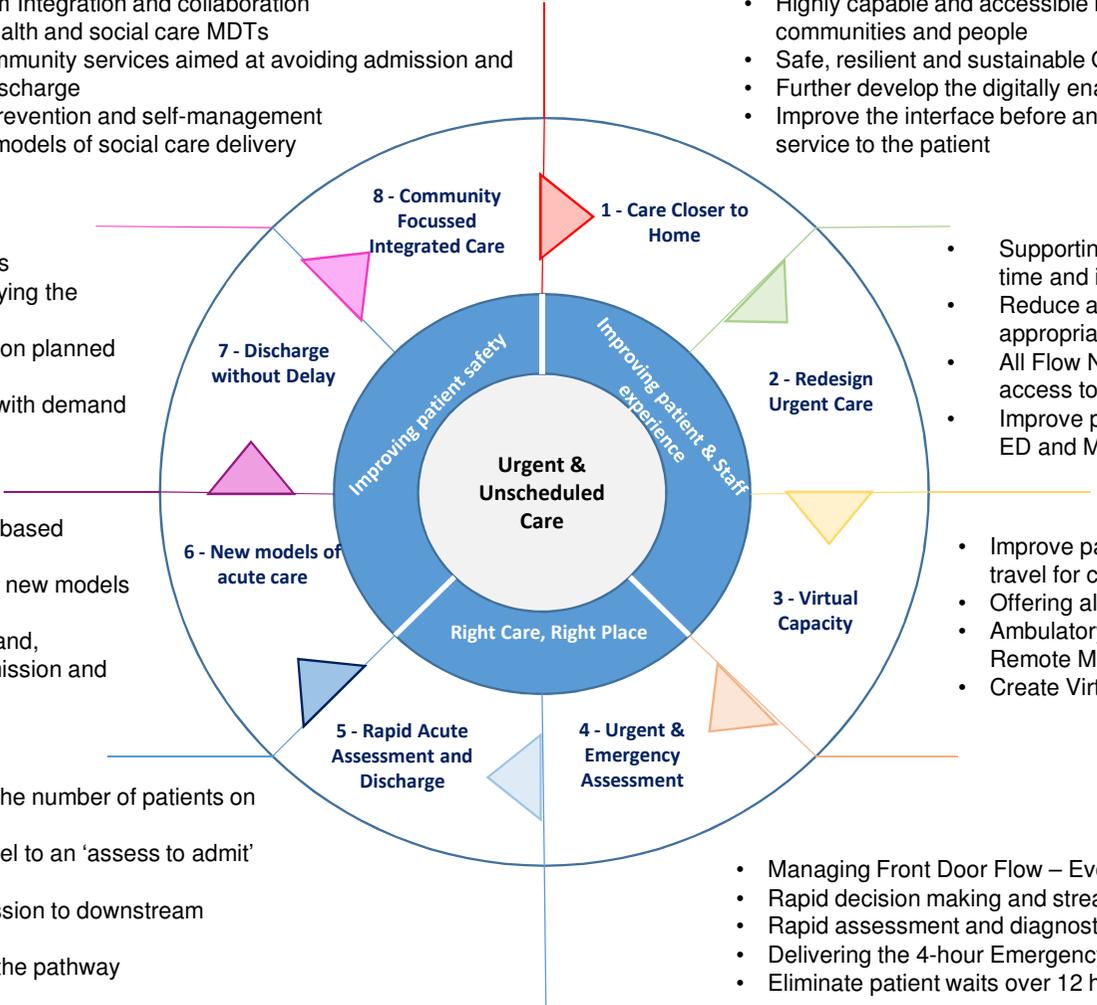
- Developing new models of acute care based around patient need
- Use of data to support development of new models of acute care
- Understand current capacity and demand, realigning footprint and managing admission and discharge balance

- Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway
- Moving from an 'admit to assess' model to an 'assess to admit' model
- Alternative pathways to prevent admission to downstream ward areas where appropriate
- Introducing clinical decision earlier in the pathway

- Supporting people to choose the right care delivered at the right time and in the right place
- Reduce avoidable ED attendances by directing patients to more appropriate urgent care settings
- All Flow Navigations Centres will be 24/7 with immediate access to senior clinical decision maker
- Improve patient safety by scheduling urgent appointments to ED and MIU and avoiding waits in busy A&E departments

- Improve patient experience by reducing the need to travel for care
- Offering alternatives to in-patient care
- Ambulatory Interface Care, Hospital at Home, Remote Monitoring
- Create Virtual Capacity

- Managing Front Door Flow – Every Patient, Every Time
- Rapid decision making and streaming
- Rapid assessment and diagnostics
- Delivering the 4-hour Emergency Access Standard
- Eliminate patient waits over 12 hours



New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme
 New Whole systems Oversight Board
 New Rapid Discharge Group
 New Virtual Pathways Group (replacing FNC group)
 Community Integrated Care Group (currently HSCP unscheduled care group)

Corporate Management Team
 Chair: J Grant

Strategic

Report monthly to the Recovery Tactical Group
 Chair: J Armstrong

Urgent & Unscheduled Care Oversight Board
 Monthly Co-Chairs: W Edwards, Chief Operating officer Acute, S Millar, Chief Officer, Glasgow City HSPC

Moving Forward Together Programme Board (Monthly)
 Chair: J Armstrong

Tactical

HIC 5: Rapid Assessment & Discharge and FAP: DwD		HIC 3: Virtual Capacity FAP: FNC	HIC 8: Community Focussed Integrated Care
Discharge without Delay (DwD) Rapid Assessment and Discharge	Interface Care Pathways	<ul style="list-style-type: none"> Flow Navigation Centre (FNC) Signposting & Redirection Virtual Front Door (MHAUs, UCRHs, GPOOH) 	<ul style="list-style-type: none"> Joint Commissioning Plan Falls and Frailty Hospital@Home
DwD & Rapid Acute Assessment Steering Group Lead: C Lavery J Rodgers Corporate Planning Support: S Donald	Interface Care Steering group: Lead: Dr C Harrow Corporate Planning Support: C Keough		

Chief Officer Group

Operational

Sector / HSPC Specific Unscheduled Care Implementation Groups