

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

Date	Time	Venue
Friday, 26 January 2024	10:00	Remotely by MS Teams,

MARK CONAGHAN
Clerk

Membership

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

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

Further Information - online meetings only

This meeting is on-line only but is a meeting which is open to members of the public by prior arrangement. A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at <http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx>

For further information, please email democratic-services@renfrewshire.gov.uk

Members of the Press and Public - contact details

Members of the press and public wishing to attend the meeting should contact democratic-services@renfrewshire.gov.uk to allow the necessary arrangements to be made.

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact committee services on democratic-services@renfrewshire.gov.uk

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

Recording

<https://youtu.be/EScyTL-Pti4?si=Lf05KbwwxroR8QmZ>

Items of business

Apologies

Apologies from members.

Declarations of Interest and Transparency Statements

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

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|-----------|---|------------------|
| 1 | Minute | 5 - 14 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 24 November 2023. | |
| 2 | IJB Action Log | 15 - 16 |
| | IJB action log. | |
| 3 | IJB Audit, Risk and Scrutiny Committee - Self-assessment | 17 - 28 |
| | Report by Clerk. | |
| 4 | Chief Officer's Report | 29 - 36 |
| | Report by Chief Officer. | |
| 5 | Financial Report 1 April to 30 November 2023 | 37 - 70 |
| | Report by Chief Finance Officer. | |
| 6 | Review of Renfrewshire Council's Non-residential Charging Policy | 71 - 132 |
| | Report by Chief Finance Officer. | |
| 7 | Sustainable Futures Programme: Progress Update | 133 - 140 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 8 | Performance Management Mid-year Report 2023/24 | 141 - 160 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 9 | Unscheduled Care Winter Update | 161 - 168 |
| | Report by Head of Health & Social Care. | |
| 10 | Date of Next Meeting | |
| | Note that the next meeting of the IJB will be held remotely on MS teams at 10.00 am on 22 March 2024. | |



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

Date	Time	Venue
Friday, 24 November 2023	10:00	Remotely by MS Teams,

Present

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

Chair

Councillor Adam, Chair, presided.

In Attendance

Nairn Young, Managing Solicitor (Litigation & Advice), Elaine Currie, Senior Committee Services Officer and Kathleen Clark, Principal HE & OD Adviser (all Renfrewshire Council); Frances Burns, Head of Strategic Planning & Health Improvement, Carron O'Byrne, Head of Health & Social Care (Paisley), Laura Howat, Head of Mental Health, Alcohol & Drugs Recovery & Learning Disability Services, John Millar, Communications Business Lead (Transformation), Sian Ramsay, Finance Business Partner, James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, Lorna Finnie, Finance Planning & Improvement Manager and Joe Deary, Service Assurance Manager (all Renfrewshire Health and Social Care Partnership).

Recording of Meeting

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

Apologies

Councillor Fiona Airlie-Nicolson 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.

Transparency Statements

Councillor Campbell indicated that she had a connection to items by reason of her being an employee of NHS Greater Glasgow & Clyde but not within the HSCP area. However, she indicated that she had applied the objective test and did not consider she had an interest to declare.

Councillor McMillan declared that he had a connection to item 6 by reason of him being an Ambassador for St Vincent's Hospice. However, he indicated that he had applied the objective test and did not consider he had an interest to declare.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 29 September 2023 was submitted.

DECIDED: That the Minute be approved.

2 IJB Action Log

The rolling action log for the IJB was submitted.

In relation to Arrangements for Future meetings, it was noted that the venue for future meetings would be discussed at the member development session in December 2023. In relation to Financial Report 1 April to 31 July 2023, the Chief Finance Officer advised that the Director of Finance & Resources, Renfrewshire Council had advised that a proportionate share of the funding received from the Scottish Government would be passed through to the IJB from the Council to meet the impact of the 2023/24 pay award and that this action could be closed.

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

3 **Chief Officer's Report**

Under reference to item 3 of the Minute of the meeting of the IJB held on 29 September 2023, the Chief Officer submitted a report providing an update on recent key developments and operational activity and additional policy developments which would be built into future workplans, strategies and action plans.

The report provided detail on a range of key HSCP and national policy updates.

It was proposed that members be provided with an update on respite services. The Chief Officer advised that this information would be included in a future report to the IJB.

DECIDED:

(a) That the range of key HSCP updates, as detailed in sections 4 to 10 of the report, be noted;

(b) That the national policy updates, as detailed in sections 11 to 19 of the report, be noted; and

(c) That it be noted that an update on respite services would be included in a future report to the IJB.

4 **Financial Report 1 April to 30 September 2023**

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 September 2023 and the projected year end position for the year ending 31 March 2024.

The report advised that the projected final outturn for 2023/24 was an overspend of £4,850k, prior to any draw down from general reserves, and included a transfer of any in-year underspend at 31 March 2024 to earmarked reserves in line with Scottish Government funding arrangements in relation to winter pressure monies, Action 15, the Primary Care Improvement Programme and the Alcohol and Drug Partnership.

The report provided information on the key pressures; prescribing; Scottish Government funding 2023/24; 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.

The Chief Finance Officer gave a presentation on the revised outlook for prescribing and the budget implications which included updated information since publication of the report.

DECIDED:

- (a) That the in-year position at 30 September 2023 be noted;
- (b) That the projected year-end position for 2023/24 be noted; and
- (c) That the proposed repurposing of reserves, as detailed in section 8.8 of the report, be approved.

5 Development of a Sustainable Futures Programme: Update

Under reference to item 6 of the Minute of the meeting of the IJB held on 29 September 2023, the Head of Strategic Planning & Health Improvement submitted a report providing further detail on the work undertaken to progress the Sustainable Futures Programme and identify savings options.

The report advised that the savings identified to date were more limited than previously envisaged and provided further detail on the reasons for this position. In response to the current position, the HSCP had developed a refined approach to addressing the financial gap with complementary activity ongoing to identify mitigating actions alongside the ongoing development of savings options. The report sought approval to proceed with this updated approach, the identified savings options and related actions.

Councillor McMillan, seconded by Councillor Adam proposed (i) that the updates provided on the progress made in implementing the Sustainable Futures Programme including the issues and challenges identified, as detailed in section 5 of the report, be noted; (ii) that the updated approach set to mitigate the projected financial gap, as detailed in section 6 of the report, be approved; (iii) that the actions set out in section 7 of the report, including that the IJB: note the proposals relating to Health payroll option 1; Contract management and the non-recurring actions set out; approve the proposal to engage with key stakeholders as part of an options appraisal and impact assessment process for the related options set out for residential care, day support (short-term options) and confirmation of stabilised older people's day support model; approve the full application of eligibility criteria proposal; approve the Health payroll option 2 proposal, to apply turnover of 4% to the payroll methodology; and (v) that it be further recommended that the proposals in this report are brought to the attention of the Prime Minister and the Chancellor of the Exchequer and both the first minister and the health Secretary. The board requests that due consideration be given in the upcoming Scottish Government Budget to the effect that the proposals to change services in order to produce a balanced budget will have on vulnerable people and their families who rely on the vital service provision that Renfrewshire IJB provides. This was agreed unanimously.

DECIDED:

- (a) That the updates provided on the progress made in implementing the Sustainable Futures Programme including the issues and challenges identified, as detailed in section 5 of the report, be noted;
- (b) That the updated approach set to mitigate the projected financial gap, as detailed in section 6 of the report, be approved;

(c) That the actions set out in section 7 of the report, including that the IJB: note the proposals relating to Health payroll option1; Contract management and the non-recurring actions set out; approve the proposal to engage with key stakeholders as part of an options appraisal and impact assessment process for the related options set out for residential care, day support (short-term options) and confirmation of stabilised older people's day support model; approve the full application of eligibility criteria proposal; and approve the Health payroll option 2 proposal, to apply turnover of 4% to the payroll methodology; and

(d) That it be further recommended that the proposals in this report are brought to the attention of the Prime Minister and the Chancellor of the Exchequer and both the first minister and the health Secretary. The board requests that due consideration be given in the upcoming Scottish Government Budget to the effect that the proposals to change services in order to produce a balanced budget will have on vulnerable people and their families who rely on the vital service provision that Renfrewshire IJB provides.

6 **Performance Management Benchmarking Report**

The Chief Officer submitted a report providing an update on performance benchmarking analysis against national indicators and highlighting work being carried out locally to improve outcomes and performance.

The report intimated that previously, benchmarking analysis was presented to the IJB annually and due to the COVID-19 pandemic, the last report was considered by the IJB at its meeting held on 31 January 2020. The data presented a varying level of information as the pandemic had affected both completeness and trends. The data focussed on a current comparison with the HSCP's family group and the other HSCPs within the NHSGGC area, as detailed in the report, rather than referencing historical trends.

The appendices to the report detailed the most recent data for indicators 11 to 19 from the National Core Integration Indicators and 11 indicators from the Scottish Public Health Observatory Health and Wellbeing Profiles.

The report advised that this analysis would be used as the baseline to allow comparisons and trend analysis to be provided from 2024/25 onwards.

DECIDED:

(a) That the benchmarking report for Renfrewshire HSCP be noted; and

(b) That it be noted that the interpretation of trends, particularly those based on hospital activity information, had been impacted by the COVID-19 pandemic.

7 **Workforce Planning: Update on Year 1 progress and Year 2 actions**

Under reference to item 8 of the Minute of the meeting of the IJB held on 25 November 2022, the Strategic Lead & Improvement Manager submitted a report providing an update on Year 1 progress and Year 2 actions of Renfrewshire HSCP's Workforce Plan 2022/25, a copy of which was appended to the report.

The report intimated that the Renfrewshire HSCP Workforce Plan 2022/25 had been approved at the meeting of the IJB held on 25 November 2022 and had been submitted to the Scottish Government for review, with positive feedback being received. The Scottish Government requested that progress updates on the delivery of the Health Board and HSCP Workforce Plans be incorporated into Health Board's Annual Delivery Plans. For NHSGGC this was done at a summary level to reflect the complexity of planning arrangements across six HSCPs and the Health Board.

The report advised that the Scottish Government had set out a requirement that HSCPs review their Plans to set out the progress made, the changes required, and that Plans be published on respective websites by the end of October 2023. It had subsequently been agreed with the Scottish Government that Renfrewshire HSCP would submit an update at the end of November 2023 following review and approval of the Year 1 update by the IJB.

The report provided an update on the outcomes of the review, progress made and actions moving into Year 2.

DECIDED:

(a) That the progress made in delivering actions identified for Year 1 of the Plan, which formed Appendix A to the report, be noted;

(b) That the Year 2 Plan reflecting the changes outlined, which formed Appendix B to the report, be approved; and

(c) That the Appendices be submitted to the Scottish Government as part of the requested annual update and published on the HSCPs website.

8 Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023/28

Under reference to item 16 of the Minute of the meeting of the IJB held on 24 June 2022, the Head of Mental Health, Learning Disability and Alcohol and Drugs Recovery Services submitted a report relative to the refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023/28, a copy of which was appended to the report.

The report intimated that the work on the refresh of the Strategy had been completed and spanned across both Adult Mental Health Inpatient and Community Services and took a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs and was aligned with delivery of the Scottish Government's Mental Health Strategy 2017/27.

The report provided an update on Action 15 and Mental Health and Well Being in Primary Care.

DECIDED:

(a) That the progress made against the existing Mental Health Strategy 2018/23, outlined in the proposed strategy refresh, be noted;

(b) That the updates relating to Action 15 and Mental Health and Well Being in Primary Care be noted; and

(c) That the refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023/28 be approved.

9 **Renfrewshire HSCP: Winter Plan 2023/24**

The Strategic Lead & Improvement Manager submitted a report relative to Renfrewshire HSCP's Winter Plan 2023/24, 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 and the winter planning process reflected and built on the HSCP's increased focus on year-round business continuity activity. 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 2023/24 provided a summary of additional actions being taken to prepare for the winter period in Renfrewshire.

DECIDED:

(a) That Renfrewshire HSCP's draft Winter Plan 2023/24 be approved;

(b) That it be noted that the Plan 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.

10 **Chief Social Work Officer Report 2022/23**

The Chief Social Work Officer submitted a report relative to his 2022/23 Annual Report.

The report advised that the annual reports of all Chief Social Work Officers were submitted to the office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report could be produced. The annual report from the Renfrewshire Chief Social Work Officer provided a summary of the activities relating to the Chief Social Work Officer during 2022/23 and was attached as an appendix to the report.

DECIDED:

(a) That the key activities outlined in the Chief Social Work Officer's 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 report was presented to the meeting of Renfrewshire Council held on 28 September 2023;

(d) That it be noted that the 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 2024.

11 **Climate Change Duties**

The Head of Strategic Planning & Health Improvement submitted a report relative to the IJB's annual report on compliance with climate change duties for 2022/23, a copy of which was appended to the report.

The report intimated that the Scottish Government had issued specific guidance for IJBs recognising that 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 advised that Renfrewshire HSCP continued to support both Renfrewshire Council and NHSGSC 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 2022/23, which formed Appendix 1 to the report, be approved.

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

The Chair of the IJB Audit, Risk & Scrutiny Committee provided a verbal update on the business conducted at the meeting of the Committee held on 17 November 2023.

The Chair advised that a number of audit reports had been presented to the Committee, namely internal audit reports from the Council and NHS and the final audit report on the IJB accounts 2022/23; that a member development session had been held in relation to the CIPFA Audit Committee Guidance with a self-assessment exercise undertaken and an action plan produced for submission to a future meeting of the IJB; that the terms of reference of the Committee had been reviewed and that these would be submitted to a future meeting of the IJB for approval; the Committee had considered an update on the Risk and Issue Register noting that a revised Risk Management Policy and Strategy would be brought to the Committee for review and approval in March 2024 and had considered a report in relation to the Care Inspectorate inspection of Hunterhill Care Home.

DECIDED: That the verbal update be noted.

13 **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 26 January 2024.

IJB Rolling Action Log – 26 January 2024

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
27/01/23	Unscheduled Care Winter Update	Submit further report in summer 2023	Head of Health & Social Care	Summer 2023	Report being considered at item 9 of this agenda Action complete
30/06/23	Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee	Submit report relative to appointment of Chairs and Vice Chairs for a two-year period	Clerk	22 March 2024	Report will be submitted following review of the Integration Scheme
	Arrangements for Future Meetings	Submit report relative to arrangements for the agreed meetings in June 2024 and the timetable of future meetings to June 2025 and arrangements for these meetings	Clerk	22 March 2024	Venue for future meetings discussed at member development session in December 2023
29/09/23	Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022/23	Submit report re refreshed ADP Strategy and high-level delivery plan	ADP Co-ordinator	When available	Report will be provided when detail is available
24/11/23	Chief Officer's Report	Update on respite services to be included in a future report	Chief Officer	22 March 2024	

	Development of a Sustainable Futures Programme: Update	Write to Prime Minister. Chancellor of the Exchequer, First Minister and Health Secretary	Clerk	26 January 2024	<p>Letters issued December 2023.</p> <p>Response received from the Cabinet Secretary for NHS Recovery, Health and Social Care on behalf of the Scottish Government.and forwarded to members</p> <p>Action complete</p>
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To: Renfrewshire Integration Joint Board

On: 26 January 2024

Report by: Clerk

Heading: IJB Audit, Risk and Scrutiny Committee – Self-assessment

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 Chartered Institute of Public Finance and Accountancy (CIPFA) published guidance in late 2022 for local authority Audit Committees. The purpose of the guidance is to support Audit Committee members in fulfilling their role on the Audit Committee. The guidance promotes that a regular self-assessment against the key principles should be undertaken, to support the planning of the audit committee work programme and training plans and also inform the annual report.
- 1.2 The External Auditor's Annual Audit Report contained a recommendation that "The Audit, Risk and Scrutiny Committee should conduct a self-assessment against updated good practice guidance for local government audit committees."
- 1.3 At the meeting of the IJB Audit, Risk and Scrutiny Committee held on 18 September 2023, it was decided that a development session for members of the Committee be held, to review the self-assessment. This member development session was held on 27 October 2023 and an action plan to address the small number of improvement actions identified was developed and approved at the meeting of the Committee held on 17 November 2023 for submission to a future meeting of the IJB. A copy of the action plan is attached as Appendix 1.
- 1.4 Included in this action plan was an action to review the Terms of Reference of the IJB Audit, Risk and Scrutiny Committee as these were last reviewed in January 2020. At the meeting of the Committee held on 17 November 2023 members of the Committee considered revised Terms of Reference for the IJB Audit, Risk and Scrutiny Committee and agreed that these be submitted to a future meeting of the IJB for approval.

- 1.5 The revised Terms of Reference, detailing track changes for members information, are attached as Appendix 2 to this report and the finalised version of the Terms of Reference are attached as Appendix 3 to this report.
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2. Recommendations

- 2.1 That the IJB note the content of the action plan; and
 - 2.2 That the IJB consider and approve the revised Terms of Reference for the IJB Audit, Risk and Scrutiny Committee, which form Appendix 3 to this report.
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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.
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List of Background Papers – none.

Author: Elaine Currie
elaine.currie@renfrewshire.gov.uk
0141 487 1116

No.	Self-Assessment Area	Extent of Compliance	Action	Action Owner	Completion date
1	(6) Does the audit committee escalate issues and concerns promptly to those in governance and leadership roles?	Minor Improvement Required	Consider preparing a brief ARSC update report for each IJB meeting.	Chair of the ARSC	November 2023
2	(8) Does the committee publish an annual report in accordance with the 2022 guidance, including: <ul style="list-style-type: none"> • Compliance with the CIPFA Position Statement 2022. • Results of the annual evaluation, development work undertaken and planned improvements. • How it has fulfilled its terms of reference and the key issues escalated in • the year? 	Major Improvement Required	An annual report including the required elements will be provided to the IJB to coincide with the preparation of the Annual Governance Statement.	Chair of the ARSC	June 2024
3	(7) Does the governing body hold the audit committee to account	Minor Improvement Required	Formally review the ARSC terms of reference, following this self-assessment, for consideration and approval by the IJB.	Chair of the ARSC	March 2024

	<p>for its performance at least annually?</p> <p>(11) Over the last year, has the committee only considered agenda items that align with its core functions or selected wider functions, as set out in the 2022 guidance?</p>				
4	<p>(15) Has an evaluation of knowledge, skills and the training needs of the chair and committee members been carried out within the last two years?</p> <p>(16) Have regular training and support arrangements been put in place covering the areas set out in the 2022 guidance?</p>	Moderate Improvement Required	Undertake a formal training needs analysis to inform the audit committee training and development programme.	Chief Internal Auditor	March 2024

**Renfrewshire Integration Joint Board
Audit, Risk and Scrutiny Committee**

Terms of Reference (Revised January 2020)

1. Introduction

- 1.1 The Audit, Risk and Scrutiny Committee, shall be a standing committee of Renfrewshire Integration Joint Board (IJB).
- 1.2 The Audit, Risk and Scrutiny Committee is not a decision making committee. Decisions shall rest with the IJB, to which the Audit, Risk and Scrutiny Committee may make recommendations.

2. Purpose

- 2.1 The overarching purpose of the Committee is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting annual governance processes.
- 2.2 The Committee is responsible for reviewing independent audit and inspection reports; promoting the observance of high standards of financial propriety and for receiving updates on aligned areas of the Committee's remit, as outlined in Section 8 ~~and scrutinising progress with key pieces of work across the HSCP.~~

3. Membership

- 3.1 Membership shall comprise of an equal number of voting members from both the Health Board and the Council. The Committee shall comprise two voting members from the Health Board, two from the Council and two from the non-voting membership.
- 3.2 The provisions in relation to duration of membership, substitution and removal of membership, together with those in relation to the code of conduct and declaration of interest, will be the same as those which apply to the IJB.

4. Chairmanship

- 4.1 The Chair of the IJB shall be a voting member chosen by the IJB. The Chair of the Committee must not be the Chair of the IJB, or be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as Vice Chair of the Committee.

5. Attendance

- 5.1 The Chief Officer, Chief Finance Officer and Chief Internal Auditor shall normally attend each meeting of the Committee. The External Auditor shall also have the right to attend.
- 5.2 The Chief Finance Officer will be the Executive Lead for the Committee.
- 5.3 At least one meeting, or part thereof, shall provide the internal and external auditor with the opportunity to meet the members of the Committee without senior officers present.
- 5.4 The Chief Internal Auditor and appointed External Auditor will have free and confidential access to the Chair of the Committee.
- 5.5 Other professional advisors and/or senior officers shall be invited by the Chair to attend, as required.

6. Meeting Frequency

- 6.1 The Committee shall meet four times per year.

7. Quorum

- 7.1 The quorum of members at any meeting of the Committee will be at least three members of the Committee. At least two members present shall be IJB voting members.

8. Remit

8.1 Internal Audit and External Audit

- Review and approve the internal audit plan on behalf of the IJB;
- Review and consider progress reports on the delivery of the internal audit plan;
- Review and consider Internal Audit Annual Report and Assurance Statement;
- Review and consider six monthly summaries of the work undertaken by the partnership bodies internal auditors;
- Review and consider eExternal aAudit plans;
- Review and consider iInternal and eExternal aAudit reports which relate to any issue falling within the remit of the IJB;
- Review and consider reports of external inspections of health and social care services and facilities e.g. Mental Welfare Commission or Care Inspectorate;
- To consider the EExternal aAuditor's aAnnual rReport and make recommendations to the IJB;
- Seek assurance on the effectiveness of the internal controls in place, the arrangements for ensuring value for money and for managing the exposure to the risks of fraud and corruption;

- Supporting effective working relationships between internal and external audit, inspection agencies and other relevant bodies.

8.2 Risk Management

- Review of Risk Registers;
- Review the effectiveness of risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate identified risks;

8.3 Assurance

- Referring any issues to the IJB for its consideration which may have implications within its remit;
- Review the Annual Accounts and approve the Annual Governance Statement prior to presentation for audit;
- Assess the effectiveness of governance arrangements including the Local Code.
- Oversight in relation to elements of reporting on front-facing aspects of business including areas such as public interactions (complaints, FOI etc) and Health and Safety arrangements.
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9. Reporting

9.1 The Committee shall provide updates to the IJB summarising areas of business that have been discussed and considered during their meetings. These updates will take place in the form of verbal updates and will be presented to the next meeting of the IJB by the Chair/Vice Chair of the Committee. The Minutes of the Committee meetings will also routinely be provided to the members of the IJB alongside the wider agenda pack which includes all meeting papers.

9.19.2 In addition the Committee will also undertake and produce an Annual Report to the IJB to summarise the key items of business considered in the preceding year, highlighting key areas of attention and any recommendations, for consideration, as appropriate.

9.29.3 The Committee shall also periodically review its own effectiveness and report the results to the IJB.

10. Conduct of Meetings

10.1 Meetings of the Committee will be conducted in accordance with the Standing Orders of the IJB.

**Renfrewshire Integration Joint Board
Audit, Risk and Scrutiny Committee**

Terms of Reference (Revised November 2023)

1. Introduction

- 1.1 The Audit, Risk and Scrutiny Committee, shall be a standing committee of Renfrewshire Integration Joint Board (IJB).
- 1.2 The Audit, Risk and Scrutiny Committee is not a decision-making committee. Decisions shall rest with the IJB, to which the Audit, Risk and Scrutiny Committee may make recommendations.

2. Purpose

- 2.1 The overarching purpose of the Committee is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting annual governance processes.
- 2.2 The Committee is responsible for reviewing independent audit and inspection reports; promoting the observance of high standards of financial propriety and for receiving updates on aligned areas of the Committee's remit, as outlined in Section 8.

3. Membership

- 3.1 Membership shall comprise of an equal number of voting members from both the Health Board and the Council. The Committee shall comprise two voting members from the Health Board, two from the Council and two from the non-voting membership.
- 3.2 The provisions in relation to duration of membership, substitution and removal of membership, together with those in relation to the code of conduct and declaration of interest, will be the same as those which apply to the IJB.

4. Chairmanship

- 4.1 The Chair of the IJB shall be a voting member chosen by the IJB. The Chair of the Committee must not be the Chair of the IJB, nor be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as Vice Chair of the Committee.

5. Attendance

- 5.1 The Chief Officer, Chief Finance Officer and Chief Internal Auditor shall normally attend each meeting of the Committee. The External Auditor shall also have the right to attend.
- 5.2 The Chief Finance Officer will be the Executive Lead for the Committee.
- 5.3 At least one meeting, or part thereof, shall provide the internal and external auditor with the opportunity to meet the members of the Committee without senior officers present.
- 5.4 The Chief Internal Auditor and appointed External Auditor will have free and confidential access to the Chair of the Committee.
- 5.5 Other professional advisors and/or senior officers shall be invited by the Chair to attend, as required.

6. Meeting Frequency

- 6.1 The Committee shall meet four times per year.

7. Quorum

- 7.1 The quorum of members at any meeting of the Committee will be at least three members of the Committee. At least two members present shall be IJB voting members.

8. Remit

- 8.1 Internal Audit and External Audit
 - Review and approve the internal audit plan on behalf of the IJB;
 - Review and consider progress reports on the delivery of the internal audit plan;
 - Review and consider Internal Audit Annual Report and Assurance Statement;
 - Review and consider six monthly summaries of the work undertaken by the partnership bodies internal auditors;
 - Review and consider External Audit plans;
 - Review and consider Internal and External Audit reports which relate to any issue falling within the remit of the IJB;
 - Review and consider reports of external inspections of health and social care services and facilities e.g. Mental Welfare Commission or Care Inspectorate;
 - To consider the External Auditor's Annual Report and make recommendations to the IJB;
 - Seek assurance on the effectiveness of the internal controls in place, the arrangements for ensuring value for money and for managing the exposure to the risks of fraud and corruption;

- Supporting effective working relationships between internal and external audit, inspection agencies and other relevant bodies.

8.2 Risk Management

- Review of Risk Registers;
- Review the effectiveness of risk management arrangements, the risk profile of the services delegated to the IJB and action being taken to mitigate identified risks;

8.3 Assurance

- Referring any issues to the IJB for its consideration which may have implications within its remit;
- Review the Annual Accounts and approve the Annual Governance Statement prior to presentation for audit;
- Assess the effectiveness of governance arrangements including the Local Code.
- Oversight in relation to elements of reporting on front-facing aspects of business including areas such as public interactions (complaints, FOI etc) and Health and Safety arrangements.

9. Reporting

9.1 The Committee shall provide updates to the IJB summarising areas of business that have been discussed and considered during their meetings. These updates will take place in the form of verbal updates and will be presented to the next meeting of the IJB by the Chair/Vice Chair of the Committee. The Minutes of the Committee meetings will also routinely be provided to the members of the IJB alongside the wider agenda pack which includes all meeting papers.

9.2 In addition, the Committee will also undertake and produce an Annual Report to the IJB to summarise the key items of business considered in the preceding year, highlighting key areas of attention and any recommendations, for consideration, as appropriate.

9.3 The Committee shall also periodically review its own effectiveness and report the results to the IJB.

10. Conduct of Meetings

10.1 Meetings of the Committee will be conducted in accordance with the Standing Orders of the IJB.



To: Renfrewshire Integration Joint Board

On: 26 January 2024

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 24 November 2023 and additional policy developments that the HSCP will seek to reflect in future workplans, strategies and action plans. The contents of this paper reflect an ongoing period of change and challenge, particularly in relation to the financial context the IJB and HSCP are operating within.
- 1.2. Key updates provided include an overview of actions the HSCP is taking in line with the Scottish Government's new Tobacco and Vaping Framework, the refreshed national Equally Safe Strategy and ongoing activity, supported by the HSCP, to develop a refreshed NHSGGC Quality Strategy.
- 1.3. Several national policy updates are also provided, including updates on the Scottish Government's Budget 2024/25 (noting that additional financial updates are covered in separate papers to be considered by the IJB at this meeting) and a progress update on the National Care Service (Scotland) Bill.
-

2. Recommendations

It is recommended that the IJB note:

- The range of key HSCP updates provided (Sections 4 to 7); and
 - The national policy updates provided (Sections 8 to 11)
-

3. Background

- 3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects high levels of service demand 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 future operations.

- 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.

Key HSCP Updates

4. Scottish Government Tobacco and Vaping Framework: Roadmap to 2034

- 4.1. On 22 November 2023, the Scottish Government published the [Tobacco and Vaping Framework](#). The framework focuses on tobacco as a key public health priority and continues to progress the Scottish Government's commitments to the 2034 Tobacco-Free Generation, originally set in 2013. The first implementation plan will run until November 2025 and covers a range of actions. Renfrewshire Health Improvement Team are currently progressing actions in line with the framework, which include:

- Supporting local 3rd sector organisations who work closely with parents, children, and families to develop programmes and resources to raise awareness of smoking harms, second hand smoke and vaping. The HSCP has been consulting with 3rd sector organisations across Renfrewshire on how best to develop and implement a related small bids process to inform local programmes with parents and carers.
- Currently developing a resource for pre-five centres and nurseries to raise awareness on the harms of second-hand smoke in the home.
- Working in partnership with local partners including Police Scotland, and colleagues within Trading Standards and Education to review the available evidence around vaping and young people. We are developing action plans to be driven forward across Renfrewshire in 2024, supported by the facilitation of a workshop to ensure a cohesive planned approach in line with the framework.
- Working with NHSGGC Quit Your Way team to provide local community venues to remobilise face to face Quit Your Way, smoking cessation groups and 1:1 support. This will increase targeted support in the most deprived areas in Renfrewshire in line with targets.
- Working in partnership with Renfrewshire Council to install No Smoking or Vaping signs to protect children from the harms of second-hand smoke in every play park in Renfrewshire.
- In partnership with Renfrewshire Council, displaying posters and banners at local Gala Days and large community events to encourage parents/carers to not smoke or vape at the events and provide a 'clean air' event for the children attending.

- Currently increasing registrations for Primary Schools across Renfrewshire to participate in the Jenny and the Bear programme. The programme aims to increase awareness about the effects of second-hand smoke on children in Primary 1 and what parents/carers can do to ensure their children are not exposed to its harmful effects.

5. Equally Safe 2023 - Preventing and Eradicating Violence Against Women and Girls Strategy

5.1. On 7 December 2023, the Scottish Government and COSLA published the refreshed Equally Safe Strategy. Last updated in 2016, the strategy has been collaboratively developed by the Scottish Government, COSLA, and various national and local partners and stakeholders from the public and third sectors.

5.2. The approach to collaborative development reflects the importance of all spheres of government and all sectors of society playing a role in tackling this issue and recognises that while the role of specialist organisations is essential, tackling this issue is everyone's concern. The refresh process also seeks to reaffirm the joint leadership and commitment of the Scottish Government and COSLA, aligning with the Verity House Agreement, which emphasises the need for regular and meaningful engagement and respect for each other's democratic mandates, and the realisation of human rights for all.

5.3. The strategy also notes that, to fulfil its commitments and aims, it is important to ensure that violence against women partnership (VAWP) actions are integrated with and integral to community planning, and health and social care priorities. This includes NHSGGC, Renfrewshire Community Planning Partnership and the HSCP. A supporting delivery plan for the national strategy is in development and is expected to be published in early 2024.

5.4. In response to the publication of the updated Equally Safe Strategy, the HSCP will work with our partners to refresh the [Equally Safe in Renfrewshire: Renfrewshire's no to Gender Based Violence Strategy 2018-2021](#). The existing strategy was developed through a multi-agency partnership approach by the Renfrewshire Gender Based Violence Strategy Group – co-chaired by the Renfrewshire Chief Social Work Officer and the HSCP's Interim Head of Health and Social Care. This group will oversee the development of the refresh strategy. A further update to the IJB will follow when the strategy has been fully developed.

6. NHSGGC Quality Strategy

6.1. The Chief Officer's update to the IJB in November 2023 highlighted the launch of a new project to refresh the existing NHSGGC Quality Strategy 2019-2023. The update also noted that HSCP officers are involved in the design and development process for this strategy. Following this update, an extensive engagement programme has been implemented and is now underway. The programme was kickstarted by an Accelerated Design Event on 23 November 2023 with over 200 attendees, involving representation from staff, service users, public, HSCPs, and additional key and external stakeholders.

6.2. An insight report from the event has been produced and shared. The outputs will guide the next stages of engagement and development of the strategy's priorities. As part of this development, a first in Scotland international advisory board has been established with representation from NHSGGC and global quality improvement experts. The drafting of strategy is scheduled to be completed by April 2024, and a further update will be brought to the IJB at a future meeting.

7. Suicide Prevention Strategy – Year 1 Delivery Plan 2023/24

7.1. An update was also provided to the IJB in November 2023 on the publication of the Scottish Government and COSLA Creating Hope Together: Suicide Prevention Strategy and Action Plan Outcomes Framework. On 8 December 2023, the Year 1 Delivery Plan 2023/2024 was published and covers the intended plans to ensure progress towards achieving the short-term outcomes identified in the Outcomes Framework and the priorities for year one of the strategy.

7.2. The plan will be subject to national oversight from strategic outcomes leads and at a local level, Community Planning Partnerships will have a key role in supporting and delivering local suicide prevention activity with local leadership provided by Chief Officers in their role as leads for Public Protection. Renfrewshire's Suicide Prevention Strategy Group, chaired by the HSCP Chief Officer, with membership from local and national partners including Police Scotland and Public Health Scotland, will review the plan's outcomes and priority actions, alongside the new Outcomes Framework, and reflect this in a local action plan which is currently under development.

Key National Updates

8. National Care Service Progress Update

8.1. An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in November 2023. It was agreed that future progress updates would be provided to the IJB on key developments. On 6 December 2023, the Scottish Government [updated](#) the Scottish Parliament's Health Social Care and Sports Committee on proposed changes to the plans for the creation and delivery of a National Care Service (NCS) following the Scottish Government's tripartite negotiations with local government and NHS on the shared accountability agreement in summer 2023. This includes prioritised agreement on matters requiring primary legislation and further work that will be required, including the detail to be included in secondary legislation and what will be involved to implement agreed legislation.

8.2. The Scottish Government have confirmed that while the delivery mechanisms for the NCS are now different, the vision for the NCS as set out in the [policy](#) memorandum as introduced remains the same. As the NHS and Local Government will each retain responsibility for service delivery under the shared accountability agreement, amendments to the Bill will be required and will be reflected at Stage 2. Scottish Ministers will exercise strategic framework accountability for NCS services which will include a role in setting policy and providing oversight and direction.

- 8.3. The shared accountability agreement between national and local government included agreement that statutory delivery functions would remain with local government and health boards respectively, along with assets, employment, and relevant funding. Consequentially, provisions in the current NCS Bill are no longer intended to be used as originally envisaged. The Scottish Government are now of the view that changes to the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 would achieve the intended reforms in a manner proportionate to the aim, and no longer expect to abolish integration authorities and establish care boards.
- 8.4. However, the Scottish Government remains of the view there is a clear case for reform, with significant changes needed at local level to improve quality and consistency. Proposed amendments to the Bill will ensure that reformed integration authorities are accountable to a new National Care Service Board (the Board), which will have responsibility for reviewing, and securing assurance on the deliverability of, local strategic plans. This will require amendments to provisions relating to strategic planning beyond that currently proposed in the current Bill. The Board is also expected to have a role in scrutinising reformed integration authorities' performance reports, with strengthened powers to require supporting evidence and documentation.
- 8.5. On 11 December 2023, the Scottish Government provided a [response](#) to the Finance and Public Administration Committee (FPAC) Final Report on the Financial Memorandum (FM) of the Bill. This is accompanied by an update to the FM to provide clarification on certain points and set out how cost estimates have changed since the Bill was introduced in June 2022. The implications of the proposed changes to the Bill are set out in the response, reflecting the agreement reached with COSLA and NHS on shared accountability and taking account of the latest figures published in the Scottish Health Survey on 5 December 2023.
- 8.6. Discussions between the Scottish Government, COSLA and NHS Chief Executives are ongoing around the high-level functions of the new National Care Service Board, with some areas requiring further work. This includes, for example, the status of the new Board, powers to intervene, financial assistance and operational details. In addition, discussions on the scope of the NCS and the delegation of services have not yet been concluded, and further clarity is required on proposed arrangements for specific services e.g., drugs and alcohol, prison healthcare, Children's Services and Community Justice. Parliamentary Committees will review further evidence and research provided in advance of Stage 1 on these areas.
- 8.7. The Stage 1 debate will take place by 31 January 2024 and Stage 2 amendments will be developed between January and June 2024. During this period, there will be further discussion on the reform of IJBs, establishment of the National Social Work Agency, defining the approach to primary and community healthcare and the scope of the NCS as noted above.
- 8.8. This work will be part of the ongoing co-design and engagement process. As a result of the significant changes, the expected timescale for delivery of the NCS at an operational local level has now shifted from 2025/26 to 2028/29 – with the National Care Service Board expected to be established in 2025/26. A further update will be brought to the IJB in March 2024.

9. Verity House Agreement Update

9.1. On 14 December 2023, the Scottish Government published a progress [report](#) on the Verity House Agreement. The update details of a new Fiscal Framework which will govern how Council funding is negotiated and agreed and is intended to give Councils greater flexibility over their budgets are used to deliver shared priorities and meet local needs. The Fiscal Framework will set out provisions relating to:

- Roles and Scope
- Scottish and Local Government Funding
- Local Taxation & Fiscal Flexibilities
- Scrutiny and Accountability
- Governance and Dispute Resolution

9.2. The Fiscal Framework will have the status of a 'Memorandum of Understanding', which is a statement of political intent and therefore not regarded as a binding agreement or creating any legal obligations. The framework will reflect:

- That the Scottish Government provides local authorities with funding to operate independently through the provision of block grant funding, and to take locally appropriate decisions, openly and transparently, to operate as effectively as possible within that fiscal context.
- The role and responsibility of each individual local authority to manage their own budgets and to allocate the total financial resources available to them based on local needs, the fulfilment of any statutory obligations and jointly agreed national and local priorities.
- Sources of funding that central and local government have to spend and will set out the interaction between these and how each are set.
- An agreement on engagement with regards to policy ambitions, strategic issues, fiscal and economic circumstances, and the impacts of medium to long term financial plans.

9.3. Further discussions will take place over the coming months to ensure that there are links between the fiscal framework and the overall outcomes, monitoring and accountability framework to be developed under the umbrella of the Verity House Agreement. A further update will be brought to the IJB when the framework has been fully developed and agreement reached, including the expected timescales for implementation.

10. Scottish Budget 2024/25 Update

10.1. On 11 December 2023, the Scottish Government set out the proposed [Scottish Budget 2024/2025](#). The budget has been set amidst turbulent economic and financial times. In setting the budget, the Scottish Government states that it has adopted a values-based approach focus to delivering on the three missions set out in the Programme for Government 2023/24: (i) Equality – tackling poverty and protecting people from harm; (ii) Opportunity – building

a fair, sustainable, and growing economy; and (iii) Community – delivering efficient and effective public services.

- 10.2. The full budget allocation, and impact of the 2024/25 budget, is currently under review as further information is received from the Scottish Government. However, based on the information currently available, it is expected that the financial settlement for NHS Boards, Local Government and Integration Authorities will be extremely challenging. Further financial updates are provided in supporting papers for the IJB's consideration at this meeting.

11. National Health and Social Care Staff Experience Report 2023

- 11.1. On 28 November 2023, the annual national [Health & Social Care Staff Experience Survey Report 2023](#) was published. The report contains the outcomes of all NHS Scotland Board iMatter survey results, providing detailed information and analysis of staff experience in health and social care teams across Scotland. The survey is structured around key enablers of staff engagement, allowing teams to reflect on progress; supporting staff to feel well informed; appropriately trained; involved in decisions; treated fairly; and working in an environment that promotes health and wellbeing.

- 11.2. The national survey response rate was 59%, an increase of 4% from 2022. For NHSGGC, the response rate was 54% - an increase of 2% from 2022 (separately, the HSCP's response rate for 2023 was 58%). For NHSGGC, there is also an increase across all 3 KPIs - including the Board's highest ever Employee Engagement Index (EEI) score of 76. In line with the national score, the NHSGGC overall experience score was 7.0 (Strive and Celebrate Category) – an increase on 2022 (6.8). Overall, the report shows positive outcomes both national and locally.

- 11.3. The NHSGGC has established a partnership group to review the report and local HSCP action plans. The outputs will collectively feed into the Board-wide iMatter action plan, and for governance purposes progress reported through various governance arrangements including the NHSGGC Staff Governance Committee and NHSGGC Area Partnership Forum. The HSCP Senior Management Team will consider the outputs alongside existing governance arrangements for our local action plan alongside any implications for workforce planning.

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.
5. **Legal** – No implications from this report
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.

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11. **Procurement** – No implications from this report.
 12. **Risk** – Any risks and issues arising from the contents of this report are captured, tracked, and managed on an ongoing basis and incorporated into reports to the IJB Audit, Risk and Scrutiny Committee as appropriate.
 13. **Privacy Impact** – No implications from this report.
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List of Background Papers: None

Author: Debra Allen, Senior Planning and Policy Development Officer

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

To: Renfrewshire Integration Joint Board

On: 26 January 2024

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2023 to 30 November 2023

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 2023, and, the projected year end position for the year ending 31 March 2024.
- 1.2. Members are reminded that within the 2023-24 Delegated Health and Social Care Budget paper presented to the IJB in March 2023 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.
- 1.3. Pay negotiations for local government have now been agreed but it is not yet clear what the final impact will be on the overall budget position for 2023/24 as the pay award will not be paid until January 2024. Furthermore, we are still awaiting confirmation of the level of funding which will be passed through to the IJB to meet these increased costs. The Director of Finance and Resources for Renfrewshire Council has confirmed that Renfrewshire Council will pass through to the IJB its relevant share of the funding from the Scottish Government, however it is important that members are aware that the IJB will need to fund any shortfall.
- 1.4. Members should note that the current projections do not include the impact of the pay award above the 3% included as part of the overall budget assumptions for 2023/24.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 November 2023;
- Note the projected year-end position for 2023/24.

3. Summary

3.1. As detailed in the following table, the projected final outturn is an overspend of (£3,280k) for 2023/24 taking into account the in-year drawdown of earmarked winter pressure reserves. This figure also assumes a transfer of any in-year underspend at 31 March 2024 to earmarked reserves in line with Scottish Government funding arrangements in relation to:

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

Division	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (prior to drawdown of winter pressure monies)	Overspend (£3,562k)	Overspend (£5,209k)
Other Delegated Services	Overspend (£27k)	Overspend (£39k)
TOTAL	Overspend (£3,589k)	Overspend (£5,248k)
Less: Drawdown of Winter pressure monies	£1,362k	£1,968k
TOTAL	Overspend (£2,227k)	Overspend (£3,280k)

3.2. In order to partially mitigate the current projected year end overspend and in line with the winter planning funding intentions, earmarked reserves have been drawn down to fund costs associated with care at home and care home placements. The intention to maximise the use of earmarked reserves to reduce the need for drawing down from general reserves to enable maximum flexibility going forward was highlighted by the Chief Finance Officer at the IJB meeting of 24 November 2023.

3.3. As previously highlighted to the IJB there continues to be a number of factors impacting on the public sector across the UK which are having a direct impact on our financial position. This includes: the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, and recruitment challenges.

3.4. Whilst our current financial position is better than originally anticipated in March 2023, this position will be subject to fluctuation as the financial year progresses.

3.5. Following the impact of COVID it has been difficult to accurately determine spending patterns to assist financial projections. There has however, been a consistent pattern in the demand for care at home packages increasing year on year and we have built an assumption into current financial projections based on the levels of demand we assume will continue to feature throughout this year.

3.6. The IJB's financial planning arrangements and assumptions remain subject to active review, including planning for a range of potential outcomes and scenarios to help to identify 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.

3.8. The following table provides a high-level summary of the main reasons why the IJB is projecting an overspend of (£3,280k) for the financial year 2023/24.

Subjective Heading	Year to Date Position £000's	Projected Year End Outturn £000's	Comments
Employee Costs	1,262	1,886	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. In addition, there is an underspend in relation to incremental drift on health posts. This underspend will reduce in future years reflecting the decision by the IJB at its meeting of 24 November where approval was given to revise the current payroll budget methodology including applying 4% turnover to posts where a staff ratio is not required.
Property Costs	(82)	(120)	overspend reflecting increase in cleaning costs due to infection control requirements.
Supplies & Services	(286)	(423)	overspend mainly in relation to the increase in community meal provision and legal costs relating to an employee tribunal. There is also an increase in spend in taxi costs due to the decant of Ward 37, and an increase within Podiatry for blood testing kits and walking aids.
Third Party Payments	(1,456)	(2,103)	Care at Home o/s (£2,436k): spend reflects increased demand, in addition, increased patient acuity of discharges from hospitals with more complex needs means that more intensive CAH packages are required to support people to remain in their own homes. Care Home Placements u/s £496k: reflects greater numbers of clients choosing to remain at home for longer and the late notification from care homes of packages that had ended in the previous financial year. Respite o/s (£162k): reflective of the current client profile and demand for respite services.
Purchase of Healthcare	(2)	(3)	overspend reflects increased costs associated with LMC (local medical committee) invoices.
Transport	149	215	underspend reflective of services such as Day Care operating at a reduced capacity.
FHS	(2,044)	(3,066)	prescribing – reflective of current volume increases and issues currently impacting on the price of drugs as well as several items being on short supply.
Support Services	10	15	Minor underspend reflecting current spend pattern.
Transfer Payments	86	124	underspend reflective of the reduction in the council recharge following the due diligence exercise (23/24 budget was set at the original costing due to timing of completion of due diligence exercise).
Income	136	195	Over recovery includes new charging orders registered and funds received.
TOTAL	(2,227)	(3,280)	

4. Pressures

Total Renfrewshire HSCP	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including ring-fenced funding)	Overspend (£3,562k)	Overspend (£5,209k)
TOTAL	Overspend (£3,562k)	Overspend (£5,209k)
Less: Earmarked Winter pressure monies drawdown.	Drawdown £1,362k	Drawdown £1,968k
GRAND TOTAL	Overspend (£2,200k)	Overspend (£3,241k)

- 4.1 The overall projected net overspend for the HSCP at 30 November 2023 is an overspend of (£2,200k), with an anticipated year-end overspend of (£3,241k), assuming that the current trajectory of spend continues throughout the remainder of this financial year. This includes the in-year drawdown of earmarked winter pressure monies in line with the Scottish Government winter planning funding intentions to fund costs associated with care at home and care home placements and, assumes a transfer of in-year underspend on ring fenced allocations at 31 March 2024 to earmarked reserves.
- 4.2 As highlighted in section 3.2 the intention to maximise the use of ear marked reserves to reduce the need for drawing down from general reserves to enable maximum flexibility going forward was highlighted by the Chief Finance Officer at the IJB meeting of 24 November 2023. Normally such drawdowns would occur at the financial year end however in order to provide the IJB clarity over the projected year end position these have been drawn down in year.
- 4.3 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.
- 4.1. During this financial year, to date £8,116k has been drawn down from Earmarked reserves, details are summarised in the following table and in Appendix 8.

Earmarked Reserves	Amounts Drawn Down in 2023/24
	£000's
PCIP	1,514
PCTF Transitional Fund	18
Action 15	123
ADP Funding	250
Scottish Gov District Nurse Funding	126
Drug Death Task Force	81
Drug Mission Outreach	134
MIST	34
Care Home Liaison & Oversight Staffing Funding	15
HSCP Respiratory Nursing	128
Healthcare support workers	624
Accommodation / Premises Investment Fund	263
Mental Health Dementia Funding	50
Care Home Hub	26
Community Living Change	118
Cervical Screening	31
School Nursing	181
Children's Mental Health	1,052
In House Training Academy	15
Winter cf	380
Change & Improvement	235
Winter 22/23	1,355
Fixed term winter posts	353
Fixed term posts reserve	150
LA Care home refurbishment	107
Mile End refurbishment	2
TEC Grant	16
Analogue to Digital Contribution to Programme	68
RES Winter Planning	659
MHO Training Grant	6
Adult Support & Protection Grant	4
TOTAL EARMARKED RESERVES	8,116

4.2. The main broad themes of the current and projected outturn for each Care Group are summarised in the following table and include:

Care Group	Year to Date Position £000's	Projected Year End Outturn £000's	Comments
Adults and Older People	(1,245)	(1,787)	<p>The overspend position reflects:</p> <ul style="list-style-type: none"> • Continued pressures within the Care at Home service – o/s (£2,647k) reflects increased demand, in addition, increased patient acuity of discharges from hospitals with more complex needs means that more intensive CAH packages

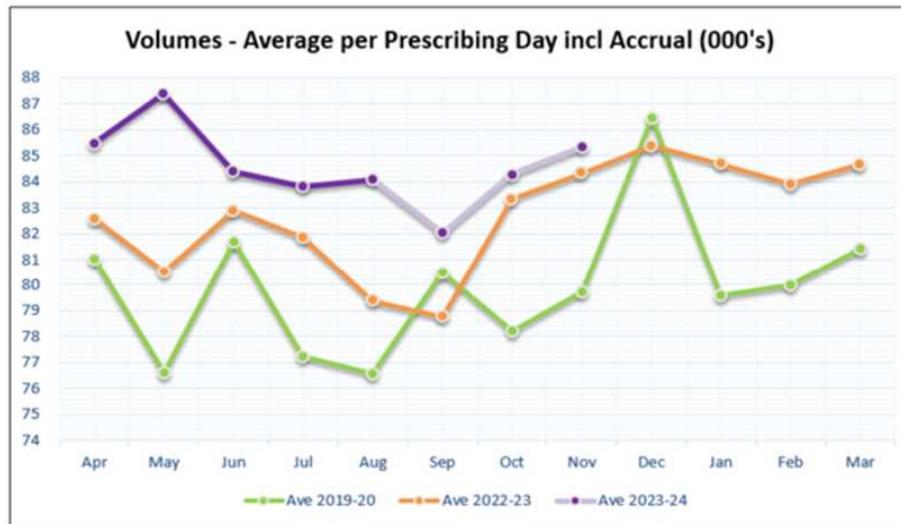
			<p>are required to support people to remain in their own homes.</p> <ul style="list-style-type: none"> • Care Homes – u/s £496k reflecting the number of clients choosing to remain at home for longer and impact of late notification from care homes of packages that had ended in the previous financial year. • Respite – o/s (£174k) reflective of the current client profile and demand for respite services. • Employee costs - Adult Social Care – o/s (£258k) relates mainly to an overspend on employee costs across the three HSCP care homes. The current increased dependencies of clients supported within our care homes reflects the impact of COVID and the level of increased staffing put in place to manage levels of need due to our inability at that point to move residents on to nursing care when required (previously funded by Scottish Government from 2020/21 to mid 2022/23). However, a number of clients admitted during COVID are still within the care homes requiring increased support reflective of their higher-than-normal care requirements. • Employee costs – Health - Adult Community Services – u/s £393k reflecting ongoing turnover and recruitment and retention issues across services. • Transport costs - Adult Social Care - u/s £215k reflecting services currently operating at a reduced capacity.
Mental Health Services	(681)	(1,040)	Overspend reflects a significant increase in agency costs due to increased availability of agency staff and the requirement for more 2:1 enhanced observations. This is an issue that is being faced across NHS GGC, not only in Renfrewshire.
Learning Disabilities	204	303	<p>Underspend reflective of:</p> <ul style="list-style-type: none"> • Adult Care Placements - o/s (£255k): reflective of the current client profile and the implementation of future adult care placements including complex high-cost placements over the financial year. • Employee costs - Adult Social Care - u/s £292k reflecting ongoing turnover and recruitment and retention issues across services including social workers and day service posts. • Employee costs – Health - u/s £226k reflecting ongoing turnover and recruitment and retention issues across services.
Children’s Services	248	373	Underspend mainly due to vacancies reflecting recruitment and retention issues across the service
Health Improvement & Inequalities	213	320	Underspend due to vacancies within the service.

Resources	249	373	Underspend due to vacancies within the service. Early delivery of 24/25 savings totalling £151k have also been coded against this budget (financial planning sits within this heading) pending their removal in 24/25.
Hosted Services	855	1282	Underspend mainly due to vacancies within Podiatry Services and Primary Care. Plans are in place within podiatry to take forward the 'Prepare programme' which will recruit and support trainee podiatrists into the service.
TOTAL	(£157k)	(£177k)	

5. Prescribing

Prescribing	Year to Date Position	Projected Outturn
	Overspend (£2,042k)	Overspend (£3,064k)

- 5.1. NSS have been working towards delivering a new prescribing system called 'nDCVP' (replacing the previous system 'DCVP'). However, as previously highlighted to the IJB there have been some significant technical issues in the go live phase of the project impacting on our ability to determine the actual and projected costs for the current financial year. A recovery plan has now been put in place and additional resources recruited to mitigate the current delays.
- 5.2. Financial projections reported at the end of November 2023 now include information to the end of August 2023. As a result, the November financial information is now based on five months actual data (April – Aug 23) and a three-month accrual (Sep 23-Nov 23). Prescribing information is only now one month behind the normal two-month time lag it takes to receive, process, pay and report on prescribing data.
- 5.3. The prescribing overspend has continued to increase for a number of reasons:
- A highly volatile marketplace with a high number of concessions and price inflation post concession period.
 - Post EU-exit, UK has faced supply and pricing challenges which have not been seen across EU.
 - The success of evidence-based medicine has led to an increase in treatment options for many chronic diseases.
 - An increase in the prevalence and treatments of NCDs (non-communicable diseases) such as diabetes
 - Treating more patients, who have more ailments with more medicines at increasing cost.
 - The outlook is of an increasing population (in most area's) living longer and diagnosed with more ailments.
- 5.4. Members should note that it is highly likely that the current uncertainty and volatility will continue for the foreseeable future, which will have a significant impact on the future financial position of the IJB.
- 5.5. The following graph shows the fluctuation in demand over the prior 3 years.



6. Scottish Government Funding 2023/24

- 6.1. As highlighted in previous reports to the IJB there have been significant delays in the receipt of ring-fenced allocations from the Scottish Government. To date the allocation for Action 15 remains outstanding. It is therefore not yet clear how the in-year budget will be impacted and what conditions will be attached to the funding.
- 6.2. The 2023/24 Tranche 1 allocation for the Primary Care Improvement Fund (PCIF) and ADP have been received. As with last year, reserves will contribute to the overall 2023-24 allocation. Our allocations have therefore, been adjusted to reflect this.
- 6.3. 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.
- 6.4. The 2023/24 allocations for: PCIP, Action 15 and 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 2024 is an overspend of (£39k).

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	868	(39)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,117	(39)

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 2023/24 was £33,633k comprising:

- Covid Carers PPE Funding £4k;
- Scottish Government Ring Fenced Monies £13,422k;
- Grant Funding £176k and
- IJB Earmarked Reserves £13,493k.

The remaining balance of £6,538k 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 2023/24 a total of £8.116m of earmarked reserves have been drawn down to date.

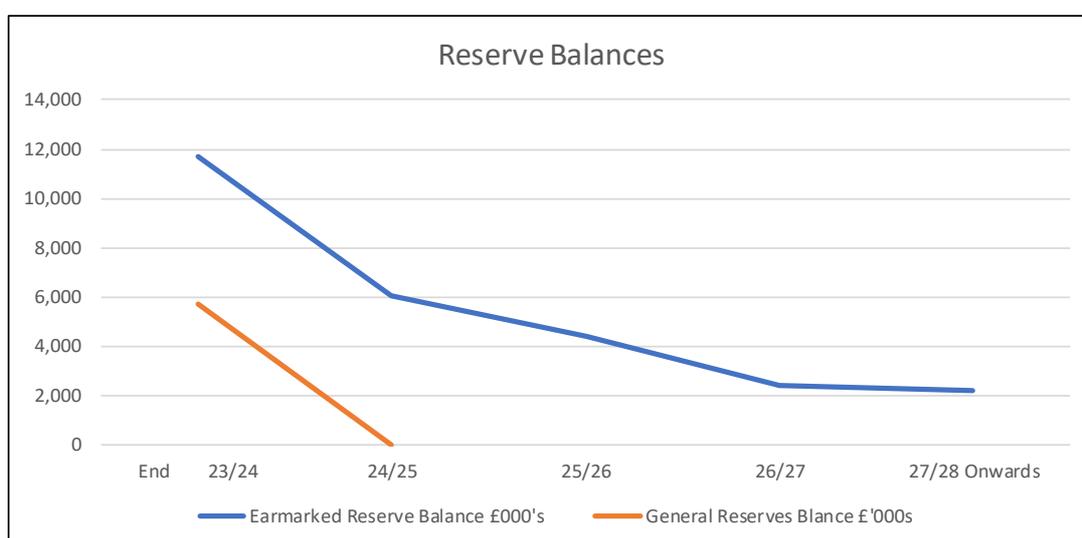
8.4. Based on the current projected year end overspend for the HSCP of (£3,241k), as highlighted to the IJB at the meeting of 31 March 2023, it will be necessary to drawdown earmarked reserves and general reserves in order to deliver a breakeven position at 31 March 2024. Along with current projections for reserve commitments in 2023/24 this indicates that the following drawdowns will be required in 2023/24. This will leave projected year end balances of £5,697k in general reserves and £11,694k in earmarked reserves.

8.5. *Projected Reserve Commitments*

HSCP Funded Reserves	General Reserves	Earmarked Reserves
	£000's	£000's
Opening Balance 23/24	6,538	27,095
Less:		
Amounts drawn down in 23/24		-8,116
Total as at 31st October 2023	6,538	18,979
Less:		
23/24 projected overspend drawdown		
General	-841	
Mitigation of delays in delivery of savings		-400
Prescribing		-2000
Total	-841	-2,400
Less:		
23/24 Projected reserve commitments		-4,885
Total	0	-4,885
Closing Balance 23/24	5,697	11,694

- 8.6. Based on current commitments and the projected budget gap for 2024/25, we are currently estimating that the amount held in general reserves will be fully drawn down by the end of 2024/25.
- 8.7. In addition, earmarked reserves balances will also reduce as agreed commitments are taken forward. The table and chart below provide further detail on the projected reserve balances (this will be updated throughout the financial year).

Reserves	Nov 23/24	End 23/24	24/25	25/26	26/27	27/28 Onwards
Earmarked Reserve Balance £000's	18,979	11,694	6,066	4,433	2,413	2,206
General Reserves Balance £'000s	6,538	5,697	-			



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** - none
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.

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)

1.	Reference Number	260124-05
2.	Date Direction issued by IJB	26 January 2024
3.	Date from which Direction takes effect	26 January 2024
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, 241123-04
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (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 2024.

HSCP Revenue Budget Position
1st April 2023 to 30th November 2023

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	60,903	11,765	-	4,512	-	77,180	75,918	1,262	1.6%	underspend
Property Costs	357	(24)	-	207	-	539	621	(82)	-15.2%	overspend
Supplies and Services	13,321	(6,943)	-	212	-	6,589	6,876	(286)	-4.3%	overspend
Third Party Payments	52,331	3,223	-	560	-	56,114	57,569	(1,456)	-2.6%	overspend
Purchase Of Healthcare	1,951	40	-	-	-	1,991	1,993	(2)	-0.1%	overspend
Transport	580	(12)	-	-	-	568	419	149	26.2%	underspend
Family Health Services	66,297	2,458	-	-	-	68,755	70,799	(2,044)	-3.0%	overspend
Support Services	48	-	-	-	-	48	38	10	21.2%	underspend
Transfer Payments (PTOB)	4,245	(1,568)	-	2	-	2,679	2,593	86	3.2%	underspend
Resource Transfer	15,259	9,640	(24,899)	-	-	(0)	(0)	-	0.0%	breakeven
Set Aside	44,839	-	-	-	-	44,839	44,839	-	0.0%	breakeven
Gross Expenditure	260,131	18,578	(24,899)	5,492	-	259,302	261,666	(2,364)	-0.9%	overspend
Income	(20,555)	(2,770)	775	-	(5,492)	(28,043)	(28,179)	136	-0.5%	underspend
NET EXPENDITURE	239,576	15,808	(24,124)	5,492	(5,492)	231,259	233,487	(2,227)	-1.0%	overspend

HSCP Revenue Budget Position
1st April 2023 to 30th November 2023

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	57,059	3,498	-	2,999	(2,999)	60,557	61,802	(1,245)	-2.1%	overspend
Mental Health	18,211	1,940	-	261	(261)	20,151	20,832	(681)	-3.4%	overspend
Learning Disabilities	15,414	1,709	-	129	(129)	17,122	16,919	204	1.2%	underspend
Children's Services	3,157	657	-	848	(848)	3,813	3,565	248	6.5%	underspend
Prescribing	24,949	1,630	-	-	-	26,579	28,621	(2,042)	-7.7%	overspend
Health Improvement & Inequalities	773	130	-	-	-	903	690	213	23.6%	underspend
FHS	40,343	827	-	-	-	41,170	41,170	-	0.0%	breakeven
Resources	2,651	3,971	-	1,234	(1,234)	6,622	6,373	249	3.8%	underspend
Hosted Services	8,007	749	-	21	(21)	8,757	7,902	855	9.8%	underspend
Resource Transfer	15,259	696	(15,955)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	breakeven
Set Aside	44,839	-	-	-	-	44,839	44,839	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	238,829	15,807	(24,124)	5,493	(5,493)	230,512	232,713	(2,200)	-1.0%	overspend
Other Delegated Services	747	-	-	-	-	747	774	(27)	-3.6%	overspend
NET EXPENDITURE	239,576	15,807	(24,124)	5,493	(5,493)	231,259	233,486	(2,227)	-1.0%	overspend

HSCP Revenue Budget Position
1st April 2023 to 31st March 2024

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		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	89,904	17,588	-	6,683	-	114,175	112,290	1,886	1.7%	underspend
Property Costs	518	(36)	-	306	-	789	908	(120)	-15.2%	overspend
Supplies and Services	19,906	(10,478)	-	314	-	9,742	10,165	(423)	-4.3%	overspend
Third Party Payments	75,589	4,655	-	809	-	81,053	83,156	(2,103)	-2.6%	overspend
Purchase Of Healthcare	2,927	60	-	-	-	2,987	2,990	(3)	-0.1%	overspend
Transport	838	(17)	-	-	-	821	606	215	26.2%	underspend
Family Health Services	99,445	3,687	-	-	-	103,132	106,198	(3,066)	-3.0%	overspend
Support Services	70	-	-	-	-	70	55	15	21.2%	underspend
Transfer Payments (PTOB)	6,131	(2,265)	-	3	-	3,869	3,745	124	3.2%	underspend
Resource Transfer	22,888	14,460	(37,348)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
Gross Expenditure	385,474	27,654	(37,348)	8,116	-	383,897	387,372	(3,475)	-0.9%	overspend
Income	(29,778)	(4,067)	1,162	-	(8,116)	(40,799)	(40,995)	195	-0.5%	underspend
NET EXPENDITURE	355,696	23,587	(36,186)	8,116	(8,116)	343,097	346,377	(3,280)	-1.0%	overspend

HSCP Revenue Budget Position
1st April 2023 to 31st March 2024

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		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	82,915	5,214	-	4,386	(4,386)	88,129	89,916	(1,787)	-2.0%	overspend
Mental Health	27,171	2,901	-	387	(387)	30,072	31,112	(1,040)	-3.5%	overspend
Learning Disabilities	22,314	2,480	-	189	(189)	24,794	24,491	303	1.2%	underspend
Children's Services	4,735	985	-	1,272	(1,272)	5,720	5,347	373	6.5%	underspend
Prescribing	37,423	2,445	-	-	-	39,868	42,932	(3,064)	-7.7%	overspend
Health Improvement & Inequalities	1,159	195	-	-	-	1,354	1,034	320	23.6%	underspend
FHS	60,514	1,241	-	-	-	61,755	61,755	-	0.0%	breakeven
Resources	3,976	5,957	-	1,851	(1,851)	9,933	9,560	373	3.8%	underspend
Hosted Services	12,011	1,124	-	31	(31)	13,135	11,853	1,282	9.8%	underspend
Resource Transfer	22,888	1,044	(23,932)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	354,618	23,587	(36,186)	8,116	(8,116)	342,019	345,259	(3,241)	-0.9%	overspend
Other Delegated Services	1,078	-	-	-	-	1,078	1,117	(39)	-3.6%	overspend
NET EXPENDITURE	355,696	23,587	(36,186)	8,116	(8,116)	343,097	346,377	(3,280)	-1.0%	overspend

Adult Social Care Revenue Budget Position

1st April 2023 to 8th December 2023

Subjective Heading	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	25,987	1,067	1,521	-	28,575	28,449	126	0.4%	underspend
Property Costs	300	(20)	73	-	353	420	(67)	-18.8%	overspend
Supplies and Services	1,358	1,133	52	-	2,543	2,658	(115)	-4.5%	overspend
Third Party Payments	52,331	3,223	560	-	56,114	57,569	(1,456)	-2.6%	overspend
Transport	578	(12)	-	-	566	417	149	26.3%	underspend
Support Services	48	-	-	-	48	38	10	21.2%	underspend
Transfer Payments (PTOB)	3,632	(1,568)	2	-	2,066	1,953	113	5.5%	underspend
Gross Expenditure	84,235	3,823	2,208	-	90,266	91,504	(1,238)	0	-
Income	(18,975)	(1,581)	-	(2,208)	(22,765)	(22,931)	167	-0.7%	underspend
NET EXPENDITURE	65,260	2,241	2,208	(2,208)	67,501	68,573	(1,072)	0	-

Adult Social Care Revenue Budget Position
1st April 2023 to 8th December 2023

Care Group	YTD Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	42,477	336	2,025	(2,025)	42,813	44,222	(1,409)	-3.3%	overspend
Physical or Sensory Difficulties	5,187	257	-	-	5,444	5,511	(67)	-1.2%	overspend
Learning Difficulties	14,515	1,488	99	(99)	16,003	15,958	45	0.3%	underspend
Mental Health Needs	2,627	148	78	(78)	2,774	2,445	330	11.9%	underspend
Addiction Services	454	12	5	(5)	467	437	29	6.3%	underspend
NET EXPENDITURE	65,260	2,241	2,208	(2,208)	67,501	68,573	(1,072)	0	-

Adult Social Care Revenue Budget Year End Position
1st April 2023 to 31st March 2024

Subjective Heading	Annual Budget	In year adjustments	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	37,537	1,541	2,197		41,275	41,092	182	0.4%	underspend
Property Costs	434	(30)	106		510	607	(96)	-18.8%	overspend
Supplies and Services	1,962	1,637	74		3,673	3,839	(166)	-4.5%	overspend
Third Party Payments	75,589	4,655	809		81,053	83,156	(2,103)	-2.6%	overspend
Transport	835	(17)			818	603	215	26.3%	underspend
Support Services	70				70	55	15	21.2%	underspend
Transfer Payments (PTOB)	5,246	(2,265)	3		2,984	2,821	163	5.5%	underspend
Gross Expenditure	121,673	5,521	3,189	-	130,384	132,173	(1,789)	-1.4%	overspend
Income	(27,409)	(2,284)		(3,189)	(32,882)	(33,123)	241	-0.7%	underspend
NET EXPENDITURE	94,264	3,237	3,189	(3,189)	97,501	99,050	(1,548)	-1.6%	overspend

**Adult Social Care Revenue Budget Year End Position
1st April 2023 to 31st March 2024**

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
							£000's	%	
Older People	61,356	485	2,926	(2,926)	61,841	63,876	(2,035)	-3.3%	overspend
Physical or Sensory Difficulties	7,492	371			7,863	7,960	(96)	(0)	overspend
Learning Difficulties	20,966	2,149	144	(144)	23,115	23,050	65	0.3%	underspend
Mental Health Needs	3,794	213	113	(113)	4,007	3,531	476	11.9%	underspend
Addiction Services	656	18	7	(7)	674	632	42	6.3%	underspend
NET EXPENDITURE	94,264	3,237	3,189	(3,189)	97,501	99,049	(1,548)	-1.6%	overspend

Health Revenue Budget Position
1st April 2023 to 30th November 2023

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	34,787	10,698	-	2,991	-	48,476	47,340	1,135	2.3%	underspend
Property Costs	56	(4)	-	133	-	185	201	(16)	-8.4%	overspend
Supplies and Services	11,957	(8,077)	-	160	-	4,041	4,212	(172)	-4.2%	overspend
Purchase Of Healthcare	1,951	40	-	-	-	1,991	1,993	(2)	-0.1%	overspend
Family Health Services	66,297	2,458	-	-	-	68,755	70,799	(2,044)	-3.0%	overspend
Set Aside	44,839	-	-	-	-	44,839	44,839	-	0.0%	breakeven
Resource Transfer	15,259	9,640	(24,899)	-	-	-	-	-	0.0%	breakeven
Gross Expenditure	175,145	14,755	(24,899)	3,284	-	168,286	169,385	(1,098)	-0.7%	overspend
Income	(1,576)	(1,189)	775	-	(3,284)	(5,275)	(5,244)	(30)	0	overspend
NET EXPENDITURE	173,569	13,566	(24,124)	3,284	(3,284)	163,012	164,140	(1,128)	-0.7%	overspend

Health Revenue Budget Position
1st April 2023 to 30th November 2023

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	270	4	-	-	-	274	274	0	0.0%	overspend
Addiction Services - ADP	1,111	1,158	-	328	(328)	2,269	2,269	-	0.0%	breakeven
Adult Community Services	7,559	1,731	-	641	(641)	9,290	9,089	201	2.2%	underspend
Children's Services	3,157	657	-	848	(848)	3,813	3,565	248	6.5%	underspend
Learning Disabilities	899	221	-	30	(30)	1,119	961	159	14.2%	underspend
Mental Health	15,585	1,792	-	100	(100)	17,377	18,388	(1,011)	-5.8%	overspend
Mental Health - Action 15	-	-	-	82	(82)	-	-	-	0.0%	breakeven
Hosted Services	8,007	749	-	21	(21)	8,757	7,902	855	9.8%	underspend
Prescribing	24,949	1,630	-	-	-	26,579	28,621	(2,042)	-7.7%	overspend
Gms	19,469	-	-	-	-	19,469	19,469	-	0.0%	breakeven
FHS Other	20,874	827	-	-	-	21,701	21,701	-	0.0%	breakeven
Planning & Health Improvement	773	130	-	-	-	903	690	213	23.6%	underspend
Primary Care Improvement Prog	171	3,609	-	1,010	(1,010)	3,781	3,781	-	0.0%	breakeven
Resources	2,479	362	-	225	(225)	2,841	2,593	249	8.7%	underspend
Set Aside	44,839	-	-	-	-	44,839	44,839	-	0.0%	breakeven
Resource Transfer	15,259	696	(15,955)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	breakeven
NET EXPENDITURE	173,569	13,566	(24,124)	3,285	(3,285)	163,012	164,140	(1,128)		-

Health Budget Year End Position
1st April 2023 to 31st March 2024

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		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	52,180	16,047		4,487		72,714	71,010	1,703	2.3%	underspend
Property Costs	84	(6)		200		278	301	(23)	-8.4%	overspend
Supplies and Services	17,936	(12,115)		240		6,061	6,318	(257)	-4.2%	overspend
Purchase Of Healthcare	2,927	60				2,987	2,990	(3)	-0.1%	overspend
Family Health Services	99,445	3,687				103,132	106,198	(3,066)	-3.0%	overspend
Set Aside	67,258					67,258	67,258	-	0.0%	breakeven
Resource Transfer	22,888	14,460	(37,348)			-	-	-	0.0%	breakeven
Gross Expenditure	262,718	22,133	(37,348)	4,927	-	252,430	254,077	(1,647)	(0)	-
Income	(2,364)	(1,783)	1,162		(4,927)	(7,912)	(7,867)	(45)	0.6%	overspend
NET EXPENDITURE	260,354	20,350	(36,186)	4,927	(4,927)	244,518	246,210	(1,693)	0	0

Health Budget Year End Position
1st April 2023 to 31st March 2024

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		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	405	6				411	411	0	0.0%	overspend
Addiction Services - ADP	1,667	1,737		491	(491)	3,404	3,404		0.0%	breakeven
Adult Community Services	11,339	2,597		962	(962)	13,936	13,633	302	2.2%	underspend
Children's Services	4,735	985		1,272	(1,272)	5,720	5,347	373	6.5%	underspend
Learning Disabilities	1,348	331		45	(45)	1,679	1,441	238	14.2%	underspend
Mental Health	23,377	2,688		151	(151)	26,065	27,581	(1,516)	-5.8%	overspend
Mental Health - Action 15	-			123	(123)	-	-		0.0%	breakeven
Hosted Services	12,011	1,124		31	(31)	13,135	11,853	1,282	9.8%	underspend
Prescribing	37,423	2,445				39,868	42,932	(3,064)	-7.7%	overspend
Gms	29,203					29,203	29,203		0.0%	breakeven
FHS Other	31,311	1,241				32,552	32,552		0.0%	breakeven
Planning & Health Improvement	1,159	195				1,354	1,034	320	23.6%	underspend
Primary Care Improvement Prog	257	5,414		1,514	(1,514)	5,671	5,671		0.0%	breakeven
Resources	3,719	543		337	(337)	4,262	3,889	373	8.7%	underspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	1,044	(23,932)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
NET EXPENDITURE	260,354	20,350	(36,186)	4,927	(4,927)	244,518	246,210	(1,693)	-0.7%	overspend

**Renfrewshire Council 'Other Delegated Services'
1st April 2023 to 8th December 2023**

Subjective Heading	Year to Date Budget £000's	Projected Spend YTD £000's	Variance £000's
Employee Costs	129	129	-
Property Costs	0	-	0
Supplies and Services	6	6	-
Transport	2	2	-
Transfer Payments (PTOB)	613	640	(27)
Gross Expenditure	750	777	(27)
Income	(3)	(3)	-
NET EXPENDITURE	747	773	(27)

Client Group	Year to Date Budget £000's	Projected Spend YTD £000's	Variance £000's
Housing Adaptations	574	601	(27)
Women's Aid	173	173	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	747	774	(27)

1st April 2023 to 31st March 2024

Subjective Heading	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Employee Costs	187	187	-
Property Costs	0	-	0
Supplies and Services	8	8	-
Transport	3	3	-
Transfer Payments (PTOB)	885	924	(39)
Gross Expenditure	1,083	1,122	(39)
Income	(5)	(5)	-
NET EXPENDITURE	1,078	1,117	(39)

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	868	(39)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,117	(39)

2023/24 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2023/24 Renfrewshire HSCP Opening Budget:	94,264
Adult Social Care Budget as reported @ 28th April 2023	94,264
<u>Budget Adjustment posted in month 2</u>	
Scheduling & Monitoring Budget Transfer	-82
Adult Social Care Uplift 23/24	3,362
Adult Social Care Budget as reported @ 24th May 2023	97,544
<u>Budget Adjustment posted in month 3</u>	
WAN connections 23/24	-6
Adult Social Care Budget as reported @ 23rd June 2023	97,538
<u>Budget Adjustment posted in month 5</u>	
Promise Manager 23/24	-38
Adult Social Care Budget as reported @ 18th August 2023	97,500

Appendix 6

2023/24 Health Financial Allocation to Renfrewshire HSCP	£k
2023/24 opening budget	193,096
Add: Set Aside	67,258
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-22,888
= base budget rolled over	225,212
<u>Budget Adjustments posted in month 2</u>	
Apremilast Acute Feb23 Actual Ren	41
Apremilast Acute Mar23 Actual Ren	52
Mgt - Co/cfo/mgt/lead	-5
Mgt/sesp	-4
Mh - Mgt Jmcl	2
Pay Ni Uplift 2223 Rev	1
Savings	14
RT adjustment	7
Budget allocated as per 2023/24 Financial Allocation 31st May 2023	225,321
<u>Budget Adjustments posted in month 3</u>	
Budget transfer Children's services West Dun	-52
RT Adjustment	-561
Budget allocated as per 2023/24 Financial Allocation 30th June 2023	224,708
<u>Budget Adjustments posted in month 4</u>	
Camchp 22 Hcsw Band 2-4	1,187
Camchp 23 One Off Payment	662
Camchp 26 Adp Pfg	575
Camchp 27 Adp Tranche 1	973
Camchp 29 Pcip Tranche 1	5,438
Ggc Hv Academic Sessions 2324	77
Tariff Swap Adj 22/23 Ren	-522
	-483
Budget allocated as per 2023/24 Financial Allocation 31st July 2023	232,615

<u>Budget Adjustments posted in month 5</u>	
Camchp 39 Pay Uplift	4,714
Apremilast Acute	454
Camchp 28 District Nursing Ren	233
Camchp 40 Mdt Ren	1,133
Camchp 43 School Nurse Ren	402
OU student cam	15
Budget allocated as per 2023/24 Financial Allocation 31st August 2023	239,567
<u>Budget Adjustments posted in month 6</u>	
Cam052 Ou Q3&4 22/23 L Hawkins	5
Camchp 29 Pcip Tranche 1 Ren	-93
Camchp 49 Thrive Under 5	49
Budget allocated as per 2023/24 Financial Allocation 30th September 2023	239,528
<u>Budget Adjustments posted in month 7</u>	
Cam052 Ou Q3&4 22/23 L Hawkins	-5
Camchp 60 Cervical	17
Camchp 64 Ptshp Uplift	2,649
Camchp 71 Smoke	35
Camchp 82 Ch Nurse	57
Pres 23-24 Share Of #20m Nrac	690
Budget allocated as per 2023/24 Financial Allocation 31st October 2023	242,970
<u>Budget Adjustments posted in month 8</u>	
Camchp 83 Care Home Liaison	78
Camchp 84 Covid Housebound	174
Camchp 84 Prevention	50
Gms Bud Adjs 3600 23-24	20
Gms To Hscp's Est Fy Gms	-31,311
Pres 23-24 Share Of #20m Nrac	32,552
Scs Realignment - O365 Ren	-16
Budget allocated as per 2023/24 Financial Allocation 30th November 2023	244,518

Scottish Government Funding Streams

Funding Description	2023/24									
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P6 £000's	Core Budget £000's	One off pay uplift	Per Allocation Letter £000's	Received @ 31st July 23 £000's	Budget £000's	Expenditure £000's	Variance £000's
PCIF	1,514	1,514	-	262	65	5,776	5,345	7,186	7,186	-
Action 15	123	123	-	-	19	-	-	142	142	-
ADP (includes all ADP Related Funding Streams)	1,974	492	1,482	1,778	21	1,885	1,548	3,839	3,839	-
TOTAL	3,611	2,129	1,482	2,040	105	7,661	6,893	11,167	11,167	-

Note:
Action 15 Allocation letter is still to be received

Appendix 8

HSCP Funded Earmarked Reserves	Opening Position 2023/24	Amounts Drawn Down in 2023/24	Projected Reserves To be Drawn Down 2023/24	Projected Closing Position 2023/24	Movement in Reserves 2023/24	To be Drawn Down 2024/25	To be Drawn Down 2025/26	To be Drawn Down 2026/27	Ongoing	Total Commitments	Balance Remaining
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Covid Carers PPE Funding	4	0	-4	0	-4					0	0
Scottish Government Ring Fenced Monies carried forward:											
PCIP	1,514	-1,514	0	0	-1,514	0	0	0	0	0	0
PCTF Monies Allocated for Tests of Change and GP Support	107	-18	-10	79	-28	-75	-4	0	0	-79	0
GP Premises Improvement Fund	462	0	0	462	0	0	0	0	0	0	462
ADP Funding	1,976	-498	-826	652	-1,324	-668	0	0	0	-668	-16
Mental Health Recovery and Renewal Funding	1,596	-1,052	-35	509	-1,087	-509	0	0	0	-509	0
Mental Health Action 15 (19/20) (20/21) (21/22)	123	-123	0	0	-123	0	0	0	0	0	0
District Nurse Recruitment Programme	293	-126	-71	96	-197	-70	-20	-7	0	-97	0
Winter Planning Monies / Care Home Liaison Monies	6,309	-3,689	-1,102	1,518	-4,790	-1,178	-178	-85	-77	-1,518	1
Mental Health Dementia Funding	142	-50	-26	66	-76	-66	0	0	0	-66	0
Public Health Improvement Monies	176	0	-55	121	-55	-73	-48	0	0	-121	0
Care Home Hub	27	-26	-1	0	-27	0	0	0	0	0	0
Community Living Change	697	-118	-137	442	-255	-339	-91	0	0	-430	12
Scottish Government Ring Fenced Monies carried forward	13,422	-7,214	-2,263	3,945	-9,477	-2,978	-341	-92	-77	-3,487	458
Grant Funding carried forward	176	-25	-20	131	-45	0	0	0	0	0	131
TOTAL RING FENCED MONIES TO BE CARRIED FO	13,602	-7,239	-2,287	4,077	-9,526	-2,978	-341	-92	-77	-3,487	589
ICT / Systems Related	313	0	-91	222	-91	-19	-12	-160	-31	-222	0
Premises Related	5,259	-371	-1,294	3,594	-1,665	-882	-1,050	-1,662	0	-3,594	0
Prescribing	2,000	0	-2,000	0	-2,000	0	0	0	0	0	0
Other IJB Reserves	4,422	-506	-975	2,941	-1,481	-890	-230	-107	-99	-1,326	1,616
HSCP Funded PCIP Commitments	1,499	0	-639	860	-639	-860	0	0	0	-860	0
TOTAL EARMARKED RESERVES	27,095	-8,116	-7,285	11,694	-15,401	-5,629	-1,633	-2,020	-207	-9,488	2,206
GENERAL RESERVES	6,538	0	-841	5,697	-841	-5,697	0	0	0	-5,697	0
TOTAL RESERVES	33,633	-8,116	-8,126	17,391	-16,242	-11,326	-1,633	-2,020	-207	-15,185	2,206

To: Renfrewshire Integration Joint Board

On: 26 January 2024

Report by: Chief Finance Officer

Heading: Review of Renfrewshire Council's Non-Residential Charging Policy

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

1. Summary

- 1.1. Renfrewshire Council and Renfrewshire Health and Social Care Partnership (HSCP) are committed to protecting our most financially challenged service users, and, supporting the aspirations of people with social care needs to live at home independently, safely and for as long as possible. Renfrewshire Council, and the HSCP have committed a significant proportion of their annual budget to this priority. However, similar to all other Public Sector bodies, we work within limited resources and face continuing financial pressure through increased costs, financial constraints and demands on services.
- 1.2. Renfrewshire, along with the majority of Councils in Scotland, charge for some of the services provided to our service users. These charges are an important source of income and are a means to help us to deliver services and our policy aims. Income from service charges is reinvested in order to maintain and develop services.
- 1.3. Due to the level of protection afforded to our most financially challenged service users, through the use of a means tested charge, the total amount we receive from charging represents only a small percentage c3.25% of the costs of delivering the service. In addition, (based on an analysis of the 2023/24 financial assessment data) 66% of service users do not pay anything towards the cost of the services they receive, and the remaining 34% were assessed as being able to afford to contribute towards the cost of their care.
- 1.4. In June 2018, Renfrewshire IJB approved a review of Adult Social Care Charging on behalf of Renfrewshire Council, to be taken forward by the Chief Finance Officer (CFO). The purpose of the review was to ensure greater transparency and consistency, including closing the inequality gap. The review was also tasked with ensuring that our Non-Residential Charging Policy complemented wider policies, including Self-directed Support (SDS).
- 1.5. Concluding in late 2019, the review set out a number of high-level recommendations in relation to the Non-Residential Charging Policy. Members should be aware that the outbreak of the Covid-19 pandemic in early 2020 and the proposal of the Scottish Government at the time to remove non-residential charging, resulted in a hold on progressing the recommendations from that initial work.
- 1.6. In June 2023, with the pandemic in remission and with no further progress on legislation to remove non-residential charging, the IJB agreed the outcomes of the initial review be revisited and further work undertaken to review the policy. This new phase of work has been progressed as part of the IJB's Sustainable Futures programme, resulting in additional recommendations expanding on those arising from the 2019 review.

- 1.7. This report seeks approval from the Renfrewshire IJB to take forward the suite of recommendations summarised in section 2 of this report, for consideration by Renfrewshire Council.

2. Recommendation

- 2.1. It is recommended that the IJB:

- Note the content of the report; and
- Note the recommendations summarised at section 2.2 of the report.
- Approve the submission of these recommendations to Renfrewshire Council, for consideration

- 2.2. Summary of recommendations for Renfrewshire Council:

- Note the content of the report; and
- Approve the recommendation to move to a contributions charging model, from 1 April 2024
- Approve the recommendation to align Care at Home non-personal care charges to annual Living Wage increases
- Approve the recommendation to remove the current subsidy on food and its preparation for Community Meals, from 1 April 2024
- Approve the recommendation to reduce the current subsidy for Community Alarms from 67.31% to 50%, (phased over two years), from 1 April 2024
- Approve the recommendation to remove the current Day Centre charge for Older People, from 1 April 2024
- Approve the proposal to increase the taper from 50% to 60% from 1 April 2024 with a further 5% increase in the following three years to 75% from 1 April 2027
- Approve the undertaking of an Equalities Impact Assessment (EQIA) of the revised Charging policy by Renfrewshire Council
- Agree to ratify the revised policy, following completion of EQIA to permit implementation from 1 April 2024
- Agree to shared governance of the annual process to review and revise the policy, to ensure timely publication and consistent application in all instances, for implementation from April 25 onwards.

3. Background

- 3.1. Councils are empowered by statute to make decisions about charging for non-residential community care services. This includes services provided under the Social Work (Scotland) Act 1968, the Mental Health (Scotland) Act 1984, and the Community Care and Health (Scotland) Act 2002. Additionally, a consequential modification to the Public Bodies (Joint Working) (Scotland) Act 2014 (the legislation which established Integration Authorities) makes it clear that social care charging is not delegated to IJBs and remains a Council function. As such, any changes to charging policies which relate to Adult Social Care services in Renfrewshire require to be approved and implemented by Renfrewshire Council.

- 3.2. In March 2021, the Scottish Government pledged to end charging for non-residential social care services. In their Programme for Government 2023 to 2024¹ the Scottish Government clarified that they will “explore with Local Government and agree an approach to ending all non-residential social care support charges within the lifetime of this Parliament”. Precisely

¹ <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/09/programme-government-2023-24/documents/equality-opportunity-community-programme-government/equality-opportunity-community-programme-government/govscot%3Adocument/equality-opportunity-community-programme-government.pdf>

how, when, or indeed if, this will be delivered remains unclear. In the meantime, local authorities have been left with no choice but to charge for non-residential social care services.

3.3. Convention of Scottish Local Authorities (CoSLA) national guidance² provides Councils with clarity on the regulations, legislation, and application of benefits to be applied when determining an individual's charge. The CoSLA guidance does not however 'require' Councils to charge, and equally it does not prevent Councils from implementing more generous treatment of individual's circumstances than suggested in the guidance. The guidance provides a framework for Councils to adopt whilst allowing for local accountability and discretion, and at the same time encourages Councils to adopt best practice in the development of their policies.

3.4. Included within the CoSLA guidance are three main provisions to reduce the impact of social care charges: extending free personal care to all under 65's, waiving of charges for people who are terminally ill and providing support services for carers. These provisions have been fully implemented within Renfrewshire.

3.5. Free Personal and Nursing Care was first introduced by the Community Care and Health (Scotland) Act 2002 and applied only to those aged 65 or over, assessed as needing personal and or nursing care, this was further extended from 1 April 2019 to those under 65 regardless of their condition. This means that, for those people in Non-residential care, Councils cannot charge for any assessed personal or nursing care needs. Those assessed as needing non-personal care services, or a mix of personal and non-personal care, may still be required to pay a charge subject to their Financial Assessment. The Financial Assessment determines the level of charge based on the individual's financial resources.

3.6. In respect of individuals with a terminal illness, the CoSLA guidance recommends – though does not stipulate - that charges for social care are waived. The prognosis of terminal illness is determined using the updated Scottish Government definition as follows:

“An individual is to be regarded as having a terminal illness for the purpose of determining entitlement to disability assistance if, having had regard to the (Chief Medical Officer's (CMO) guidance), it is the clinical judgement of a registered medical practitioner that the individual has a progressive disease that can reasonably be expected to cause the individual's death.”

Renfrewshire Council and Renfrewshire HSCP fully support the CoSLA recommendation and individuals with a terminal illness are not charged for social care.

3.7. Renfrewshire HSCP is dedicated to supporting carers in multiple ways. We allocate funding to ensure carers can access essential services without being charged. Additionally, we provide financial assistance through personal budget calculations to ease the burden on carers by funding replacement care and respite services. We also collaborate with and fund the local carers centre, a valuable resource for information, respite care, and other opportunities. Our comprehensive approach aims to empower carers, enhance their well-being, and enable them to continue providing essential care to their families without any additional costs.

4. Purpose of the 2019 Review

4.1. The purpose of the initial review was to update the current Non-Residential Charging Policy to:

- provide a clear framework for how Renfrewshire approaches charging for Adult Social Care services;
- bring greater clarity to the process of setting charges, including closing the inequality gap;

² https://www.cosla.gov.uk/_data/assets/pdf_file/0022/42187/COSLA-Social-Care-Charging-Guidance-2023-24-.pdf

- ensure the policy reflects and compliments new legislation and policies and ensure that it complies with the CoSLA National Strategy and Guidance on Charges Applying to Non-Residential Social Care Services.

4.2. In addition to the above, the review focused on the impact of the Social Care (Self-directed Support) (Scotland) Act 2013, implemented in April 2014. Self-Directed Support (SDS) enables people to have greater choice and control over their support and / or services. Therefore, in line with CoSLA guidance it is recommended that Renfrewshire Council update their existing charging policy from one which is based on charges for particular services, to one based on a contribution to a personal i.e., SDS budget.

5. 2019 Review Approach

5.1. Given the intrinsic importance of the revenue raised through Charging to the financial resilience of the HSCP (2023/24 income from non-residential charging is an estimated £2.4m), the initial Charging Review was led by the CFO working in partnership with the Director of Finance and Resources (Renfrewshire Council) and, with external support from Rocket Science Consulting.

5.2. A Joint Planning Group led by the CFO was established to support the Review, with representation from HSCP and Renfrewshire Council officers including legal, finance, and policy experts. The key areas the group focused on at this time included:

- Ensuring that any changes to the current charging model would apply equally regardless of age and condition;
- Ensuring greater transparency and consistency including closing the inequality gap;
- Reviewing new legislation and policies which had been, or were due to be, implemented such as; Self-directed Support (Scotland) Act 2013, Free Personal Care for under 65s, and The Carers (Waiving of Charges for Support) (Scotland) Regulations 2014, and ensuring these are reflected in local charging decisions;
- Simplifying the current charging process, to make it more transparent and improving the fairness and consistency of social care charging making it easier for service users, carers, family, and staff to understand;
- Comparative analysis with other Councils to consider how they approach charging and their current charging rates;
- Exploring the potential to increase the level of income generated from charging, to ensure quality and sustainability of existing services given increasing demand; and
- Embedding CoSLA recommendations in respect of service user income maximisation and benefit take up to ensure income maximisation processes are proactively promoted.

6. Sustainable Futures Programme Approach

6.1. Alongside their approval in March 2023 of a £3.45 million portfolio of savings to be delivered across 2023-25, Renfrewshire IJB approved a direction of travel for identifying further opportunities for savings and reform activity.

6.2. Following this and aligning with the Sustainable Futures theme of the IJB's Strategic Plan, at its meeting of 30 June 2023 the IJB approved the development of the Sustainable Futures programme. Underpinned by a set of agreed principles and supported by robust governance including a Programme Board and Programme Management Office, Sustainable Futures will further build upon the current savings portfolio, working towards delivery of savings required to achieve financial balance.

6.3. Alongside the current portfolio of agreed savings, three new programme strands have been identified:

- Strand 1 - Savings and Best Value: led by the CFO, this strand will focus on the identification of potential savings through operational efficiencies and ongoing review of value for money.

- Strand 2 - Consistency in service access and delivery: led by the Head of Learning Disabilities, Mental Health and Addictions, this strand will focus on ensuring equity of access to services across service user groups and consistency in the definition and application of eligibility criteria.
- Strand 3 - Responding to changing demand in Older People's Services: led by the Head of Health and Social Care this strand will focus on developing existing service models to reflect changes in local demand and the aims of the IJB's Strategic Plan 2022-25.

Additional areas for review will be defined on an ongoing basis and brought to Renfrewshire IJB for consideration.

6.4. This proposal to review and revise the Non-Residential Charging Policy and the annual governance process for doing so, has been developed under Strand 1, as outlined above.

7. Current Charging Model

7.1. Renfrewshire Council's Non-Residential Charging Policy, which has been developed within the parameters of the current legislation and guidance, and is consistent with CoSLA's guidance, sets out the legislative background to charges for non-residential social care services. It also describes the services for which service user's contributions apply, together with the level of protection afforded to our most financially challenged service users, through the application of financial assessments; the impact of minimum income thresholds and charging tapers.

7.2. The current Non-Residential Charging Policy is based on a combination of charging models:

- **Free of charge:** we provide some services free of charge e.g., attendance at and transport to learning disability day services and the disability resource centre, and free personal care for those assessed as requiring personal care.
- **Low flat rate charges:** we have a number of low flat rate charges such as: community meals; meals in day services and in extra care housing; attendance at day services for older people, and community alarms.
- **Charges which are financially assessed:** such as Care at Home (for those limited range of tasks which are not classed as free personal care), supported living charges and housing support.

7.3. The policy also explains the income protection measures in place which include:

- **Financial Assessment:** The Financial Assessment process for Non-Residential charges is complex. Although Renfrewshire Council adhere to the national CoSLA charging guidance, this guidance does allow for local variation. Financial Assessments are a national process used to calculate how much a service user can afford to pay towards the costs of their care, the amount a service user pays cannot be more than the cost of delivering that service(s).

The Financial Assessment process captures how much income and capital a service user has, and also provides an opportunity to ensure service users are receiving the full range of benefits they are entitled to.

- **Minimum income thresholds:** this is the minimum amount of income below which a service user should not be asked to pay towards the costs of the service(s) they receive.
 - CoSLA provides annual advice on the level of weekly income below which a person should not be asked to pay charges. These are known as Minimum Income Thresholds and are updated each financial year in line with the Department of Work and Pensions (DWP) benefit up-rates.

- If the assessable weekly income is less than the minimum income threshold figure, there will be no charge for services other than the flat rate charges (*Renfrewshire Council calculates contributions for adult social care based on what is known as "assessable income." This term encompasses an individual's gross income, allowable expenses, and disregards like disability-related costs or housing expenditures. The use of assessable income is a means to maintain a balance between affordability and financial fairness, accommodating varying financial situations*).
- **Buffer:** In order to provide additional support for those on a low income, a 'buffer' is added so that not all of a service user's remaining income is taken into account when calculating their payment towards the cost of their service(s). This therefore allows service users to retain more of their disposable income and has a similar impact as reducing the taper.

In 2016 the buffer increased from 16.5% to 25%, with the associated cost (in relation to loss of income) to local authorities of doing so funded by the Scottish Government. The buffer has since remained at this level. At present the Scottish Government have given no indication of any plans to review or amend the current buffer rate.

- **Tapers:** this is a locally agreed percentage applied to service user's income which has a direct impact on how much an individual will pay towards their care needs. Setting the percentage taper will be influenced by a number of factors, not least, the requirement to raise income to maintain good quality support.

The policy also details the services for which a charge is currently applied, and how a service users charge is calculated.

- 7.4. Renfrewshire HSCP commissions, and directly provides a wide range of care and support services to enable service users who need services to remain in their home or in a homely setting, living as independently as possible. To ensure that these services remain financially sustainable into the future, it is however necessary to charge service users for some of the services they receive.
- 7.5. For Renfrewshire, the total amount received from charging service users represents only a small percentage (3.25%) of the costs of delivering the service.
- 7.6. Currently, due to the level of protection afforded to our most financially challenged service users, through the application of financial assessments, the impact of minimum income thresholds and charging tapers, the majority (66%) of our service users do not pay anything towards the cost of the services they receive. The remaining 34% have been financially assessed as being able to afford to pay towards the cost of their care.
- 7.7. As detailed above, there are a number of factors which determine the level and scope of income from charging for social care services within Renfrewshire including:
- What services are provided locally;
 - Whether a charge is levied, or the service is delivered free of charge;
 - The level of the charge;
 - Whether the charge is a flat rate or is financially assessed; and
 - The way in which local discretion has been used in implementing particular aspects of the national charging framework.
- 7.8. **Appendix 1** to this report provides examples of how a service user's charge is calculated using Renfrewshire's current Charging Policy.

8. Key findings from the Reviews

- 8.1. In general, the current frameworks for social care charging in Scotland are complex and could be said to lack transparency.
- 8.2. Councils are empowered to charge (where the supported person has been assessed as being able to pay) for some services that are provided to meet individual's needs. The CoSLA endorsed shift away from charging for specific services towards an aggregate "ability to pay" based approach, can mean that this becomes a complex area. In recognition of this, it is recommended that charging arrangements are transparent, consistent, and applied equally across all care groups.
- 8.3. In addition, the policy should be complementary to wider Policies such as SDS, offering greater choice and control in service delivery options and charging arrangements.
- 8.4. Renfrewshire Council's current charging policy includes variations for different categories of care group, some of which are based on a financial assessment of ability to pay while others apply a flat-rate charge. However, as detailed earlier in this report, in practice very few service users pay towards the costs of those services where a financially assessed charge applies. This is because they have been assessed as having insufficient means to do so.
- 8.5. *"Continuing to apply a charge per service rather than transitioning to a contributions model may be limiting in relation to creative Self-Directed Support options as it is predicated on retrospectively applying traditional charging methods"*

CoSLA National Strategy & Guidance
Charges Applying to Social Care Support for people at home, 2023/24, Section 5.5

The current practice of setting charges for some care services but not for others does not fit well with SDS, which focuses on outcomes that are important to the person with assessed eligible needs, and on greater flexibility in the way in which personal budgets are used to meet needs and achieve those outcomes.

- 8.6. Traditional systems of charging are linked to services, however with SDS, in order for service users to meet their needs and achieve their outcomes, the focus shifts to enabling people to control and adjust their support at the point of delivery. This means that the relationship between 'service' and 'charge' is less defined.
- 8.7. A large number of Councils have now changed their approach and have moved away from charging policies tied to particular care services, to policies that determine a contribution to the cost of the person's support plan (their SDS budget) as a whole. Following a financial assessment, service users assessed as having the means to pay may be required to fund a proportion of their overall budget, which has been calculated as appropriate to meet their needs and achieve their outcomes. This means that their 'charge' is linked to their overall SDS budget and their ability to pay, rather than the services they elect to use.

Appendix 2 provides a summary of local authority charging approaches across Scotland, where such information was provided, derived from the 2023/24 CoSLA Non-Residential Care and Support Charging Survey.

9. Comparative analysis with other Councils Non-Residential Charging Policies

- 9.1. The Review identified that there are broadly three approaches to charging taken by Councils across Scotland including:
- 1) **Setting 'per service' charges:** which are either flat rate charges or charges that are subject to a financial assessment and a taper;

- 2) **Contributions Model:** where an individual makes a payment towards the total cost of their care package/personal budget with the Council/HSCP funding the rest;
- 3) **No charging:** some areas do not apply charges.

9.2. Renfrewshire Council currently operates Approach 1, “Setting ‘per service’ charges”, with a combination of flat rate charges (for community meals, community alarms and day centre for older people) and charges subject to financial assessment (for Care at Home and Supported Living services [note: charges for nursing and residential homes fall under separate Charging for Residential Accommodation Guidance]).

9.3. In comparison to other Councils:

- Renfrewshire’s current taper, at 50%, is amongst the lowest in Scotland;
- Renfrewshire’s charge for Community Alarms is about average; and
- Renfrewshire’s charge for Community Meals, Care at Home, and Day Centres is among the lowest across Scotland.

10. **Proposed changes to the current Non-Residential Charging Policy**

10.1. **Moving to a Contributions Model**

10.1.1. Renfrewshire Council’s current Non-Residential Charging Policy was introduced over a decade ago and is based on a traditional model whereby service users are charged for specific services rather than an aggregate amount. In order to: address inconsistencies within the existing model; ensure charging arrangements apply equally, regardless of age and condition; provide greater transparency and consistency, evidence from both reviews has strongly recommended that Renfrewshire Council adopt a Contributions Model.

10.1.2. In addition, both the Scottish Government and CoSLA have recommended that councils review their non-residential charging policies and adopt a contributions-based approach that reflects SDS more appropriately.

10.1.3. A Contributions Model uses the total cost of an individual’s care to calculate their overall contribution, using the Financial Assessment process to identify the actual amount they can afford to pay towards the costs of their care. The main benefits of adopting a Contributions Model include:

- Alignment with legislative direction and guidance and ensures greater consistency, transparency and equity across all care groups and services thereby ensuring that charging arrangements would apply equally regardless of age and condition;
- The financial assessment process is retained allowing service users’ ability to pay to be considered on a case-by-case basis;
- It aligns the cost of delivering services with what service users contribute;
- Simplifying the current charging process, making it more transparent and easier for service users, carers, family, and staff to understand.

10.1.4. The main change to the current Non-Residential Charging Policy is that people would no longer be asked to pay for individual services that they receive. Instead, they would be asked to contribute towards the total cost of their care using existing income protection measures. This would be a significant change from the current policy as a number of service users (c270) who currently do not pay towards their care costs would be expected to contribute towards their costs. However, as with the existing policy the Contributions Model would ensure that service users only pay a contribution based on their ability to pay. All contributions would be calculated following a financial assessment.

10.1.5. Moving to a Contributions Model can be complex and it is important to take sufficient time to fully plan this transition. It is therefore recommended that Renfrewshire Council and

Renfrewshire HSCP should work to transition to a Contributions Model during 2023/24, allowing time for the necessary planning and engagement activity such as:

- **Transitional Protection:** Agreeing transitional arrangements where the amount a service user is charged changes significantly. Transitional protection should have a clear timeframe which should apply equally to all existing service users, be transparent and recorded in the Non-Residential Charging Policy.

In order to ensure that anyone who was receiving a service prior to the introduction of the Contributions Policy will not immediately be asked to pay more than they previously had, contributions for existing service users would be transitionally protected at their previous amount for 2 years. This means that anyone continuing to receive the same services that they were receiving at the time the policy 'goes live' would have their contribution calculated under the previous charging arrangements whereby they are charged a set charge for the actual services, this would be protected for 2 years at which point their contribution will be calculated under the Contributions Policy detailed above.

- Redesign of business processes and system changes to support any new charging arrangements across the Council and HSCP.

10.1.6. **Appendix 3** to this report provides examples of how a service user's charge would be calculated using a contributions policy retaining the current taper level of 50%. Worked examples are also provided showing the taper at increasing levels.

10.2. **Ensuring the Future Quality and Sustainability of Existing Services**

10.2.1. ***Alignment of Care at Home charges to annual Living Wage increases***

As part of Renfrewshire Council and the HSCP's commitment to deliver on the Scottish Living Wage, Care at Home rates paid to our external providers are updated annually in line with the agreed Scottish Living Wage increase and, where relevant, inflationary increases.

It is therefore recommended that the charges for Care at Home be increased in line with the Scottish Living Wage and updated annually in line with the costs associated with meeting this commitment. In addition, where relevant, any inflationary increases should also be reflected in the charge. This alignment would better reflect the costs of providing the service and would be in line with the basis of the proposed contributions model. This increase would still be subject to a Financial Assessment and the income protection measures noted earlier in this paper.

10.2.2. ***Removal of Subsidy for Community Meals***

Renfrewshire HSCP provide this discretionary service to support people to live at home more independently, providing nutritious yet highly economical meals. In addition, meals are also provided for those who attend day centres.

Renfrewshire HSCP currently subsidise the meals provided in day centres, extra care housing facilities and to service users within their own homes. For those service users who are not assessed as requiring this service or who make their own arrangements there is no corresponding food allowance.

As highlighted in para 9.3, and detailed in the following table, Renfrewshire's current charge for Community Meals is amongst the lowest across Scotland.

Comparison	Renfrewshire	Average	Lowest	Highest
National	£3.02	£3.92	£1.02	£6.85
Board Area	£3.02	£3.31	£3.02	£3.71

As detailed in the following table, the charge for Community Meals includes a subsidy equating to 46.77% (£2.65) based on the current total cost per meal. This subsidy is applied to the food and preparation costs of meals, as well as their transport and delivery.

Cost per meal	Charge per meal	Subsidy on food & preparation		Subsidy on transport & delivery		Total Subsidy	
		(£)	(%)	(£)	(%)	(£)	(%)
£5.67	£3.02	£0.39	6.91%	£2.26	39.86%	£2.65	46.77%

As it is only service users who purchase a meal that receive a subsidy towards the cost of their meals, it is proposed that the current subsidy on the food and preparation costs of Community Meals is removed, thereby ensuring equity across all service users. The subsidy applied to the transport and delivery of Community Meals would remain in place in recognition of the mobility and/or transport needs experienced by service users.

Excluding costs for transport and delivery brings the current cost per meal down to £3.46, of which the food and preparation subsidy (£0.39) equates to 11.49%.

The following table shows the estimated annual increase in the charge to service users to move to full cost recovery in relation to those costs directly associated with food and its preparation. Members should however note that these figures are indicative and will be subject to annual pay award and other inflationary increases. There is also the possibility that some service users will decline to take or continue using this discretionary service in light of increasing charges. Additionally, the figures are predicated on the service currently provided; any change to this will impact the estimated additional income. Regardless of any possible future service provision change, it is proposed that the principle of removing the food and preparation subsidy is approved at this juncture.

Charge Over One Year							
Year	Charge Per Meal	Increase Per Meal	% Increase per Meal	Total Income	Additional Income from 2024/25	Current Costs	% Subsidy
Current	£3.02			£763,544	£0	£862,670	11.49%
2024/25	£3.46	£0.44	14.69%	£875,679	£112,135	£875,679	0.00%
TOTAL					£112,135		

The removal of this subsidy would generate an additional £112k income per annum. This additional income would be reinvested in order to maintain and develop the service.

10.2.3. **Reduction of Subsidy for Community Alarms – Responder Service**

In comparison to a number of other local authorities, the service that Renfrewshire HSCP currently provide is an enhanced service providing a Responder team 365 day a year, 24 hours per day to support residents and their families by providing a first response, to triage and assist residents with falls, personal care or any emergency assistance required, with a 100% response to all calls received via our Alarm Receiving Centre.

The responder team install all alarms and telecare sensors which allows for installations to take place seven days a week, supporting hospital discharges as alarms can be fitted on the day of discharge. Technicians and responders provide a robust end-to-end service, including equipment installation and maintenance.

As detailed in para 9.3, Renfrewshire’s current charge for Community Alarms is about average, although, as highlighted above the service provides a greater level of support than other local authorities.

Comparison	Renfrewshire	Average	Lowest	Highest
National	£3.88	£4.01	£2.20	£6.10
Board Area	£3.88	£3.70	£2.52	£5.90

Impacting the cost of delivering the service is the transition from analogue to digital technology in the UK’s telephone infrastructure. Cost increases are due to a number of factors including:

1. **Equipment Upgrades:** As part of this transition, various devices and services that rely on analogue telephone connectivity require to be upgraded to work with the new digital systems. This includes community alarm services. Upgrading this equipment is necessary to ensure it remains functional and can connect to the new digital infrastructure.
2. **SIM Cards:** The new digital-ready equipment will need to come equipped with SIM cards, enabling devices to connect to mobile networks and the internet, which is crucial for IP-based connectivity. This additional requirement adds to the cost of the equipment.
3. **Shorter Shelf Life:** Digital-ready alarm devices and their peripherals typically have a shorter shelf life compared to older analogue equipment. This means that they may need to be replaced more frequently.

As detailed in the following table, similar to Community Meals, the current charge for Community Alarms includes a subsidy equating to 67.31% (£7.99) based on the current total cost per alarm.

Cost per alarm	Charge per alarm	Total Subsidy (£)	Total Subsidy (%)
£11.87	£3.88	£7.99	67.31%

In order to ensure the financial sustainability of this vital service and taking into account the increased costs associated with delivering the service, it would be prudent for Renfrewshire Council to remove the subsidy and move to full cost recovery.

The following table shows the estimated annual increase in the charge to service users to move to full cost recovery over the next **five** years. Members should however note that these are indicative and would be subject to annual pay award and other inflationary increases. There is also the possibility that some service users would decline to take or continue using this discretionary service in light of increasing charges.

Charge Over Five Years							
Year	Charge per week	Increase Per Alarm	% Increase per Alarm	Total Income	Additional Income from 2024/25	Current Costs	% Subsidy
Current	£3.88			£607,314	£0	£1,857,580	67.31%
2024/25	£6.04	£2.16	35.76%	£945,407	£338,092	£2,124,042	55.49%
2025/26	£8.20	£2.16	26.34%	£1,283,499	£338,092	£2,166,523	40.76%
2026/27	£10.36	£2.16	20.85%	£1,621,592	£338,092	£2,209,853	26.62%
2027/28	£12.52	£2.16	17.25%	£1,959,684	£338,092	£2,254,050	13.06%
2028/29	£14.69	£2.17	14.76%	£2,299,131	£339,447	£2,299,131	0.00%
TOTAL					£1,691,817		

The removal of the subsidy would generate an average of an additional £338k income per annum, moving to an overall increase of c£1,692k by year five.

Whilst a move to full cost recovery would help ensure the ongoing economic viability of the service, as the table above shows, the impact to service users would be an extra cost of approximately £2.16 per alarm, per week. The impact over one year to a current service user would be approximately £113. Over the full five-year transition to full cost recovery, the cumulative additional financial burden to a current service user would be around £1,690.

Given the ongoing cost-of-living crisis and in recognition that community alarms are, like community meals, a discretionary service and therefore chargeable at a flat rate rather than on a contributions basis, it would not be fitting to move to full cost recovery at this time.

As an alternative to full cost recovery, it is recommended that Renfrewshire Council reduce, rather than remove, the subsidy on community alarms, over a period of two years. The table below shows the impact of a subsidy reduction from the current 67.31% to 50%:

Charge Over Two Years - Subsidy Reduction to 50%							
Year	Charge per week	Increase Per Alarm	% Increase per Alarm	Total Income	Additional Income from 2024/25	Current Costs	% Subsidy
Current	£3.88			£607,314	£0	£1,857,580	67.31%
2024/25	£5.40	£1.52	28.15%	£845,231	£237,917	£2,124,042	60.21%
2025/26	£6.92	£1.52	21.97%	£1,083,261	£238,030	£2,166,523	50.00%
TOTAL					£475,947		

The reduction of the subsidy would generate an average of an additional £238k income per annum, moving to an overall increase of c£476k by year two.

10.2.4.

Service User impact

There are currently more than 470 service users who opt to take both community meals and the community alarm service, and who are consequently charged for both services. The proposed increases will have a greater cumulative impact these individuals. Members may wish to take this into account whilst considering the options for phasing in the transition to full cost recovery.

10.2.5. **Removal of Day Centre Attendance Fee**

Currently individuals in the Older People's care group who attend a day centre are required to pay a flat rate attendance fee for each session towards the cost of transport and refreshments, whilst those assessed as having a Learning Disability are not required to do so.

In order to ensure greater transparency and consistency including closing the inequality gap, it is further proposed that the current policy to charge an attendance fee for day centres is removed for all service users, as currently not all care groups pay an attendance fee for day centres. Instead, costs associated with day centre services will be calculated as part of the service users' overall package of care and – should an individual be assessed as having the financial means to do so – any requirement to pay towards this will be determined under the Contributions Model, as noted above.

10.2.6. **Proposal to Review the Taper**

As recently as 2016 the taper applied by Renfrewshire Council to service user's income was 85%. This meant that for every £1 of available income above the charging threshold, £0.85 could be included to calculate the charge for non-residential social care services.

In April 2016, in line with Scottish Government recommendations, Renfrewshire Council reduced the taper to 50%, meaning less of a person's available weekly income could be included in calculating their charges, and it has stayed at this level ever since. As noted at section 9.3, the 50% taper currently applied is among the lowest in Scotland.

It is no longer viable to maintain this level of taper whilst also continuing to invest in social care support to ensure high quality service provision. As such it is proposed that Renfrewshire increases the taper from 1 April 2024.

Whilst the need to maximise income to support service provision is considerable, it is also vital that we find the right balance between doing so and continuing to protect our most financially challenged service users. As such, we do not propose a return to the 85% taper, but a smaller increase to 75%, bringing Renfrewshire in line with neighbouring authorities.

10.3. **Governance of the Charging Policy Process**

"It is important that people are given accurate and clear information about the charges that may apply for social care support, why they are being asked to pay and the financial assessment process. This information should be provided upfront to allow people to come to an informed view about their support".

CoSLA National Strategy & Guidance

Charges Applying to Social Care Support for people at home, 2023/24, Section 3.5

10.3.1. The complex arrangement by which Renfrewshire Council is responsible for setting the charging policy but delegates the provision of those services to the HSCP can have the unintended consequence of delays in the publication of the policy. As at November 2023 Renfrewshire's 2023/24 Non-Residential Charging Policy is yet to be published on its website, though a table of current charges is available.

10.3.2. In order to support service users and their advocates, we propose shared governance of the process to review, revise and publish the policy, in order to ensure publication of the updated policy, no later than 1 April each year. It is also proposed that the revised policy is reviewed annually for accessibility, and a Crystal Mark for plain English obtained, as per the recommendation in the CoSLA guidance.

10.3.3. Additionally, to further support current and prospective service users, and their representatives, we propose the development and launch of an online social care cost

calculator, similar to those hosted on Council websites elsewhere in the UK³. Whilst an online calculator would not replace the Financial Assessment, it would be an enabling tool, allowing individuals to calculate what their weekly contribution might be, in confidence and in their own time.

10.3.4. In practice this would mean both parties working to an agreed timetable, with Renfrewshire HSCP reviewing the current policy and drafting an amended policy each year, and Renfrewshire Council undertaking the required equalities impact assessment, ratifying, and publishing the amended policy each year. A proposed annual timetable for this shared governance process is below:

Period	Action	Responsible Party
September – October	Review of current policy and drafting of proposed amended policy	HSCP
November	SMT initial approval of draft policy	HSCP
December	Draft policy submitted to Renfrewshire Council for approval in principle	HSCP
January	Equalities impact assessment undertaken	Council
February	Final draft of amended policy produced, reflecting any outcomes of impact assessment. Crystal Mark secured.	HSCP
March	Final policy ratified by Renfrewshire Council alongside annual budget	Council
1 April	Social Care Cost Calculator to go live on Council website	Council
1 April	Approved policy published on Renfrewshire Council website	Council

10.3.5. In order to manage the shared governance arrangement, we propose the joint creation of a Terms of Reference between Renfrewshire Council and Renfrewshire HSCP.

11. Recommendations

11.1. In summary, the findings of both reviews have led to the following recommendations:

Recommendation 1 - Move to a contributions charging model, from 1 April 2024

A Contributions Model would offer a more sustainable and fairer charging process which is sufficiently flexible to cover the diverse supports and services which our service users are now offered due to the implementation of SDS.

Section 10.1

³ <https://liverpool.mycostofcare.com/OFA?referrer=Autonomy>

Recommendation 2 - Align Care at Home non-personal care charges to annual Living Wage increases.

Upholding the commitment to deliver on the Scottish Living Wage and better reflecting the costs of providing the service.

Section 10.2.1

Recommendation 3 – Remove the food and preparation cost subsidy from Community Meals, from 1 April 2024

Ensuring equity across all service users.

Section 10.2.2

Recommendation 4 – Reduce the subsidy from Community Alarms (phased over two years) from 67.31% to 50%, from 1 April 2024

Supporting the ongoing financial sustainability of this vital service and reflecting increased costs associated with the move from analogue to digital technology.

Section 10.2.3

Recommendation 5 – Remove the current Day Centre charge for Older People, from 1 April 2024

Ensuring greater transparency and consistency and closing the inequality gap between service user groups.

Section 10.2.5

Recommendation 6 – Increase the taper from 50% to 60% from 1 April 2024 with a further 5% increase in the following three years to 75% from 1 April 2027

Increasing the level of income generated to support ongoing high quality service provision, whilst retaining protections for our most financially challenged service users and bringing Renfrewshire in line with neighbouring authorities.

Section 10.2.6

Recommendation 7 – Undertake an Equalities Impact Assessment of the revised Charging Policy

Complying with CoSLA guidance and helping to identify whether there is a disproportionate impact on people of a protected characteristic and if further measures are required to mitigate the impact.

Section 10.3.4

Recommendation 8 – Ratify the revised Charging Policy to permit implementation from 1 April 2024

Ensuring the revised policy secures appropriate sign-off to allow timely implementation.

Section 10.3.4

Recommendation 9 – Implement a shared governance process between Renfrewshire Council and Renfrewshire HSCP

Supporting service users and their advocates, and ensuring timely publication of the updated policy, no later than 1 April each year.

Section 10.3

12. Impact of the Proposed Changes to the Policy

12.1.1. As noted at section 6, the IJB's Sustainable Futures programme currently consists of three strands spanning best value, consistency of service access and changing demand, with further areas to be identified as the programme progresses. However, given the interdependencies within these areas including the impact of potential changes to day services on income received through charging, the projected savings figure is indicative only and is based on the services currently provided by the HSCP. Any change to service provision will impact the projected savings figure.

12.1.2. With the above caveat in mind, and taking the proposed policy changes together, we project the following additional recurring income could be generated over the next four financial years:

Proposed Policy Change	Additional Recurring Income per Financial Year			
	24/25	25/26	26/27	27/28
Incremental Increase to the Taper	60% £81,920	65% £40,960	70% £40,960	75% £40,960
Community Meals: Removal of subsidy on food and preparation costs	£112,135	-	-	-
Community Alarms - Responder Service: Reduction of subsidy	£237,917	£238,030	-	-
TOTAL	£431,972	£278,990	£40,960	£40,960

12.1.3. Whilst the change to a Contributions Model could result in additional recurring income, no indicative figure is provided in relation to this as the decision to charge or not is wholly dependent on the outcome of financial assessments.

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** – The provision of Adult Social Care services within a contribution and Non-Residential Charging Policy that reflects service users' ability to pay

supports the *Fair* priority theme of the Community Plan “*Our Renfrewshire is fair: addressing the inequalities that limit life chances*”.

4. **Wider Strategic Alignment** - none
5. **Legal** – As set out in the report above.
6. **Property/Assets** – none.
7. **Information Technology** – none.
8. **Equality & Human Rights** – As proposed in Recommendation 7, a full equality impact assessment should be conducted by the Council prior to implementation of the revised Charging Policy.
9. **Fairer Scotland Duty** - Any implications on the Fairer Scotland Duty from the options identified should be captured and assessed as part of the EQIA process, to be undertaken by the Council.
10. **Health & Safety** – none.
11. **Procurement** – none
12. **Risk** – the report recommendations will introduce increased charging levels for a number of service users. The potential risk that this could lead to additional pressure on financially challenged service users will be identified and managed as part of Social Work’s review of each service user’s support package which includes a risk assessment.
13. **Privacy Impact** – n/a.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)
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1.	Reference Number	260124-06
2.	Date Direction issued by IJB	26 January 2024
3.	Date from which Direction takes effect	26 January 2024
4.	Direction to	Renfrewshire Council
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	No
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council
7.	Full text of Direction	Renfrewshire Council are directed to implement the recommendations, as summarised in Section 2.2 of this report, in respect of non-residential charging.
8.	Budget allocated by IJB to carry out Direction.	Budget will be dependent on both the outcome of client financial assessments and will be subject to annual updates reflecting client numbers.
9.	Outcomes	The functions and recommendations sought will support 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	Annual review in April of each year, reflecting any changes to CoSLA guidance.

Current Charging Policy

How a Service User Charge is currently calculated

Once a financial assessment is completed, the maximum service user charge is calculated as follows:

a)	Total Gross Income
b)	Less: income protection measures e.g., benefit disregards
c)	= Total Net Income
d)	Less: applicable housing disregards e.g., rent or mortgage
e)	= Total Assessable Income
f)	Less: Minimum Income Thresholds
g)	= Total Disposable Income
h)	Apply 50% Taper to Total Disposable Income
i)	= Maximum Service User Contribution

Example:

Assume a single person under pensionable age.

a)	Total Gross Income	£280.00
b)	Less: DWP benefit income disregards	(£58.00)
c)	= Total Net Income	= £222.00
d)	Less: applicable housing disregards e.g., rent or mortgage	(£30.00)
e)	= Total Assessable Income	= £192.00
f)	Less: Minimum Income Guarantee (disregard amount)	(£134.00)
g)	= Total Disposable Income	= £58.00
h)	Apply 50% Taper to Total Disposable Income	(£29.00)*
i)	= Maximum Service User Contribution	= £29.00

In this example the total costs of the services provided = £1,220 per week.

This means that the maximum this service user can be charged towards the cost of their services is £29 per week.

If in the above example the total costs of the services provided = £22 per week the service user would pay £22.

Summary of CoSLA Non-Residential Care and Support Charging Survey 2023/24

The annual CoSLA Non-residential Care and Support charging survey is a vital reference point for aligning Renfrewshire Council's charges with comparable services in the region. It provides an essential insight into the charging practices of local authorities, facilitating an evaluation of the affordability and effectiveness of our own policies. As we strive to make well-informed decisions concerning non-residential care and support charges, it is imperative to ensure alignment with the wider regional landscape.

In the 2023/24 survey, 32 local authority areas were approached, with 27 providing responses. Of these, 16 local authorities have implemented contribution-based charging policies for Self-Directed Support (SDS) budgets, all utilising financial assessments to calculate assessed charges.

Three local authorities within our local authority benchmarking group did not respond to either CoSLA or RHSCP data requests on charging, affecting the comprehensive analysis for the family group. Nevertheless, data from NHS board areas is accessible and summarised below for further insights.

NHS Board Area

LA	Meals	Alarm	Taper
East			
Dunbartonshire	N/A*	£2.52	50%
East Renfrewshire	N/A*	£3.10	-
Glasgow	£3.71	£3.78	75%
Inverclyde	N/A*	£3.00	25%
Renfrewshire	£3.02	£3.88	50%
West			
Dunbartonshire	£3.20	£5.90	50%

*N/A indicates that the Council does not provide these services.

Name of Local Authority / Health and Social Care Partnership	Community Alarms	Community Meals	Day Care	Housing Support	Sheltered Housing	Transport
Aberdeen City Council	£3.65	£4.00	£4.20	£15.05	£10.38	n/a
Aberdeenshire Health & Social Care Partnership	£3.75	£4.00	£35.10	£20.87	n/a	£8.10
Angus Health and Social Care Partnership / Angus Council	£5.73	£4.14	£44.96	£20.06	n/a	n/a
Argyll & Bute Council	£6.10	n/a	£10.20	£23.40	n/a	£3.20
Dumfries and Galloway	£3.60	n/a	£18.69	£15.69	£31.09	n/a
East Ayrshire HSCP	£4.31	£1.02	£3.31	n/a	n/a	n/a
East Dunbartonshire HSCP	£2.52	n/a	£20.80	£15.23	£15.23	£5.20
East Lothian	£4.05	£3.85	£15.50	£15.50	n/a	£2.25
East Renfrewshire HSCP	£3.10	n/a	n/a	n/a	n/a	n/a
Falkirk	£4.60	£3.75	£33.15	£33.15	n/a	n/a
Fife HSCP	£2.94	£4.99	n/a	n/a	n/a	n/a
Glasgow	£3.78	£3.71	£48.93	n/a	n/a	£12.93
Health and Social Care North Lanarkshire	£3.40	£5.15	£10.00	n/a	n/a	n/a
Inverclyde HSCP	£3.00	n/a	£3.15	n/a	n/a	n/a
Midlothian Council	£4.33	n/a	£12.40	£12.40	£20.00	£1.00
Moray	n/a	£5.20	n/a	n/a	n/a	n/a
NHS HIGHLAND	n/a	£4.00	n/a	£15.05	n/a	n/a
North Ayrshire Health and Social Care Partnership	£5.32	£3.36	£14.99	£16.79	n/a	n/a
Orkney	n/a	n/a	n/a	n/a	n/a	n/a
Perth and Kinross HSCP	£4.62	£3.89	£58.14	n/a	£25.40	£21.89
Renfrewshire HSCP	£3.88	£3.02	£1.98	£17.25	£12.86	n/a
Scottish Borders Council	£5.19	£3.50	n/a	£24.48	£37.67	n/a
Shetland Health & Social Care Partnership	£3.00	£6.85	£5.00	n/a	n/a	n/a
South Lanarkshire	£2.20	n/a	£34.98	£20.21	n/a	£13.84
West Dunbartonshire HSCP	£5.90	£3.20	£4.70	£78.40	n/a	£4.00
West Lothian Council HSCP	£3.34	£2.97	£39.41	£22.59	£47.74	£2.25

Contribution Policy - Illustrated Examples

Example 1 – Supported Living & Day Centre:

A 25-year-old adult living in their parent's home, who receives **supported living** services and also attends **day service** three times a week is receiving DWP benefit income as shown:

- Disability Living Allowance High-Rate care £101.75 per week.
- Disability Living Allowance Mobility Component £71.00 per week.
- Income Support £191.45 per week

		Taper			
		60%	65%	70%	75%
a.	Total Gross Income	£364.20	£364.20	£364.20	£364.20
b.	Less: income protection measures e.g., benefit disregards	-£172.75	-£172.75	-£172.75	-£172.75
c.	= Total Net Income	£191.45	£191.45	£191.45	£191.45
d.	Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e.	= Total Assessable Income	£191.45	£191.45	£191.45	£191.45
f.	Less: Minimum income Thresholds	-£156.00	-£156.00	-£156.00	-£156.00
g.	= Total Disposable Income	£35.45	£35.45	£35.45	£35.45
h.	Apply Taper to Total Disposable Income	£14.18	£12.41	£10.64	£8.86
i.	= Maximum Service User Contribution	£21.27	£23.04	£24.82	£26.59

In this example the total costs of the services provided = £1,285.80 per week.

The four income protection measures i.e., **b, d, f and h** above, alongside their Free Personal Care allowance, means their maximum contribution is £21.27 per week from 1 April 2024, increasing annually in 5% increments from April 2025/26 to a maximum of 75%.

Example 2 – Community Care, Day Service and has elected to receive Community Meals:

A single 65-year-old who receives **Care at Home**, attends **day service** and is in receipt of DWP benefit income as shown:

- Disability Living Allowance High-Rate care £101.75 per week.
- Disability Living Allowance Mobility Component £71.00 per week.
- Income Support £191.45 per week

		Taper			
		60%	65%	70%	75%
a.	Total Gross Income	£364.20	£364.20	£364.20	£364.20
b.	Less: income protection measures e.g., benefit disregards	-£172.75	-£172.75	-£172.75	-£172.75
c.	= Total Net Income	£191.45	£191.45	£191.45	£191.45
d.	Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e.	= Total Assessable Income	£191.45	£191.45	£191.45	£191.45
f.	Less: Minimum income Thresholds	-£156.00	-£156.00	-£156.00	-£156.00
g.	= Total Disposable Income	£35.45	£35.45	£35.45	£35.45
h.	Apply Taper to Total Disposable Income	£14.18	£12.41	£10.64	£8.86
i.	= Maximum Service User Contribution	£21.27	£23.04	£24.82	£26.59

In this example the total costs of the services provided = £369.03 per week.

The four income protection measures i.e., **b, d, f and h** above, alongside their Free Personal Care allowance means that their maximum contribution is **£21.27** per week, from 1 April 2024, increasing annually in 5% increments from April 2025/26 to a maximum of 75%.

This service user also buys two meals a day from the Community Meals service, this costs **£48.44** per week.

The contribution and flat rate charges combined means this client will pay **£69.71** per week. The Financial Assessment provides income protection measures totalling **£328.75** which allows for daily living costs such as meals, rent, service charges, or mortgage.

Flat rate charges are subject to change on an annual basis.

Example 3 – Day Service Only:

A 45-year-old adult, living in their parent's home, who attends a learning disability **day service** five days a week and is in receipt of DWP benefits income as shown:

- Disability Living Allowance High-Rate care £101.75 per week.
- Disability Living Allowance Mobility Component £71.00 per week.
- Income Support £191.45 per week

		Taper			
		60%	65%	70%	75%
a.	Total Gross Income	£364.20	£364.20	£364.20	£364.20
b.	Less: income protection measures e.g., benefit disregards	-£172.75	-£172.75	-£172.75	-£172.75
c.	= Total Net Income	£191.45	£191.45	£191.45	£191.45
d.	Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e.	= Total Assessable Income	£191.45	£191.45	£191.45	£191.45
f.	Less: Minimum income Thresholds	-£156.00	-£156.00	-£156.00	-£156.00
g.	= Total Disposable Income	£35.45	£35.45	£35.45	£35.45
h.	Apply Taper to Total Disposable Income	£14.18	£12.41	£10.64	£8.86
i.	= Maximum Service User Contribution	£21.27	£23.04	£24.82	£26.59

In this example the total costs of the services provided = £315.40 per week.

The four income protection measures i.e., **b, d, f and h** above, alongside their Free Personal Care allowance means that their maximum contribution is **£21.27** per week.

The move to a contribution policy away from charging for specific services, means that day services will now be subject to the financial assessment process. As a result, the service user will now be expected to contribute the **£21.27** towards the cost of the service, increasing annually in 5% increments from April 2025/26 to a maximum of 75%.

Adult Services Non-Residential Contribution Policy

Date Completed:	13 November 2023
Last Updated:	01 April 2024
Date of Equality Impact Assessment:	XX/XX/XXXX
Date Review Due:	01 April 2025
Lead Officer:	XXXXXXXXXX

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Purpose

This document sets out Renfrewshire Council's Adult Social Care Non-Residential Contribution Policy.

Background Information

This Non-Residential Contribution Policy sets out the legislative background to charges for non-residential social care services and describes the services for which service user contributions apply, together with minimum income thresholds and tapers.

Legislation

This Non-Residential Contribution Policy has been developed within the parameters of community care legislation and guidance. This includes services provided under the Social Work (Scotland) Act 1968 and the Mental Health (Scotland) Act 1984.

With regards to the initial guidance on charging, as set out in the Scottish Office Circular SWSG1/1997, and regarding subsequent guidance, the following principles apply:

Councils can charge for the following adult non-residential care services:

- care at home
- day care
- lunch clubs
- meals at home
- wardens in sheltered housing
- community alarms and telecare
- laundry services
- aids and adaptations for disabled people
- after care services for people with a mental illness
- care and support services for those who have or have had a mental illness

What cannot be charged for:

- Charges cannot be made for criminal justice social work services, advice, and information about the availability of services, and assessment of care needs or care management.
- Personal Care services

Other:

- The Convention of Scottish Local Authorities (CoSLA) guidance encourages Councils to exempt people who are terminally ill. In Renfrewshire, charges would normally be waived for end-of-life care, local discretion ensures that charges are waived appropriately.

Previous Non-residential Charging Policy

Renfrewshire Council's previous Non-Residential Charging Policy covered a range of services. The policy was based on the service user receiving services in a traditional manner with service charges being levied for each individual service received. A service user may, therefore, have received multiple invoices each billing period using two charging types.

- Charge type 1: Charges which are financially assessed such as Care at Home (for those limited range of tasks which are not classed as free personal care), supported living charges and housing support.
- Charge type 2: Low flat rate charges such as: community meals; meals in day services and in extra care housing and community alarms.

Financially assessed charges were calculated following the completion of a financial assessment form. The financial assessment calculation was in accordance with relevant legislation and guidance focusing on a service users' ability to pay. The assessment was calculated by adding the UK Government Minimum Income Thresholds and a 25% Buffer to a service user's income to ascertain whether they had sufficient income, in which case charging would apply. This was known as the Charging Threshold. Following this assessment Renfrewshire Council then applied a 50% taper to the income above the charging threshold. This was then used to calculate the amount the service user would be charged.

INCOME	
DLA Care Component (Higher)	£101.75
DLA Mobility Component	£71.00
Income Support	£191.45
TOTAL INCOME	£364.20
ALLOWANCES	
DLA Care Component (Higher)	£101.75
DLA Mobility Component	£71.00
Minimum Income Guarantee	£156.00
TOTAL ALLOWANCES	£328.75
TARIFF INCOME	
Capital	£2,000.00
TOTAL ASSUMED TARIFF INCOME	£4.00
Total Income	£368.20
Total Allowances	-£328.75
DISPOSABLE INCOME	£39.45

Renfrewshire Council's previous Non-Residential Charging Policy was introduced over a decade ago and was based on a traditional model whereby service users are charged for specific services rather than an aggregate amount. To comply with both the Scottish Government and CoSLA charging recommendations Renfrewshire Council has now adopted a contributions-based approach which reflects Self-Directed Support (SDS) more appropriately.

Summary of revisions

To address inconsistencies within the previous model and ensure that our charging arrangements: are applied equitably regardless of age and condition and provide greater transparency and consistency, Renfrewshire Council have adopted a Contributions Model.

The main change to the previous Non-Residential Charging Policy is that people will no longer be asked to pay for individual services that they receive. Instead, they will be asked to contribute towards the total cost of their care using existing income protection measures. However, as with the previous policy the Contributions Model ensures that

service users only pay a contribution based on their ability to pay. All contributions will continue to be calculated following a financial assessment.

Guiding Principles of Contribution Policy

The main principles of the policy are:

- Service user income maximisation remains at the heart of the charging policy and reflects their ability to pay.
- Contribution amounts are set at a reasonable level – the contribution will never exceed the full cost of the service.
- Financial assessments take account of the cost of the service users total support plan rather than performing separate calculations for each service.
- Free Personal Care will be free to all service users with this assessed need.
- The impact of charges on the wellbeing of Carers is considered.

It is the expectation that service users will optimise other income resources prior to taking up services, e.g., Independent Living Fund income. The cost of support plans would, therefore, be net of such income sources. It is also the Council's expectation that service users in receipt of benefits for specific purposes such as mobility allowance will utilise these to support their access to services.

Principles and Legal Basis of Contribution Policy

Councils are empowered by statute to make decisions about charging for non-residential community care services. This includes services provided under the Social Work (Scotland) Act 1968, the Mental Health (Scotland) Act 1984, and the Community Care and Health (Scotland) Act 2002.

Additionally, a modification to the Public Bodies (Joint Working) (Scotland) Act 2014 (the legislation which established Integration Authorities) makes it clear that social care charging is not delegated to IJBs and remains a Council function. As such, any changes to charging policies which relate to Adult Social Care services in Renfrewshire are required to be approved and implemented by Renfrewshire Council.

Good Practice Guidance

Continued revision of the CoSLA Guidance represents progress toward securing the outcomes identified as part of the ongoing review and revision of the Charging Guidance for Non-residential Social Care Services in Scotland. In line with this progress, revisions have been made to Renfrewshire's Non-Residential Charging policy to extend financial assessment disregards of income received through War Pensions and Guaranteed Income Payments.

In addition, the relevant section has been updated to reflect compliance with the annual uprating of the Department of Work and Pensions (DWP) benefits used to set the charging thresholds.

Contribution Policy – 2024/25

The Social Care (Self-directed Support) (Scotland) Act 2013 recommends all Councils to transition towards a different approach to social care delivery. The change in service delivery offers further opportunities to achieve greater equality across all client groups in relation to charging policies. This can be achieved by applying the principles of Self-directed Support and focusing on service user outcomes rather than services and establishing a standard charging system which is sufficiently flexible to cover the diverse supports and services which a Self-directed Support service delivery model will result in.

What is a Contributions Model:

A Contributions Model uses the total cost of an individual's care to calculate their overall contribution, using the Financial Assessment process to identify the actual amount they can afford to pay towards the costs of their care. The main benefits of adopting a Contributions Model include:

- Alignment with legislative direction and guidance
- Ensuring greater consistency, transparency and equity across all care groups and services, so that charging arrangements apply regardless of age and condition.
- The financial assessment process is retained, allowing service users' ability to pay to be considered on a case-by-case basis.
- It aligns the cost of delivering services with what service users contribute.

- Simplifying the current charging process, making it more transparent and more straightforward for service users, carers, family, and staff to understand.

Minimum Income Thresholds

CoSLA recommends that all local authorities adopt a common threshold at which charges would begin to apply. This is known as the Charging Threshold.

The charging threshold is the income level below which a service user can receive community services without paying a contribution towards the cost of the services they receive.

This means that Renfrewshire Council will not expect a service user who has income below the charging threshold to pay towards their social care support if they have been assessed as eligible. This charging threshold ensures that service users retain sufficient income to meet their daily living expenses, referred to as the minimum income guarantee.

In Renfrewshire, the factors used to calculate the charging threshold include common DWP benefits such as Income Support, Disability Premium and a Scottish Government endorsed Buffer (25%), as summarised in the following example:

	Income Support - Personal Allowance	+ Disability Premium	+ Buffer 25%	= Charging Threshold* (weekly)
Single Person	£84.80	£39.85	£31.16	£155.81
Couple	£133.30	£56.80	£47.52	£237.62

Government Buffer

To provide more help to those service users on a low income and to recognise that not all a service user's income above the minimum income guarantee should be taken in contribution, a buffer, set by the Scottish Government, is also added to the minimum income guarantee.

The buffer is currently set at 25%. The charging threshold is therefore calculated by adding the buffer (25%) to the appropriate DWP rate as set out in the following tables.

For service users below the state pension qualifying age, the Income Support Personal Allowance, Disability Premium and buffer are added together to calculate the charging threshold:

	Income Support - Personal Allowance	+Disability Premium	+Buffer 25%	=Charging Threshold* (weekly)
Single Person	£84.80	£39.85	£31.16	£155.81
Couple	£133.30	£56.80	£47.52	£237.62

For service users of state pension qualifying age or above the pension Credit Guarantee is used as the basis for the charging threshold calculation with the buffer added as detailed in the following table:

	Pension Credit - Guarantee Credit	+Buffer 25%	=Charging Threshold* (weekly)
Single Person	£201.05	£50.26	£251.31
Couple	£306.85	£76.71	£383.56

At present the Scottish Government have given no indication of any plans to review or amend the current buffer rate. Any future changes to the buffer will be reflected as required.

Contribution Percentage / Taper

This approach ensures that individuals contribute to the cost of their care equally across care groups and services offering greater consistency in the application of charging policies.

When considering if a service user can afford to contribute towards the cost of their care the amount calculated as their contribution will be a percentage of their income over the charging threshold. This then determines their maximum contribution regardless of the cost of providing the service (s). This is consistent with CoSLA and Scottish Government guidance and ensures a service user can afford the amount assessed for them to pay towards the cost of their care.

Renfrewshire Council has set the maximum contribution percentage for April 2024/25 at 60% with 5% increments being applied upon each financial year until 2028/29. Please refer to [Appendix 1](#) for illustrated examples.

Example of Taper before Financial Assessment for a single person below state pension age:

Single Person - State pension qualifying age or above			Maximum Contribution (£) %			
Weekly Income	Charging Threshold	Excess Income	60%	65%	70%	75%
£100.00	£156.00	-£56.00	£0.00	£0.00	£0.00	£0.00
£125.00	£156.00	-£31.00	£0.00	£0.00	£0.00	£0.00
£150.00	£156.00	-£6.00	£0.00	£0.00	£0.00	£0.00
£175.00	£156.00	£19.00	£11.40	£12.35	£13.30	£14.25
£200.00	£156.00	£44.00	£26.40	£28.60	£30.80	£33.00
£225.00	£156.00	£69.00	£41.40	£44.85	£48.30	£51.75
£250.00	£156.00	£94.00	£56.40	£61.10	£65.80	£70.50

Example of Taper before Financial Assessment for a single person of state pension age or above:

Single Person - State pension qualifying age or above			Maximum Contribution (£) %			
Weekly Income	Charging Threshold	Excess Income	60%	65%	70%	75%
£175.00	£252.00	-£77.00	£0.00	£0.00	£0.00	£0.00
£200.00	£252.00	-£52.00	£0.00	£0.00	£0.00	£0.00
£250.00	£252.00	-£2.00	£0.00	£0.00	£0.00	£0.00
£275.00	£252.00	£23.00	£13.80	£14.95	£16.10	£17.25
£300.00	£252.00	£48.00	£28.80	£31.20	£33.60	£36.00
£325.00	£252.00	£73.00	£43.80	£47.45	£51.10	£54.75

The financial assessment used in the contribution model ensures that any charge for services is affordable by aligning the charge with the maximum percentage an individual should contribute.

For example, if a service user under the state pension age has excess income of £23.00 per week and the taper rate is 60%, their contribution towards the cost of their services would be capped at £13.80 per week. Under the contribution policy service user's will contribute towards their annual support, arrangements rather than on actual services received.

For service users below the state pension age with a disposable income of £106.45 per week following a financial assessment, their charges will incrementally increase by 5% from 2025/26 to 2027/28. The following example details how the service users' contribution would increase from £63.87 to £79.84:

	2024/25	2025/26	2026/27	2027/28
	60%	65%	70%	75%
a. Total Gross Income*	£364.20	£364.20	£364.20	£364.20
b. Less: income protection measures e.g., benefit disregards*	-£101.75	-£101.75	-£101.75	-£101.75
c. = Total Net Income	£262.45	£262.45	£262.45	£262.45
d. Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e. = Total Assessable Income	£262.45	£262.45	£262.45	£262.45
f. Less: Minimum income Thresholds*	-£156.00	-£156.00	-£156.00	-£156.00
g. = Total Disposable Income	£106.45	£106.45	£106.45	£106.45
h. Apply Taper to Total Disposable Income	£42.58	£37.26	£31.94	£26.61
i. = Maximum Service User Contribution	£63.87	£69.19	£74.52	£79.84

*Figures subject to change due to annual uprating of DWP benefit amounts

Transitional Protection

Renfrewshire Council understands that under our new contribution policy, some service users will continue to receive a secondary charge for their care, specifically those using community alarms and meals services. This is because community meals and alarms are not part of the financial assessment process and are therefore charged using a low-

cost flat rate. However, our financial assessment does consider the need for some income to cover daily living expenses like meals.

To further ease this impact, we've introduced a 'transitional protection' period. This means that instead of immediately paying the full increased charges for community meals and alarms, service users will see their costs rise gradually, as detailed in the following example.

Example: Transitional Protection for Community Meals and Alarms Service Users:

Year	Charge per week - Alarms	Charge per 2 course Meal
Current	£3.88	£3.02
2024/25	£5.40	£3.46
2025/26	£6.92	£3.46

Every year, we will review these charges and make small adjustments based on inflation. Over time, this will enable service users, who rely on both community meals and the community alarms service to gradually adjust to paying the full amount.

Other Considerations

Self-directed Support (SDS) and Personal Budgets

When a service user is assessed for support and meets the eligibility criteria, it is a primary responsibility of RHSCP to determine the necessary funding level to provide that support. This funding, allocated under Self-Directed Support (SDS), is referred to as the Personal Budget. Consequently, the contribution policy will be applied to all support planned and arranged through the various options of Self-Directed Support.

The following summarises the four SDS options including examples of how the contribution will be applied to each option:

Option one Direct Payment

Direct Payments are funds that the local authority transfers straight into a service user's bank account. These funds are to cover the costs of their assessed support needs.

When these payments are made under this option they are paid 'net'. This means the amount the service user contributes towards their care costs is already subtracted from the payment they get in their account.

Example:

Four weekly Personal Budget amount (Gross):	£570.00
Four weekly service user contribution:	- £70.00
Four weekly Personal Budget payment (Net):	=£500.00

RHSCP pay each direct payment on a four weekly payment cycle therefore, in this case the annual net personal budget will be paid as thirteen payments of £500.00.

Option two Direction of the Relevant Amount

This option is when the service user requests the local authority to organise their services for them however, they are responsible for paying their share of the costs directly to their care provider.

Example

Four weekly Option 2 amount (Gross):	£1,550.00
Four weekly service user contribution collected by provider:	- £70.00
Four weekly Option 2 budget paid to chosen provider (Net):	=£1,480.00

Option three Local Authority Arrangement of Services

This is when the local authority selects and arranges the required support for the service user. Payments to providers can be 'net' (with the service user's contribution deducted) or 'gross' (full payment without deductions), based on the contract terms. If net, the service user pays their share of the costs directly to the care provider.

Example (Gross)

Four weekly Option 3 amount paid to provider (Gross):	£1,550.00
Four weekly service user contribution recharged to service user:	- £70.00

Option four Combination of Options

The supported person has the choice to combine Options 1, 2, or 3 for their type of support, and their contribution will follow the guidelines noted in the respective sections.

If a service user has Options 1 or 2 services, then the amount of the charges is already adjusted for your four-weekly contribution. In this arrangement service users will not receive an invoice from Renfrewshire Council. However, if service users have services under Option 3 (gross), the Council will issue an invoice every four weeks for their contribution towards the service costs.

Exemptions from Contribution charging

All care and support services agreed as part of a service users SDS Budget are chargeable, through a contribution based on an ability to pay, unless they fall into the following categories:

End of Life Care:

The Scottish Government has revised the definition of terminal illness to align with entitlement to disability benefits. This means that where the clinical judgement of a medical practitioner determines that the service user has a terminal illness Renfrewshire Council will ensure contributions and charges for social care are waived. This must however be evidenced through the submission of a BASRiS (Benefits Assessment for Special Rules) form, or a letter from the service users General Practitioner or hospital consultant confirming the position.

Personal Care for Individuals:

Using the Scottish Government's definition of Free Personal Care, Practitioners will identify elements of support plans which Renfrewshire Council consider as personal care; this means that should any of the following elements of care form part of the service users' support plan, they will be considered as Free Personal Care and free from contribution.

Free Personal Care:

- Assistance with laundry associated with medical conditions (e.g., bed changing)
- Assistance with eating/drinking
- Assistance with getting out of bed/going to bed
- Assistance with dressing/undressing

- Assistance with washing and bathing
- Assistance with service user grooming/dental hygiene
- Assistance with continence care
- Assistance with toileting
- Assistance with stoma care
- Assistance with specialist feeding
- Assistance with catheter care
- Assistance with skincare
- Food preparation
- Special preparation of food associated with dietary requirements
- Administering of medication (including administering of oxygen)
- Rehabilitation work (under support of professional)
- Assistance with medication supervising/reminding
- Assistance with mobility

Further information on Personal care services is available on the [Scottish Government Personal Care Guidance](#).

Reablement Service:

Reablement is a short-term, intensive care at home service offered by Renfrewshire Health & Social Care Partnership, primarily aimed at supporting individuals aged 65 and over in Renfrewshire. It focuses on helping those who have been hospitalised or have experienced illness, falls, or difficulties managing daily tasks. The service works alongside service users to enhance their skills and confidence, enabling them to live independently. It includes a team of skilled professionals who assist with practical needs, from personal care to meal preparation and incorporates support services like telecare.

Reablement typically lasts up to six weeks and is exempt from charges, aiming to reduce long-term dependency on care services. For those requiring ongoing support post-reablement, long-term services are arranged.

This charging exemption does not apply to admissions on a regular or frequent basis as part of the individual's ongoing care arrangements.

Aids and Adaptations:

Where an Occupational Therapist, District Nurse, or Physiotherapist has assessed a service user as requiring major equipment such as stairlifts, moving and assistance and toilet & bathing equipment, this equipment will be provided free of charge by RHSCP.

Basic daily living equipment such as a long-handled shoehorn, dressing stick or perching stool are not provided. Service users are therefore encouraged to refer to our self-assessment tool ("[ask SARA](#)") for advice and guidance.

Owner-occupiers assessed by an RHSCP Occupational Therapist as requiring a major adaption to their home, such as ramps and wet rooms, will be referred to Renfrewshire Council's Care and Repair service.

Compulsory Treatment Order:

The [Mental Health \(Care and Treatment\) \(Scotland\) Act](#) came into force in 2005, focusing on the rights and protection of people with mental health conditions. This includes mental illness, learning disability and personality disorder. The act places duties on councils to provide care and support services for people with mental health conditions free of charges and contributions.

RHSCP will therefore ensure that all non-residential services provided to a service user under a Compulsory Treatment Order (CTO) are exempt from charges.

Adult Support & Protection:

All care and support services provided to a service user under Adult Support & Protection measures are exempt from charging for the first four weeks only. This initial four weeks allows for a Practitioner to review the service users needs before considering any longer-term support requirements.

If after the four weeks a longer-term support plan is agreed between the practitioner and service user, a financial assessment will be carried out and a contribution towards the cost of their care will be calculated.

Replacement Care/Unpaid Carers

If an unpaid carer is assessed to need support which isn't covered by the support provided to the person they care for, they will receive additional help, for example, if a carer needs a break the carer can receive free replacement care services to help them take that break.

Further examples of services provided to Carers are including in the following table:

Option 1 Direct payment	Option 2 Directing the available support	Option 3 Arranged services
<p>A carer lives in a rural area with a cared-for person who attends a day center twice a week.</p> <p>The carer, who can't drive and isn't on a bus route uses their direct payment for a regular taxi to visit the nearest swimming pool, to make the most of their time away from their caring role.</p>	<p>A carer has never had a break from caring. He would like to have a break of an afternoon each week to have a rest where he doesn't have to worry about the safety of the person he cares for.</p> <p>The carer receives a carer's short break voucher, and he uses this to purchase a short break.</p>	<p>A carer talks about missing out on making new friends as she never has time because of her caring role. She expresses an interest in attending an art class in a local authority community center.</p> <p>The authority arranges for the carer to attend the class and arranges replacement care for the person she cares for once a week.</p>

If the support already provided to the service user meets the assessed needs of their unpaid carer, then the Contribution Policy will be applied to these services.

Care Management Services

If a service user requires information and advice in relation to social care, there is no charge for the professional services provided.

Independent Living Fund

The ILF Scotland 2015 Fund is designed to support individuals who have complex disabilities to live independently. The 2015 Fund is currently closed to new applicants; however, a small number of service users have services which have been historically funded and arranged by both RHSCP and the Independent Living Fund (ILF).

These service users are already required to pay an ILF Recipient Contribution to ILF for their support so will not be asked to go through our financial assessment process. This position ensures that only one contribution from a service users' income is paid.

As the ILF Scotland scheme is closed to new applicants but subject to discussions regarding the scheme being reopened, Renfrewshire HSCP will review this exemption on an annual basis.

Care services not subject to Financial Assessment

Certain care and support services are exempt from financial assessment. The services listed below will be charged using flat charges which are non-means tested. These charges must be paid in full by the service user.

- Community Meals
- Community Alarms

Financial Assessment

This section sets out the national and local rules that determine whether a service user should contribute towards their chargeable care and support services.

Renfrewshire Council will access service user financial information held on both Department of Work and Pension (DWP) and Renfrewshire Council systems to assess a service users ability to pay towards their care. This is known as a “lite touch” Financial Assessment.

Where this is not possible, a Renfrewshire Council officer will assist the service user to complete a financial assessment form and will explain:

- The reason for the financial assessment
- How the financial assessment is calculated
- What happens after the financial assessment?
- What individual data is collected and for what purpose?
- To whom individual and financial information may be disclosed

Renfrewshire Council will verify the information provided on the financial assessment form. This will be carried out by retrospectively verifying the information with the DWP or relevant financial institutions.

Renfrewshire Council aims to complete a financial assessment within 28 days of being advised of a service users' support arrangements being agreed. In circumstances where we have been unable to receive verification of financial information within the 28 days, we will calculate the service user's contribution based on the information obtained from the financial assessment known to RHSCP. This is an interim assessment which will be amended once the service user's fuller financial information is clarified.

Start Date of Charges

Where a Financial Assessment shows that a service user is required to contribute towards care and support arrangements, they will contribute from the start date of the chargeable support being arranged.

If the financial assessment is completed after this date, contributions will be backdated to the date the Service User first received support. Contributions will be reviewed in April each year in line with annual benefit and pension increases.

Welfare Benefit Entitlements

A benefits health check can also be carried out if requested by the service user. Service users should contact their allocated worker or the locality Duty Team who will make a referral to the Council's

Advice Works team for a full benefit check, benefits advice, or support to apply for DWP benefits and credits that the service user may be entitled to claim.

Financial Assessment Process

Everyone in receipt of chargeable non-residential care services such as Care at Home, Supported Living and Direct Payments will undergo a lite touch financial assessment to determine how much they can afford to pay towards the cost of the services.

The aim is to ensure that people in receipt of care services are not placed in financial hardship.

The actual cost of providing care services such as supported living in most instances far outweighs the financial contribution that a service user pays for the actual service they receive. So, while the process may feel intrusive it is normally in a service user's interests to participate in the financial assessment.

The financial assessment will consider most (but not all) of a service user's income and capital whilst allowing a predetermined threshold of income for daily living expenses as well as some additional relevant disregards.

The following details the most common types of income taken into consideration as part of the Financial Assessment process. Please note this is not an exhaustive list:

Income Included in a Financial Assessment

- Income Support
- Job Seekers Allowance
- State Retirement
- Pension Credit – guarantee credit
- Pension Credit – saving credit
- Attendance Allowance
- Disability Living Allowance Care Component
- Employment Support Allowance
- Severe Disablement Allowance
- Occupational/private pension
- Net Earnings

Example of Income disregarded from Financial Assessment:

- Disability Mobility Allowance
- Disability Living Allowance Care Component (High Rate)
- Statutory Redress Scheme and Advance Payment Scheme— Survivors of Historical Child Abuse²³
- Future Pathways – Discretionary Fund
- Thalidomide Trust
- Child Disability Payment (CDP) and Short-Term Assistance (STA)
- Scottish Infected Blood Scheme (SIBSS) (and equivalent UK schemes e.g., England Infected Blood Support Scheme)

- Victims Payment Regulations 2020
- Redress Board (Northern Ireland)
- Payment Scheme for Former British Child Migrants
- Windrush Compensation Scheme²⁴
- UK Energy Bills Support Scheme
- Homes for Ukraine Payments
- Income derived from all benefits paid for, or on behalf of, a dependent child

Capital considered as part of the Financial Assessment

- Any savings held in building society accounts
- Any savings held in bank current accounts, deposit accounts or special investment accounts. This includes savings held in the National Savings and Investments (NS&I)
- National Savings
- Premium Bonds
- Stocks and shares
- Property that is not the individual's main home
- Land

Capital fully disregarded from Financial Assessment

- Fifty percent of capital held in joint names
- Surrender value of any life insurance policy
- Student loans
- Backdated benefit pay award that impacts community capital thresholds

If a service user is in receipt of any of the above, or those identified in the CoSLA National Strategy & Guidance Charges Applying to Social Care Support for people at home 2023/2024 they may be deducted as an allowance, with the remaining amount will be taken into consideration as income on a financial assessment.

Disregarding these capital payments will ensure that the person receiving the payments fully benefits from them in line with the reason for their payment and they are not used to paying for social care support.

The financial assessment information will always be used to calculate the service user's contribution as follows:

INCOME	
DLA Care Component (Higher)	£101.75
DLA Mobility Component	£71.00
Income Support	£191.45
TOTAL INCOME	£364.20
ALLOWANCES	
DLA Care Component (Higher)	£101.75
DLA Mobility Component	£71.00
Minimum Income Guarantee	£156.00
TOTAL ALLOWANCES	£328.75
TARIFF INCOME	
Capital	£2,000.00
TOTAL ASSUMED TARIFF INCOME	£4.00
Total Income	£368.20
Total Allowances	-£328.75
DISPOSABLE INCOME	£39.45

Tariff Income

Renfrewshire Council's financial assessment process for Adult Social Care costs applies the CoSLA tariff income policy. This policy assumes an additional income from a service user's savings and investments. Renfrewshire Council, therefore, calculates £1 for every £250 in savings above £6,000 for service users below the state pension age. For those service users at or above state pension age, the rate is £1 for every £500 over £10,000. This assumed income, combined with any other income like property rent, is essential in determining the service user's contribution towards their care costs during the financial assessment process.

Example: A service user who is 65 years old (above state pension age) with savings of £12,000 will, as part of the financial assessment, be reviewed for tariff income using the following simplified steps:

- **Savings Assessment:** Since the service user is above state pension age and their savings exceed £10,000, the savings between £10,000 and £12,000 are considered for tariff income. This is £2,000 in excess savings.
- **Tariff Income Calculation:** Renfrewshire Council uses the rate of £1 for every £500 over £10,000 for service users above state pension age therefore the excess

savings of £2,000 is used and the calculation to work out the tariff income would be $\text{£}2,000 / \text{£}500 = \text{£}4$. Therefore, the service users tariff income is £4 per week.

- **Total Assumed Income:** This £4 per week (£208 annually) is added to any other income the service user has, such as pensions, benefits, or rental income.
- **Contribution Determination:** The service user's total income, including the tariff income and the other steps laid out in this policy, is then used to calculate how much they can afford to contribute towards her care costs.

INCOME	
DLA Care Component (Higher)	£101.75
DLA Mobility Component	£71.00
Income Support	£191.45
TOTAL INCOME	£364.20
ALLOWANCES	
DLA Care Component (Higher)	£101.75
DLA Mobility Component	£71.00
Minimum Income Guarantee	£156.00
TOTAL ALLOWANCES	£328.75
TARIFF INCOME	
Capital	£2,000.00
TOTAL ASSUMED TARIFF INCOME	£4.00
Total Income	£368.20
Total Allowances	-£328.75
DISPOSABLE INCOME	£39.45

This is a simplified example, actual assessments would consider other factors like living expenses, disabilities, and additional income sources as defined in this policy.

Additional Allowances

In addition, certain types of expenditure can be offset against the services user's income in line with CoSLA guidance. These include allowances such as:

- Net housing costs payable – this is the amount a service user needs to pay for housing (like rent, service charges, or mortgage) after subtracting any housing benefits or support you receive.

- Net council tax payable as above after any benefits paid to meet the costs have been considered.
- Water and sewerage charges payable.

What happens after a Financial Assessment?

Details of the service user's weekly contribution will be sent to the service user or their financial representative with a full explanation of the calculation, along with information about how to pay the contribution. If the service user feels they will have difficulty paying or disagrees with the calculation, they should advise their allocated social worker within 28 days by calling 0300 300 0330.

Annual Financial Re-Assessment

The initial financial assessment is updated by an annual review which will determine any changes to a service user's contribution or the contribution percentage. This annual review will take place in April each year. The service user will be advised of the outcome of the financial reassessment by letter which will include information on where they can access advice and advocacy around charges.

Changes in circumstances

If there are changes in an individual's circumstances that may affect the current financial assessment, increases or reductions in income or expenditure e.g., award of Attendance Allowance, Disability Allowance, Personal Independence Payment, Employment Support Allowance, Pension Credit, or Income Support, it is essential for service users to contact their allocated Social Worker or local Social Work office to request a reassessment. You can contact your local office by calling 0300 300 0330.

Please note that failure to advise the HSCP of your change in circumstances may result in a service user being liable to pay a backdated charge.

Recovery of Contribution owed to Renfrewshire HSCP

Renfrewshire Council has a debt recovery process which will be followed where non-payment of contributions has occurred.

If a service user is in a situation where they cannot pay their contribution, it is important that they contact their Practitioner at the earliest opportunity.

Renfrewshire Council routinely undertake monitoring which will identify all instances where a service user fails to pay their contribution and arrears are evident. As soon as arrears are identified the council will contact the service user to secure payment.

If after this initial contact, concerns regarding future payments/financial safeguarding are suspected, a referral will be made to RHSCP for review and onward referral to the appropriate Practitioner. This action may result in the financial concerns being shared, where appropriate, with the Office of the Public Guardian, Department for Work and Pensions or other key partner organisations.

Renfrewshire Council will continue to provide services. However, you will continue to accrue debt. Appropriate measures, including civil court proceedings, may be utilised to secure payment of any outstanding debt owed to Renfrewshire Council.

Renfrewshire HSCP may also review your support arrangements where non-payment of contribution is identified. This may, following a rigorous risk assessment, result in a reduction to your support arrangements. This decision would be taken in conjunction with the relevant Practitioners and Head of Service and only once all identified risks have been explored and sufficiently mitigated.

Additional Information

Disability Related Expenditure (DRE)

Where a service users daily living expenses are higher due to their disability or illness, an additional allowance may be applied to the financial assessment. The service user will be asked to provide evidence of the additional expenditure e.g., where a service user incurs higher electricity costs to accommodate mobility/medical equipment.

The service user should discuss this with their Practitioner in the first instance. This information will be reviewed and if it is agreed that disability related expenditure applies, an appropriate disregard of the expenditure may be agreed. This information will be reviewed on a regular basis.

A benefits health check can also be carried out if requested by the service user to ensure they are receiving all benefits to which they are entitled.

Compensation payments

Where someone has been awarded a compensation payment, because of personal injury, whether because of a court judgment or out of court settlement, which has been awarded in respect of anticipated future care costs, this will be considered as capital when calculating contributions. This will include compensation payments held in trust. Where someone has a trust fund that is not due to an award made because of personal injury, then the guidelines on dealing with such trust in the Charges for Residential Accommodation Guidance (CRAG) will also be applied to calculating the charges for non-residential care services.

Deprivation or gifting of capital

If a local authority considered that a Service User has deprived themselves of a capital asset to avoid or reduce charges for services, then it may treat the Service User as still possessing that capital asset when assessing their ability to pay for services.

Additionally, in some circumstances, the Council may be able to recover the cost of care from the Service User who received the capital asset, or the Service User may be assessed as though they still own it.

All cases where capital has been 'gifted' or otherwise transferred will be assessed on an individual basis to determine whether the value of the capital should be considered in the financial assessment.

If anyone has any concerns about the impact that gifting or transferring capital may have on their charges, they should discuss this in advance of taking any actions which may be considered as deprivation of capital.

Complaints Procedure

Renfrewshire Council and RHSCP are committed to providing high quality customer services. We value complaints and use information from them to help us improve our services.

If something goes wrong or you are dissatisfied with the service you have received, please tell us. You can complain in Service User at any of our offices, by phone, in writing, by email or via our complaints form on our websites:

- [Renfrewshire Council](mailto:complaints@renfrewshire.gov.uk) email at: complaints@renfrewshire.gov.uk
- [Renfrewshire HSCP](mailto:RenfrewshireHSCP.Complaints@ggc.scot.nhs.uk) email at: RenfrewshireHSCP.Complaints@ggc.scot.nhs.uk

We understand that you may be unable, or reluctant to make a complaint yourself. We accept complaints from the representative of a service user who is dissatisfied with our service. We can take complaints from a friend, relative or an advocate, if you have given them your consent to complain for you. You can find out about advocates in your area by contacting the [Scottish Independent Advocacy Alliance](#). They can also help you put your complaint in writing or give you this information in another language or format, such as large font or Braille.

You can also get [free, independent, and confidential advice from Citizens Advice Scotland](#).

Reviewing the Contribution Policy

Legislative responsibility for social care charging sits with Renfrewshire Council, however, given the intrinsic importance of the Contribution Policy to the financial resilience of RHSCP the responsibility for reviewing and making recommendations on policy changes to Renfrewshire Council jointly resides with RHSCP's Chief Financial Officer and Renfrewshire Councils Director of Finance & Resources.

The implementation of any changes to the Policy continue to reside with Customer & Business Services within Renfrewshire Council.

Up-to-date information will be published on our website at www.renfrewshire.gov.uk. Hard copies and alternative formats of our policy and guidance can be requested from our Customer and Business Services teams on 0300 300 0330.

Appendix 1 – Illustrated Examples

Example 1 – Supported Living & Day Centre:

A 25-year-old adult living in their parent's home, who receives supported living services and attends day service three times a week is receiving DWP benefit income as shown:

Disability Living Allowance High-Rate care £101.75 per week.

Disability Living Allowance Mobility Component £71.00 per week.

Income Support £191.45 per week

		Taper			
		60%	65%	70%	75%
a.	Total Gross Income	£364.20	£364.20	£364.20	£364.20
b.	Less: income protection measures e.g., benefit disregards	-£172.75	-£172.75	-£172.75	-£172.75
c.	= Total Net Income	£191.45	£191.45	£191.45	£191.45
d.	Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e.	= Total Assessable Income	£191.45	£191.45	£191.45	£191.45
f.	Less: Minimum income Thresholds	-£156.00	-£156.00	-£156.00	-£156.00
g.	= Total Disposable Income	£35.45	£35.45	£35.45	£35.45
h.	Apply Taper to Total Disposable Income	£14.18	£12.41	£10.64	£8.86
i.	= Maximum Service User Contribution	£21.27	£23.04	£24.82	£26.59

In this example the total costs of the services provided = £1,285.80 per week.

The four income protection measures i.e., b, d, f, and h above, alongside their Free Personal Care allowance, means their maximum contribution is £21.27 per week, from 1 April 2024, increasing annually in 5% increments from April 2025/26 to a maximum of 75%.

Example 2 – Community Care, Day Service and has elected to receives Community Meals:

A single 65-year-old who receives Care at Home, attends day service and is in receipt of DWP benefit income as shown:

Disability Living Allowance High-Rate care £101.75 per week.

Disability Living Allowance Mobility Component £71.00 per week.

Income Support £191.45 per week

		Taper			
		60%	65%	70%	75%
a.	Total Gross Income	£364.20	£364.20	£364.20	£364.20
b.	Less: income protection measures e.g., benefit disregards	-£172.75	-£172.75	-£172.75	-£172.75
c.	= Total Net Income	£191.45	£191.45	£191.45	£191.45
d.	Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e.	= Total Assessable Income	£191.45	£191.45	£191.45	£191.45
f.	Less: Minimum income Thresholds	-£156.00	-£156.00	-£156.00	-£156.00
g.	= Total Disposable Income	£35.45	£35.45	£35.45	£35.45
h.	Apply Taper to Total Disposable Income	£14.18	£12.41	£10.64	£8.86
i.	= Maximum Service User Contribution	£21.27	£23.04	£24.82	£26.59

In this example the total costs of the services provided = £369.03 per week.

The four income protection measures (b, d, f, and h above) which are part of the financial assessment, alongside their Free Personal Care allowance means that their maximum contribution is £21.27 per week, from 1 April 2024, increasing annually in 5% increments from April 2025/26 to a maximum of 75%. The same Financial Assessment offers income protection measures totaling £328.75 which allows for daily living costs such as meals, rent, service charges, or mortgage.

In this example the service user also buys two meals a day from RHSCP Community Meals service, this costs £48.44 per week. Therefore, the service user's contribution and flat rate charges total £69.71 per week.

Due to inflationary increases flat rate charges are subject to change on an annual basis.

Example 3 – Day Service Only:

A 45-year-old adult, living in their parent’s home, who attends a learning disability day service five days a week and is in receipt of DWP benefits income as shown:

Disability Living Allowance High-Rate care £101.75 per week.

Disability Living Allowance Mobility Component £71.00 per week.

Income Support £191.45 per week

		Taper			
		60%	65%	70%	75%
a.	Total Gross Income	£364.20	£364.20	£364.20	£364.20
b.	Less: income protection measures e.g., benefit disregards	-£172.75	-£172.75	-£172.75	-£172.75
c.	= Total Net Income	£191.45	£191.45	£191.45	£191.45
d.	Less: applicable housing disregards e.g., rent or mortgage	£0.00	£0.00	£0.00	£0.00
e.	= Total Assessable Income	£191.45	£191.45	£191.45	£191.45
f.	Less: Minimum income Thresholds	-£156.00	-£156.00	-£156.00	-£156.00
g.	= Total Disposable Income	£35.45	£35.45	£35.45	£35.45
h.	Apply Taper to Total Disposable Income	£14.18	£12.41	£10.64	£8.86
i.	= Maximum Service User Contribution	£21.27	£23.04	£24.82	£26.59

In this example the total costs of the services provided = £315.40 per week.

The four income protection measures i.e., b, d, f, and h above, alongside their Free Personal Care allowance means that their maximum contribution is £21.27 per week.

The move to a contribution policy away from charging for specific services, means that day services will now be subject to the financial assessment process. As a result, the service user will now be expected to contribute £21.27 towards the cost of the service, increasing annually in 5% increments from April 2025/26 to a maximum of 75%.

Appendix 2 - Community Care Scheme of Charges

Chargeable Adult Services - Financial Year 2023/2024

Adult social care charges effective from 10 April 2023 - 31 March 2024

Chargeable Services	Frequency	2023/24
Care at Home - non-personal tasks	Per hour	£17.24
Community and Day Centre meal charges: two course meal	Per course	£3.02
Community Alarms and TECS	Per week	£3.88
Day Centre attendance charge (Older People only)	Per day	£1.98
Meals provided in Extra Care Housing complexes	Per week	£42.34
Residential Care Home charges (Local Authority run): Dementia	Per week	£1,041.36
Residential Care Home charges (Local Authority run): Mainstream	Per week	£839.34
Sheltered Housing charge: Maximum	Per week	£87.16
Sheltered Housing charge: Minimum	Per week	£12.96

Charges are reviewed annually following the council budget setting process.

Appendix 3 - Definitions

Below is a list of terms used within the Non-residential Charging Policy and their definitions:

- Convention of Scottish Local Authorities (CoSLA) - The organisation responsible for issuing national guidance on non-residential social care charges in Scotland.
- Chargeable Income - A Service User's net income – including any tariff income but not including any disregarded income – after the threshold has been deducted (and allowances made for housing costs, etc. Charges are only based on chargeable income.
- Renfrewshire Council - The Local Authority responsible for provision of social care services within the Renfrewshire area.
- Renfrewshire Health and Social Care Partnership (RHSCP) - The combination of integrated NHS Health and Council Social Care services managed jointly and reporting to the Renfrewshire Integration Joint Board (IJB).
- Financial Assessment - The process undertaken which looks at a Service User's income and capital to determine their care and support charge towards their care package.
- Taper -This helps to calculate the maximum contribution by determining a percentage of the remaining income which is available to the supported Service User over the threshold figure which is identified through the financial assessment process. This is identified within the policy.
- Buffer – In order to provide more help to those on low income and to recognize that not all a Service User's income above these rates should be taken in charges, a 25% buffer is added to create a charging threshold.
- Personal Budget - The agreed amount of money which is required to achieve agreed personal outcomes and manage any associated risks.
- Contribution - The amount of money that the individual receiving services will be asked to pay towards their care following financial assessment.

- Personal Outcomes - Personal Outcomes are defined as what matters to the service user as well as the result or impact of activities.
- Service Provider - The organisation that provides services to the Service User that is receiving support.
- Service User - Any individual who meets established eligibility criteria and who is receiving support or services from the Council See Service
- Support Plan - A record of the agreed outcomes and support to promote the service user's independence in the community following the needs assessment.
- Self-Directed Support (SDS) - The Self-Directed Support (Scotland) Act 2013 placed new duties on Renfrewshire Council and aims to ensure that people can decide how their support is planned and provided. One of the duties is to offer implementation through one of four options.

Appendix 4 - Non-Residential Care & Support Contribution Factsheet



Non-Residential Care & Support Contribution Factsheet

Renfrewshire Health & Social Care Partnership (RHSCP) is committed to providing the care you need when you need it, now and into the future.

The biggest proportion of the costs of the support you need from us will be met from Council budgets. However, demand for services is increasing while Council funding is falling. This means that where someone can afford to contribute to their care services, we have to ask them to pay that amount. In this way the care and support you need, will continue to be available.

The contribution we ask you to make will be no more than you can afford to pay, based on an assessment of your financial situation.

The Contributions Policy sets out how we will apply this for everyone who receives support at home, or in the community, provided by or organised by RHSCP. This factsheet is intended to give you some information about the Policy.

What does it mean for me?

If you receive adult care services in your home or community, you will be asked to contribute towards your overall package of support. The amount you will be asked to contribute will be determined by a financial assessment. Your financial assessment will include a check that you are receiving all benefits or discounts to which you are entitled.

If the only services you receive are the delivery and/or installation of Occupational Therapy equipment, Community Meals, or Alarms then you will be asked to pay a flat rated charge.

What am I paying for?

You are being asked to pay a contribution towards the cost of providing the range of supports which help you to meet your individual needs. The contribution is calculated at the start of the financial year (April-March), or the date your supports are going to start,

based on your planned supports. We will send you one annual invoice for your contribution, which you will be asked to pay up over the year. As we cannot allocate your place to other service users when you are not using them then we cannot give a discount or refund for dates you do not attend or receive a service.

What won't I be paying for?

There are several exemptions to the Contributions Policy, including:

No contribution towards personal care services (e.g., assistance with dressing, washing, food preparation etc) which is covered by the Scottish Government's Free Personal Care policy.

All non-residential services received by people subject to compulsory supervision or detention, those receiving time limited support to recover from mental health/substance misuse or engaged in a recognised employability project.

For a full list of exemptions, please see the Contributions Policy which is available online at www.renfrewshire.gov.uk

How is my payment worked out?

To ensure that you are not asked to pay more than you can afford, RHSCP will undertake a financial assessment using systems and information available on either council or DWP computer systems. This may also involve an officer from RHSCP discussing your income and savings with you to calculate your individual contribution amount. This calculation is done in line with national guidance to ensure that it is fair and consistent.

When will I know how much I must pay?

After your financial assessment, we will write to you to let you know how much you are being asked to pay and how this amount has been calculated. If your needs are reviewed and your package of support changes then the amount will be reviewed. As the contribution is based on your overall package of care and your ability to pay, the cost to you might not change.

How to pay your contribution to Renfrewshire HSCP

You will receive a regular invoice, showing your options for paying. The default payment method is four weekly, and we would recommend paying these instalments by Direct

Debit. Direct Debits are the simplest way of making regular payments, as the money will be paid automatically without you having to remember to make a payment each month. This method of payment also costs the Council less money in terms of administration costs, which means that more money can be spent on providing front line services to the people who need them.

What if I cannot pay?

Please be assured that we do not want to ask people to pay more than they can afford to. If you are worried about not being able to pay the contribution amount calculated, please speak to us as soon as you can so that we can look at your individual situation again.

It is also important that you tell us as soon as possible about any changes in your financial circumstances, e.g., the loss or a reduction in benefits, as any changes to your income will affect your ability to pay and we will need to recalculate your contribution amount considering this.

More information

We are happy to answer any questions you have about the Contributions Policy. Please speak to the person who you normally discuss your care needs with in the first instance. Alternatively, you can contact the RHSCP on 0300 300 0330.



To: Renfrewshire Integration Joint Board

On: 26 January 2024

Report by: Head of Strategic Planning & Health Improvement

Heading: Sustainable Futures Programme: Progress Update

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

1. Summary

- 1.1. This paper provides an update to the IJB on Sustainable Futures programme following the IJB's approval to progress assessment of a range of initial proposals considered at its meeting in November 2023.
- 1.2. It has been developed in the context of the details emerging from the Scottish Government's budget for 2024/25, and a brief update is provided in Section 4 of the paper. This reflects the level of detail available at the time of writing however underlines the highly challenging financial context the IJB will continue to operate within, and which will require further savings to be identified in future.
- 1.3. The paper sets out the nature of engagement carried out to date on those proposals considered in November and approved for further assessment, and notes that a range of concerns and challenges have been raised through this process. The paper also sets out the next steps for progressing the impact assessment with the intention of bringing updated proposals back to the IJB for consideration in March 2024, in line with the agreed approach.
- 1.4. Separately, an additional paper outlining proposals relating to non-residential charging has been submitted for the IJB's information at this meeting. This paper will subsequently be considered at the next Council meeting in February 2024. More widely, the HSCP will continue to develop savings proposals, in line with the approach agreed by the IJB, and submit these to the IJB for consideration at future meetings as appropriate.

2. Recommendations

It is recommended that the IJB:

- Note the update provided on the Scottish Budget announcement (Section 4);
- Note the updates provided on the stakeholder engagement process currently underway (Sections 5 and 6); and
- Note the further activity to be undertaken in advance of the IJB's meeting in March 2024, to enable the submission of updated options and additional savings options in line with the overarching approach previously agreed (Section 7).

3. Background

- 3.1. At its previous meeting in November 2023, the IJB considered the update provided on the progression of the Sustainable Futures programme. This programme is intended to identify and develop options, subject to the IJB's agreement, to address a projected financial gap of £14.7m in 2024/25.
- 3.2. At this meeting, the IJB considered a range of indicative savings options. In addition to proposals which the IJB was asked to note or approve for implementation at the outset of the next financial year, there were several options identified for which approval was sought to move to a process of engagement and more detailed impact assessment. Specifically, these options were to consider:
- A proposed reduction in the internally managed Care Home estate from three homes to two homes.
 - Combining the Mirin and Milldale day services.
 - Closing the Flexicare service.
 - Permanent implementation of a stabilised Older People's Day Support model through the confirmed closure of Falcon Day Centre and maintenance of the closure of Montrose Day Centre pending the outcome of the Residential Care proposal.
 - Aligning capacity within the Disability Resource Centre with reduced occupancy through engagement with the Care Inspectorate.
- 3.3. In line with the overarching approach agreed by the IJB in November 2023, final proposals relating to these options will be brought to the IJB for further consideration in March 2024. Prior to this, the HSCP has commenced a process of engagement with staff, service users, residents, families and carers to gather feedback on the options above and this will be reflected in equality impact assessments (EQIAs) and options appraisals. This paper provides an update to the IJB on the engagement process and sets out next steps for the IJB's consideration.
- 3.4. In addition to this paper, a further paper is provided setting out proposed changes to non-residential charges. As decision relating to charging policy are reserved to Renfrewshire Council, these proposals will be submitted for a decision at the next Council meeting in February. Should the proposed changes be agreed, projections for increases to income generated will be captured within the IJB and HSCP's financial planning for 2024/25.

4. Scottish Budget Announcement on 19 December 2023

- 4.1. The Deputy First Minister and Cabinet Secretary for Finance announced the Scottish Budget on 19 December 2023. In advance of the Budget, the Deputy First Minister had noted that the economic context was extremely challenging and that very challenging decisions would need to be made.
- 4.2. Reflecting the timing of the Budget announcement, and the development of this paper, the HSCP has not yet received or been able to assess further details of the budget and its full implications for the IJB's budget in 2024/25. However, upon review of the information currently available, it is anticipated that the financial settlement for NHS Boards, Local Government and Integration Authorities will be extremely challenging. For example, NHS Boards will receive no uplift on non-pay related budgets and will be required to manage costs within the current finances available. This will also impact on delegated IJB budgets. It is therefore anticipated that the projected financial gap for the IJB in 2024/25 will be greater than the £14.7m referenced in section 3.1, and previously discussed with the IJB.
- 4.3. Consequently, the HSCP will continue to identify additional savings proposals for the IJB's consideration at future meetings. Given the expectation that the financial gap next year will be greater than previously projected, it is likely that any such proposals will be increasingly complex, have greater impact and will require continued difficult decisions to be made by the IJB. The HSCP continues to welcome further guidance from IJB members regarding areas which should be prioritised for consideration through this process.
- 4.4. More widely, it has also been announced that the next UK Government Budget will take place on 6 March 2024. This may potentially have further implications for the overall budget available to the Scottish Government and associated funding decisions. Further updates will be brought to the IJB as additional information becomes available.

5. Implementing routes to engagement following the November IJB

- 5.1. The paper considered by the IJB in November 2023 recognised that the nature of decisions requested of the IJB will be very challenging and difficult. While proposals developed will seek to manage overall impact as far as possible, the impact experienced by each individual, their families and carers, will differ and reflect their specific circumstances.
- 5.2. The engagement approach adopted by the IJB is therefore intended, as far as possible, to provide opportunities through a number of routes for staff and individuals to provide feedback, seek further clarity and to highlight concerns they may have about the potential impact on their family members and loved ones, and for their own situation as unpaid carers or employees delivering services.
- 5.3. Four core strands of activity underpin this approach: (i) engaging with service staff affected by proposals; (ii) engaging with affected service users, residents, families, and carers; (iii) responding to enquiries received from members of

the public, elected members, MSPs, MPs and the media; and (iv) wider engagement with HSCP staff and key fora.

- 5.4. Following agreement to proceed in November and in line with the agreed approach, engagement commenced in early December 2023. At the time of writing, engagement sessions are ongoing and will continue until the end of January 2024.

Engagement with service staff

- 5.5. Four staff engagement events were held prior to Christmas to provide further detail on the proposals considered by the IJB in November and to discuss concerns, challenges and opportunities arising from the proposals. Overall, staff in these sessions were reflective of the potential impact of changes proposed. Further engagement with staff will also be undertaken in January in response to request for further opportunities to discuss once staff have had the opportunity to digest the information available.

Engagement with service users, residents, families and carers

- 5.6. To enable people to choose a time which is more suitable to them, the approach to engagement with families and carers has included online meetings held during working hours and face to face engagement events held in evenings following the working day. In total, four sessions were undertaken in December 2023, consisting of one meeting held online and one in person for each of the Mirin and Milldale and residential care proposals.
- 5.7. At the time of writing, further sessions relating to the proposals for Older People's Day Services and the Disability Resource Centre are scheduled to be completed during January. In addition, sessions to engage with care home residents and conversations with affected service users in Mirin and Milldale are ongoing.
- 5.8. This programme of engagement reflects an increased number of events following requests for additional opportunities to engage made by attendees of the sessions held in December. Invites to these sessions have also been extended to IJB members to enable their attendance where possible.

Responding to enquiries

- 5.9. The proposals considered by the IJB in November understandably attracted media attention and have been subject to media articles both in advance of and following the meeting. These articles have focused on concerns raised by impacted service users, families and carers in addition to those raised by political parties. In addition, the HSCP continues to receive and respond through established processes to enquiries received from members of the public, elected members, MSPs and MPs relating to the proposals under consideration.

Wider engagement

- 5.10. In addition to the engagement sessions outlined above, the HSCP has also set up a Sustainable Futures mailbox, through which further questions or feedback can be provided. Paper and online surveys can also be completed, and staff will also collate any feedback that is provided directly to them.
- 5.11. More widely, the HSCP has also sought to engage with staff and other interested stakeholders to ensure that there is broad awareness of the decisions made by the IJB to date, and the approach that has been adopted to further develop existing proposals and identify further savings options. This includes:
- Email updates from the IJB Chair and HSCP Chief Officer before and following the previous IJB;
 - Facilitated discussions with the HSCP's Extended SMT;
 - Presentation and discussion with the Third Sector Forum and Providers Forum;
 - Discussion with the Strategic Planning Group;
 - Engagement with Care Planning Groups; and
 - The Staff Partnership Forum, which has Sustainable Futures updates as a standing agenda item.
- 5.12. This strand of engagement will be a continued focus for the HSCP over coming months to ensure that the Partnership's wider staff group and interested stakeholders have up-to-date information on the progress of the programme.

6. Overview of feedback received during early engagement sessions

- 6.1. A range of views have been shared with the HSCP through the engagement undertaken at the time of writing. Understandably, this includes frustration, anger and anxiety in relation to the proposals currently being assessed, in terms of the impact that these may have on service users and residents, and also on families and carers. Concerns were also highlighted around the current uncertainty arising where decisions have not yet been made.
- 6.2. The HSCP fully recognises that the process underway is highly concerning for those who may be affected by the proposals identified to date, as is reflected in 6.1 above. However, it is also disappointing that officers have had to deal with inappropriate comments and behaviours from a small number of individuals alongside being made aware of inaccurate information also being circulated. This places significant pressure on officers whilst also increasing concerns among wider stakeholders. In addition, such behaviours can also discourage many individuals from feeling able to express their own views within the sessions undertaken.
- 6.3. Written outputs of the points raised in these sessions have been shared with attendees and will also be published on the HSCP's website to ensure these are accessible to a wider audience. The participants in the engagement sessions also sought further information on a range of questions. At the time

of writing, actions to collate this information and to share it in an accessible format are underway.

- 6.4. Separately, participants in the wider engagement undertaken to date have recognised the extent of financial challenges faced by the IJB and HSCP in coming financial years. These challenges are also faced by partners across the sector and consequently discussions have highlighted the continued importance of working collaboratively to address common issues where possible. Aligned with this, some have also commented on the need for service provision to change and the opportunity to do this given the wider financial context.
- 6.5. The feedback received has also reflected on the 'knock-on' impacts of decisions made on wider provision, particularly preventative and community-based support provided, particularly by third sector organisations.
- 6.6. A further update on feedback received will be brought to the IJB in March 2024, alongside updated proposals as agreed in the overarching approach for the Sustainable Futures programme. In addition, the HSCP will also review lessons learned from the engagement undertaken to date, for further discussion with IJB members, and will set out how this learning will be reflected in the approach to future engagement on savings options. This will also consider the available capacity within services to deliver the savings identified through Sustainable Futures whilst also ensuring that services continue to be managed safely and effectively.

7. Next steps

- 7.1. As noted in Section 3 of this paper, the feedback received during the engagement process will feed into the development of equality impact assessments (EQIAs) and the options appraisal process. Work has continued to review available data during this period of engagement, and this will now be brought together to develop these impact assessments. Prior to submission to the IJB, these will be considered and tested, in draft, by the Sustainable Futures Programme Board which includes input from Heads of Service, HR, Trade Unions and Staff side and professional input from the Chief Nurse and Chief Social Work Officer.
- 7.2. The options appraisal process will assess each proposal using consistent criteria to assess their impact should they be implemented. This is particularly important when considering alternative options (such as is required in assessing each internal care home as part of the proposal to reduce the internal care home state from three to two). It also ensures that the impact of individual proposals is considered and documented in the same, consistent way. In summary, the option appraisal will consider:
 - The impact of proposals on service quality and individuals' outcomes including the impact on service users, families, unpaid carers and staff;

- The alignment of proposals with the IJB's Strategic Plan, the Workforce Plan and policy and legislation related to the service area under consideration;
 - The ability of proposals to contribute to the IJB's overall budget sustainability through the delivery of savings or increased income;
 - The feasibility of the proposals, including consideration of any risks that might be created as a result of their implementation and the time that would be required to implement them.
- 7.3. Updated proposals brought to the IJB at its next meeting in March will include further detail on proposed implementation timelines. This reflects the complexity of the proposals identified and reflects that a range of actions will be required to implement them should they be approved. Any savings to be delivered within 2024/25 will therefore also be pro-rated to reflect the time needed to implement them.
- 7.4. The HSCP also recognises the concerns raised during the engagement process to date that the nature of the impact on each service user or resident and their families and carers will differ, in reflection of each individual's different support needs. Implementation plans will be designed to be flexible and person-centred to ensure that each service user or resident is supported by an individual plan which meets their needs.
- 7.5. In addition to providing updates to the IJB on the proposals considered in November 2023, the HSCP will also seek to bring further available savings proposals to the IJB in March, as set out in the approach which has been agreed.

Implications of the Report

1. **Financial** – Final proposals on these options, with updated savings as appropriate, will be brought to the IJB in March 2024 for further consideration.
2. **HR & Organisational Development** – HR colleagues, alongside Staff-side and Trade Union colleagues are members of the Sustainable Futures Programme Board and retain oversight of programme progress and the development of options appraisals.
3. **Strategic Plan and Community Planning** – This paper aligns with the Sustainable Futures theme set out within the IJB's Strategic Plan 2022-25.
4. **Wider Strategic Alignment** – This paper also aligns with the IJB's Medium Term Financial Plan 2022-25.
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** – The proposals identified, should they be implemented, will to impact on the HSCP's existing use of property. Ownership of property currently utilised remains reserved to NHS GGC and Renfrewshire Council and engagement with these partners will remain ongoing.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – The proposals discussed in this paper are subject to the ongoing development of equality impact assessments (EQIAs).

9. **Fairer Scotland Duty** – Any implications on the Fairer Scotland Duty from the proposals identified will be captured and assessed as part of the EQIA process.
 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 are tracked and managed on an ongoing basis and incorporated into reports to the IJB Audit, Risk and Scrutiny Committee as appropriate.
 13. **Privacy Impact** – No implications 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 Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk)



To: Renfrewshire Integration Joint Board

On: 26 January 2024

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Management Mid-Year Report 2023-24

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 IJB agreed its 2023/24 Performance Scorecard at the meeting on 29 September 2023. This report provides an update on mid-year performance for April to September 2023, with the full Scorecard updating all performance measures attached at Appendix 1.
- 1.2 The information provided in the report is the most up to date possible. Please note data is not yet available for all performance measures to September 2023.
- 1.3 Members will be aware a number of changes to performance indicators were agreed as part of the new 2023/24 Scorecard. As a result, it is not yet possible to have full baseline information to set targets for new indicators in 2023/24 or to draw direct comparisons to the overall performance position at 2022/23 year-end. Please note, 2023/24 data will be used as a baseline position for these indicators to set targets where appropriate for 2024/25. This will allow us to compare performance moving forward.
- 1.3 Of the 48 indicators included in the 2023/24 HSCP Scorecard, 28 have targets set against them, while 20 are for information only. Performance status is assessed as Red, Amber, or Green as defined below:

Red	More than 10% variance from target
Amber	Within 10% variance from target
Green	On or exceeds target

- 1.4 The RAG status of the 28 indicators that have targets is highlighted below:

Red	5 Indicators	18%
Amber	10 Indicators	36%
Green	13 Indicators	46%

2. Recommendation

It is recommended the IJB:

- Approves the Performance Management Mid-Year Report 2023/24 for Renfrewshire HSCP.
-

3. Performance for the period April to September 2023

3.1 As noted at 1.1 above, the full HSCP Performance Scorecard is included as Appendix 1. Section 4 of this paper focuses on the performance indicators that have improved and, also recognising the challenging environment in which the HSCP is operating currently, highlights areas where strong performance has been sustained. Section 5 highlights areas for improvement, Section 6 provides an update on the Unscheduled Care indicators, and Section 7 covers the new Adult Social Care performance indicators.

3.2 The following table shows the overall position of the Scorecard indicators at 30 September 2023.

Performance Indicator Status	30 September 2023
	Alert: 5
	Warning: 10
	Target Achieved: 13
	No Target: 20

4. Improvements in Performance

4.1 The 2022/23 Annual Performance Report highlighted a number of areas for improvement including Anticipatory Care Plans and service waiting times. Several improvements in performance can be seen in these areas of focus since our year-end report in March 2023, as detailed in the tables below. Three indicators have changed status from Red to Green:

4.2 Red to Green Status Change

Indicator	2022/23	Mid-Year 2023/24	Target
1. Number of adults with a new Anticipatory Care Plan	156	269	221
Improvement Work			
Renfrewshire's Anticipatory Care (ACP) Group has led on performance improvement in this area, linking to the NHSGGC Board-wide improvement programme. As a result, the annual target of 221 has been exceeded at mid-year, with 269 new plans recorded. An Action Plan is in place along with a rolling programme of staff training to improve staff confidence and the quality of ACP conversations. Plans are recorded on Clinical Portal, so they are visible to all services.			

Indicator	2022/23	Mid-Year 2023/24	Target
5. Smoking cessation – non-smokers at the 3-month follow-up in the 40% most deprived areas.	119	45 Apr-Jun	182
Improvement Work			
<p>Recent activities to develop pre-five centre resource packs and parent resources to promote smoking cessation and help facilitate access to Quit Your Way services across Renfrewshire have impacted positively on performance. Improvement plans are in place to provide local venues to remobilise community face to face smoking cessation sessions and increase access across Renfrewshire. A planned Radio Clyde media campaign is also running until January to promote Quit Your Way services along with targeted social media (Facebook) promotions.</p> <p>Small bids plans are enabling local third sector organisations to work with parents and carers to raise awareness of current services available to help them to quit smoking and allow families to access local services that best suit their needs. This will also vitally raise awareness of second-hand smoke and its health harms for babies and children and support parents and carers to make changes for their families. The small bids process will also include tackling vaping in children and young people.</p>			

Indicator	2022/23	Mid-Year 2023/24	Target
10. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde)	75.2%	96.8%	90%
Improvement Work			
<p>An ongoing Improvement Plan is in place with a review of Board-wide Pressure Ulcer Prevention guidance now complete. An audit of the use of high-risk clinics has been undertaken to ensure the correct patient type is being booked to increase clinical availability for the 2 working days' target. Communication has also been optimised between the Referral Management Centre (RMC), team leads and the service to identify any potential service breaches and increase appointment availability. Recording and sharing of patient unavailability is also reviewed regularly by the RMC to allow robust tracking of patients who elect not to attend within the 2 working days. This improvement work has seen performance increase from 75.2% at year-end 2022/23 to 96.8% at September 2023 in Renfrewshire (Clyde), and from 75.2% to 87.0% for NHSGGC against the target of 90%.</p>			

4.3 Amber to Green Status Change

One indicator has changed status from Amber to Green per the table below:

Indicator	2022/23	Mid-Year 2023/24	Target
19. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 wks	84.7%	96.9%	90%
Improvement Work			

Previously, review work identified that performance figures did not reflect actual practice. As a result, improvement work has been underway and a national training plan is now in place, which provides guidance for all staff to ensure data is uploaded correctly. A dedicated Alcohol and Drug Partnership (ADP) Information Analyst is also now in post, which has provided additional capacity to ensure optimum compliance and improve data quality.

4.4 Red to Amber Status Change

Two indicators have changed status from Red to Amber per the tables below:

Indicator	2022/23	Mid-Year 2023/24	Target
4. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks.	45.6%	88.9%	100%
Improvement Work			
Service waiting times have improved due to a full complement of staff compared with the previous 18-month period, and a change in process for self-referrals, which has reduced the number of missed/rearranged appointments. This allows the service to offer a more convenient date and time for patients and is more supportive of personal and/or work commitments. A patient information leaflet has been developed and is sent to patients following referral to explain what the service has to offer, and what to expect. The service also screens referrals daily and has increased the amount of available assessment appointments to meet the needs of the service. It should be noted the 100% target remains challenging to achieve due to patient choice or non-attendance.			

Indicator	2022/23	Mid-Year 2023/24	Target
9.% of foot ulcers seen within 2 working days in NHS GGC	75.2%	87.0%	90%
Improvement Work			
Please see indicator 10 at Section 4.1 above.			

4.5 Given the pressure to deliver on the Sustainable Futures Programme and ongoing financial and staffing resource difficulties, maintaining current performance can be challenging. However, performance has been sustained in the following areas: Complaints, Delayed Discharge, Emergency Admissions from Care Homes, Adult Support Plans completed for Carers by Renfrewshire Carers Centre, and the Uptake Rate of Child Health 30-Month Assessments. Full details can be found in Appendix 1.

5. Areas for Improvement

5.1 There are five indicators that remain red in the mid-year Scorecard, as shown in the tables below. All indicators are moving in the right direction, with Psychological Therapies waiting times improving to 79.5% in October 2023.

Indicator	2022/23	Mid-Year 2023/24	Target
1. A&E waits less than 4 hours	70.1%	71.6%	95%
Improvement Work			
Performance for this indicator is challenging to influence, however initiatives continue to progress to reduce A&E attendances including the Home First Response service; Community and Nursing/Care Home Falls Pathways; the Renfrewshire Community Respiratory Team COPD (Chronic Obstructive Pulmonary Disease) Project; and the continued promotion of the national campaign Right Care Right Place offering alternatives to A&E to help reduce pressure on emergency departments.			

2. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	70.0%	62.8%	90%
Improvement Work			
Performance in October 2023 has increased to 79.5%. Waiting times continue to be impacted in Renfrewshire by staff absence and vacancies. However, two full-time equivalent (FTE) vacancies are currently being progressed and resource continues to be flexed across the three Community Mental Health Teams (CMHTs) in Clyde to mitigate long waits for assessment, using remote technology to deliver psychological therapies for suitable patients online where possible. Use of overtime sessions continues to support the management of waiting lists and maximises equity for patients. The Board's Psychological Therapy Groups' Service is maintained at optimal level to ensure local resource is used efficiently, and cross-sector working continues e.g., a mindfulness-based Cognitive Behavioural Therapy group is being delivered across Clyde (Renfrewshire and Inverclyde) and is open to patients in both Primary Care Mental Health Teams and all three CMHTs. In a similar vein, a new group (Compassion Focused Therapy) is in development to offer Psychological Therapy to cohorts of those waiting (and in time, with enough evidence from ongoing pilots, this should count as a Psychological Therapy and impact on wait times).			

Indicator	2022/23	Mid-Year 2023/24	Target
3. % of health staff with completed TURAS profile/PDP	55.89%	63.88%	80%
Improvement Work			
Action is ongoing across all services to increase TURAS compliance, with performance improving steadily since August 2022 when compliance was 37.5%. This trend has continued, and Renfrewshire has been the best performing HSCP in NHSGGC for several months, with a compliance rate of 67.20% in November against a Board target of 80%. The Partnership average is 47.57% and the HSCP is currently working towards a local year-end trajectory of 70%. Currently four services are above 70% and one is above 80% compliance.			

Indicator	2022/23	Mid-Year 2023/24	Target
4. Sickness absence rate for HSCP Adult Social Work staff (work-days lost per FTE)	22.59p	9.86p	15.3 days
5. Sickness absence rate for HSCP NHS staff (%)	6.73%	6.60%	4%
Improvement Work			
<p>Sickness absence remains a challenge and work continues across the Partnership to address performance, which is monitored regularly at Senior Management Team (SMT) meetings. It remains the number one priority for HR and key themes include: finding more flexible options for long term absentees to return them to work earlier where they are willing and fit to do so; and monitoring high levels of employee episodic absence. Services will require to provide evidence of control measures and improvement targets. In terms of training, approximately 40 HSCP managers and team leads attended absence management coaching in November 23 and there is a range of health and wellbeing supports and resources available for HSCP staff, which are promoted fortnightly in Chief Officer Updates. This signposts to national and local resources for staff, e.g., Wellbeing Hub, Resources for the Cost-of-Living Increases. There is also a NHSGGC Staff Wellbeing Bus due to visit various sites that is open to all HSCP staff, with Health Improvement carrying out wellbeing drop-ins for teams in the meantime. Renfrewshire Council have created a resource page for staff - Taking care of our employees' wellbeing - Renfrewshire Website. We are currently working with the Health Improvement Team to start a new 'Staff Health and Wellbeing Group.' Staff can join the group to bring new ideas for how best to support staff and the aim is to have a representative from every staffing area. Work is also underway to develop a dedicated page for health and wellbeing information - a place to bring together all available training, resources, and new wellbeing initiatives.</p>			

5.2 Green to Amber Status Change

Four indicators have changed from Green to Amber status since March 2023, per the tables below:

Indicator	2022/23	Mid-Year 2023/24	Target
15.Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 1)	25.0%	19.1%	19.9%
Improvement Work			
<p>The Health Improvement Team supports businesses in Renfrewshire to sign up to the Breastfeeding Friendly Scotland (BFFS) scheme. This builds maternal confidence and ensures mothers can breastfeed confidently and safely in a warm and welcoming environment. 130 premises have signed up to date and 316 staff have been trained from the HSCP, One Ren, Engage, Active Communities and 23 Early Learning and Childcare Centres. Dedicated web pages are also being developed to host information for new and expectant mothers, capturing current work and detailing supports available to families. In March 2023, the HSCP was successful in maintaining the UNICEF Gold Award and remain accredited as a Gold Baby Friendly Service. The accreditation is awarded based on a set of standards for</p>			

maternity, health visiting, neonatal and children's services, with evidence presented annually to show standards are being maintained and progressed. Highly commended by UNICEF, the team was praised for its ongoing support dedication, and commitment to families.

Indicator	2022/23	Mid-Year 2023/24	Target
22.Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	1.2 (2020)	1.7 (2021)	1.6
Improvement Work			
<p>The Sexual Health Steering group facilitated a workshop on 24 August 23 to explore and agree priority areas to improve sexual health outcomes for children, young people, and adults. Action Plans are in development and will include:</p> <ul style="list-style-type: none"> • Locality mapping of free condom provision and identification of gaps across Renfrewshire. • Reviewing teenage pregnancy data and comparing to NHSGGC and National average. • Working with Sandyford to promote the specialist Young People's Service operating out of Paisley clinic. • Response to consultation paper on the draft Statutory Guidance on the delivery of Relationships, Sexual Health, and Parenthood (RSHP) education in Scottish schools. • Majority of nurseries have been trained in Early Protective Messages (EPM) and an online platform is being developed by the NHSGGC Sexual Health Team to build training capacity. While this is being progressed, EPM training is being arranged for Education and Social Work in the meantime. 			

27.%of new referrals to the Podiatry Service seen within 4 weeks in NHS GGC	90.2%	86%	90%
28.% of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde)	94%	88%	90%
Improvement Work			
<p>Despite significant vacancies and increased referral rates (approximately 300 more per month compared with 2022-23), the service has seen a month on month increase in performance since September achieving rates of 89% in November 2022, just below the target of 90%.</p>			

5.3 Prescribing Indicator

The projected position to year-end for the prescribing variance from budget indicator has increased to 7.69% from 5.52% at 2022/23 year-end per the table below.

Indicator	2022/23	Mid-Year 2023/24	Target
38. Prescribing variance from budget	5.52%	7.69%	N/A

	over budget	over budget	
Current Position/Improvement Work			
<p>Reasons for the increased overspend include:</p> <ul style="list-style-type: none"> • Unit price increases, up from £10.70 at the start of 2023/24 to c£11.32 in October 23, and a further increase to c£11.46 in the period from November 23 to year end; and • Volume increases. <p>The HSCP has no influence over price increases but has some influence over volume which is being addressed by the Prescribing Project, which is part of the Sustainable Futures programme. The Project Team is working to maximise cost avoidance where possible and has developed a plan with four key goals:</p> <ol style="list-style-type: none"> 1. Support delivery of the GP Practice Prescribing Efficiency Programme. 2. Promote and support the use of clinical decision support tools such as Formulary / ScriptSwitch®. 3. Promote and support the use of Prescribing Initiative Implementation Guides (PIIGs and PIIGlets). 4. Minimise waste and over-prescribing. 			

6. **Unscheduled Care Performance**

6.1 The Scottish Government Ministerial Strategic Group (MSG) unscheduled care indicators show mixed performance at mid-year 2023-24, with Renfrewshire maintaining strong performance in Delayed Discharges, and A&E attendances increasing nationally. Completeness issues have affected Emergency Admissions and Unscheduled Hospital Bed Days data so meaningful comparisons cannot be made at this stage.

6.2 **A&E Attendances**

A&E attendance figures (all ages) for the period April-September 2023 were approximately 3.75% higher than for the same period in 2022. If performance continues at a similar rate until year-end, the full 2023/24 year A&E attendance figures will be closer to those recorded in 2021/22. NHSGGC continues to urge people to only attend A&E if their condition is serious.

6.3 **Acute Delayed Discharge: Bed Days Lost**

The number of Acute delayed discharge bed days lost (18+) for April to September 2023 is 2,532, a 32.5% decrease on the numbers recorded for the same period in 2022-23.

6.4 The split for the 2,532 Acute delayed discharge bed days lost from April to September 2023 is 940 for standard delays and 1,592 for Code 9s. That equates to a 9% reduction for standard delays compared with the same period in 2022, and a 41.4% reduction in Code 9s. Examples of patients included in Code 9s are Adults with Incapacity (AWI) undergoing a Guardianship process; patients delayed awaiting availability of a place in a specialist facility where no facilities exist and an interim move would be inappropriate; patients delayed due to infection control measures; and patients for whom an interim move is not possible or reasonable.

- 6.5 While timescales for AWI Guardianships are out with our control, the HSCP has 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 quickly as possible.
- 6.6 Some patients recorded as Code 9 delays have extremely 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.
- 6.7 Renfrewshire was the highest performing Local Authority area in Scotland for Acute standard delays for the financial year to date (April-September 2023) with 940 bed days lost, equating to a rate of 642.4 per 100,000 population. The national average at September 2023 for the financial year to date was a rate of 5,291.8, while the NHS Greater Glasgow and Clyde average rate was 3,633.6 per 100,000 population.

7. New Adult Social Care Indicators

- 7.1 For the new Adult Social Care performance indicators agreed at the September 2023 IJB meeting, it is still too early to draw meaningful conclusions at mid-year. Some points of note include:

- Balance of Care Indicators

Data for the period April-September 2023 shows an increase in the Total number of hours provided for clients receiving personal care versus non-personal care. This is not unexpected and is consistent with our policy of caring for people at home. People are living longer with significantly higher levels of disability and this trend is likely to continue. The number of open community placements versus open residential placements for 65+ has also increased for similar reasons, as levels of dependency continue to increase. Work is underway to review service-user data to understand more about the population growth.

- Adult Support and Protection Referrals

There has been a slight increase in the number of Adult Support and Protection referrals from 363 at Quarter 1 April-June to 387 for Quarter 2 July-September 2023. It is too early to draw definitive conclusions; however, this may reflect changes in the code of practice and awareness-raising with partners and may also reflect how referrals are managed on receipt. Referrals will continue to be monitored during Quarters 3 and 4 to help identify any emerging trends.

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
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List of Background Papers – None.

Author: Jill Cram, Senior Planning and Performance Development Officer

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk)
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Draft 2023-24 Renfrewshire HSCP Performance Scorecard

The Draft Performance Scorecard shows the HSCP's proposed indicators for the financial year 2023-24.

The indicators are aligned to the nine National Health and Wellbeing Outcomes and this year they have also been aligned to the five themes of the Renfrewshire HSCP Strategic Plan 2022-25 (Healthier, Connected, Enabled, Empowered and Sustainable Futures), both of which are detailed below:

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

Strategic Plan 2022-2025 Themes	
	People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.
	People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.
	Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.

	People access the right care at the right time and place and are empowered to shape their support at every stage of life.
	We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

The key below shows Red, Amber, Green (RAG) or No Target status; Direction of Travel; and Target Source.

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

Section 1 – Performance Indicators with Targets

5 Red Indicators	Performance is more than 10% variance from target							
Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
1. A&E waits less than 4 hours (Outcome 3)	67.1%	70.1%	71.6%	95%			N	Enabled
2. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	90.9%	70.0%	62.8%	90%			B	Enabled
3. % of health staff with completed TURAS profile / PDP (Outcome 8)	50.5%	55.89%	63.88%	80%			B	Sustainable
4. Sickness absence rate for HSCP Adult Social Work staff (work-days lost per FTE) (Outcome 8)	17.79	21.94	9.86p Apr–Sep	15.3 days (annual)			L	Sustainable
5. Sickness absence rate for HSCP NHS staff (Outcome 8)	6.52%	6.73%	6.60%	4.00%			N	Sustainable

10 Amber Indicators	Performance is less than 10% variance from target							
Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
6. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks. (Outcome 3)	88.0%	41.6%	88.9%	100%			N	Enabled
7. % of foot ulcers seen within 2 working days in NHS GGC (Outcome 9)	83.7%	75.2%	87%	90%			B	Enabled
8. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	85.7%	82.3%	90%			B	Sustainable
9. Improve the overall iMatter staff response rate (Outcome 8)	58%	58%	58%	60%			B	Sustainable
10. Formulary compliance (Outcome 9)	76.56%	76.90%	76.90% Apr-Jun	77%			L	Sustainable

11. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 1)	11.8%	25.0%	19.1%	19.9%			B	Healthier
12. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.1 (2019)	1.2 (2020)	1.7 (2021)	1.6			L	Healthier
13. Number of new Adult Carers supported by Renfrewshire Carers Centre (Outcome 6)	963	1,027	391 Apr-Sep	1,027			L	Empowered
14. % of new referrals to the Podiatry Service seen within 4 weeks in NHS GGC (Outcome 9)	41.0%	90.2%	86%	90%			B	Enabled
15. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	41.4%	94.0%	88%	90%			B	Enabled

13 Green Indicators	Performance is on or exceeds target							
Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
16. Number of adults with a new Anticipatory Care Plan (Outcome 2)	185	156	269 Apr-Sep	221			L	Empowered
17. Smoking cessation – non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	176	119	45 Apr-Jun	45 Apr-Jun 182 (Annual)			B	Healthier
18. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	84.6%	78.8%	96.8%	90%			B	Enabled
19. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	90.8%	84.7%	96.9% Jul-Sep	90%			B	Enabled
20. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	19.7%	27.4%	21.5%	21.4%			B	Healthier
21. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by 12 th week of gestation (Outcome 4)	93.7%	88.5%	87.7%	80%			N	Healthier
22. Emergency admissions from care homes (Outcome 4)	400	433	213 Apr-Sep	450			L	Enabled

23. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	97.3%	94.3%	97.2% Apr-Jun	95%			N	Healthier
24. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	96.8%	97.0%	96.4% Apr-Jun	95%			N	Healthier
25. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.8%	5.7%	6.0%	6%			B	Healthier
26. Uptake rate of child health 30-month assessment (Outcome 4)	94.9%	95%	97%	80%			N	Healthier
27. Number of adult support plans completed for carers (age 18+) by Renfrewshire Carers Centre (Outcome 6)	148	203	87 Apr-Sep	160			L	Empowered
28. % of complaints within HSCP responded to within 20 days (Outcome 8)	90%	90%	95% Apr-Sep	70%			B	Sustainable

Section 2 – Performance Indicators without Targets

Ministerial Scottish Government Indicators (5)

Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
29. Number of Acute delayed discharge bed days (Outcome 2)	9,177	7,006	2,532 Apr-Sep	-			M	Enabled
30. Number of emergency admissions (18+) (Outcome 2)	15,378	15,068	8,123p Apr-Sep	-			M	Enabled
31. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	127,217	134,125	60,494p Apr-Sep	-			M	Enabled
32. Number of A&E attendances (18+) (Outcome 9)	40,620	38,889	21,545 Apr-Sep	-			M	Enabled
33. Total number of A&E attendances (Outcome 9)	54,142	53,019	28,269 Apr-Sep	-			M	Enabled

Safe from Harm Indicators (4)

Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
34. Number of Chief Social Worker Guardianship applications (as at position) (Outcome 7)	125	132	25	-	-		-	Connected
35. Number of suicides (Outcome 7)	25 (2021)	33 (2022)	N/A (due Aug 24)	-	-		-	Healthier
36. Percentage of Children registered in this period who have previously been on the Child Protection Register in the last two years (Outcome 7)	14.7%	4.8%	2.7%	-	-		-	Enabled
37. Total Mental Health Officer service activity (Outcome 7)	1,222	1,362	550p	-	-		-	Enabled

Prescribing Indicator (1)

Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
38. Prescribing variance from budget (Outcome 9)	3.43% under budget	5.52% over budget	7.69% over budget	-			-	

New Adult Social Care Indicators 2023-24 (9)

Performance Indicator	21/22 Value	22/23 Value	23/24 Value	Target	Direction of Travel	Status	Target Source	Theme
39. Balance of Care: Home Care - total number of hours provided for clients receiving personal care versus non-personal care (Outcome 2)	-	PC: 14,699 NPC: 318	PC: 16,369 NPC: 353	-			L	Sustainable
40. Balance of Care: Number of open community placements vs open residential placements for 65+ (Care at Home vs residential) (Outcome 2)	-	CP: 1,554 (61.5%) RP: 971 (38.5%)	CP: 1,960 (62%) RP: 1,201 (38%)	-			L	Sustainable
41. Population of clients receiving Telecare all ages – rate per 1,000 (Outcome 2)	4.4	4.2	3.8	-			L	Connected
42. Population of clients receiving Telecare all ages (75+) – Rate per 1,000 (Outcome 2)	58	61	30.6 Sep	-*			L	Connected
43. Number of people accessing Community Alarms (75+) (Outcome 2)	1,969	2,121	2,224	-			L	Connected
44. Number of people accessing Community Alarms (all ages) (Outcome 2)	2,503	2,791	2,947	-			L	Connected
4. Number of adult support plans completed for carers (age 18+) by HSCP (Outcome 6)	40	25	103	-			L	Empowered
46. Number of Adult Support and Protection referrals (by source) (Outcome 7)	1068	1314	753* Apr-Sep	-			L	Connected

47. Number of Private Guardianship applications (as at position) (Outcome 7)	47	158	53	-			L	Connected
48. Percentage of Adult Support and Protection referrals where investigatory powers are used (Outcome 7)	-	From 23/24 only	42% Apr-Sep				L	Connected

*see Table 1 below

Notes

p Denotes provisional data

Table 1

Indicator 45: Number of Adult Support and Protection referrals (by source) (Outcome 7)	Apr-Jun Q1 2023/24	Jul-Sep Q2 2023/24
Mental Welfare Commission for Scotland	0	0
Care Inspectorate	8	8
Healthcare Improvement Scotland	0	0
Office of the Public Guardian	2	2
Police Scotland	85	70
NHS 24	6	4
NHS Primary Care	13	8
NHS Acute Services	10	20
NHS Specialist Drug and Alcohol Services	0	0
Community Health Services	1	6
Mental Health Services – Hospital and Community	14	10
Other health (eg public health, private healthcare, prison healthcare)	1	3
Social Work - Adults (including MHOs)	24	37
Social work - Children and Families	5	6
Scottish Ambulance Service	1	5
Scottish Fire and Rescue	21	16
Scottish Prison Service	0	0
Care Home	78	94
Care at home provider	48	43
Housing	30	33
Education	0	0
Children’s Services	0	0

Self (adult at risk)	0	4
Unpaid carer	1	0
Friend, relative or neighbour (who is not an unpaid carer)	4	4
Other member of the public (not covered by 20 or 21)	0	1
Third sector organisation	5	3
Financial institution	0	0
Anonymous	0	1
Other (please specify below)	6	9
Total	363	387



To: Renfrewshire Integration Joint Board

On: 26 January 2024

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. This report provides the mid-year update to the IJB on how Renfrewshire and other HSCPs within NHSGGC are working with Health Board colleagues to deliver whole-system change against our urgent and unscheduled priorities to minimise the impact of unscheduled care during Winter 2023/24.

2. Recommendation

It is recommended that the IJB:

- Note the content of this report.

3. Purpose and Background

- 3.1 The purpose of this report is to update the IJB on developments in the delivery of the HSCP's Unscheduled Care agenda ahead of Winter 2023/24.
- 3.2 At its meeting in March 2022 the IJB received an update report on the Unscheduled Care Design and Delivery Plan for the period 2022/23 to 2024/25. 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.
- 3.3 Unscheduled care work across NHSGGC is directed by the Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25.

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 aging population with increasing complex care needs. This plan will be refreshed and brought back to IJBs in 2024.

3.4 As noted in the most recent update to IJBs on unscheduled care in January 23, national improvement work and reporting on unscheduled care has been organised into High Impact Change Areas (HIC) whilst improvement work remains true to the action plan detailed in the Design and Delivery Plan. GGC HSCPs are participating actively in three HICs.

- HIC 3 – Virtual Capacity
- HIC 7 – Discharge without Delay
- HIC 8 – Community Focused Integrated Care

4. Trends in Unscheduled Care

4.1 Presentations

Figure 1 below shows the rate of presentation across all facilities in NHSGGC. Thus far seasonal patterns of attendance are being observed for 2023, however attendance numbers are down 7% on 2019 figures. This could be attributed to the significant efforts within community and Primary Care on early intervention, prevention and signposting of service users to planned care. Renfrewshire closely follows the wider NHSGGC trend. Despite the decrease in numbers, anecdotally from front-line staff there is an increase in the complexity of the patients who are attending, which may explain the increased average length of stay (Para 3.3). A breakdown of attendances per HSCP by 100,000 of population is included at Figure 2.

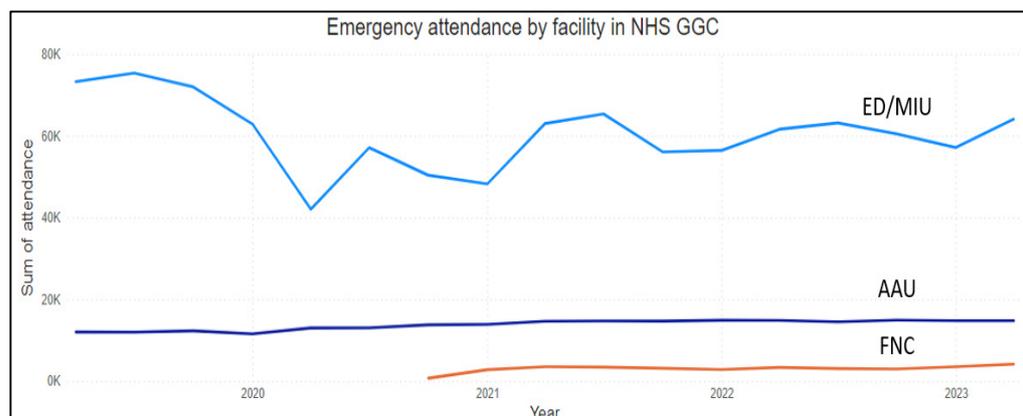


Figure 1. Quarterly counts of attendances to Emergency department (ED)/ Minor Injury Unit (MIU), Acute Assessment Units (AAU) and Flow Navigation Centre from 2019 to 2023. Source: NHSGGC Emergency Department dataset.

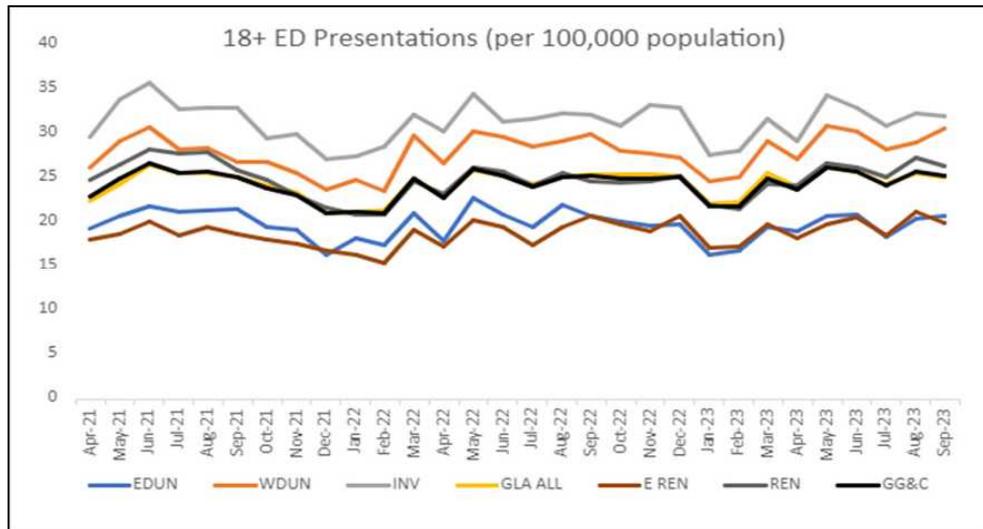


Figure 2. ED/MIU attendances per 100,000 population. Source: NHSGGC Microstrategy

4.2

Admissions. Emergency admission rates appear to have stabilised post-pandemic with NHSGGC admission rates closely following Scottish rates overall. Admission rate per 100,000 population by HSCP is shown at Figure 3.

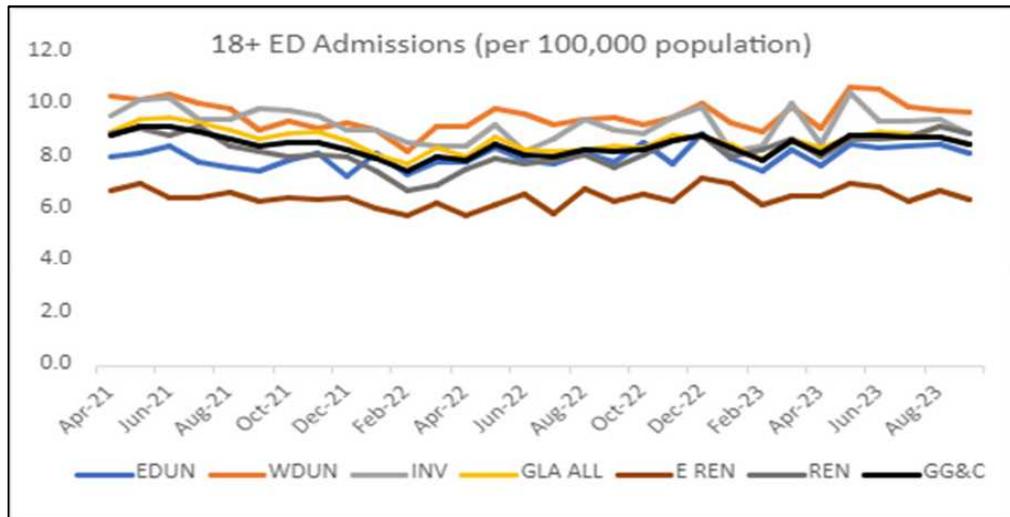


Figure 3. ED/MIU admissions per 100,000 population. Source: NHSGGC Microstrategy

4.3

Average Length of Stay. Overall, mean length of stay in NHSGGC has increased from 8.3 days in 2019 to 10.2 days in 2023 (January to June only). This has remained above the Scottish average throughout the time-period (9.0).

The distribution of lengths of stay is not uniform. As can be seen in Figure 4, over half (53.5%) of admissions from January to June 2023 lasted four days or less. There is however a notably large proportion (17.3%) of stays lasting fifteen days or more.

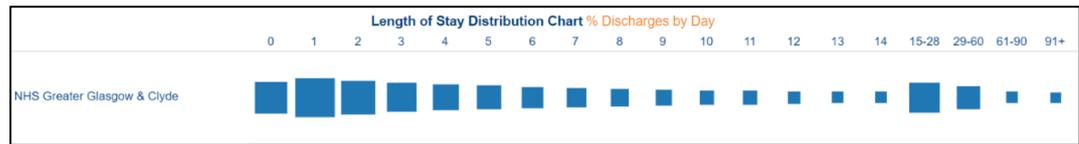


Figure 4. Breakdown of length of stay by day for inpatient stays. Source: PHS

4.4

Predictive modelling. HSCPs enlisted the support of Public Health Scotland to predict A&E attendances and emergency admissions through Winter 2023/24. Using logistic regression modelling predicted values have been determined with a range of 95% certainty. This information has informed HSCP and acute demand and capacity planning and workforce measures in advance of Winter.

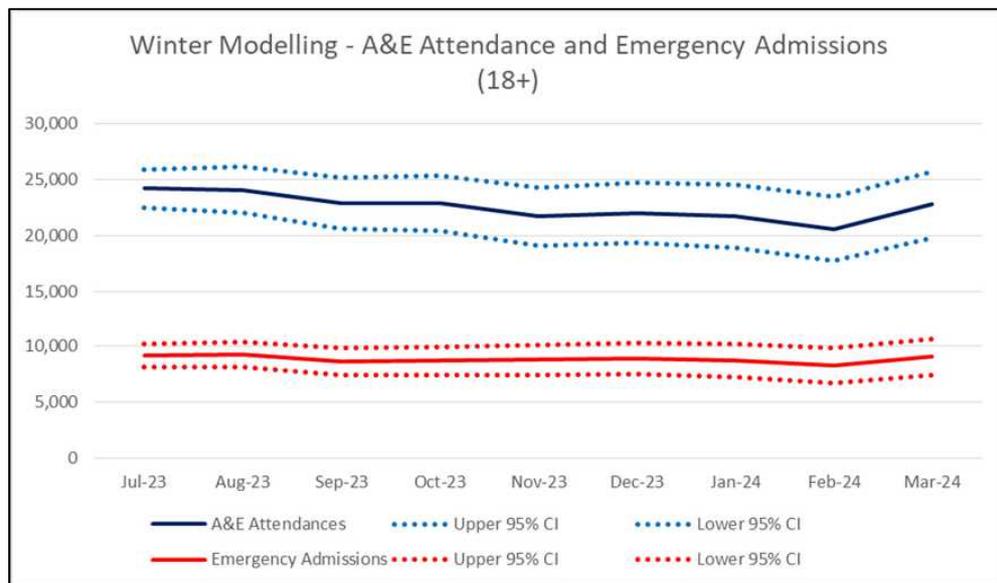


Figure 5. Predicted NHSGGC A&E attendance and Emergency Admissions with 95% confidence intervals. Source: PHS Scotland – MSG Data

5. **Unscheduled Care Intervention Progress**

5.1 The following key interventions led by HSCPs are now live across NHSGGC. A summary of interventions across acute and community services can be found at Appendix 1.

5.2 **Hospital at Home.** The Hospital at Home (H@H) service continues to provide acute level care to individuals in their own home who would otherwise be admitted to hospital. This is currently provided in the South and Northwest localities of GCHSCP. Approval from the Greater Glasgow and Clyde Health Board Corporate Management Team has been given for scaling up the service system-wide, using a Nursing Midwifery & Allied Health Professional (NMAHP) model with support from a wider multi-disciplinary team, hosted by GCHSCP. During 2023 the service has expanded from 10 to 20 beds with ambition for further scale up, with 40 beds as an initial aim point, subject to future IJB approval. Negotiations are underway with Scottish Government and the

NHS Board & Partnership Chief Officers to identify revenue funding options for the scale up of the service.

5.3 **Home First Response Service.** This service has been established for a year within the Queen Elizabeth University Hospital and Royal Alexandra Hospital. Delivering an augmented multi-disciplinary team approach composed of community staff (Frailty Practitioners, Allied Health Professionals, Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission. The service is routinely turning around over 50% of individuals diagnosed with frailty at the ED front door, with a threefold increase in community rehab referrals that is expected to continue into Winter. This work aligns with preventative measures such as the development of HSCP Frailty Pathways to support prevention/early intervention activity and anticipatory care planning to maintain individuals at home for longer, reducing risk of admission to hospital.

5.4 **Falls Pathways.** Work is ongoing to reduce the number of conveyances to ED following a fall.

- **Community Integrated Falls Pathway** in collaboration with the Scottish Ambulance Service (SAS) has a focus on referral to community teams for multifactorial assessment for those patients who are not conveyed, with a same day or next day follow up from HSCP team. Referrals from SAS are increasing incrementally with a recent review demonstrating the HSCP prevention and early intervention activity following referral to minimise the risk of further falls.
- **Care Home Falls Pathway.** Linking SAS crews with senior clinical decision makers through calls into the Flow Navigation Centre to minimise conveyances with a resulting reduction on pressures in ED. Results so far have shown that 62% of calls to FNC resulted in a non-conveyance.
- **Care Home Falls Test-of-Change.** Following a successful test-of-change in Glasgow City, training has been rolled out to Glasgow's 61 Care Homes, connecting Care Home staff with clinical decision makers. Using 'Near Me' video technology, a livestream consultation takes place between the FNC and the care home resident resulting in the formation of an action and treatment plan, which helps avoid an unscheduled and potentially lengthy attendance to the Emergency Department. For residents that still may require attendance to hospital as an emergency, the FNC will facilitate referral and ambulance transfer. An audit of Care Home Wi-Fi connectivity across NHSGGC has been implemented with a view to expanding this intervention into all HSCPs.

5.5 **Call before Convey for Care Homes.** On average 420 care home residents attend ED each month across NHSGGC. Whilst the Care Home Falls Pathway gives homes access to Flow Navigation Centre clinicians it only covers falls and no other reasons for attendance, which are predominantly respiratory and urinary issues. Building on the experiences of Ayrshire & Arran and East Dunbartonshire and the recommendations within the My Health, My Care, My Home framework published in 2022 a test-of-change for Winter 2023/24 is proposed subject to IJB approval. Funded through delegated NHSGGC funding to support care homes through Winter, the test will give care homes access to a senior clinical decision maker who can provide remote clinical assessment. This will provide timely contact with the potential to avoid delays experienced at NHS24 and the FNC thus reducing the likelihood of a call to 999. Access to senior clinical decision makers varies across HSCP, this has resulted in variation in the models being proposed. Renfrewshire has built upon existing arrangements which means a Senior Decision Maker is available from with the Care Home Nursing Service and District Nursing Service across seven days.

5.6 **Anticipatory Care Plans (ACP).** GGC’s ACP programme was aligned with Unscheduled Care Programme in 2022 and the diligent work of implementation sub-groups across all HSCPs and in Care Homes, Hospice and Secondary Care continue to demonstrate success through the exponential rise in ACPs available on Clinical Portal, with over 5000 as of Oct 23 (Figure 6). In addition to raw numbers, work is on-going to improve the quality of ACPs available to support decision making. Lessons learned from the first cycle of improvement activity has been shared with all HSCPs and cycle two is underway. Additionally, Scottish Government have announced a national re-brand of ACP activity as Future Care Planning. This new terminology will be adopted across NHSGGC with the ACP materials and website being amended to reflect this change.

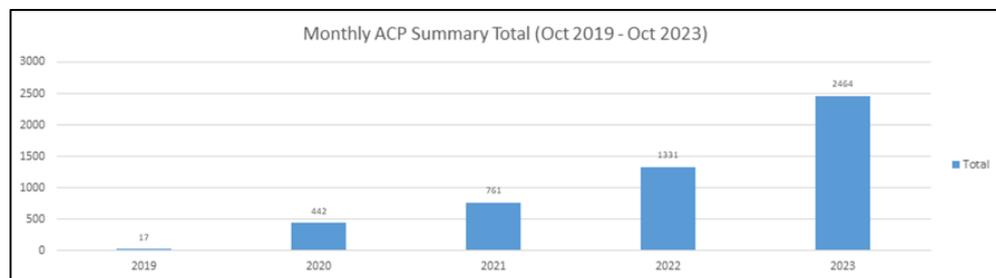


Figure 6. Monthly ACPs completed across NHSGGC. Source: Clinical Portal

**Appendix 1 to
Unscheduled Care Winter 2023/24 Update**

Pre-hospital UUC changes	Intended high-level outcomes
Flow Navigation Centre	Divert activity away from ED via virtual front door service
Mental Health Assessment Unit	Improved access to acute mental health support and reduction in mental health attendances to ED
GP Out of Hours workforce stabilisation	Ensure staffing levels sustainable and appropriate to population need
Call before Convey	Reduce unnecessary ambulance conveyances to hospital
Consultant Connect	Improve access to timely specialist advice and decrease hospital referrals from primary care
Interface Care	Outpatient Antibiotic Therapy: Reduce need for hospital admission due to antibiotic therapy Heart Failure Integrated Care: Reduce admissions due to heart failure Respiratory Integrated Care: Reduce admissions due to respiratory conditions (primarily COPD)
Hospital at Home	Reduce admissions to hospital where care could be provided instead in patients' own homes
In-hospital UUC changes	
Signposting and Redirection	Ensure patients are directed to most appropriate care and reduce unnecessary hospital waits / resource use
Rapid Acute Assessment	Reduce length of stay by facilitating rapid access to senior clinical decision-makers and medical investigations Improve patient flow (Continuous Flow Model)
Discharge without Delay	Reduction in delayed discharges by implementation of Discharge without Delay bundle
Home First Response Service	Reduction in admissions and stays less than 48 hours for frail patients who present at ED or AU

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 2023/24 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 £67,258,000 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 – Unscheduled Care
Commissioning Plan (Design & Delivery Plan 2022/23-2024/25), March 2022

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)
