

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

Date	Time	Venue
Friday, 29 September 2023	10:00	Remotely by MS Teams,

MARK CONAGHAN
Clerk

Membership

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.

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

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact committee services on 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/87I0fdoMYbg?si=02J0tt1j4-otvUsW>

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>

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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.

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.

- | | | |
|-----------|--|------------------|
| 1 | Minute | 5 - 14 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 30 June 2023. | |
| 2 | Rolling Action Log | 15 - 16 |
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| 3 | Chief Officer's Report | 17 - 28 |
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| 4 | Financial Report 1 April to 31 July 2023 | 29 - 62 |
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| 5 | IJB Audited Annual Accounts 2022/23 | 63 - 136 |
| | Report by Chief Finance Officer. | |
| 6 | Development of a Sustainable Futures Programme:
Update | 137 - 144 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 7 | Strategic Plan 2022/25: Year 2 Strategic Delivery Plan | 145 - 168 |
| | Report by Strategic Lead & Improvement Manager. | |
| 8 | Performance Scorecard 2023/24 | 169 - 190 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 9 | Quality, Care and Professional Governance Annual
Report 2022/23 | 191 - 210 |
| | Report by Health & Social Care. | |
| 10 | Primary Care Improvement Plan | |
| | Presentation by Dr Stuart Sutton. Presentation slides can be found in the meeting documents section below. | |

- 11 Property and Accommodation Update** 211 - 222
Report by Chief Finance Officer.
- 12 Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022/23** 223 - 248
Report by ADP Co-ordinator.
- 13 Date of Next Meeting**
Note that the next meeting of the IJB will be held remotely on MS teams at 10.00 am on 24 November 2023.



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

Date	Time	Venue
Friday, 30 June 2023	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam, 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); Karen Jarvis (Registered Nurse); Paul Higgins (Health Board staff member involved in service provision); Lisa Cameron (Council staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); 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

John Matthews, Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); and Jackie Dougall, Head of Health & Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning & Health Improvement, Laura Howat, Interim Head of Mental Health, Alcohol & Drugs Recovery & Learning Disability Services, Fiona McLaren, Finance Operational Manager, Lorna Finnie, Finance Planning & Improvement Manager, James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, Jade Collins, Communications Officer, Thomas Paterson, Service Manager (Contracts and Commissioning) and Fiona Ralph, Team Lead (Rehabilitation & Enablement) (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

Dr Shilpa Shivaprasad (other Medical Practitioner (non-GP)) and Dr Stuart Sutton (Registered Medical Practitioner (GP)).

Declarations of Interest and Transparency Statements

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

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 31 March 2023 was submitted.

DECIDED: That the Minute be approved.

2 IJB Action Log

The rolling action log for the IJB was submitted.

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

3 Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee

The Clerk submitted a report relative to the appointment of the Chair and Vice Chair of both the IJB and the IJB Audit, Risk and Scrutiny Committee.

The report intimated that in accordance with the Integration Scheme and the IJB Procedural Standing Orders, Councillor Adam would be appointed as Chair of the IJB from 15 September 2023 for a period of two years with John Matthews being appointed as Vice Chair of the IJB from 15 September 2023 until the end of June 2024, when his term as a non-executive director with NHSGGC was due to end. A further report would be submitted to the meeting of the IJB scheduled to be held on 28 June 2024 relative to both the replacement of John Matthews and the appointment of a Vice Chair to be nominated by the Health Board from its voting members.

The report advised that the IJB Audit, Risk and Scrutiny Committee terms of reference stated that the Chair must not be the Chair of the IJB or be a representative of the same constituent authority as the Chair of the IJB. The report proposed that the IJB consider the arrangements for the Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2023.

The Chair invited nominations for the posts of Chair and Vice Chair of the Committee. Margaret Kerr and Councillor Cameron, being the only nominees for the posts of Chair and Vice Chair, respectively, were appointed to those posts.

Following discussion, the Chair proposed that the Clerk submit a report to the next meeting of the IJB relative to the two-year fixed term of office for the Chairs and Vice Chairs of the IJB and the IJB Audit, Risk and Scrutiny Committee. This was agreed unanimously.

DECIDED:

(a) That it be noted that Councillor Adam had been appointed as Chair of the IJB from 15 September 2023 for a period of two years with John Matthews being appointed as Vice Chair of the IJB from 15 September 2023 until the end of June 2024, when his term as a non-executive director with NHSGGC was due to end;

(b) That it be noted that a further report would be submitted to the meeting of the IJB scheduled to be held on 28 June 2024 relative to both the replacement of John Matthews and the appointment of a Vice Chair to be nominated by the Health Board from its voting members;

(c) That Margaret Kerr be appointed as Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2023 for a period of two years and that Councillor Cameron be appointed as Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2023 for a period of two years; and

(d) That the Clerk submit a report to the next meeting of the IJB relative to the two-year fixed term of office for the Chairs and Vice Chairs of the IJB and the IJB Audit, Risk and Scrutiny Committee.

4 **Chief Officer's Report**

The Chief Officer submitted a report providing an update on key developments and operational activity since the last meeting of the IJB held on 31 March 2023 and additional policy developments which would be built into future workplans, strategies and action plans.

The report provided an update on the Primary Care Improvement Plan which outlined the funding challenges impacting on the HSCP's ability to fully deliver on the objectives of the 2018 General Medical Services Contract and supporting Memorandum of Understanding; the Audit Scotland publication on the national operating context of IJBs and the significant financial and service challenges facing IJBs including the level of transformation expected to be required to ensure the long-term sustainability of services; and policy updates including key operational policies on the seasonal flu immunisation programme and COVID-19 vaccination and guidance.

Following discussion, it was proposed that Dr Stuart Sutton provide members with a briefing around treatment rooms and the Primary Care Improvement Plan. This was agreed unanimously.

DECIDED:

- (a) That the updated Primary Care Improvement Plan and tracker, as detailed in section 4 of the report, be noted;
- (b) That the update on the development of Mental Health and Wellbeing in Primary Services, as detailed in section 5 of the report, be noted;
- (c) That the publication of the Scottish Government Adult Neurodevelopmental Pathways Report on Actions, Outcomes and Recommendations, as detailed in section 6 of the report, be noted;
- (d) That the withdrawal of the Scottish Government COVID-19 face-masks and face coverings guidance, as detailed in section 7 of the report, be noted;
- (e) That the update on the Scottish Government COVID-19 programme for at-risk children aged six months to four years of age, as detailed in section 8 of the report, be noted;
- (f) That the update on the Scottish Government confirmation of adult cohorts for the seasonal flu immunisation programme 2023/24, as detailed in section 9 of the report, be noted;
- (g) That the progress update on the National Care Service (Scotland) Bill, as detailed in section 10 of the report, be noted;
- (h) That the publication of the Audit Scotland Local Government in Scotland: Overview 2023, as detailed in section 11 of the report, be noted;
- (i) That the publication of the Audit Scotland Integration Joint Boards Financial Analysis 2021/22, as detailed in section 12 of the report, be noted; and
- (j) That it be noted that Dr Stuart Sutton would provide members with a briefing around treatment rooms and the Primary Care Improvement Plan.

5 **Financial Report 1 April 2022 to 31 March 2023**

The Chief Finance Officer submitted a report relative to the revenue budget year-end outturn for the HSCP for the 2022/23 financial year, as detailed in appendices 1 to 4 of the report. The report also sought approval for the transfer of funds to reserves to allow completion of the IJB's accounts by the statutory deadline of 30 September 2023.

The report intimated that the year-end position reflected changes to the health budget in relation to a non-recurring budget allocation from the Scottish Government to fund the increased pay settlement for health employees in line with the agreed uplift for 2022/23.

The report advised that budget monitoring throughout 2022/23 had shown the IJB projecting an underspend prior to the transfer of year-end balances to general and earmarked reserves. The IJB final outturn was an underspend of £627k, as detailed in section 3.4 of the report, and these figures included the impact of COVID-19 funding from the draw-down of COVID-19 earmarked reserves, and, in line with Scottish Government funding arrangements, assumed a transfer of any in-year underspend as at 31 March 2023 to earmarked reserves in relation to winter pressure monies, Action 15, the Primary Care Improvement Programme, and the Alcohol and Drug Partnership.

The key pressures were highlighted in section 4 of the report; appendices 5 and 6 of the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 of the report detailed the Scottish Government funding streams; and Appendix 8 of the report detailed the HSCP funded earmarked reserves.

The report provided information on prescribing; responding to the COVID-19 pandemic; Scottish Government funding 2022/23; other delegated services; reserves and the adult social care pay uplift.

In closing the annual accounts and in line with the IJB's Reserves Policy approval was sought to approve an increase to general reserves of £758k, and the creation of an additional £8,164k of earmarked reserves, as detailed in the tables in section 9.5 of the report, which would be drawn down in line with their relevant spending profile reflecting the flexible funding approach agreed with the Scottish Government. The reserves had been split into Scottish Government ring-fenced monies, amounting to £5,723k and funding carried forward to deliver on specific projects, amounting to £2,441k.

The Chief Finance Officer advised that further detail and clarification around the financial outlook for 2023/24 and beyond, as mentioned in paragraph 3.5 of the report, would be provided as soon as the detail was available.

DECIDED:

(a) That the year-end financial position for 2022/23 be noted;

(b) That the proposed transfers to earmarked reserves, as detailed in section 9.4.3 and 9.5 of the report, be approved;

(c) That the proposed transfer of the year-end underspend of £758k to general reserves in line with the IJB's Reserves Policy, as detailed in section 9.4.3 of the report, be approved; and

(d) That it be noted that further detail and clarification around the financial outlook for 2023/24 and beyond, as mentioned in paragraph 3.5 of the report, would be provided as soon as the detail was available.

6 2023/24 Delegated Health and Social Care Update - Due Diligence report on Support Services Recharges

Under reference to item 8 of the Minute of the meeting of the IJB held on 31 March 2023, the Chief Finance Officer submitted a report providing an update on the outcome of the due diligence process carried out by the Chief Finance Officer in respect of the proposed additional recharge for support services delivered by Renfrewshire Council of c£1.5 million for the financial year 2023/24.

The report provided the background and detail around the 2023/24 financial due diligence process in respect of each recharge and a summary of adjustments agreed with the Director of Finance & Resources, Renfrewshire Council, which had resulted in a reduction of £139k.

The report advised that, the Director of Finance & Resources, Renfrewshire Council, in his report to the meeting of Renfrewshire Council held on 2 March 2023, highlighted

that these costs would be updated annually to reflect inflationary cost pressures and any service level changes requested by the HSCP.

DECIDED:

(a) That the financial due diligence work completed by the Chief Finance Officer in relation to the proposed additional recharge for support services delivered by Renfrewshire Council of c£1.5 million for the financial year 2023/24 be noted;

(b) That the increased recharge in respect of property related costs totalling £358k be approved;

(c) That the increased recharge in respect of business support related costs totalling £153k be approved;

(d) That the increased recharge in respect of transport related costs totalling £284k be approved;

(e) That the increased recharge in respect of soft facilities management (soft FM) related costs totalling £543k be approved; and

(f) That the Chief Finance Officer's recommendation, as detailed in section 6.6.4 of the report, that the Head of Health & Social Care, HSCP, work with the Head of Facilities & Property Services, Environment, Housing & Infrastructure, Renfrewshire Council, to review soft FM services currently delivered to identify where efficiencies could be made in order that these services remained financially sustainable or identify alternative routes for delivery.

7 **Unaudited Annual Accounts 2022/23**

The Chief Finance Officer submitted a report relative to the unaudited Annual Accounts 2022/23 for the IJB which would be submitted for audit by the statutory deadline of 30 June 2023, a copy of which was appended to the report.

The report intimated that the accounts had been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom and the requirements of the International Financial Reporting Standards and that, once approved, the unaudited accounts and associated working papers would be passed to Ernst & Young for review. The auditor's report on the accounts would be submitted to a future meeting of the IJB Audit, Risk and Scrutiny Committee for consideration prior to the audited accounts being presented to the IJB for approval in September 2023, in line with the statutory deadline.

On behalf of the IJB, Margaret Kerr thanked the HSCP finance team for the work undertaken in the preparation of the accounts.

DECIDED:

(a) That, subject to audit, the Annual Accounts for 2022/23, as appended to the report, be approved; and

(b) That it be noted that Ernst & Young would endeavour to complete the audit of the Annual Accounts in line with the timescales indicated in section 5 of the report.

8 **Development of a Sustainable Futures Programme: Update**

Under reference to item 7 of the Minute of the meeting of the IJB held on 31 March 2023, the Head of Strategic Planning & Health Improvement submitted a report providing further detail on the HSCP's proposed approach to delivering a Sustainable Futures Programme in the next financial year and future years within an extremely challenging financial context.

The report advised that a focus on Sustainable Futures was a core overarching theme within the IJB's Strategic Plan for 2022/25 and focussed on ensuring that available resources within the HSCP were used effectively, whilst recognising that service reform and financial savings would be required to achieve this.

The report provided detail on the budget gap and the proposed direction of travel previously agreed by the IJB to identify future opportunities for savings and reform activity with consideration initially being given to reviewing what accommodation was used, and how it was used; reviewing existing eligibility criteria; focusing on the provision of statutory services; and assessing all elements of support services, such as soft FM.

DECIDED:

(a) That the proposed programme management approach and scope for the implementation of a Sustainable Futures Programme, as set out in sections 5 and 6 of the report, be approved; and

(b) That the considerations set out relating to stakeholder engagement and the identification of future savings options, as set out in sections 7 and 8 of the report, be noted.

9 **Draft Annual Performance Report 2022/23**

The Head of Strategic Planning & Health Improvement submitted a report relative to the draft Annual Performance Report 2022/23, a copy of which was appended to the report and included the Performance Scorecard, the National Core Suite of Integration Indicators and the HSCP Inspection of Services report.

The report intimated that the Scottish Government had advised that the reporting deadline had reverted to that defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and that Annual Performance Reports for the period 2022/23 should be published by 31 July 2023. It was noted that the information provided in the Annual Performance Report was the most up to date available and that data would continue to be updated until publication on 31 July 2023, and that any significant variation would be reported to the meeting of the IJB on 29 September 2023.

The report advised that this year, the Annual Performance Report had been structured to align with the five key themes within the Strategic Plan 2022/25 and provided an overview of both the Year 1 Strategic Plan delivery and overall performance in 2022/23, highlighting key areas of achievement as well as areas for improvement.

The Head of Strategic Planning & Health Improvement delivered a presentation to members on the Annual Performance Report 2022/23.

It was noted that, in relation to alcohol and drug waiting times, those referred to treatment within three weeks should read 84.3% and not 76.3% as detailed in the Annual Performance Report 2022/23.

On behalf of the IJB, Councillor Cameron thanked the team for all the work undertaken.

DECIDED:

(a) That the draft Annual Performance Report 2022/23 be approved; and

(b) That it be noted that the updated draft Scorecard for 2023/24 and the draft Year 2 Strategic Delivery Plan would be presented for approval at the IJB meeting in September 2023.

10 Market Facilitation Plan 2023/25

The Chief Finance Officer submitted a report advising of the steps taken to develop the Renfrewshire IJB Market Facilitation Plan 2023/25, a copy of which was appended to the report.

The report advised that the development of Market Facilitation Plans or Statements were a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and aimed to inform, influence and adapt service delivery to ensure the right services were available at the right time. Renfrewshire IJB published its first Market Facilitation Plan in 2019 which set out the IJB's priorities and informed the local health and social care market of trends and developments which could have an impact on service developments in subsequent years. In 'Shaping our Future' Renfrewshire IJB's Strategic Plan 2022/25 the IJB committed to updating the Market Facilitation Plan, taking into account the impact of the COVID-19 pandemic on the nature and demand of services.

The Service Manager (Contracts & Commissioning) on behalf of the Chief Finance Officer delivered a presentation to members on the Market Facilitation Plan 2023/25.

DECIDED: That the Renfrewshire IJB Market Facilitation Plan 2023/25 be approved in line with 'Shaping our Future' Renfrewshire IJB's Strategic Plan 2022/25.

11 Arrangements for Future Meetings

Under reference to item 11 of the Minute of the meeting of the IJB held on 31 March 2023, the Clerk submitted a report relative the arrangements for future meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee.

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

The report advised that in the meantime and following discussion with the Chair and Vice Chair of the IJB, it was proposed that meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held remotely using MS teams until the IJB considered the timetable of future meetings to June 2025, a report on which would be submitted to the meeting of the IJB scheduled to be held on 22 March 2024. Therefore, the meetings of the IJB scheduled to be held on 29 September and 24 November 2023 and 26 January and 22 March 2024 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 18 September and 17 November 2023 and 15 March 2024 would be held remotely using MS teams.

DECIDED:

(a) That meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held remotely using MS teams until the IJB considered the timetable of future meetings to June 2025, and that meetings of the IJB scheduled to be held on 29 September and 24 November 2023 and 26 January and 22 March 2024 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 18 September and 17 November 2023 and 15 March 2024 be held remotely using MS teams; and

(b) That it be noted that a further report would be submitted to the meeting of the IJB scheduled to be held on 22 March 2024 to consider arrangements for the agreed meetings in June 2024 and also to consider the timetable of future meetings to June 2025 and the arrangements for these meetings.

12 **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 29 September 2023.

Valedictory

The Chair advised that Jackie Dougall, Head of Health & Social Care (West Renfrewshire), would soon be retiring from the HSCP. The Chair and members of the IJB thanked Jack for her contribution to the work of the HSCP and for the assistance provided to members and wished her well for a long and happy retirement.

IJB Rolling Action Log – 29 September 2023

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
24/06/22	NHSGGC Mental Health Strategy: Renfrewshire Implementation Update	Submit update, when available, on the funding allocations and evaluation of the activity within the 2018/23 Strategy and the refreshed Strategy to 2027	Interim Head of Mental Health, Alcohol and Drug Recovery and Learning Disability Services		Funding allocations not confirmed as yet. Will be brought to the IJB when available
27/01/23	Unscheduled Care Winter Update	Submit further report in summer 2023	Head of Health & Social Care	Summer 2023	
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	29 September 2023	Report/update being considered at this meeting
	Chief Officer's Report	Submit briefing around treatment rooms and the Primary Care Improvement Plan	Dr Stuart Sutton	29 September 2023	Report/briefing being considered at this meeting
	Financial Report 1 April 2022 to 31 March 2023	Provide further detail and clarity around the financial outlook for 2023/24	Chief Finance Officer		Report will be provided as soon as the detail is available
	Draft Annual Performance Report 2022/23	Submit updated draft Scorecard for 2023/24 and the draft Year 2 Strategic Delivery Plan to next meeting	Head of Strategic Planning & Health Improvement	29 September 2022	Report being considered at this meeting

	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	
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To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 30 June 2023 and additional policy developments that the HSCP is building into future workplans, strategies and action plans.
- 1.2. The contents of this paper reflect an ongoing period of change and uncertainty, particularly within the financial circumstances faced by the IJB. An update is provided on the HSCP's preparation for the winter planning period alongside ongoing business continuity planning to ensure robust plans are in place to manage potential challenges.
- 1.3. More widely, an update is provided on the reduction of reported alcohol and drug related deaths in Renfrewshire in 2022 and the key initiatives being taken locally to continue tackling drug and alcohol related harm deaths.
- 1.4. Several policy updates are also provided for awareness, alongside key operational policy relating to COVID-19.
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2. Recommendations

It is recommended that the IJB note:

- The range of key HSCP updates provided (Sections 4 to 10); and
- The national policy updates provided (Sections 11 to 15)

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. Winter Planning and Business Continuity

4.1. The HSCP has now commenced preparations for winter. Although cyclical spikes in COVID-19 have not been observed so far this year, recent reporting suggests an increase in infection rates and the emergence of a new variant. In addition, it is recognised that services remain under continued pressure to deliver due to staffing pressures (recruitment and absence) and an increase in demands because of changing needs since the onset of the pandemic.

4.2. In September 2022, the HSCP provided an update to the IJB on the intention to review overarching Business Continuity Planning processes and the need to establish a review cycle to minimise the need for onerous annual winter planning exercises. In effect, HSCP planning for a range of business continuity scenarios throughout the year captures many of the challenges expected through the winter period.

4.3. In 2022/23, the winter plan focused on planning for a range of scenarios covering severe weather disruption and its impact on staffing, community visits, supply chain impacts, buildings, and accommodation. In addition, we included scenarios which addressed system outages or cyber incidents which would result in a temporary loss of systems, technology, or infrastructure.

4.4. In addition to considering these eventualities, a range of other actions were completed including the implementation of the new 'Home First Response Service,' further work to improve Renfrewshire's delayed discharge position and the creation of additional posts to support services using secured winter monies. This year's exercise has focused on further review and refinement of previous action plans across all operational services. This process will be completed by the end of September 2023 and a separate report describing the 2023/24 winter plan will be brought to the IJB in November 2023. Using the same impact assessment approach, as outlined above, the following priorities have been identified for this year:

- Reviewing and testing Care Home partial or full decant procedures;
- Reviewing Mental Health Inpatients partial or full decant procedures and identifying lessons from recent events affecting Ward 37 at the RAH;

- Progressing work with Renfrewshire Council and NHSGGC for the planning and installation of generators at Renfrew Health and Social Work Centre and within our Care Home estate; and
- An exercise to review staff locations for services and service users to support resilience through a power outage or other critical incident.

IJB as Category One Responder under Civil Contingencies Act 2004 Update

- 4.5. In January 2021, the IJB were updated on the confirmation from the Scottish Government that IJBs would be included as Category One responders under the Civil Contingencies Act 2004. Following this, in June 2021 the IJB approved a recommendation to delegate accountability for management of Category One responsibilities to the HSCP Chief Officer, as the IJB Accountable Officer. This includes the responsibility for carrying out all necessary arrangements to discharge IJB's statutory duties.
- 4.6. Within Renfrewshire, robust civil contingency arrangements were already in place prior to the changes of the 2004 Act - with involvement from the HSCP. The addition of Category One responder duties for IJBs represented a further formalisation of existing joint working arrangements.
- 4.7. In line with the agreed delegation of responsibilities, an annual update was submitted to the Scottish Government in August 2022 and the IJB updated in September 2022. In July 2023, the Scottish Government requested a further update on the continuation of arrangements and key achievements. A Renfrewshire response was submitted and in summary, covered four key areas:
- Representation and inclusion at local, strategic & operational levels
 - Management of resilience risks and issues
 - Business Continuity and Winter Planning Arrangements
 - Incident Response Roles

5. National and Local Drug and Alcohol Related Deaths Reports 2022

- 5.1. On 22 August 2023, the National Records of Scotland published the Drug Related Deaths [Report](#) 2022. In Scotland, there were 1051 drug-related deaths – a 21% decrease (279) compared to 2021 and the lowest number of recorded since 2017. In Renfrewshire, there were 39 drug-related deaths - a decrease of 22% compared to 2021. Renfrewshire had the 7th highest rate of deaths (2018 - 2022) across all 32 local authorities.
- 5.2. On 29 August 2023, Scotland's Alcohol Specific Deaths [Report 2022](#) was published. In 2022, 1276 people died in Scotland from causes solely attributed to alcohol – a 2% increase compared with 2021. Male deaths continue to account for around two thirds of deaths. There were 42 alcohol-specific deaths in Renfrewshire in 2022 - a 21% decrease compared to 2021.
- 5.3. Every death because of drug and alcohol harm is a tragedy. Several activities and developments are underway in Renfrewshire with the aim of preventing drug and alcohol-related deaths. This includes but is not limited to:

- Assertive outreach via the Harm Reduction Response Team (HaRRT)
- The implementation of Medication Assisted Treatment Standards
- Increase in Alcohol and Drug Recovery Service outreach clinics
- Continued distribution of Naloxone distribution to target those most at risk of overdose
- Enhanced access to residential rehabilitation placements
- CIRCLE Recovery Hub continues to provide a unique mental health and addiction support with a recovery focus
- RAMH First Crisis continues to provide support for individuals experiencing a crisis related to alcohol and/or drug use, a predominantly telephone-based crisis intervention operating 365 days a year
- Lived experience embedded in service delivery continues with Navigators, Recovery Facilitators and Recovery Peer Workers contributing to service developments across the system
- Our Lived Experience Forum (LEF) was launched in December 2022 aimed at those affected by alcohol or drug use
- A Family Support Worker is now part of CIRCLE service provision, across several groups aimed at supporting families
- The Renfrewshire Multiagency Drug Death Review Group is now in place
- The Renfrewshire Drug Deaths Prevention Group continues to embed the Preventing Drug Deaths in Renfrewshire Action Plan

6. National and Local Deaths by Probable Suicide Report 2022

- 6.1. The National Records of Scotland published its statistics for probable deaths by suicide in 2022 on 5 September 2023. Figures for Renfrewshire showed 33 probable suicides in 2022, an increase of 8 (32%) from 2021. This compares with figures for Scotland which showed an increase of 9 (1%) in 2022 to 762 from 753 in the previous year. We are saddened to see an increase in the number of people who have died by suicide within Renfrewshire, and we offer our sincere condolences to the families who have lost loved ones.
- 6.2. We had been seeing a more positive downward trend in recent years, with the five-year rate per 100,000 persons (2017-2021) at 11.2 in Renfrewshire, compared to 14.4 for Scotland. However, suicide is a complex and challenging issue and this increase to the Renfrewshire figures highlights that the challenge is ongoing. We take suicide prevention very seriously and have invested in proactive measures that enable us to take action to support the issues of mental health and suicide prevention.
- 6.3. We work closely with our partners across Renfrewshire to deliver a range of training and awareness-raising opportunities in the areas we believe it will have the biggest impact. Our approach aims to develop a wider community responsibility, through training opportunities being available for anyone who lives or works within Renfrewshire.
- 6.4. We have invested in an online suicide prevention learning course, which has been completed by more than 400 people who live or work within Renfrewshire in the last year. This aims to enable people to be more confident

when speaking to someone who has thoughts of suicide and to direct them to other help.

6.5. We have continued to deliver face-to-face training to our frontline workers. Particularly notable is the participation of pupil support staff from across our schools, with more than 80 pupil support staff having completed a two-day workshop on suicide prevention.

6.6. With the launch of the Scottish Government's Suicide Prevention Strategy and Action Plan "Creating Hope Together", we have established a new Suicide Prevention Strategy Group, which aims to reduce the rate of suicide and self-harm within Renfrewshire, taking a partnership approach to drive forward suicide prevention work. Collectively, we are committed to working with our communities to better understand and tackle the underlying reasons for suicide.

7. Renfrewshire Alcohol and Drug Partnership – Independent Chair

7.1. Renfrewshire Alcohol and Drug Partnership (ADP) is a strategic planning partnership established to deliver national and local priorities. The ADP is responsible for planning, formulating delivery plans, funding/commissioning services and reporting on key outcomes. The aim of a partnership approach is to be inclusive and transparent, with representation from key stakeholders fully involved in the prevention and reduction of alcohol related harm and associated deaths.

7.2. Recently, there have been significant changes in the alcohol and drug policy landscape including the work of the Scottish Government's new National Mission on Drugs, the Drug Deaths Taskforce, and the additional investment from the Scottish Government. In response, and to ensure that the ADP continues to effectively deliver local and national priorities, an independent review of the ADP was commissioned by the HSCP.

7.3. A key recommendation of the review was the need to appoint an Independent Chair to strengthen governance and the strategic oversight of national and local frameworks. The recruitment process has now concluded, and John Goldie has been successfully appointed. John has a long connection with alcohol and drug service provision and has local connections with Renfrewshire. Previous appointments include:

- Head of Alcohol and Drug Recovery Services for South Glasgow
- Chair of the Scottish Recovery Consortium
- Advisor to the Board of Scottish Families Affected by Alcohol and Drugs
- A member of the Dundee Drug Commission and Renfrewshire Alcohol and Drug Commission.

7.4. Additionally, John led the 2018 Independent Review of Renfrewshire Alcohol and Drug Services and has worked as an Independent Consultant reviewing alcohol and drug recovery services across the UK including Lanarkshire, Fife, Powys, and Gwent. John commenced his role in late August.

8. **Scottish Government COVID-19 Testing Guidance**

- 8.1. On 9 August 2023, the Scottish Government confirmed that following a clinical review, all Scottish COVID-19 routine testing has been paused in all health, social care settings. An exception to this is for individuals in hospital, prior to being discharged to a care home or a hospice: routine testing will remain. This follows advice from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, Public Health Scotland, and Scottish Government Professional Clinical Advisors in Infection Prevention and Control.
- 8.2. The testing protocol for COVID-19 will revert to testing as appropriate to support clinical diagnosis and for outbreak management as per the National Infection Prevention and Control Manual, or on advice from local Infection Prevention and Control Teams or local Health Protection Teams. Testing for those eligible for COVID-19 treatments will continue to be available. Routine testing for COVID-19 pre-discharge from hospital to a care home or hospice will be retained to provide additional reassurance for these settings. This is in line with the current position in England and will be kept under review.
- 8.3. As a result of these changes, the 'Managing health and social care staff with symptoms of a respiratory infection or a positive COVID-19 test' [guidance](#) has also been paused. While testing is paused, any staff with symptoms of a respiratory infection should follow the NHS Inform advice.

9. **Scottish Government and Public Health Scotland Winter Flu and COVID-19 Vaccination Programme**

- 9.1. An update was provided to the IJB on the above programme in June 2023. On 8 August 2023, following final advice from the Joint Committee on Vaccination and Immunisation (JCVI), Scottish Government and Public Health Scotland (PHS) confirmed they are finalising plans for the roll out of Scotland's winter vaccination programme.
- 9.2. This year's programme has an increased focus on protecting those at highest risk of becoming seriously ill from flu and COVID-19. Following concerns regarding new variants (e.g., Pirola) and an increase in infection numbers over the late summer period, the vaccination programme start dates have been brought forward to ensure maximum protection to these groups over the winter months. The winter programme will run until 31 March 2024.
- 9.3. Everyone over 50 and those with certain conditions will be offered a flu vaccination. People aged 50-64 with no underlying health conditions, are now being called forward for appointments starting from 4 September 2023. The expansion of the flu programme to include secondary school pupils continues this winter, with all school age pupils, children aged 2-5 and children aged 6 months to under 2 years at risk being eligible. Both flu and COVID-19 vaccines will be offered to people most vulnerable to illness and, where possible, administered at the same time. Further detail and advice can be found [here](#).
- 9.4. NHSGGC has lead responsibility for mass vaccination programmes. Community clinics will continue to work in partnership with Local Authorities

and HSCPs across Renfrewshire to deliver the programme. This will be supplemented by a mobile bus service operated by the Scottish Ambulance Service. The HSCP will continue to lead on providing vaccinations to the housebound, care home residents and those with weaker immune systems.

10. NHSGGC Mental Health Strategy 2023 - 2028

10.1. On 29 August 2023, the [NHSGGC Mental Health Strategy 2023 – 2028](#) was approved by the NHSGGC Board. The existing strategy primarily focused on adult mental health services. The scope of the existing strategy has been widened and establishes a joint approach to, and strengthens relationships with, other strategies across all mental health services.

10.2. The refreshed strategy includes recommendations for other parts of the health and care system, reflects policy changes, maintains the aim of shifting the balance of mental health case through a model that proposes enhanced community mental health provision and reflects the impact of COVID-19 on those delivering and using services. The HSCP will continue to progress the recommendations including those across a broader range of services. A further update will be brought to the IJB at a future date.

Key National Updates

11. Scottish Government Mental Health and Wellbeing Strategy

11.1. On 29 June 2023, the Scottish Government and The Convention of Scottish Local Authorities (COSLA) published a new [Mental Health and Wellbeing Strategy](#). The strategy sets out the long-term vision and approach to improving the mental health and wellbeing for everyone in Scotland – and the role of other key areas such as poverty, housing, employment, and our communities. The strategy will be supported by annual delivery and workforce action plans, developed jointly with partners and stakeholders.

11.2. Recognising that current financial challenges are likely to continue over coming years, the strategy provides a framework for prioritising resources across the system over the next 10 years to ensure that investment is targeted and delivers sustainable and high-impact services and support. An evaluation of funding decisions and the impact of these investments will be built into new strategic governance arrangements. Early priorities for investment include:

- CAMHS and psychological therapies
- Addressing waiting times backlogs
- An extension of support for distress
- Ongoing implementation of our Suicide Prevention Strategy
- Delivering improved community-based mental health and wellbeing support for children, young people, and adults

11.3. Implementation, governance, and progress of the strategy will be overseen by a new joint decision-making body, the Mental Health, and Wellbeing Leadership Board. This will be led by the Minister for Social Care, Mental Wellbeing and Sport and COSLA with representation from HSCPs.

- 11.4. Renfrewshire will work in partnership with the NHSGGC Mental Health Programme Delivery Board to consider the requirements, implications, and opportunities of the strategy, within the context of current and ongoing work, to deliver on the National Mental Health Strategy 2017-2027 outcomes. Our local Mental Health and Wellbeing Strategic Planning Group will work with partners, including health improvement team and communities, to ensure local priorities are identified and progressed.

12. National Care Service Progress Update

- 12.1. An update on Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in June 2023. It was agreed that future progress updates would be provided to the IJB on key developments. On 7 June 2023, Parliament agreed that Stage 1 consideration of the Bill would be extended to 31 January 2024. Consequently, the Lead Committee has agreed to pause its consideration of the Stage 1 Report.

- 12.2. In a [letter](#) dated 12 July 2023, the Scottish Government confirmed that the additional time would be used to undertake engagement with people with lived experience, workforce representatives, unions, local government and providers to ensure the Bill is robust as possible, as well as supporting improvements to the social care system before. Between June and August 2023, various regional and online forums have taken place as part of the co-design process with outputs expected in September 2023.

- 12.3. Additionally, the Scottish Government and The Convention of Scottish Local Authorities (COSLA) reached an initial agreement on a new partnership approach that will provide for shared legal accountability for the National Care Service. A new structure of national oversight will be introduced, with a view to driving consistency of outcomes, whilst maximising the benefits of reformed local service delivery. This will provide Scottish Ministers, Local Authorities and Health Boards with overarching shared accountability for the care system. Under the proposals, Local Authorities will retain service delivery functions, staff, and assets.

- 12.4. The Scottish Government has committed to engaging with Local Government to develop the detail of the proposals and consider any necessary amendments to the Bill to reflect the principle of shared accountability.

- 12.5. The first interim report from the Children's Services Reform research was published by CELCIS on 21 June 2023. Following further interim reports, the final report will be published in October 2023. This will help inform any proposals on the relationship between Children's Services and an NCS. Regarding Justice Social Work, a programme of work to help inform a decision on the possible inclusion of justice social work (JSW) within the NCS is ongoing and a final report due in September 2023. A further update will be brought to the IJB in November 2023.

13. Verity House Agreement

13.1. On 30 June 2023, The Convention of Scottish Local Authorities (COSLA) and the Scottish Government agreed a new [Partnership Agreement](#) (the Verity House Agreement). It sets out a joint vision for a collaborative approach to delivering shared priorities for Scotland - tackling poverty, a just transition to net zero and sustainable public services. These priorities are supported by several commitments:

- Improved engagement on budgetary matters, in preparation for the Scottish Budget in December 2023
- Conclude a Fiscal Framework between Scottish Government and Local Government of which regular budget engagement will be a key part
- Develop and agree a shared programme of activity underneath each of the three priorities, focusing on the period between now and the next Scottish Council Elections in 2027
- A first joint review of Specific Grants and In-Year Transfers to Local Government will be undertaken to identifying those which can be baselined into General Revenue Grant or General Capital Grant from 2024/25, creating more freedom and flexibility for Councils to address shared priorities in locally appropriate ways.

13.2. At the time of writing, the potential impacts of the agreement on future funding for Adult Social Care are unclear. A further update will be brought to a future IJB when the proposals have been fully developed.

14. The Health and Care (Staffing) (Scotland) Act 2019

14.1. On 1 April 2024, the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) will take effect. The Act aims to enable high quality care and improved outcomes for people using services in both health and care by helping to ensure appropriate staffing. The Act places duties on several bodies including NHS Boards, Local Authorities, care service providers, Healthcare Improvement Scotland, the Care Inspectorate, Scottish Ministers, Special Health Boards, and Integration Joint Boards.

14.2. The policy intention is to enable an evidence-based approach to decision-making relating to staffing requirements that ensures appropriate staffing for the delivery of safe and effective care, which takes account of service user health and care needs and promotes a safe environment for both service users and staff. The Act also includes a requirement for these bodies to follow a staffing methodology, including the use of staffing and professional judgement tools, to determine staffing levels in specified healthcare settings.

14.3. The legislation does not seek to prescribe a uniform approach to workload or workforce planning. Instead, it enables the development of suitable planning approaches in different settings. The Act is structured in four Parts and sets out specific requirements for Health Boards, Healthcare Improvement Scotland, Care Service Providers, Care Inspectorate and Scottish Ministers.

14.4. Health Boards, Local Authorities and IJBs are required to submit annual reports to Ministers on compliance, high-cost agency uses and any severe and recurrent risks. Healthcare Improvement Scotland will be responsible for

monitoring compliance in the health care sector, along with monitoring and reviewing the common staffing method and staffing tools. The Care Inspectorate may also develop staffing methods for use in the care sector and any staffing method developed must include the use of staffing level tools.

14.5. The [Draft Statutory Guidance](#) is currently open to consultation. The Guidance has been prepared by various working groups comprising representatives from the Scottish Government and external stakeholders, including Health Boards, Special Health Boards, NHS NSS, Local Authorities, IJBs, Healthcare Improvement Scotland, Care Inspectorate, professional bodies, trade unions and professional regulatory bodies.

14.6. We will continue to monitor national developments and work closely with our partners through existing and newly established governance arrangements to oversee implementation. The HSCP Senior Management Team will continue to liaise with NHSGGC Chief Nurse and Renfrewshire Chief Social Work Officer on the wider implications for integrated health and social care services.

15. **National Guidance for Child Protection in Scotland 2021 – Updated 2023**

15.1. On 31 August 2023, the Scottish Government published the updated [National Guidance for Child Protection in Scotland 2021 - Updated 2023](#). This replaces the 2021 Guidance. This guidance describes the responsibilities and expectations for all involved in protecting children and will support the care and protection of children sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation, and violence.

15.2. The current update was undertaken to ensure that the Guidance includes significant legislative, policy and practice changes that have occurred since September 2021. It also incorporates learning from this period of implementation. At the time of writing, the HSCP is reviewing the implications of the changes to the Guidance and will work with partners to reflect these.

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.
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** – None from this report.
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List of Background Papers: None

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To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2023 to 31 July 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 31 July 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. Given the current fluid discussions on pay negotiations for local government it is not yet clear what the final impact will be on the overall budget position for 2023/24 or what funding will be passed through to the IJB to meet these increased costs. Members should also be aware 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.
- 1.4. In addition, there is a delay in receiving some of the ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities. It is therefore not clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.
-

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 July 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 (£4,601k) for 2023/24 which is prior to any draw down from general reserves. This figure includes 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 (including ring-fenced funding)	Overspend (£1,695k)	Overspend (£4,494k)
Other Delegated Services	Overspend (£41k)	Overspend (£107k)
GRAND TOTAL	Overspend (£1,736k)	Overspend (£4,601k)

3.2. As highlighted to the IJB previously a number of factors are converging to create a hugely difficult funding scenario for the public sector across the UK including: the war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, and recruitment challenges. Members should be aware that it is highly likely that these scenarios will impact on the current year end projections for the IJB.

3.3. Whilst our current financial position is better than originally anticipated, this position is subject to fluctuation as the financial year progresses.

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

3.5. The COVID funding was returned to Scottish Government at the end of last financial year leaving a balance of £4k to fund PPE for carers. As the year progresses and there are spikes in COVID it is likely that there will be costs associated with this such as staffing and PPE that we are no longer funded for and will impact our financial projections.

3.6. 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.

3.7. The following table provides a high-level summary of the main reasons why the IJB is projecting an overspend of (£4,601k) for the financial year 2023/24.

Subjective Heading	Year to Date Position £000's	Projected Year End Outturn £000's	Comments
Employee Costs	616	1,818	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 which will be the subject of a detailed review as part of the IJB's Sustainable Futures programme.
Property Costs	(10)	(22)	overspend reflecting increase in cleaning costs due to ongoing infection control requirements.
Supplies & Services	(194)	(566)	overspend mainly in relation to equipment, including costs of purchase of IT equipment across all areas of the service. There is also an increase in spend in taxi costs as a result of the decant of Ward 37, and an increase within Podiatry for blood testing kits and walking aids.
Third Party Payments	(1,610)	(4,186)	Care at Home o/s (£3,936k): spend reflects the service continuing to support delayed discharges and demand. Care Home Placements u/s £337k: 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. Adult Care Placements o/s (£602k): reflective of the current client profile and the implementation of future adult care placements including complex high-cost placements over the financial year.
Purchase of Healthcare	(2)	(5)	overspend reflects increased costs associated with LMC (local medical committee) invoices.
Transport	86	224	underspend reflective of services such as Day Care operating at a reduced capacity.
FHS	(601)	(1,803)	prescribing - reflects issues currently impacting on the price of drugs as well as several items being on short supply.
Support Services	(2)	(4)	Minor overspend reflecting inflationary impact on costs.
Transfer Payments	21	55	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	(41)	(112)	under recovery reflecting a projected reduction in income from charges to users.
TOTAL	(1,736)	(4,601)	

4. Pressures

Total Renfrewshire HSCP	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including ring-fenced funding)	Overspend (£1,695k)	Overspend (£4,494k)
TOTAL	Overspend (£1,695k)	Overspend (£4,494k)

- 4.1. The overall projected net overspend for the HSCP at 31 July 2023 is an overspend of (£1,695k), with an anticipated year-end overspend of (£4,494k), assuming that the current trajectory of spend continues throughout the remainder of this financial year.
- 4.2. The current and projected year end position for Winter Pressures monies, Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume that if there are any underspends, they will be transferred to earmarked reserves at the year-end in line with Scottish Government funding arrangements.
- 4.3. During this financial year, to date £4,163k 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
Action 15	123
ADP Funding	162
Scottish Gov District Nurse Funding	101
Drug Death Task Force	42
Drug Mission Outreach	109
MIST	17
PCIP	1,514
HSCP Respiratory Nursing	69
Healthcare support workers	276
PCTF Transitional Fund	7
Accommodation / Premises Investment Fund	136
Mental Health Dementia Funding	26
Care Home Hub	21
Cervical Screening	15
School Nursing	89
Children's Mental Health	1,052
Winter c/f	39
Change & Improvement	22
Winter 22/23	140
Fixed term winter posts	105
Fixed term posts reserve	33
LA Care home refurbishment	58
TEC Grant	5
TOTAL EARMARKED RESERVES	4,163

4.4. 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	(1,286)	(3,329)	<p>The overspend position reflects:</p> <ul style="list-style-type: none"> • Continued pressures within the Care at Home service – o/s (£3,936k) due to impact of the service continuing to support delayed discharges and demand. • Care Homes – u/s £337k 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. • Employee costs - Adult Social Care - o/s (£351k) reflecting ongoing difficulties recruiting to specialist posts across a number of areas, including homecare workers; social care assistants; team leaders. Where appropriate and where possible these are being covered through overtime and agency staff which is often at a higher cost. • Employee costs – Health - Adult Community Services – u/s £180k reflecting ongoing turnover and recruitment and retention issues across services. • Transport costs - Adult Social Care - u/s £137k reflecting services currently operating at a reduced capacity.
Mental Health Services	(238)	(773)	<p>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 by IJBs across NHSGGC, not only in Renfrewshire.</p>
Learning Disabilities	(233)	(579)	<p>Overspend reflective of:</p> <ul style="list-style-type: none"> • Adult Care Placements - o/s (£1,273k): 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 £472k reflecting ongoing turnover and recruitment and retention issues across services including social workers and day service posts.

			• Employee costs – Health - u/s £199k reflecting ongoing turnover and recruitment and retention issues across services.
Children’s Services	119	357	Underspend mainly due to vacancies reflecting recruitment and retention issues across the service
Health Improvement & Inequalities	85	255	Underspend due to vacancies within the service.
Resources	113	340	Underspend due to vacancies within the service. Early delivery of 24/25 savings have also been coded against this budget (financial planning sits within this heading) pending their removal in 24/25.
Hosted Services	345	1034	Underspend mainly due to vacancies within Podiatry Services £799k and Primary Care £384k.
TOTAL	(£1,095k)	(£2,695)	

5. Prescribing

Prescribing	Year to Date Position	Projected Outturn
	Overspend (£600k)	Overspend (£1,800k)

5.1. NSS have been working towards delivering a new system called ‘nDCVP’ (replacing the previous system ‘DCVP’). However, there have been some significant technical issues in the go live phase of the project which has resulted in:

- No prescribing data being available since 30th April 2023,
- Contractors have been paid estimated payments in July and August which may continue over the next few months.
- A tariff adjustment was made in May, for which there has been no data to measure. Therefore, the true impact of this has yet to be accurately reported.

5.2. Due to the above, as the current projection has been based on data up to the end of April this therefore means that the financial position could be over / under stated as significant assumptions have been made as regards the in -year and projected year end position. Detailed updates of volume and average cost per item will be provided at future IJB board meetings.

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

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

5.4. Members should note that it is highly likely that the uncertainty and volatility experienced throughout 2022/23 will continue for the foreseeable future, which will have a significant impact on the future financial position of the IJB.

6. Scottish Government Funding 2023/24

6.1. As highlighted in para 1.3 we have not yet received all ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities for Action 15. 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 has 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 (£107k).

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	936	(107)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,185	(107)

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 £4.163m of earmarked reserves have been drawn down to date.

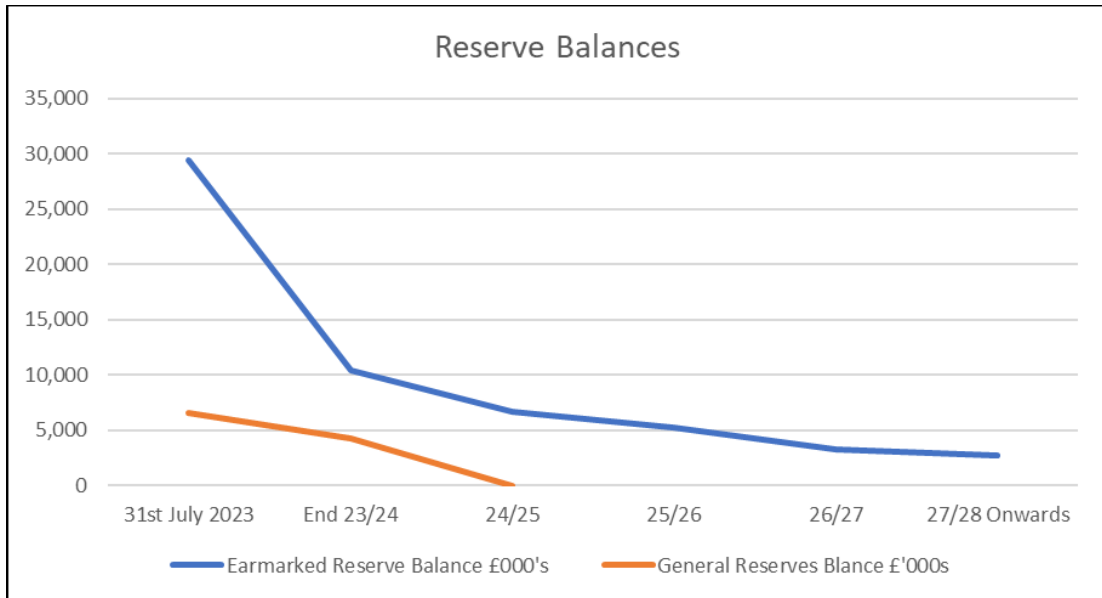
8.4. Based on the current projected year end overspend of (£4,494k), as highlighted to the IJB at the meeting of 31 March 2023, it will be necessary to drawdown earmarked reserves and general reserves in order to deliver a breakeven position at 31 March 2024. Along with current projections for reserve commitments in 2023/24 this indicates that the following drawdowns will be required in 2023/24. This will leave projected year end balances of £4,224k in general reserves and £10,459k in earmarked reserves.

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		-4,163
Total as at 31st July 2023	6,538	22,932
Less:		
23/24 projected overspend drawdown		
General	-2,294	
Mitigation of delays in delivery of savings		-400
Prescribing		-1800
Total	-2,294	-2,200
Less:		
23/24 Projected reserve commitments		-10,273
Total	0	-10,273
Closing Balance 23/24	4,244	10,459

8.5. 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.

8.6. 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	31st July 2023	End 23/24	24/25	25/26	26/27	27/28 Onwards
Earmarked Reserve Balance £000's	29,470	10,459	6,684	5,185	3,265	2,758
General Reserves Balance £'000s	6,538	4,244	-			



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.

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1.	Reference Number	290923-05
2.	Date Direction issued by IJB	29 September 2023
3.	Date from which Direction takes effect	29 September 2023
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend, or cancel a previous Direction – if yes include IJB reference number	Yes, 300623-06
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	November 2023.

HSCP Revenue Budget Position
1st April 2023 to 31st July 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	31,903	2,821	-	954	-	35,677	35,061	616	1.7%	underspend
Property Costs	195	(14)	-	66	-	247	257	(10)	-4.1%	overspend
Supplies and Services	6,736	(3,352)	-	38	-	3,423	3,617	(194)	-5.7%	overspend
Third Party Payments	29,073	1,725	-	-	-	30,797	32,407	(1,610)	-5.2%	overspend
Purchase Of Healthcare	976	20	-	-	-	995	997	(2)	-0.2%	overspend
Transport	322	(7)	-	-	-	316	230	86	27.3%	underspend
Family Health Services	33,148	393	-	-	-	33,541	34,142	(601)	-1.8%	overspend
Support Services	27	-	-	-	-	27	28	(2)	-5.7%	overspend
Transfer Payments (PTOB)	2,358	(872)	-	-	-	1,486	1,465	21	1.4%	underspend
Resource Transfer	7,629	4,820	(12,449)	-	-	-	-	-	0.0%	breakeven
Set Aside	22,419	-	-	-	-	22,419	22,419	-	0.0%	breakeven
Gross Expenditure	134,787	5,534	(12,449)	1,058	-	128,929	130,624	(1,695)	-1.3%	overspend
Income	(11,332)	(1,474)	387	-	(1,058)	(13,476)	(13,436)	(41)	0.3%	overspend
NET EXPENDITURE	123,455	4,060	(12,062)	1,058	(1,058)	115,453	117,188	(1,736)	-1.5%	overspend

HSCP Revenue Budget Position
1st April 2023 to 31st July 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	31,203	1,576	-	390	(391)	32,779	34,065	(1,286)	-3.9%	overspend
Mental Health	9,252	863	-	67	(67)	10,115	10,352	(238)	-2.4%	overspend
Learning Disabilities	8,513	803	-	13	(13)	9,317	9,550	(233)	-2.5%	overspend
Children's Services	1,578	192	-	30	(30)	1,771	1,652	119	6.7%	underspend
Prescribing	12,474	392	-	-	-	12,867	13,467	(600)	-4.7%	overspend
Health Improvement & Inequalities	386	37	-	-	-	423	338	85	20.1%	underspend
FHS	20,171	-	-	-	-	20,171	20,171	-	0.0%	breakeven
Resources	1,325	(499)	-	553	(553)	827	713	113	13.7%	underspend
Hosted Services	4,004	347	-	5	(5)	4,351	4,006	345	7.9%	underspend
Resource Transfer	7,629	348	(7,977)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	0.0%	breakeven
Set Aside	22,419	-	-	-	-	22,419	22,419	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	123,040	4,060	(12,062)	1,058	(1,058)	115,038	116,733	(1,695)	-1.5%	overspend
Other Delegated Services	415	-	-	-	-	415	456	(41)	-9.9%	overspend
NET EXPENDITURE	123,455	4,060	(12,062)	1,058	(1,058)	115,453	117,189	(1,736)	-1.5%	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	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	89,904	8,226	-	2,808	-	100,938	99,120	1,818	1.8%	underspend
Property Costs	518	(36)	-	189	-	671	692	(22)	-3.2%	overspend
Supplies and Services	19,906	(10,307)	-	115	-	9,714	10,280	(566)	-5.8%	overspend
Third Party Payments	75,589	4,484	-	-	-	80,073	84,259	(4,186)	-5.2%	overspend
Purchase Of Healthcare	2,927	59	-	-	-	2,986	2,991	(5)	-0.2%	overspend
Transport	838	(17)	-	-	-	821	597	224	27.3%	underspend
Family Health Services	99,445	1,179	-	-	-	100,624	102,427	(1,803)	-1.8%	overspend
Support Services	70	-	-	-	-	70	74	(4)	-5.7%	overspend
Transfer Payments (PTOB)	6,131	(2,268)	-	-	-	3,863	3,808	55	1.4%	underspend
Resource Transfer	22,888	14,459	(37,347)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
Gross Expenditure	385,474	15,779	(37,347)	3,111	-	367,018	371,506	(4,489)	-1.2%	overspend
Income	(29,778)	(4,098)	1,162	-	(3,111)	(35,825)	(35,713)	(112)	0.3%	overspend
NET EXPENDITURE	355,696	11,681	(36,185)	3,111	(3,111)	331,193	335,793	(4,601)	-1.4%	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	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	82,915	4,561	-	1,122	(1,122)	87,476	90,805	(3,329)	-3.8%	overspend
Mental Health	27,171	2,566	-	195	(194)	29,737	30,510	(773)	-2.6%	overspend
Learning Disabilities	22,314	2,102	-	33	(33)	24,416	24,995	(579)	-2.4%	overspend
Children's Services	4,735	577	-	89	(89)	5,312	4,955	357	6.7%	underspend
Prescribing	37,423	1,177	-	-	-	38,600	40,400	(1,800)	-4.7%	overspend
Health Improvement & Inequalities	1,159	110	-	-	-	1,269	1,014	255	20.1%	underspend
FHS	60,514	-	-	-	-	60,514	60,514	-	0.0%	breakeven
Resources	3,976	(1,496)	-	1,658	(1,658)	2,480	2,140	340	13.7%	underspend
Hosted Services	12,011	1,041	-	15	(15)	13,052	12,018	1,034	7.9%	underspend
Resource Transfer	22,888	1,043	(23,931)	-	-	-	-	-	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	11,681	(36,185)	3,111	(3,111)	330,115	334,609	(4,494)	-1.4%	overspend
Other Delegated Services	1,078	-	-	-	-	1,078	1,185	(107)	-9.9%	overspend
NET EXPENDITURE	355,696	11,681	(36,185)	3,111	(3,111)	331,193	335,794	(4,601)	-1.4%	overspend

Adult Social Care Revenue Budget Position
1st April 2023 to 18th August 2023

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Spend YTD (before movements to reserves) £000's	Variance		
							£000's	%	
Employee Costs	14,437	593	133	-	15,163	15,088	74	0.5%	underspend
Property Costs	167	(12)	22	-	178	199	(22)	-12.4%	overspend
Supplies and Services	755	630	-	-	1,384	1,422	(38)	-2.7%	overspend
Third Party Payments	29,073	1,725	-	-	30,797	32,407	(1,610)	-5.2%	overspend
Transport	321	(7)	-	-	315	228	86	27.4%	underspend
Support Services	27	-	-	-	27	28	(2)	-5.7%	overspend
Transfer Payments (PTOB)	2,018	(872)	-	-	1,145	1,083	62	5.4%	underspend
Gross Expenditure	46,797	2,057	155	-	49,009	50,457	(1,448)	0	-
Income	(10,542)	(812)	-	(155)	(11,509)	(11,483)	(26)	0.2%	overspend
NET EXPENDITURE	36,255	1,244	155	(155)	37,500	38,974	(1,474)	0	-

Adult Social Care Revenue Budget Position
1st April 2023 to 18th August 2023

Care Group	YTD Budget	In year adjustments	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	%	
Older People	23,598	271	124	(125)	23,870	25,341	(1,472)	-6.2%	overspend
Physical or Sensory Difficulties	2,882	144	-	-	3,025	2,900	125	4.1%	underspend
Learning Difficulties	8,064	769	13	(13)	8,833	9,135	(302)	-3.4%	overspend
Mental Health Needs	1,459	56	17	(17)	1,515	1,367	148	9.8%	underspend
Addiction Services	252	4	-	-	257	230	26	10.2%	underspend
NET EXPENDITURE	36,255	1,244	155	(155)	37,500	38,974	(1,474)	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	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	345		39,423	39,230	193	0.5%	underspend
Property Costs	434	(30)	58		462	519	(57)	-12.4%	overspend
Supplies and Services	1,962	1,637			3,599	3,697	(98)	-2.7%	overspend
Third Party Payments	75,589	4,484			80,073	84,259	(4,186)	-5.2%	overspend
Transport	835	(17)			818	594	224	27.4%	underspend
Support Services	70				70	74	(4)	-5.7%	overspend
Transfer Payments (PTOB)	5,246	(2,268)			2,978	2,816	162	5.4%	underspend
Gross Expenditure	121,673	5,347	402	-	127,422	131,188	(3,766)	-3.0%	overspend
Income	(27,409)	(2,112)		(402)	(29,923)	(29,856)	(67)	0.2%	overspend
NET EXPENDITURE	94,264	3,235	402	(402)	97,500	101,333	(3,833)	-3.9%	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	705	324	(324)	62,061	65,887	(3,826)	-6.2%	overspend
Physical or Sensory Difficulties	7,492	374			7,866	7,540	326	0	underspend
Learning Difficulties	20,966	2,000	33	(33)	22,966	23,752	(786)	-3.4%	overspend
Mental Health Needs	3,794	145	45	(45)	3,939	3,554	385	9.8%	underspend
Addiction Services	656	11			667	599	68	10.2%	underspend
NET EXPENDITURE	94,264	3,235	402	(402)	97,500	101,333	(3,833)	-3.9%	overspend

Health Revenue Budget Position
1st April 2023 to 31st July 2023

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	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	17,393	2,228	-	821	-	20,443	19,901	542	2.6%	underspend
Property Costs	28	(2)	-	44	-	70	58	12	17.0%	underspend
Supplies and Services	5,979	(3,981)	-	38	-	2,036	2,192	(156)	-7.7%	overspend
Purchase Of Healthcare	976	20	-	-	-	995	997	(2)	-0.2%	overspend
Family Health Services	33,148	393	-	-	-	33,541	34,142	(601)	-1.8%	overspend
Set Aside	22,419	-	-	-	-	22,419	22,419	-	0.0%	breakeven
Resource Transfer	7,629	4,820	(12,449)	-	-	-	-	-	0.0%	breakeven
Gross Expenditure	87,573	3,477	(12,449)	903	-	79,504	79,709	(205)	-0.3%	overspend
Income	(788)	(662)	387	-	(903)	(1,966)	(1,951)	(15)	0	overspend
NET EXPENDITURE	86,785	2,815	(12,062)	903	(903)	77,538	77,758	(220)	-0.3%	overspend

Health Revenue Budget Position
1st April 2023 to 31st July 2023

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	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	135	8	-	-	-	143	143	(0)	(0)	overspend
Addiction Services - ADP	556	514	-	110	(110)	1,069	1,069	-	-	breakeven
Adult Community Services	3,780	635	-	156	(156)	4,415	4,380	34	0	underspend
Children's Services	1,578	192	-	30	(30)	1,771	1,652	119	0	underspend
Learning Disabilities	449	34	-	-	-	483	414	69	0	underspend
Mental Health	7,792	807	-	9	(9)	8,599	8,985	(386)	(0)	overspend
Mental Health - Action 15	-	-	-	41	(41)	-	-	-	-	breakeven
Hosted Services	4,004	347	-	5	(5)	4,351	4,006	345	0	underspend
Prescribing	12,474	392	-	-	-	12,867	13,467	(600)	(0)	overspend
Gms	9,734	-	-	-	-	9,734	9,734	-	-	breakeven
FHS Other	10,437	-	-	-	-	10,437	10,437	-	-	breakeven
Planning & Health Improvement	386	37	-	-	-	423	338	85	0	underspend
Primary Care Improvement Prog	86	1,813	-	505	(505)	1,898	1,898	-	-	breakeven
Resources	1,240	(2,311)	-	48	(48)	(1,072)	(1,185)	113	(0)	underspend
Set Aside	22,419	-	-	-	-	22,419	22,419	-	-	breakeven
Resource Transfer	7,629	348	(7,977)	-	-	-	-	-	-	breakeven
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	-	breakeven
NET EXPENDITURE	86,785	2,815	(12,062)	903	(903)	77,538	77,759	(220)	0	-

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	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	6,685		2,463		61,328	59,703	1,625	2.6%	underspend
Property Costs	84	(6)		131		209	174	35	17.0%	underspend
Supplies and Services	17,936	(11,944)		115		6,107	6,575	(468)	-7.7%	overspend
Purchase Of Healthcare	2,927	59				2,986	2,991	(5)	-0.2%	overspend
Family Health Services	99,445	1,179				100,624	102,427	(1,803)	-1.8%	overspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	14,459	(37,347)			-	-		0.0%	breakeven
Gross Expenditure	262,718	10,432	(37,347)	2,709	-	238,512	239,128	(616)	0	-
Income	(2,364)	(1,986)	1,162		(2,709)	(5,897)	(5,852)	(45)	0.8%	overspend
NET EXPENDITURE	260,354	8,446	(36,185)	2,709	(2,709)	232,615	233,275	(661)	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	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	25				430	430	(0)	0.0%	overspend
Addiction Services - ADP	1,667	1,541		331	(331)	3,208	3,208		0.0%	breakeven
Adult Community Services	11,339	1,905		467	(467)	13,244	13,141	103	0.8%	underspend
Children's Services	4,735	577		89	(89)	5,312	4,955	357	6.7%	underspend
Learning Disabilities	1,348	102				1,450	1,243	207	14.3%	underspend
Mental Health	23,377	2,421		26	(26)	25,798	26,956	(1,158)	-4.5%	overspend
Mental Health - Action 15	-			123	(123)	-	-		0.0%	breakeven
Hosted Services	12,011	1,041		15	(15)	13,052	12,018	1,034	7.9%	underspend
Prescribing	37,423	1,177				38,600	40,400	(1,800)	-4.7%	overspend
Gms	29,203					29,203	29,203		0.0%	breakeven
FHS Other	31,311					31,311	31,311		0.0%	breakeven
Planning & Health Improvement	1,159	110				1,269	1,014	255	20.1%	underspend
Primary Care Improvement Prog	257	5,438		1,514	(1,514)	5,695	5,695		0.0%	breakeven
Resources	3,719	(6,934)		143	(143)	(3,215)	(3,555)	340	-10.6%	underspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	1,043	(23,931)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
NET EXPENDITURE	260,354	8,446	(36,185)	2,709	(2,709)	232,615	233,276	(661)	-0.3%	overspend

**Renfrewshire Council 'Other Delegated Services'
1st April 2023 to 31st July 2023**

Subjective Heading	Year to Date Budget £000's	Spend to Year End £000's	Variance £000's
Employee Costs	72	72	-
Property Costs	0	-	0
Supplies and Services	3	3	-
Transport	1	1	-
Transfer Payments (PTOB)	340	382	(41)
Gross Expenditure	417	458	(41)
Income	(2)	(2)	-
NET EXPENDITURE	415	456	(41)

Client Group	Year to Date Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	319	360	(41)
Women's Aid	96	96	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	415	456	(41)

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	992	(107)
Gross Expenditure	1,083	1,190	(107)
Income	(5)	(5)	-
NET EXPENDITURE	1,078	1,185	(107)

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	936	(107)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,185	(107)

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

Scottish Government Funding Streams

Funding Description	2023/24									
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P4 £000's	Core Budget £000's	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	-	257	5,776	5,438	7,209	7,274	-	65
Action 15	123	123	-	-	-	-	123	123	-	-
ADP (includes all ADP Related Funding Streams)	1,974	330	1,644	1,661	1,885	1,548	3,539	3,539	-	-
TOTAL	3,611	1,967	1,644	1,918	7,661	6,986	10,871	10,936	-	65

Note:
Action 15 Allocation letter is still to be received

HSCP Funded Earmarked Reserves	Opening Position 2023/24	Amounts Drawn Down in 2023/24	New Reserves 2023/24	Closing Position 2023/24	Movement in Reserves 2023/24	To be Drawn Down 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	£000's
Covid Carers PPE Funding	4	0	0	4	0	-4					-4	0
Scottish Government Ring Fenced Monies carried forward:												
PCIP	1,514	-1,514	0	0	-1,514	0	0	0	0	0	0	0
PCTF Monies Allocated for Tests of Change and GP Support	107	-7	0	100	-7	-100	0	0	0	0	-100	0
GP Premises Improvement Fund	462	0	0	462	0	-462	0	0	0	0	-462	0
ADP Funding	1,976	-331	0	1,645	-331	-1,645	0	0	0	0	-1,645	0
Mental Health Recovery and Renewal Funding	1,596	-1,052	0	544	-1,052	-35	-509	0	0	0	-544	0
Mental Health Action 15 (19/20) (20/21) (21/22)	123	-123	0	0	-123	0	0	0	0	0	0	0
District Nurse Recruitment Programme	293	-101	0	192	-101	-95	-70	-20	-7	0	-192	0
Winter Planning Monies / Care Home Liaison Monies	6,309	-583	0	5,726	-583	-3,177	-877	-82	-85	-77	-4,298	1,428
Mental Health Dementia Funding	142	-26	0	116	-26	-50	-66	0	0	0	-116	0
Public Health Improvement Monies	176	0	0	176	0	-61	-67	-48	0	0	-176	0
Care Home Hub	27	-21	0	6	-21	-6	0	0	0	0	-6	0
Community Living Change	697	0	0	697	0	-150	-464	-83	0	0	-697	0
Scottish Government Ring Fenced Monies carried forward	13,422	-3,759	0	9,664	-3,759	-5,781	-2,053	-233	-92	-77	-8,235	1,428
Grant Funding carried forward	176	-5	0	171	-5	-71	-100	0	0	0	-171	0
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	13,602	-3,764	0	9,838	-3,764	-5,856	-2,153	-233	-92	-77	-8,410	1,428
ICT / Systems Related	313	0	0	313	0	-91	-19	-12	-160	-31	-313	0
Premises Related	5,259	-194	0	5,065	-194	-1,578	-776	-1,050	-1,662	0	-5,066	0
Prescribing	2,000	0	0	2,000	0	-1,800	-200	0	0	0	-2,000	0
Other IJB Reserves	4,422	-206	0	4,216	-206	-1,787	-489	-204	-7	-399	-2,886	1,330
HSCP Funded PCIP Commitments	1,499		0	1,499	0	-1,361	-138	0	0	0	-1,499	0
TOTAL EARMARKED RESERVES	27,095	-4,163	0	22,932	-4,163	-12,473	-3,775	-1,499	-1,920	-507	-20,173	2,758
GENERAL RESERVES	6,538		0	6,538	0	-2,294	-4,244	0	0	0	-6,538	0
TOTAL RESERVES	33,633	-4,163	0	29,470	-4,163	-14,767	-8,019	-1,499	-1,920	-507	-26,711	2,758

To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Chief Finance Officer

Heading: IJB Audited Annual Accounts 2022/23

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

1. Summary

- 1.1 The 2022/23 Annual Accounts were submitted to the IJB for approval on 30 June 2023 and then submitted for audit to Ernst and Young LLB (EY).
- 1.2 Rob Jones, Appointed Auditor (Partner, EY) has provided an audit opinion which is free from qualification.
- 1.1. Under the Local Authority Accounts (Scotland) Regulations 2014, which came into force from 10 October 2014, the IJB must meet to consider the Annual Accounts and approve those accounts for signature no later than 30th September.
- 1.3 In order to comply with these requirements, the 2022-23 Annual Accounts are now attached for approval.
- 1.4 Rob Jones, Appointed Auditor (Partner, EY) also provided a report to the IJB Audit, Risk and Scrutiny Committee detailing matters arising over the course of the audit which was considered at the meeting held on 18 September 2023.

2. Recommendation

It is recommended that the IJB:

- Approve the Annual Accounts for 2022/23 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Implications of the Report

1. **Financial** – The 2022/23 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2023.
2. **HR & Organisational Development** – none
3. **Strategic Plan and Community Planning** – none

4. **Wider Strategic Alignment** – none
5. **Legal** – An audit opinion free from qualification demonstrates the IJB’s compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
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 IJB’s website.
9. **Fairer Scotland Duty** – none
10. **Health & Safety** – none
11. **Procurement** – none
12. **Risk** – none
13. **Privacy Impact** – none

List of Background Papers – None

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Renfrewshire Integration Joint Board Annual Accounts 2022/2023



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Management Commentary

Purpose

This publication contains the Financial Statements of Renfrewshire Integration Joint Board (IJB) for the year ending 31 March 2023.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2022/23 and how this has supported delivery of the IJB's strategic priorities. As in previous years, this commentary also looks forward, outlining our future plans for the IJB and the challenges and risks which may impact upon our finances in the future, as we continue to support the health and wellbeing of communities in Renfrewshire.

2022/23 marked an important milestone as the IJB took further steps to progress recovery and remobilisation from the COVID-19 pandemic. In March 2022, it agreed both its new [Strategic Plan 2022-25](#) and [Medium Term Financial Plan 2022-25](#), which focus on the development of our services this year and beyond, reflecting both the 'new normal' of living with COVID-19, and the potential for significant future change in how health and social care services are delivered across Scotland. A number of wider statutory and key supporting plans were also approved over the course of 2022/23, including the IJB's [Workforce Plan 2022-25](#), its [Palliative and End of Life Care Strategy 2022-25](#) and its [Unpaid Adult Carers' Strategy 2022-25](#), which also set direction for the coming years.

Also highlighted in this document is the increasingly challenging financial climate facing public services nationally, and commentary on the impact this is having - and will continue to have - on the IJB and the communities we serve.

Role and Remit of Renfrewshire Integration Joint Board

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

This agreement, referred to as the Integration Scheme, is available within the Integration Joint Board section of the HSCP's website at: www.renfrewshire.hscp.scot/IJB

Under the requirements of the Act, Local Authorities and Health Boards are required to review Integration Schemes within five years of the scheme being approved in Parliament. On 19 February 2020, Renfrewshire Council's Leadership Board approved a revised version of the Integration Scheme for consultation. However, in light of the pandemic and associated disruption, further work on the progression of an updated Integration Scheme was paused.

Work to update the Scheme has now resumed, and timescales for consultation and subsequent approval are pending.

The Vision for the IJB is:

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

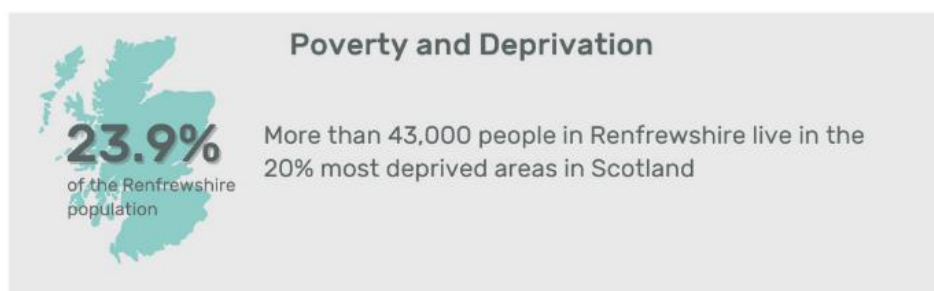
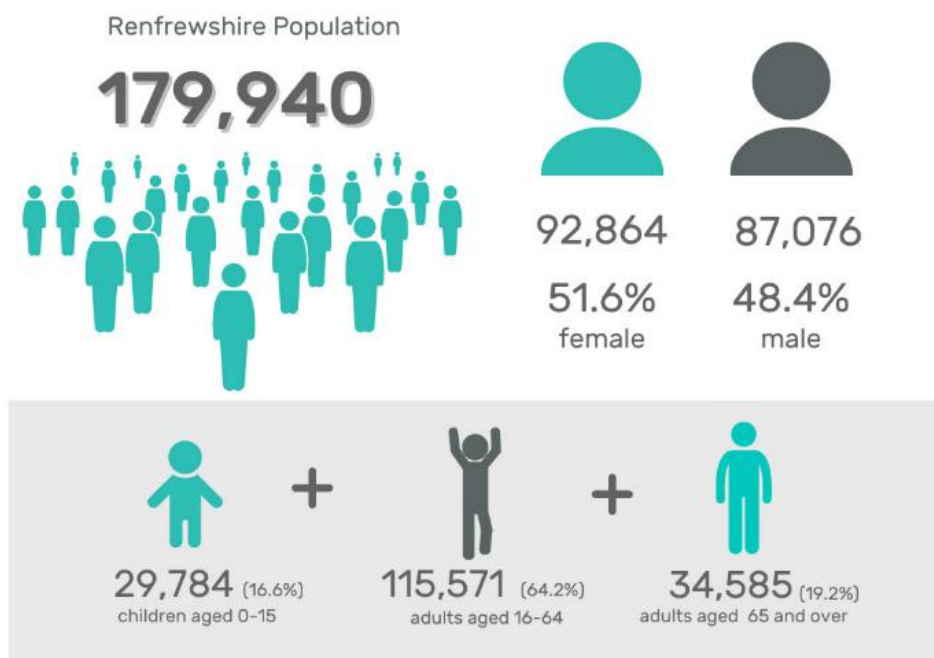
The IJB sets the strategic direction for delegated functions through its Strategic Plan.

The IJB comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHS Greater Glasgow and Clyde. Non-voting members include the Chief Officer (CO), Chief Finance Officer (CFO), Chief Social Work Officer (CSWO), service professionals, third sector, carer and staff-side representatives. [Full membership details are available on the HSCP website](#) and also within Appendix 1.

There was one change in IJB membership during 2022/23. Dr Shilpa Shivaprasad resumed the non-voting position of other Medical Practitioner (non-GP) with effect from 17 January 2023 for a period of three years.

A Profile of Renfrewshire

A full profile of Renfrewshire is set out in our Medium Term Financial Plan (MTFP) and our Strategic Plan. Some of the key population characteristics include the following:



* Healthy Life Expectancy is the average number of years of life that people spend in good health. Good health is based on how people rate their own health in the Office for National Statistics Annual Population Survey.

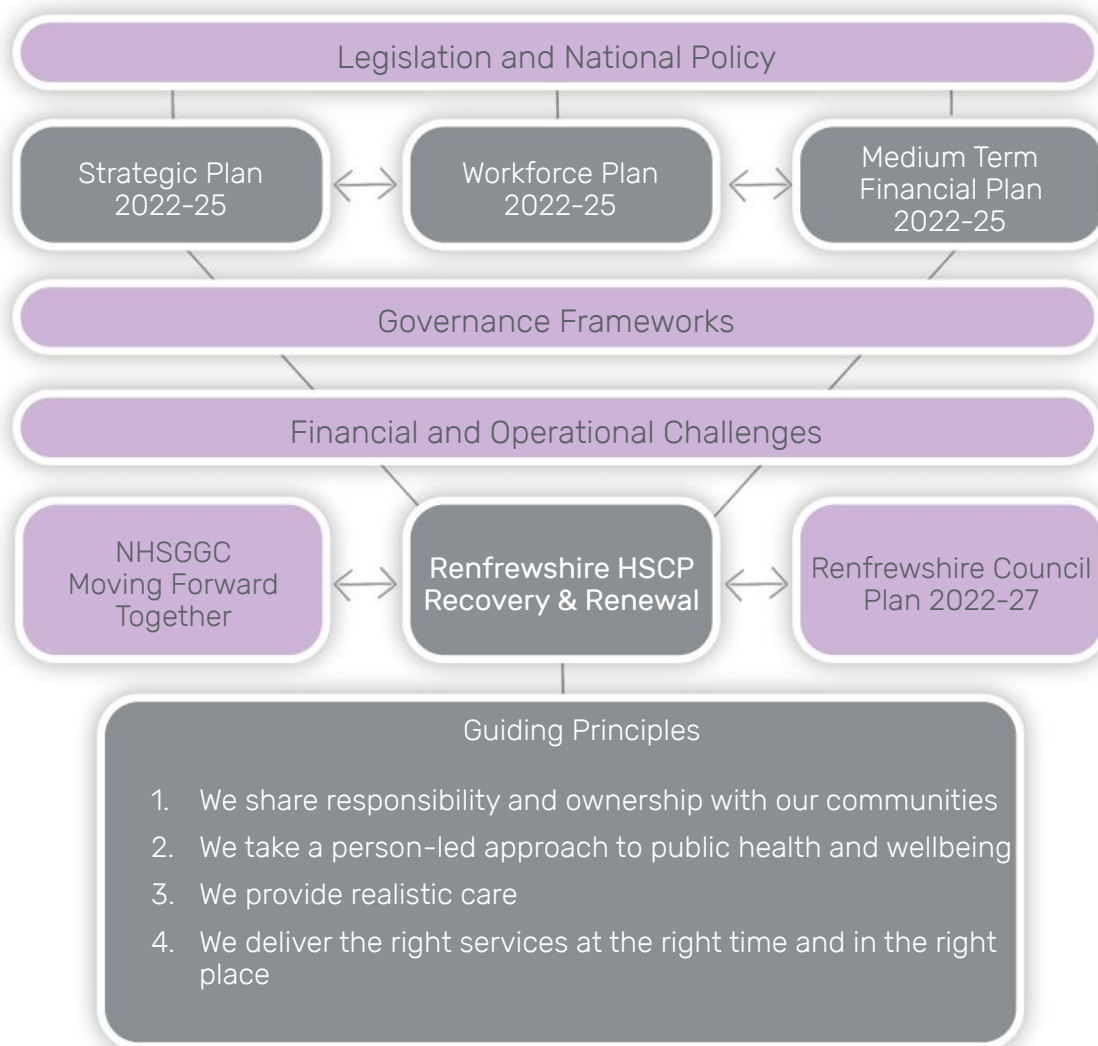
Note: Ethnicity breakdown unavailable at the time of publishing these Accounts. Data from the 2022 Census is due to be published in the Autumn of 2023.

Source: National Records Scotland

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

IJB operations for the year 2022/23 were governed by our Strategic, Financial and Workforce Plans. These plans, as set out in the diagram below, provide the overall strategic direction for the delivery of health and social care services within Renfrewshire, delivered by Renfrewshire Health and Social Care Partnership (HSCP), embedding national legislation and policy within Renfrewshire's local context.

These plans also reflect, interact with, and support the delivery of a number of key NHS Board and Local Council policies and strategies.



Overview of our Services

Renfrewshire HSCP delivers adult social care services, and all community health services for adults and children in the Renfrewshire area. Our service delivery model is structured to deliver the vision and future direction of community health and adult social care services in Renfrewshire as set out in the IJB's Strategic Plan, which in turn aims to deliver the [nine national health and wellbeing outcomes](#) as identified by the Scottish Government.

During 2022/23, the HSCP delivered the following services:

Adult and Older People Services - Including building-based and remote supports, Care at Home, residential Care Homes and extra care services, adult support and protection, physical disability, sensory impairment, district nursing and rehabilitation services.

Example: Disability Resource Centre



Following a fire shortly after reopening in late 2021, the HSCP were delighted to be able to open the refurbished Disability Resource Centre on 24 October 2022. Access to the Centre allows a broader range of activities and support to be provide to service users, alongside community outreach activities which remain very popular across our client group.

Learning Disability Services - A range of services for adults with a learning disability including assessment and care management and specialist day care, respite and supported living opportunities.

Example: Supporting Young People into Adult Services



A new role of Senior Resource Officer for Transitions has been created within Renfrewshire Learning Disability Service (RLDS). This will help to identify young people who need ongoing and specialist support from RLDS as they transition into young adulthood, ensure partnership working with supported individuals, families, education and other agencies, and enable access to community-based supports / services at the right time and place.

Children's Services - Including Health Visiting, Family Nurse Partnership, childhood immunisations, breastfeeding support, Home Start, Health 4 All, as well as Specialist Children's Services including; Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapy (SLT), Occupational Therapy (OT) and Physiotherapy, and supporting children with disabilities.

Example: Youth Health and Wellbeing Service



In September 2022 the HSCP launched the Youth Health and Wellbeing Service, providing a drop-in service one evening a week for young people aged 12-17 to come along and speak to health professionals about anything from mental health to drug and alcohol risks. The service provides a safe, supportive, informative, fun space for young people to learn about their health and wellbeing.

Mental Health Services - A range of community based services providing access to a multidisciplinary secondary care service for people with mental health problems and inpatient services for those over the age of 16 with a mental health diagnosis.

Family Health Services - General Medical Practice, Community Pharmacy, Prescribing, General Dental Practitioners and Optometrists. As well as services which have been created through the Primary Care Improvement Plan (PCIP) such as Care Home Liaison and Advanced Nurse Practitioners (ANPs).

Alcohol and Drug Recovery Services - Focus on supporting and enabling recovery for individuals through a range of interventions and therapies.

Example: Recovery Walk 2022



On 24 September 2022, alongside partners, Renfrewshire HSCP was honoured to support the Recovery Walk, an annual event organised by the Scottish Recovery Consortium, helping to shine a light on the work that partners are doing locally to change how people with lived and living experience of alcohol and drugs are supported. More than 4,000 people from across Scotland walked through Paisley. At the event, roses were placed into the White Cart river as part of a remembrance ceremony for friends and family lost to addiction.

Example: Harm Reduction Response Team (HaRRT)

In November 2022 a mobile Harm Reduction Response Team (HaRRT) unit was launched in a bid to bring down drug-related deaths.



“Every drug death within our communities is one too many and NHS Greater Glasgow & Clyde continues to work in conjunction with Renfrewshire HSCP, Renfrewshire Council and Renfrewshire Alcohol and Drug Partnership to reduce the harm that substances can have...HaRRT provides a safe and confidential environment within the community and will help signpost users to treatment programmes that can assist with addiction issues. Having this service available in Renfrewshire will be a welcome addition to the services already in place across the area.” - Joanna Campbell, Injecting Equipment Provision Manager for Alcohol and Drug Recovery Services, NHSGGC.

Health Improvement and Health Inequalities - Working with partners and our communities to improve health and wellbeing in Renfrewshire and to reduce inequalities.

Hosted Services - On behalf of NHSGGC, Renfrewshire is the host partnership for Podiatry services and Primary Care Support and Development. From September 2022, Renfrewshire HSCP also assumed lead responsibility for the management of GP Out of Hours services, on an interim basis.

Unscheduled Care ('Set Aside') - Functions delegated by the Health Board carried out in a hospital setting. The IJB is responsible for the strategic planning of these, but not their operational delivery.

Example: Intermediate Care Beds



In early 2023 Renfrewshire HSCP launched the Interim and Intermediate Beds 12-month test of change project aiming to help maximise the rehabilitation potential of individuals and slow their decline into frailty. It also aims to reduce pressure on acute front door services and use of unplanned beds, and provide a better experience for older people moving through our care and support systems. This service aligns with our commitment to deliver services related to the Greater Glasgow and Clyde Unscheduled Care Design and Delivery Plan, and the Renfrewshire HSCP Strategic Plan.

COVID-19 Response - Renfrewshire HSCP continued to deliver a number of vital COVID-19 response services throughout this year, including: the provision of COVID-19 vaccinations within Care Homes and to the local housebound group, continued use of 'Near Me' consultations across a range of service settings and continuation of the Renfrewshire Bereavement Network.

A week in the life of Renfrewshire HSCP during 2022/23



1,756 hours

Day Service for older people and people with a learning disability



845 health visiting home visits made by Children's Services



14,000 hours Care at home



132 attendances to the Disability Resource Centre



4,500 Community meals delivered



1,000 calls handled by Single Point of Access service



1,741 appointments to phlebotomy



108 visits to CIRCLE Recovery Hub



499 visits to Treatment Rooms



709 hours care provided by unpaid carers



484 referrals via Adult Services Referral Team (ASeRT)



136 referrals to Rehabilitation & Enablement Service

Strategic Plan for 2022-25

The IJB's Strategic Plan was approved in March 2022. The Plan aligns our strategic objectives with the nine national health and wellbeing outcomes to ensure a clear link to national policy and priorities.

Our current Strategic Plan takes a different approach to identifying our objectives compared with our previous Strategic Plan; focusing on a range of themes which underpin how we deliver services, rather than looking at individual service areas themselves. Each of the themes, set out in the diagram below, has a set of strategic objectives identified to be delivered over the three-year lifetime of the Plan.



Healthier futures

People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.



Connected futures

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.



Enabled futures

Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.



Empowered futures

People access the right care at the right time and place and are empowered to shape their support at every stage of life.

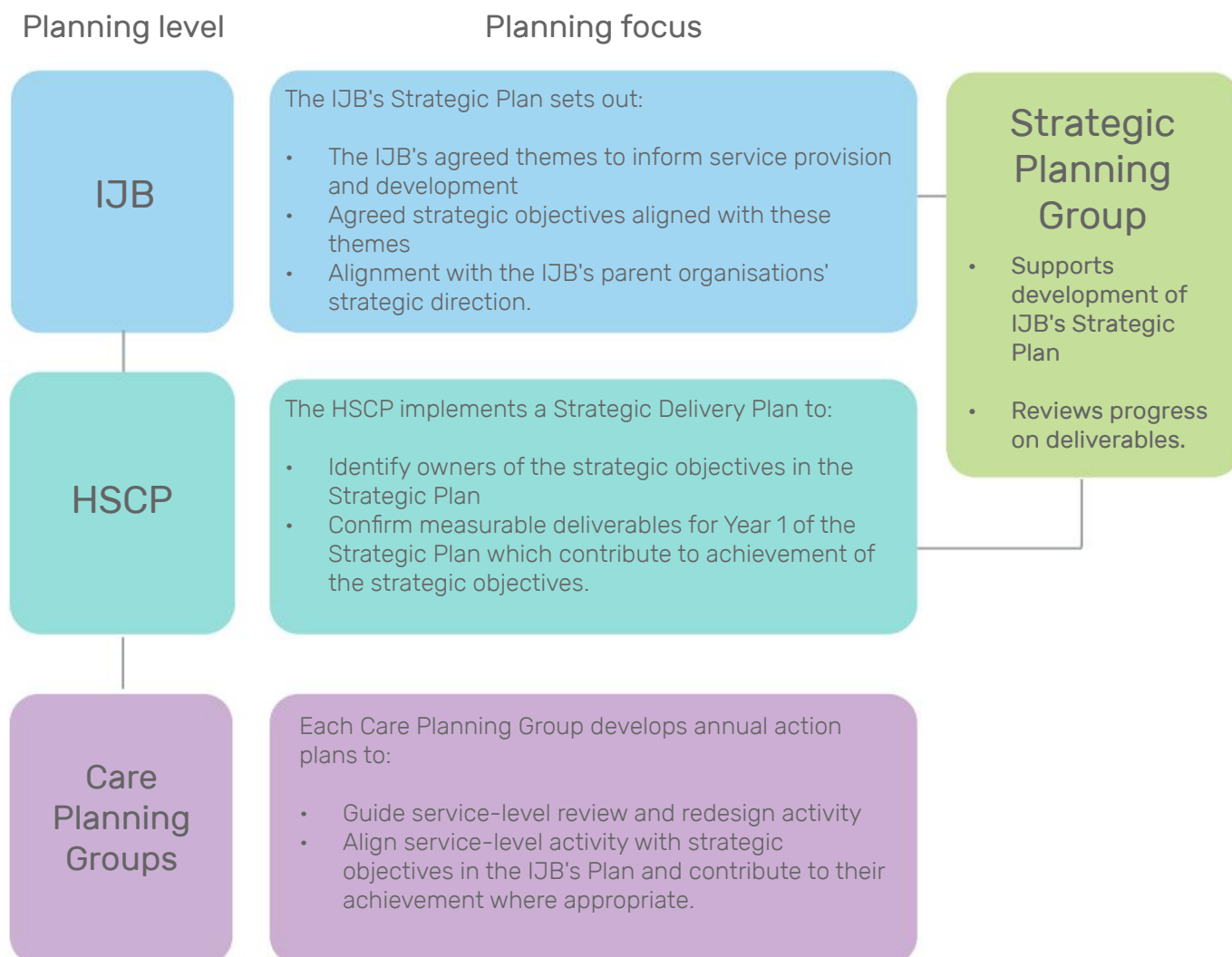


Sustainable futures

We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

Delivering the Strategic Plan

In June 2022 the IJB approved its plan to [deliver the objectives of the Strategic Plan](#). This overarching plan helps inform action plans for each Care Planning Group. The visual provided below shows how these levels of planning support one another.



A summary of highlights achieved in Year 1 together with examples of areas that are behind schedule or have been paused, is included in our Performance overview on pages 19 to 22, alongside our Performance Scorecard update. A full progress update against the Strategic Plan's objectives and deliverables was reported in our Annual Performance Report, published on 31 July 2023.

Our Commitment to Net Zero

Renfrewshire IJB is fully committed to, and actively participates in, tackling the climate emergency in association with its two parent organisations and our wider Community Planning Partners.

It is cognisant of the material and financial risks presented by climate change and recognises that the most vulnerable will be affected disproportionately by climate change, which is likely to increase health inequalities and demand on health and social care services.

The Strategic Plan 2022-25 reflects and supports the delivery of both local and national plans for Net Zero.

Public Bodies Climate Change Duties (PBCCD) reporting is submitted annually by the IJB as well as by both parent organisations. These statutory reports are published by the Scottish Sustainable Network (along with previous years' submissions).

Our [most recent report](#) was issued in November 2022 and highlighted the work undertaken with parent organisations to date to tackle the climate emergency, including:



Joint management alongside Renfrewshire Council of the Renfrewshire Growing Grounds Forum. Representing more than 50 voluntary and community sector bodies, the Forum has created a valuable support and guidance network for members, including assistance in securing leases, funding advice and specialist growing advice.



Partnership-wide sustainable travel planning to reduce the impact we have on the environment, through increased use of electric vehicles and promotion of active travel planning.

Sustainable Construction - Bishopton and Dargavel Health Centre Satellite Facility

During 2022/23 parent organisations including Renfrewshire HSCP, Renfrewshire Council and NHSGGC progressed with improvement works to the existing health centre in Bishopton and took forward proposals to develop a new-build satellite site within Dargavel village. Sustainable design and construction has been placed at the heart of the design brief, with consideration of passive standards, increased insulation, solar gain, optimum ventilation, use of low volatile organic compound materials, renewable heat sources and embodied carbon mitigation measures.

Renfrewshire's Medium Term Financial Plan

The [Medium-Term Financial Plan 2022-25](#) (MTFP), approved by the IJB in March 2022 was developed concurrently with the Strategic Plan, so that the linkages and dependencies between the IJB's strategic objectives and available resources were clearly set out and considered.

The MTFP projected a range of scenarios over a ten-year period from 2022/23 to 2031/32. The reliability of projections decreases over time, with projections being less reliable in periods of rapid change, nonetheless the movement in the last year compared to our projections is considerable. At the close of 2022/23, the estimated impact of cost and demand pressures, prior to mitigation, exceeded the worst-case scenario projected just 12 months ago.

Further consideration has been given to how we assess opportunities to deliver efficiencies which has resulted in a refined approach and the use of the undernoted categorisation, building on the model used in previous years:



Protect: identifying statutory services which must be delivered, alongside continuing to meet the needs of the most vulnerable in Renfrewshire, whilst recognising that there may be opportunities to implement new service models and make these services more efficient.



Reform: focusing on areas where service delivery models can be adapted and developed to meet changing demand and expectations arising from policy and the impact of the pandemic. In doing so it may be possible to deliver financial efficiencies; and



Deliver savings: focusing on non-statutory activity and considering whether existing provision is still financially sustainable and where levels of provision can be safely reduced. This includes seeking efficiencies through process improvement, vacancy/post management, contract management and day-to-day overhead costs.

As was the case prior to the COVID-19 pandemic, the IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

"IJBs face considerable financial uncertainties and workforce challenges.

Efficiency and transformational savings alone may be insufficient to meet future financial challenges. Significant transformation is needed to ensure financial sustainability and service improvements.

The social care sector cannot wait for a National Care Service to deal with financial, workforce and service demand challenges—action is needed now if we are to improve the outcomes for people who rely on health and social care services."

Audit Scotland, IJB Financial Analysis 2021/22, Published April 2023

Workforce Plan 2022-25

A key enabler to delivering on our Strategic Plan is workforce and organisational development.

In November 2022 the IJB published its [Workforce Plan 2022-25](#) which was developed through engagement with staff and parent organisations over a significant period of time, and reflects the Scottish Government's tripartite ambition to deliver Workforce Recovery, Growth and Transformation.

The Plan sets out how the IJB aims to make sure we have the right workforce to meet the current and future needs of those who rely upon our services. It also seeks to reflect the importance of the wider health and social care system in Renfrewshire in supporting local citizens, setting the foundations for future closer working on workforce planning and development.

The Plan is underpinned by the Scottish Government's five pillars to guide workforce development. It sets out steps which the IJB and partners will take to anticipate future workforce needs, based on legislative requirements, changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community-based health and care services.

The Five Pillars of the Workforce Journey:

Plan

The keystone of our workforce journey is **Plan**. The HSCP's Workforce and Organisational Development Planning Group, which includes membership from the HSCP, Renfrewshire Council, NHSGGC and staff side, were central to the planning phase of our workforce journey, which in turn has informed the remaining four pillars, as set out below.

Attract

Outcome: People are attracted to health and social care in Renfrewshire. We are inclusive employers who offer career opportunities for people of all backgrounds. Applicants have a positive experience and feel valued throughout the recruitment process.

Example of activity undertaken this year:

- Recruitment methods widened to include online events; recruitment days and alternative advertising.

"It was great to see so many people turning up to find out more about a career in Adult Social Care at our Jobs Fair...Throughout the day we had a steady stream of potential candidates chatting to our staff on the HSCP stand. We were also able to make use of the event set up to interview a number of potential candidates, many of which we hope will be able to join our team in the coming months."

Christine Laverty, Renfrewshire HSCP Chief Officer

Employ

Outcome: Our recruitment and retention of staff is enhanced and we are seen as employers of choice, where staff feel valued and supported. This will enable sustainable health and social care services across Renfrewshire.

Examples of activity undertaken this year:

- Utilisation of Winter Planning Monies / Care Home Liaison Monies to enhance recruitment.
- Identification of opportunities for jointly funded posts between organisations e.g. third sector and public / third sector and consideration of possible 'hosting' arrangements

Train

Outcome: Health and social care staff are appropriately trained for their role and have access to wider opportunities for personal and career development within their own organisation and through collaboration with partners.

Example of activity undertaken this year:

- Renfrewshire HSCP's Staff Development Programme opened in November 2022 and is open to all staff within Renfrewshire HSCP who are employed by Renfrewshire Council or NHS Greater Glasgow & Clyde.

"The application process was really easy to follow. I would definitely recommend applying to the staff development programme. I hope when I finish my degree I'll be able to progress in my career and move into a more senior management role and I'm really excited about my future career journey with Renfrewshire HSCP."

Tracey Smith, Admin Team Lead, Children's Services,
studying BA (Hons) Business Management

Nurture

Our organisational culture(s) prioritise the health and wellbeing of our staff so that they feel supported with their physical, emotional and professional needs.

Examples of activity undertaken this year:

- Working with partners to deliver wellbeing initiatives, e.g. mental health and menopause policies.
- Continuing to deliver a range of online and face-to-face training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias.

Other Supporting Plans and Strategies

Renfrewshire Palliative and End of Life Care Strategy 2022-25

In September 2022 the IJB published its three-year strategy setting out the vision and future direction for palliative and end of life care in Renfrewshire.

The [Palliative and End of Life Care Strategy](#) describes how we will endeavour to improve the quality of life of patients and their families in Renfrewshire who are living and dealing with a life limiting illness, ensuring everyone receives person-centred, dignified and compassionate care which reflects individual choices. It has been developed with the national priorities in mind and is complementary to the Strategic Plan 2022-25.



Renfrewshire will be a place where people live and die well.

Our staff and volunteers will have reliable access to appropriate palliative care education and training and to the emotional wellbeing support they need.

Renfrewshire Unpaid Adult Carers' Strategy 2022-25

Also in September 2022 the IJB published its three-year [Unpaid Adult Carers' Strategy](#) which reaffirms the value we place on unpaid carers and the contribution they make to the wider community of Renfrewshire and sets out our commitment to unpaid carers, by prioritising a preventative approach to supporting them.



Our Carers Vision - Renfrewshire is a caring place where unpaid carers are supported to live well and continue to care in good health.

Service Performance 2022/23

The HSCP produced its [Annual Performance Report](#) for the period 2022/23 and this was published on 31 July 2023.

This year's report has been structured to align with our Strategic Plan 2022-25. Along with our Performance Scorecard, we provide an update on Year 1 progress across the deliverables contained in the Plan's five key themes: Healthier, Connected, Enabled, Empowered and Sustainable Futures. We also review progress against our enabling functions, the Housing Contribution Statement, and Renfrewshire HSCP's Lead Partnership Services across NHS Greater Glasgow and Clyde. You can read the full [Annual Performance Report](#) on the HSCP website.

Our 2022/23 performance overview is split over our Performance Scorecard progress, followed by an update on Year 1 progress across the objectives set out in our Strategic Plan, where we highlight key achievements from Year 1 along with deliverables that are behind schedule or have been paused.

2022/23 has been another challenging year with continued recruitment and retention challenges, as well as absences due to ongoing waves of COVID-19 and winter flu. However, at 31 March 2023 the Performance Scorecard showed an overall improved position compared to 2021/22.

Performance Indicator Status	Direction of Travel
● On or above target	↑ Improvement
● Warning (within 10% variance of target)	↓ Deterioration
● Alert (more than 10% variance of target)	— Same as previous reporting period

1,027

direction of
travel



Number of new adult carers supported

Local Target: 913

Performance has increased from 963 at March 2022 to 1,027 at March 2023, above the target of 913.

Child and Adolescent Mental Health Service (CAMHS)

- % of patients seen within 18 weeks

National Target: 80%

Performance has increased from 58.8% at March 2022 to 100% at March 2023, above the target of 80%.

100%

direction of
travel



94%

direction of
travel



Percentage of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire

NHSGGC Target: 90%

Performance has increased from 41.4% at March 2022 to 94.0% at March 2023, above the target of 90%.

28%direction of
travel

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

Performance has decreased slightly from 29% in March 2022 to 28% at March 2023, just below the target.

80%direction of
travel

Percentage of clients accessing out of hours home care services (65+)
Local Target: 85%

Performance has decreased from 93% at March 2022 to 80% at March 2023.

59%direction of
travel

Improve the overall iMatter staff response rate
NHSGGC Target: 60%

Performance has increased from 58% in 2021-22 to 59% in 2022-23, just below the target.

70%direction of
travel

Percentage of patients who started treatment within 18 weeks of
referral to Psychological Therapies
National Target: 90%

Performance has decreased from 90.9% at March 2022 to 70% at March 2023, below the target.

35.7%direction of
travel

The percentage of children seen within 18 weeks for paediatric
Speech and Language Therapy assessment to appointment
NHSGGC Target: 95%

Performance has decreased from 52.7% at March 2022 to 35.7% at March 2023 and remains below the target.

84.7%direction of
travel

Alcohol and Drugs waiting times for referral to treatment
% seen within 3 weeks

Local Target: 91.5%

Performance has decreased from 90.8% at March 2022 to 84.7% at March 2023, below the target.

Strategic Delivery Plan Year 1 – Performance Overview

Strategic Plan progress will be monitored using Annual Delivery Plans. Year 1 showed strong performance across the strategic objectives set out in the plan, and Table 1 below illustrates RAG (Red, Amber, Green) status for the 120 Year 1 deliverables:

Strategic Plan Deliverables	Red	Amber	Green
Total	7	8	105

We have highlighted key achievements from Year 1 and noted some of the deliverables not on schedule or paused. A full progress update on all Year 1 objectives and deliverables can be found in our [2022/23 Annual Performance Report](#).

Key achievements for Year 1 include:



An increase in referrals to the Healthier Wealthier Children programme from families from ethnic minority backgrounds.



The number of new carers supported by Renfrewshire Carers Centre increased from 963 at March 2022 to 1,027 at March 2023 against a target of 913.



Developed a Market Facilitation Plan to help existing partners, and prospective provider organisations, to make informed business decisions about future service delivery.



All GP practices in Renfrewshire now have an aligned Community Link Worker.



A Culture, Arts, Health and Social Care (CAHSC) Co-ordinator has been recruited to increase opportunities for people to take part in arts and cultural activity.



Agreement of a pathway for the Home First Response Service across Acute and Community Services.



13 new Treatment Rooms have been opened in Renfrewshire to enable residents to receive the right care at the right time and in the right place.



Alcohol, Drugs and Mental Health Recovery Hub, CIRCLE officially opened and is fully operational receiving over 200 referrals since its launch.

Deliverables behind schedule or paused

Of the 15 deliverables that are not on track for completion by the end of Year 1, five are being monitored as we move towards Year 2 of the plan, ten have been paused mainly due to resource constraints or the requirement to reflect national strategies that have not yet been published. Examples of those deliverables behind schedule or paused are included below.



Due to the delay in the national strategy, Renfrewshire's Dementia Strategy will now be progressed in Year 2.



HSCP Governance and Resourcing Plan to respond to National Care Service proposals will be developed once next steps are confirmed by the Scottish Government.



Transition from CAMHS to Adult Mental Health Services. Monthly meetings in place.



Reduce podiatry pressure ulcers and avoidable pressure damage. An Improvement Plan and Learning Health Systems Network is in place.



Agree next phase of Health and Wellbeing initiatives. Priorities under consideration by Strategic Planning Group.



HSCP Digital Vision, objectives and priorities agreed with parent organisations.



Increase the number and % of social rented lets to homeless people – relevant data to be confirmed as currently provisional.

Financial Performance 2022/23

As noted from the outset within the Management Commentary, and highlighted in recent financial years, we are living in unprecedented times. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing and legacy COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK. The financial impact of which is likely to continue over the medium-term and at least over the next few financial years.

This continually changing landscape, along with the potential for future spikes in demand for services has and will continue to create additional delivery and financial pressures, as well as impacting the delivery of the IJB's Strategic and Workforce Plans.

Through regular updates to the IJB from the CFO, members have been kept apprised of the rapidly changing situation, with a detailed analysis of significant variances and reserves activity. This ensures that where required, early decisions are taken to support medium and long-term financial sustainability.

Resources Available to the IJB 2022/23

Renfrewshire IJB delivers and commissions a range of health and social care services to the population of Renfrewshire.

This is funded through budgets delegated from both Renfrewshire Council and NHSGGC. The resources available to the IJB in 2022/23 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £358,623k.



Resources available 2022/23
£358,623k



Set Aside budget
£67,258k

Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £67,258k.

This budget is in respect of those functions carried out in a hospital within the Health Board area. The Set Aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year.

Included within the Set Aside total costs are £14,000k for COVID-19 compared with £37,000k for 2021/22. These costs were fully funded by the Scottish Government. The overall Set Aside figure across NHSGGC increased due to a rise in activity levels.

Summary of Financial Position

Throughout 2022/23, the CFO's budget monitoring reports to the IJB projected an underspend position, prior to the transfer of year-end balances to General and Earmarked Reserves at the financial year-end.

Whilst the financial outturn position for 2022/23 delivered an underspend, this masks the difficulties of the financial outlook for 2023/24 and beyond. In areas such as:

- An introduction of support recharges from Renfrewshire Council;
- The unknown impact of yet to be agreed pay awards for Local Authority staff;
- Ongoing negotiations in relation to the National Care Home Contract in respect of the 2023/24 rates and;
- The impact of non-recurring and ring-fenced funding streams which create a lack of flexibility in how the IJB can use their funding.

As detailed in the following tables the final outturn position for 2022/23 was an underspend of £8,790k, (prior to the transfer of year-end balances to Earmarked and General Reserves) including the costs of delivering additional services as part of the IJB's response to COVID-19, for which additional funding was provided by the Scottish Government.

Once all ring-fenced balances have been transferred to the relevant Earmarked Reserves, in line with Scottish Government guidance, the revised outturn position for the IJB is an underspend of £2,126k. As approved by the IJB on 25 November 2022, the year-end health underspend of £1,499k has been moved to Earmarked Reserves, to fund the projected shortfall in the delivery of the Primary Care Improvement Plan (PCIP) deliverables, leaving a remaining underspend for the IJB of £627k.

Division	Year-end Outturn (prior to the transfer of balances to Reserves)	Year-end Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £8,921k	Underspend £2,257k
Other Delegated Services	Overspend (£131k)	Overspend (£131k)
Subtotal	Underspend £8,790k	Underspend £2,126k
<u>less:</u>		
Movement to 'HSCP Funded PCIP Commitments Earmarked Reserve'	-	Health Underspend £1,499k
GRAND TOTAL	Underspend £8,790k	Underspend £627k

Final HSCP Outturn Position 2022/23

Care Group	Final Budget	Spend to Year-end (before movement to reserves)	Variance	Movement to Reserves	Revised Variance
	£000's				
Adults and Older People	82,747	79,386	3,361	(3,248)	113
Mental Health	30,867	29,929	938	(206)	732
Learning Disabilities	23,545	21,922	1,623	(224)	1,399
Children's Services	8,338	6,575	1,763	(932)	831
Prescribing	37,295	39,361	(2,066)	-	(2,066)
Health Improvement and Inequalities	1,287	954	333	(8)	325
Family Health Services	60,332	60,331	2	-	2
Resources	6,786	4,946	1,840	(1,902)	(62)
Hosted Services	12,648	11,520	1,128	(144)	984
Resource Transfer	-	-	-	-	-
Social Care Fund	-	-	-	-	-
Set Aside	67,258	67,258	-	-	-
NET EXPENDITURE (before delegated services)	331,103	322,182	8,921	(6,664)	2,257
Other Delegated Services	1,083	1,214	(131)	-	(131)
NET EXPENDITURE before COVID-19	332,186	323,396	8,790	(6,664)	2,126
COVID-19	(13,333)	(13,333)	-	-	-
NET EXPENDITURE	318,853	310,063	8,790	(6,664)	2,126

Note: The net expenditure figure differs to that of the Comprehensive Income Expenditure Statement (CIES) due to differences in the presentation of earmarked reserves; resource transfer and social care adjustments.

The year-end outturn position includes a drawdown of £26,337k from Earmarked Reserves, including the return of £13,333k of COVID-19 monies in February 2023 in line with the Scottish Government direction issued in September 2022. As requested by the Scottish Government, a final reconciliation was carried out at the financial year-end and an invoice was raised for £989k leaving a balance of £4k, to meet and support assumed costs for carers PPE in future years. As a result, the total COVID-19 monies returned to the Scottish Government in 2022/23 was £14,322k.

There are a number of reasons for the HSCP operational underspend of £2,126k this year, as outlined below both in terms of the respective over and underspends.



Employee costs: underspend of £4,506k

Ongoing challenges in terms of recruitment and retention issues reflecting national position.



Property Costs: overspend of (£187k)

Increase in cleaning costs due to infection, prevention and control requirements across a number of our sites where we have seen increased occupancy through remobilisation of service provision.



Supplies & Services: overspend of (£519k)

Increased expenditure on equipment, including IT equipment across all areas, as well as increased costs for our Community Meals provision due to both volume and price increases.



Care at Home: overspend of (£2,316k)

Reflects the significant increased demand for service provision as well as the focussed efforts to support timely and appropriate discharge and prevent delays.



Care Home Placements: underspend of £928k

Reflects greater numbers of clients choosing to remain at home for longer.



Adult Care Placements: underspend of £1,065k

Reflective of the current client profile and the timing of planned adult care placements over the financial year.



Purchase of Healthcare: overspend of (£27k)

Increased costs reflecting activity within this area.



Transport: underspend of £270k

Reflective of services operating at a reduced capacity during 2022/23.



Family Health Services including Prescribing: overspend of (£2,132k)

Reflects issues currently impacting on the price of drugs as well as a number of items being on short supply.



Support Services: underspend of £13k

Reflective of some services operating at a reduced capacity during 2022/23.



Transfer Payments: overspend of (£145k)

Overspend within housing & adaptations delegated services.



Income: underspend of £670k

Increased income reflecting current client profile and demand for services.

In respect of care groups, the main broad themes of the year-end outturn include:



Adults and Older People: underspend £112k

Reflecting overspends in Care at Home as the service continues to support delayed discharges and demand, and underspends in Care Home placements, employee costs and transport costs due to clients choosing to remain at home for longer, recruitment and retention challenges, and services operating at reduced capacity.



Mental Health Services: underspend £732k

Number of vacancies due to recruitment issues throughout all mental health service areas which offset an overspend on the special observations budget within adult in-patient wards.



Learning Disabilities Services: underspend £1,399k

Vacancies across all areas of the service, and an underspend on adult care packages, reflective of the current client profile and timing of planned adult care placements.



Children's Services: underspend £831k

Reflects recruitment and retention issues across our universal and specialist children's services teams.



Health Improvement & Inequalities: underspend £325k

Vacancies within the service.



Resources: overspend (£62k)

Overspend due to creation of earmarked reserves offset by an underspend in the Administration & Management service reflecting vacancies.



Hosted Services: underspend £984k

Vacancies within Podiatry Services, and Primary Care which offset an overspend on GP trainees.



Family Health / Prescribing Services: overspend (£2,064k)

Mainly in relation to increased prescribing costs due to short supply and external factors impacting the price of drugs including: COVID-19, war in Ukraine, issues with raw materials and increased shipping costs.



Other Delegated Services: overspend (£131k)

Relating to an overspend in Housing Adaptions reflecting increased demand, partially offset by an underspend in Women's Aid and grant funding for Women's Aid.

The Comprehensive Income and Expenditure Statement (CIES) (on page 48) summarises income and expenditure by client group across the HSCP. The Financial Statements (pages 48 to 60) are prepared in accordance with the Code of Practice on Local Authority Accounting supported by International Financial Reporting Standards (IFRS). These figures, therefore, differ from the figures in the tables contained within the Management Commentary which have been prepared using the year-end position recorded in both the Health and Social Care financial ledgers.

The CIES is required to show the surplus or deficit on services and the impact on both General and Earmarked Reserves. The final position for 2022/23 was an overall reduction to reserves of £17,416k.

The table below summarises how the £17,416k movement in reserves in 2022/23 was realised:

	£000's
2022/23 Final Outturn variance	8,790
less:	
Other Delegated Services	(131)
= 2022/23 underspend transferred to reserves at year-end	8,921
less:	
Total reserves drawdown in 2022/23	(26,337)
= Movement in reserves 2022/23	(17,416)

Responding to the COVID-19 Pandemic

Throughout 2021/22 the Local Mobilisation Plan (LMP) COVID-19 Financial Tracker was submitted quarterly to the Scottish Government, however in 2022/23 this reverted to a monthly submission, to allow closer monitoring of the impact of COVID-19 Cost Improvement Programmes. Following the return of the final outstanding balance of COVID-19 monies the final submission has now been made.

The following table summarises the expenditure which the HSCP incurred in 2022/23. As at 31 March 2023, £2,127k was spent in 2022/23 responding to COVID-19, of which £500k relates to Health services and, £1,627k relates to Adult Social Care services and is detailed further in the following table.

Total Costs at 31 March 2023			
Description of Cost Type	Health	Adult Social Care	TOTAL
	£000's		
Additional Staff Costs	253	260	513
Provider Sustainability Costs		955	955
PPE	9		9
Community Hubs	13		13
Loss of Income		157	157
FHS Costs	191		191
Other Costs	34	255	289
TOTAL	500	1,627	2,127

As highlighted earlier a total of £14,322k has now been returned to the Scottish Government leaving a balance of £4k to fund PPE in line with Scottish Government directions.

The IJB's Annual Accounts can only include expenditure which is undertaken on a principal basis. The IJB acts as principal when it controls the transaction and has responsibility for making decisions in relation to how it is enacted. The 2022/23 IJB Annual Accounts therefore only includes £2,127k of additional costs as a result of COVID-19. This has been fully funded by the Scottish Government. The total Set Aside costs for NHS GGC also include £14,000k of COVID-19 costs, which have been fully funded by the Scottish Government.

Reserves

It is important 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.

General Reserves

In line with national guidance and good financial governance, the IJB's Reserves Policy (revised in June 2020) proposes 2% as an optimum level of reserves to drive transformation and, if required, to ensure the IJB has the financial flexibility to draw on non-recurring support to balance the annual revenue budget position each year over the medium-term. At the close of 2022/23 the IJB held £6,538k, equating to circa 2% of the IJB's net budget (including Set Aside) in General Reserves.

Maintaining sufficient unallocated reserves provides a degree of financial protection and immediate financial resilience moving forward, guided by the risk profile faced by the IJB. Audit Scotland continues to closely monitor the position across IJBs in Scotland in respect of unallocated reserves as part of their wider assessment of the IJBs' financial stability and resilience, and to ensure unallocated reserves remain at an appropriately prudent level.

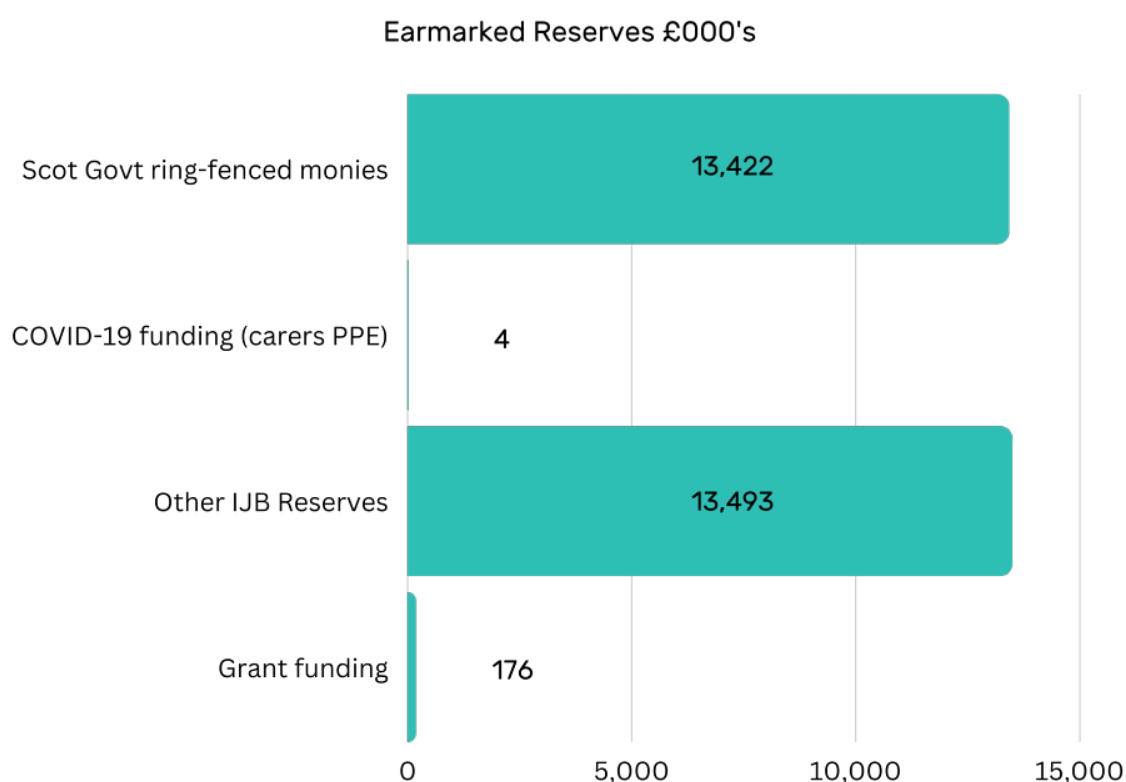
In managing its budget for 2023/24 it is likely that the IJB will require to draw down a substantial amount of reserves to provide non-recurring support to balance the annual revenue budget and deliver a balanced budget for 2023/24. In doing so the financial resilience of the IJB in future years will be comprised. The use of non-recurring support to balance the 2023/24 budget also means the IJB's budget is no longer in recurring balance.

Earmarked Reserves

It is also important that in-year funding available for specific projects and Scottish Government priorities are able to be earmarked and carried forward into the following financial year, to allow spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes. Examples of this include, Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. The Scottish Government have agreed a flexible funding approach for these priorities whereby these reserves are utilised in the first instance, prior to any further funding being released in future years.

As these ring-fenced funding allocations are to meet specific commitments, they must be carried forward to meet the conditions attached to their receipt.

During 2022/23 in line with the IJB's Reserves Policy, the IJB approved the creation of Earmarked Reserves totalling £8,164k. These will be drawn down in line with their relevant spending profiles and where appropriate in line with the flexible funding approach agreed with the Scottish Government.



The graph above provides a high-level summary of how the Earmarked Reserves are categorised.

Risk Management Framework

The IJB's [Risk Management Framework](#) sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation. This Framework forms a key strand of the IJB's overall governance mechanisms. It sets out how risks and issues should be identified, managed and reported. The current Framework was revised in March 2021 in recognition of the impact of COVID-19 on all aspects of the IJB's responsibilities. The Framework will be reviewed again during 2023/24 to reflect further developments in the last two years.

Key activities completed across the year to embed the Framework within HSCP processes include:



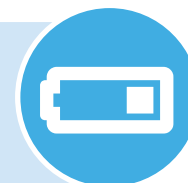
Continued reviews to assist the Risk Network and services to follow risk management processes, supporting risk and issue reviews with service management teams.

Continued operational risk and issue reporting to SMT by exception.



Launch of an online risk training module for staff in August 2022.

Completion of winter planning activity for 2022/23 period and ongoing work to address resilience risks associated with any planned or unplanned power outages.



Representation on, and participation in, the committee for the ALARM UK National Health and Social Care risk group, providing additional opportunity to identify and consider further examples of 'best practice.'

Inclusion of the Risk Framework on the internal audit schedule, commencing March 2023. Following completion of the audit, any identified recommendations will be reflected in a planned review and update (as appropriate) of the Risk Management Framework. This review will also ensure ongoing alignment with NHSGGC's recently approved risk management strategy.



The Framework provides a consistent approach for identifying and managing key risks and issues. In particular, there are a number of challenges facing the IJB which have the potential to affect the financial sustainability of the IJB, with consequent impact to service delivery. Amongst these challenges are:



The difficulties faced by providers in maintaining their operations and delivering quality services in the light of rising costs, workforce shortages, demand pressures and funding constraints. Should this continue or worsen, there is an increasing risk of providers ceasing operations with responsibility for continued delivery falling back to the HSCP;



The impact of future pay settlements. With employee costs representing c34% of the IJB's net budget, any increase in pay awards impacts directly on cost pressures for the IJB;



Inflation and contractual commitments. Planning assumptions regarding annual increases to third parties for contracts such as the National Care Home Contract and Supported Living Framework having been overridden by the ongoing impact of the cost-of-living crisis.

Without the aid of significant reserves to support a balanced budget, or a marked increase in funding and/or decrease in costs, the above risks are likely to have an impact on our ability to fully deliver on our Strategic Plan objectives and may require the IJB to reprioritise decisions for investment and disinvestment in order to deliver on our priority of a sustainable future.

Acknowledgements

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

Cllr Jennifer Adam

Chair, Renfrewshire Integration Joint Board

Date: 29/09/23



Christine Laverty

Chief Officer

Date: 29/09/23



Sarah Lavers CPFA

Chief Finance Officer

Date: 29/09/23



Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on 29 September 2023.

Signed on behalf of Renfrewshire IJB

Cllr Jennifer Adam

Chair, Renfrewshire Integration Joint Board

Date: 29/09/23

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

I certify that the Financial Statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2023 and the transactions for the year then ended.

Sarah Lavers CPFA

Chief Finance Officer

Date: 29/09/23

Remuneration Report

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

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

Voting Board Members

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

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

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

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2022/23, no voting members received any form or remuneration from the IJB.

There were no exit packages payable during the financial year.

Officers of the IJB

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

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

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

Salary, fees & allowances 2021/22 £	Total remuneration 2021/22 £	Name and Post Title	Salary, fees & allowances 2022/23 £	Total remuneration 2022/23 £
90,090 (*FYC 116,864 restated)	90,090 (*FYC 116,864 restated)	C Laverty Chief Officer, Renfrewshire IJB	127,806	127,806
36,250	36,250	S Strachan Interim Chief Officer, Renfrewshire IJB (1 April 2021 – 27 June 2021)	-	-
95,672	95,672	S Lavers Chief Finance Officer, Renfrewshire IJB	100,035	100,035

*FYC: (Full Year Cost) includes full year salary to 31 March 2022 for Christine Laverty who took up the Chief Officer post on 28 June 2021.

Pension Benefits

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

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

Name and Post Title	In-year Pension Contributions*		Accrued Pension Benefits		
	For Year to 31/03/22 £	For Year to 31/03/23 £		As at 31/03/22 £	As at 31/03/23 £
C Laverty Chief Officer, Renfrewshire IJB	17,387 (*FYE 22,555 restated)	24,666	Pension	8,340	10,744
			Lump sum	-	-
S Lavers Chief Finance Officer, Renfrewshire IJB	18,368	19,307	Pension	45,417	48,789
			Lump sum	66,821	78,797

* C Laverty started post of Interim Chief Officer on 28 June 2021; S Strachan, Interim Chief Officer was employed as a consultant and therefore not part of the current pension scheme.

**FYE - Full Year Estimate includes an estimate of the full year pension contributions to 31 March 2022 for C Laverty who took up the Chief Officer post on 28 June 2021.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000. In 2022/23 there were no employees in the range £50,000 to £94,999.

Number of Employees (restated*) 31 March 2022	Remuneration Band	Number of Employees 31 March 2023
1	£95,000 - £99,999	-
-	£100,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
1*	£115,000 - £119,999	-
-	£120,000 - £124,999	-
-	£125,000 - £129,999	1

Cllr Jennifer Adam

Chair, Renfrewshire Integration Joint Board

Date: 29/09/23

Christine Laverty

Chief Officer

Date: 29/09/23

Annual Governance Statement 2022/23

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

Scope of Responsibility

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

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

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

The IJB has adopted governance arrangements consistent, where appropriate, with the principles of CIPFA¹ and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government" and the CIPFA Financial Management Code 2019 (FM Code). This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of the Governance Framework

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

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

Governance Framework and Internal Control System

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

¹ CIPFA – The Chartered Institute of Public Finance and Accountancy

The main features of the governance framework in existence during 2022/23 were:

Principles

- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.

Formal Frameworks

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC as approved by Scottish Ministers.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders; Contract Standing Orders; Scheme of Delegation, and Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance and Sources of Assurance was approved by the IJB early in 2017 which is subject to ongoing updates as required. In addition, Internal Audit reviews a sample of the elements of the Local Code annually and reports on the adequacy of compliance to the IJB Audit, Risk and Scrutiny Committee.
- At its meeting of 24 June 2022 Board members approved a revised Code of Conduct, based on the revised Model Code for Members of Devolved Public Bodies as approved by the Scottish Parliament in October 2021. The revised Code highlights the need for Board members to take personal responsibility for their behaviour and to have an awareness of the policies and guidance in relation to a number of areas including social media, equality, diversity and bullying and harassment. The revised Code was approved by the Scottish Government on 29 June 2022.
- Board members are supported by induction and ongoing training and development. Staff 'Personal Development Plan' (PDP) schemes are also in place, the aim of which is to focus on performance and development that contributes towards achieving service objectives.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person-centred, timely, outcome focused, equitable, safe, efficient, and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government. The most recent report – covering the period April 2021 to March 2022 – was reviewed by the IJB in September 2022. It noted that governance arrangements are in place to support enhanced multidisciplinary arrangements to support Care Home and Care at Home settings. This aims to provide granular scrutiny, support and oversight of Care Home and Care at Home services.

Strategic Planning

- The overarching strategic planning vision and objectives of the IJB are detailed in the IJB's Strategic Plan 2022-25 which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB (such as the development of the IJB's Strategic Plan) is undertaken with this group which includes stakeholders from NHSGGC, Renfrewshire Council, Renfrewshire Carers Centre and third sector organisations. Further engagement with the IJB's parent organisations Renfrewshire Council and NHSGGC is through agreed governance structures. As part of the strategic planning approach, services also utilise Care Planning Groups to support engagement with stakeholders. The IJB also considers and publishes information about its performance regularly as part of its public performance reporting. This information is available through the IJB's published papers.
- The Medium-Term Financial Plan 2022-25 is aligned to and complements the Strategic Plan 2022-25 and highlights the key financial challenges the IJB faces, as well as the strategic aims that it aspires to deliver and the community priorities that it strives to meet.
- The IJB published its Workforce Plan 2022-25 in November 2022, in line with Scottish Government timescales. The Plan aligns with the IJB's Strategic Plan and Medium-Term Financial Plan covering the same period. It reflects national ambitions to deliver the recovery, growth, and transformation of our workforce in coming years, and is underpinned by the Scottish Government's five pillars to guide workforce development actions: (i) Plan; (ii) Attract; (iii) Employ; (iv) Train; and (v) Nurture. A supporting delivery plan has been developed and is monitored through the HSCP's Workforce Planning and Organisational Development group.
- In September 2022, the IJB published its Palliative and End of Life Care Strategy 2022-25. The Strategy, complementary to the Strategic Plan 2022-2025, describes how we will endeavour to improve the quality of life of patients and their families in Renfrewshire who are living and dealing with a life limiting illness, ensuring everyone receives person-centred, dignified, and compassionate care which reflects individual choices.
- Also, in September 2022 the IJB published its Unpaid Adult Carers' Strategy 2022-25, Short Breaks Services Statement for Adult Carers 2022, and Adult Carer Eligibility Criteria 2022. These publications reaffirm the value we place on unpaid carers and the contribution they make to the wider community of Renfrewshire and reflect the feedback received in consultation with carers, staff, and partners.

Oversight

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the HSCP's SMT, the IJB and the IJB's Audit, Risk and Scrutiny Committee as appropriate.
- Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee, and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the HSCP website.

Risk Management

- The IJB's risk management processes are well developed. The Risk Management Framework was last reviewed in early 2021 and was approved by the Audit, Risk and Scrutiny Committee in March 2021.
- The framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation and forms a key strand of the IJB's overall governance mechanisms. This Risk Framework is reviewed every two years. At the time of writing an internal audit review on the IJB's Risk strategy, policy and framework is scheduled for March 2023, following which the bi-annual review by the HSCP will be undertaken, allowing for the inclusion of any pertinent audit recommendations.
- The IJB's approach to managing its obligations with regards public records as set out in the Public Records (Scotland) Act 2011 is outlined in the IJB Records Management Plan.
- Staff are made aware of their obligations to protect client, patient, and staff data. The NHS Scotland Code of Practice on Protecting Patient Confidentiality has been issued to all staff.
- Staff are also required to undertake annual mandatory training on information security.

Financial Control

- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by Renfrewshire Council and NHSGGC in relation to the operational delivery of health and social care services.

Recovery and Renewal

- Ensuring we can continue to deliver sustainable, safe, and effective services which meet the needs of our communities remains a central principle of the HSCP. Accordingly, the HSCP continues to progress with its Recovery and Renewal programme, established in the summer of 2020, with a focus on new ways of working and transforming how we deliver services in order to mitigate the risk of financial instability. 2022/23 has seen further refinement of the HSCP's approach to recovery and renewal, building on the previously established two-tier process of delivering in-year savings and longer-term reform, and aligning to the Strategic Plan theme of Sustainable Futures.

COVID-19 Supplementary Governance Arrangements

During the first two years of the pandemic a number of key meetings were established to enable regular dialogue on key and emerging issues, in response to the significant public health challenge presented by COVID-19. At Board level, this included the Strategic Executive Group (SEG) and Chief Officers (HSCP) Tactical Group to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area. At a local level, an Emergency Management Team (EMT) was established by Renfrewshire Council and a Local Response Management Team (LRMT) was established by the HSCP.

Three years after the initial outbreak the majority of these supplementary fora have now been stood down, with their associated actions and oversight having been embedded into 'business as usual' service delivery recognising the benefits that they present. At the time of writing, the SEG and Chief Officers Tactical Group remain operational.

Renfrewshire IJB continues to work with partners to participate in the wider response to the pandemic at Health Board and national level and is a key participant in both the Renfrewshire Council and NHSGGC governance structures, working with other HSCPs to manage the impact of the pandemic.

Roles and Responsibilities

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

The IJB complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for the HSCP's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The purpose, authority and responsibility of Internal Audit has been formally defined in an internal audit charter.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit, Risk and Scrutiny Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Committee's core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

Review of Adequacy and Effectiveness

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

The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017" which require the Chief Internal Auditor to deliver an annual opinion and report to inform the IJB's governance statement.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The SMT has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority parent organisations place reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no internal control issues identified by the review. In addition, the Chief Officer and Chief Finance Officer are satisfied that the organisation has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.

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

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

The arrangements continue to be regarded as fit for purpose in accordance with the governance framework and the FM Code.

Internal Audit Opinion

No system of internal control, nor Internal Audit, can provide absolute assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the parent organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation as evidenced in the Internal Audit Annual Report for 2022/23.

Certification

On the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and the following action plan is in place to identify areas for improvement.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB Audit, Risk and Scrutiny Committee. Two previous outstanding actions have been consolidated into business-as-usual activity and consequently removed from our outstanding actions. These are i) updates to the Audit, Risk and Scrutiny Committee on our Recovery and Renewal programme, and ii) the rolling review of key IJB governance documents.

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

Agreed Action	Responsible Person	Date
Working with our partners, explore and implement new ways of working to effect change and reform in HSCP service delivery, to assist in addressing the budget gap projected in the medium term and to ensure financial sustainability.	Chief Officer	Ongoing
Develop and implement the Strategic Delivery Plan for Year 2 of the Strategic Plan - informed by relevant Care Planning Groups – setting out success measures and milestones, to evidence how the agreed strategic objectives will be progressed each year.	Head of Strategic Planning and Health Improvement	September 2023

Actions Completed in 2022/23

Agreed Action	Responsible Person	Date
Develop the Strategic Delivery Plan for Year 1 of the Strategic Plan - informed by relevant Care Planning Groups – setting out success measures and milestones, to evidence how the agreed strategic objectives will be progressed each year.	Head of Strategic Planning and Health Improvement	Complete
Develop a new three-year Workforce Plan to help address challenges in recruitment and retention, providing detail on how the IJB will endeavour to ensure that the workforce is adequately resourced and has the qualifications, knowledge, skills and resilience required to deliver safe, fit for purpose services that deliver real improvements to the health and wellbeing of Renfrewshire's population.	Head of Strategic Planning and Health Improvement	Complete
Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control.	Chief Finance Officer	Complete

Outstanding Actions

Agreed Action	Progress	Responsible Person	Date
Assess the implications of agreed recommendations taken forward following the Independent Review of Adult Social Care (Feeley Review), with a particular focus on implications for IJB governance, and provide regular assessments to the IJB.	Draft legislation on the creation of the National Care Service was published by the Scottish Parliament in June 2022 and at the time of writing, the Bill remains at Stage 1 of the parliamentary process. This action remains on hold pending further updates from the Scottish Government.	Chief Officer	Ongoing
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014.	At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC Board to confirm the timescales for consultation, and subsequent approval of, Integration Schemes. The existing Integration Scheme will remain in place until this time.	Chief Officer	Ongoing

Conclusion and Opinion on Assurance

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

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

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

Cllr Jennifer Adam
Chair, Renfrewshire Integration Joint Board

Date: 29/09/23

Christine Laverty
Chief Officer

Date: 29/09/23

Comprehensive Income and Expenditure Statement

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

2021/22 Gross Exp. £000's	2021/22 Gross Income £000's	2021/22 Net Exp. £000's	Renfrewshire Integration Joint Board	Note	2022/23 Gross Exp. £000's	2022/23 Gross Income £000's	2022/23 Net Exp. £000's
157,401	(13,073)	144,328	Adults and Older People		180,221	(13,662)	166,559
6,696	(371)	6,325	Children's Services		7,757	(511)	7,246
100,444	(2,444)	98,000	Primary Care		108,448	(3,543)	104,905
6,919	(196)	6,723	Resources		9,871	(198)	9,673
6,951	-	6,951	COVID-19		1,769	-	1,769
63,579	-	63,579	Set Aside for Delegated Services Provided in Large Hospitals	5	67,258	-	67,258
1,218	(123)	1,095	Services Delegated to Social Care	8	1,412	(199)	1,213
343,208	(16,207)	327,001	Total Costs of Services		376,736	(18,113)	358,623
-	(351,044)	(351,044)	Taxation and Non-Specific Grant Income	6	-	(341,207)	(341,207)
343,208	(367,251)	(24,043)	(Surplus) or deficit on Provisions of Services (movements in Reserves)		376,736	(359,320)	17,416

*Figures shown in brackets represent income or gains and figures without brackets represent expenditure or loss.

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

Movement in Reserves Statement

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

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Movement in Reserves during 2021 – 2022:			
Opening Balance at 1 April 2021	(5,781)	(21,225)	(27,006)
Total Comprehensive Income and Expenditure			
(Increase) in 2021/22		(24,043)	(24,043)
Closing Balance at 31 March 2022	(5,781)	(45,268)	(51,049)
Movement in Reserves during 2022 – 2023:			
Opening Balance at 1 April 2022	(5,781)	(45,268)	(51,049)
Total Comprehensive Income and Expenditure			
(Increase) / Decrease in 2022/23	(757)	18,173	17,416
Closing Balance at 31 March 2023	(6,538)	(27,095)	(33,633)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2023. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2022 £000's		Notes	31 March 2023 £000's
51,049	Short Term Debtors	7	33,633
51,049	Current Assets		33,633
-	Short Term Creditors	7	-
-	Current Liabilities		-
51,049	Net Assets		33,633
(5,781)	Usable Reserves: General Fund	8	(6,538)
(45,268)	Usable Reserves: Earmarked	8	(27,095)
(51,049)	Total Reserves		(33,633)

The Statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2023 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 30 June 2023, and the audited accounts were issued on 29 September 2023.

Balance Sheet signed by:

Sarah Lavers CPFA
Chief Finance Officer

Date: 29/09/23

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The IJB Financial Statements for 2022/23 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

Going Concern

In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future. The IJB's funding from and commissioning of services to partners has been confirmed for 2023/24 and a Medium Term Financial Plan has previously been prepared through to 2025. The IJB considers there are no material uncertainties around its going concern status.

Accruals of Income and Expenditure

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

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

Cash and Cash Equivalents

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

Debtors

Financial instruments are recognised in the Balance Sheet when an obligation is identified and released as that obligation is fulfilled. Debtors are held at fair value and represent funding due from parent organisation bodies that was not utilised in-year.

Employee Benefits

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

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

Events After the Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Statement of Accounts is authorised for issue.

Two types of events may be identified:

- Those that provide evidence of the conditions that existed at the end of the reporting period – the Financial Statements are adjusted to reflect such events, and;
- Those that are indicative of conditions that arose after the reporting period – the Financial Statements are not adjusted to reflect such events, but where this would have a material effect, the nature and estimated financial impact of such events is disclosed in the notes.

Funding

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

Indemnity Insurance / Clinical and Medical Negligence

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

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

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

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

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

Reserves

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. Within Usable Reserves the IJB holds earmarked funds to meet specific service commitments and a contingency reserve which is held to assist the IJB to deal with unforeseen events or emergencies. The IJB's Reserves Policy recommends the holding of contingency reserves at 2% of expenditure.

VAT

VAT payable is included as an expense only to the extent that it is not recoverable from His Majesty's Revenue & Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to HMRC and all VAT is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from HMRC.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS can not recover VAT paid and will seek to recover its full cost as income from the Commissioning IJB.

Note 2: Critical Judgements in Applying Accounting Policies

In preparing the 2022/23 Financial Statements, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJBs. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the Financial Statements for the services which it hosts. This is the basis on which Renfrewshire IJB accounts have been prepared and is based on the Code of Practice.

Note 3: Assumptions Made About the Future and Other Major Sources of Uncertainty

The Annual Accounts contain estimated figures that are based on assumptions made by Renfrewshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made.

Note 4: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Finance Officer on 29 September 2023. Events taking place after this date are not reflected in the Financial Statements or notes.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2023, the figures in the Financial Statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Note 5: Expenditure and Income Analysis by Nature

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

2021/22 £000's	Expenditure and Income Analysis by Nature	2022/23 £000's
91,699	Employee Costs	103,824
839	Property Costs	961
440	Transport	574
10,071	Supplies and Services	10,005
74,654	Third Party Payments	67,588
4,200	Transfer Payments	22,044
75	Support Services	89
3,214	Purchase of Healthcare	3,008
94,437	Family Health Service	101,385
63,579	Set Aside	67,258
(16,207)	Fees, charges & other service income	(18,113)
327,001	Total Cost of Services	358,623
(351,044)	Partners Funding Contributions and Non-Specific Grant Income	(341,207)
(24,043)	(Surplus) / Deficit on Provision of Services	17,416

Note 6: Taxation and Non-Specific Grant Income

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

2021/22 £000's	Taxation and Non-Specific Grant Income	2022/23 £000's
240,591	NHS Greater Glasgow and Clyde Health Board	223,982
110,453	Renfrewshire Council	117,225
351,044	TOTAL	341,207

The funding contribution from NHSGGC shown above includes £67,258k in respect of 'Set Aside' resources relating to hospital services. These are provided by NHSGGC who retain responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 7: Short Term Debtors and Creditors

At 31 March 2023, Renfrewshire IJB had short term debtors of £33,633k relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

2021/22 £000's	Short Term Debtors	2022/23 £000's
-	NHS Greater Glasgow and Clyde Health Board	-
51,049	Renfrewshire Council	33,633
51,049	TOTAL	33,633

Note 8: Usable Reserves

As at 31 March 2023 the IJB had created Earmarked Reserves in order to fund expenditure in respect of specific projects. In addition, the General Reserve will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The following tables show how reserves are allocated:

General Reserves	Balance at 1 April 2022	Reallocations	Transfers out	Transfers in	Balance at 31 March 2023
	£000's				
GENERAL RESERVES	5,781			757	6,538

HSCP Funded Earmarked Reserves	Balance at 1 April 2022	Reallocations	Transfers out	Transfers in	Balance at 31 March 2023
	£000's				
COVID-19 Funding	17,242	(789)	(16,449)	0	4
Scottish Government Ring-Fenced Monies carried forward:					
Primary Care Improvement Programme (PCIP)	4,347		(4,347)	1,514	1,514
PTCF Monies Allocated for Tests of Change and GP Support	216		(109)		107
GP Premises Improvement Fund	462				462
Alcohol and Drug Partnership (ADP) Funding	2,551		(785)	210	1,976
Mental Health Recovery and Renewal Funding	1,560		(517)	553	1,596
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663		(663)	123	123
District Nursing Recruitment Programme	802	(490)	(145)	126	293
Winter Planning Monies / Care Home Liaison Monies	4,250	490	(1,523)	2,959	6,176
Health Visiting	32		(32)		0
Scottish Government Pay Award and Living Wage Health and Social Care (21/22)	340		(340)		0
Mental Health Dementia Funding	119		(59)	82	142
Public Health Improvement Monies	168		(15)	23	176
Care Home Hub		92	(65)	133	160
Community Living Change Fund		697			697
Scottish Government Ring-Fenced Monies carried forward	15,510	789	(8,600)	5,723	13,422
Grant Funding carried forward	534	(288)	(70)	0	176
TOTAL RING-FENCED MONIES TO BE CARRIED FORWARD	33,286	(288)	(25,119)	5,723	13,602
ICT / Systems Related	1,077	(434)	(330)		313
Premises Related	692	4,902	(335)		5,259
Prescribing	2,000				2,000
Other IJB Reserves	8,213	(4,180)	(553)	942	4,422
HSCP PCIP Funded Commitments				1,499	1,499
TOTAL EARMARKED RESERVES	45,268	0	(26,337)	8,164	27,095
OVERALL RESERVES POSITION	51,049	0	(26,337)	8,921	33,633

Note 9: Additional Council Services Delegated to the IJB

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

2021/22 £000's	Additional Council Services Delegated to the IJB	2022/23 £000's
876	Housing Adaptations	1,026
342	Women's Aid	386
(123)	Grant Funding for Women's Aid	(199)
1,095	NET EXPENDITURE (INCLUDED IN THE CIES)	1,213

Note 10: Related Party Transactions

The IJB is required to disclose material transactions with related bodies – i.e. bodies or individuals that have the potential to control or influence the IJB, or to be controlled or influenced by the IJB.

Members of the IJB

Members of the IJB are required to declare an interest if they believe that there may be a perception that their decision making may be influenced in any way by a personal interest. Should this arise, the relevant person does not take part in any discussion or decision related to that interest. The Register of Interests are available on the HSCP's website at www.renfrewshire.hscp.scot/IJB

Scottish Government

Related parties also include organisations which the IJB may not transact with, but can still exert significant influence over its financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's Partner Bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB. The value of transactions directly with the Scottish Government in 2022/23 and 2021/22 was nil.

Other Public Bodies

The IJB has related party relationships with Renfrewshire Council and NHSGGC. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's Annual Accounts are presented to provide additional information on the relationships. The following tables monitors the funding which has been received from Renfrewshire Council and NHSGGC, the value of services which were provided by Renfrewshire Council and NHSGGC. This includes resource transfer funding.

2021/22 £000's	Transactions with NHS Greater Glasgow & Clyde	2022/23 £000's
240,591	Funding Contributions received from NHSGGC	223,982
(221,597)	Expenditure on Services provided by NHSGGC	(239,013)
18,994	Net Transactions with NHSGGC	(15,031)

2021/22 £000's	Balance with NHS Greater Glasgow & Clyde	2022/23 £000's
0	Debtor balances: amounts due from NHSGGC	0
0	Net Balance with NHSGGC	0

2021/22 £000's	Transactions with Renfrewshire Council	2022/23 £000's
110,453	Funding Contributions received from Renfrewshire Council	117,225
(105,404)	Expenditure on Services provided by Renfrewshire Council	(119,610)
5,049	Net Transactions with Renfrewshire Council	(2,385)

2021/22 £000's	Balance with Renfrewshire Council	2022/23 £000's
51,049	Debtor balances: amounts due from Renfrewshire Council	33,633
51,049	Net Balance with Renfrewshire Council	33,633

Note 11: IJB Operational Costs

Renfrewshire Council and NHSGGC provide a range of support services for the IJB including: business support; human resources; planning; audit; payroll and creditor services. There is no charge to the IJB for these support services.

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

2021/22 £000's	IJB Operational Costs	2022/23 £000's
282	Staff Costs	303
28	Audit Fees	31
310	TOTAL	334

Note 12: Services Hosted by other HSCPs

The services hosted by Renfrewshire HSCP are identified in the following table. This also shows expenditure for 2022/23 and the value consumed by other IJBs within NHSGGC.

2021/22				2022/23	
Actual Expenditure to Date £000's	Consumed by other IJBs £000's	Host	Service	Actual Expenditure to Date £000's	Consumed by other IJBs £000's
6,788	5,881	Renfrewshire	Podiatry	7,312	6,027
3,925	3,377		Primary Care Support and Development	4,138	3,565
10,713	9,258	TOTAL		11,450	9,592

The services which are hosted by the other five Greater Glasgow and Clyde IJBs, on behalf of the other IJBs including Renfrewshire, are detailed in the following tables for information (these figures are not included in Renfrewshire IJB's Annual Accounts). The tables include expenditure incurred in 2022/23 and the value consumed by Renfrewshire IJB.

Actual Expenditure £000's	Consumed by Renfrewshire IJB £000's	Host	Service	Actual Expenditure £000's	Consumed by Renfrewshire IJB £000's
2021/22				2022/23	
10,382	1,495	East Dunbartonshire	Oral Health	13,457	1,965
10,382	1,495	TOTAL		13,457	1,965
8,823	386	East Renfrewshire	Learning Disability In-Patient Services	9,591	1,834
211	22		Augmentative & Alternative Communications	265	27
9,034	408	TOTAL		9,856	1,861
4,261	633	Glasgow	Continence	5,031	758
10,842	1,398		Sexual Health	11,442	1,429
9,730	1,775		MH Central Services	9,650	1,679
13,264	2,162		MH Specialist Services	14,973	2,040
16,043	1,605		Alcohol & Drugs Hosted	15,730	1,603
7,875	1,073		Prison Healthcare	8,729	1,189
2,384	364		HC in Police Custody	2,193	333
46,571	456		General Psychiatry	53,744	900
15,344	43		Old Age Psychiatry	16,903	26
126,314	9,509		TOTAL		138,395
6,954	1,087	Inverclyde	General Psychiatry	7,503	1,099
3,734	0		Old Age Psychiatry	4,341	0
10,688	1,087	TOTAL		11,844	1,099
9,756	9,485	Renfrewshire	General Psychiatry	10,342	9,997
8,154	6,304		Old Age Psychiatry	8,220	6,140
17,910	15,789	TOTAL		18,562	16,137
6,527	947	West Dunbartonshire	MSK Physio	7,374	1,074
720	111		Retinal Screening	846	131
1,102	0		Old Age Psychiatry	1,916	4
8,349	1,058	TOTAL		10,136	1,209

Note 13: New Standards issued but not yet adopted

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

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

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Renfrewshire Integration Joint Board (the 'Integration Joint Board') for the year ended 31 March 2023 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 14 December 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the Integration Joint Board;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Integration Joint Board;
- inquiring of the Chief Finance Officer concerning the Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

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

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

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

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

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

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

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Rob Jones (for and on behalf of Ernst and Young),

Ernst and Young LLP
5 George Square
Glasgow
G2 1DY

Date: 29/09/23

Appendix 1: Renfrewshire Integration Joint Board Membership

The tables below detail the membership of Renfrewshire IJB as of June 2023.

Voting members	
Elected Members from Renfrewshire Council	Cllr Jennifer Adam (Vice Chair) ¹
	Cllr Jacqueline Cameron
	Cllr Fiona Airlie-Nicolson
	Cllr Iain McMillan
Non-Executives of NHS Greater Glasgow & Clyde Board	Rev John Matthews (Chair) ¹
	Margaret Kerr
	Francis Shennan
	Ann Cameron-Burns

Non-Voting members	
Chief Officer	Christine Laverty
Chief Finance Officer	Sarah Lavers
Chief Social Work Officer	John Trainer
A Registered Nurse representative	Karen Jarvis
A registered medical practitioner representing GPs	Dr Stuart Sutton
A registered medical practitioner representing other medical interests	Dr Shilpa Shivaprasad
A member of staff from social work, representing front-line delivery	Lisa Cameron
A member of staff from the NHS, representing front-line delivery	Paul Higgins
A third sector representative, representing front-line delivery	Alan McNiven
A service user representative	Stephen Cruikshank
A carer representative	Fiona Milne
Trade union representative (Council)	John Boylan
Trade union representative (NHS)	Annie Hair

¹. Note that Councillor Adam will be appointed as Chair of the IJB from 15 September 2023 for a period of two years with John Matthews being appointed as Vice Chair of the IJB from 15 September 2023 for a period of two years.

Appendix 2: Glossary

While much of the terminology used in this document is intended to be self-explanatory, the following additional definitions and interpretation of terms may be of assistance.

Term	
Accruals	The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.
Assets	An asset is categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non current asset will provide benefit for a period of more than one year. The IJB is not allowed to hold non current assets.
Balance Sheet	This represents the overall financial position of the IJB at the end of the year. All inter-company balances between the Board and its constituent bodies have been eliminated in preparation of the balance sheet.
CIPFA	The Chartered Institute of Public Finance and Accountancy.
Comprehensive Income & Expenditure Statement (CIES)	This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices (IFRS).
Constituent Authorities	Renfrewshire Integration Joint Board has two constituent authorities which both fund the Board's activities and provide services to the Board. These are Renfrewshire Council and NHS Greater Glasgow and Clyde.
Creditor	Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.
Debtor	Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.
General Fund	The General Fund encompasses all services areas and is funded mainly by the constituent bodies or the Scottish Government.
Gross Expenditure	This includes all expenditure attributable to the service and activity including employee costs, expenditure relating to premises and transport, supplies and services, third party payments, support services and capital charges.
Gross Income	This includes grant income and all charges to individuals and organisations for the direct use of the Board's services.
IFRS	International Financial Reporting Standards.
LASAAC	Local Authority (Scotland) Accounts Advisory Committee.

Liability	A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors. A long term liability is an amount which by arrangement is payable beyond the next year at some point in the future or to be paid off by an annual sum over a period of time.
Movement in Reserves Statement	This statement shows the movement in the year on the different reserves held by the Board, analysed into usable reserves (i.e. those that can be applied to fund expenditure) and unusable reserves.
Net Expenditure	This relates to gross expenditure less gross income and is the amount that needs to be funded by the constituent bodies and the Scottish Government.
Notes to the Financial Statements	These are intended to give the reader further information which is not separately detailed in the Financial Statements.
Provision	An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates or when they will arise are uncertain.
Remuneration	All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the money value of any other benefits received other than in cash.
Reserves	The accumulation of surpluses, deficits and appropriations over past years. Reserves can be either usable or unusable. Usable reserves can be used to fund expenditure. Unusable reserves are accounting adjustments which enable a true and fair view to be determined. Unusable reserves cannot be used to fund expenditure. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the Board.
Revenue Expenditure	The day-to-day running costs associated with the provision of services.
SOLACE	Society of Local Authority Chief Executives.

Date: 18 September 2023
Our Ref: SL/JH
Your Ref:
Enquiries: Sarah Lavers
Tel: 0141 487 2888

Ernst & Young
5 George Square
Glasgow
G2 1DY

Renfrewshire Integration Joint Board Annual Accounts 2022/23

This letter of representations is provided in connection with your audit of the financial statements of Renfrewshire Integration Joint Board (“the IJB”) for the year ended 31 March 2023. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the financial statements give a true and fair view of the IJB’s financial position as of 31 March 2023 and of its income and expenditure for the year then ended in accordance with CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23.

We understand that the purpose of your audit of our financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing (UK), which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 14 December 2022, for the preparation of the financial statements in accordance with the Local Authority Accounts (Scotland) Regulations 2014, Section 12 of the Local Government in Scotland Act 2003, and CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23.

1. We acknowledge, as members of management of the IJB, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance (or results of operations) and cash flows of the IJB in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 and are free of material misstatements, including omissions. We have approved the financial statements.

HSCP Management Offices, Renfrewshire House, Cotton Street, Paisley, PA1 1AL

2. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.
3. As members of management of the IJB, we believe that the IJB has a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, that are free from material misstatement, whether due to fraud or error. We have disclosed to you any significant changes in our processes, controls, policies and procedures that we have made to address the effects of the COVID-19 pandemic on our system of internal controls.

There are no unadjusted audit differences identified during the current audit and pertaining to the latest period presented.

4. We confirm the IJB does not have securities (debt or equity) listed on a recognised exchange.

B. Non-compliance with law and regulations, including fraud

We acknowledge that we are responsible to determine that the IJB's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.

1. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
2. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
3. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the IJB (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:
 - involving financial improprieties;
 - related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the IJB's financial statements;
 - related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the IJB's activities, its ability to continue to operate, or to avoid material penalties;
 - involving management, or employees who have significant roles in internal controls, or others; or
 - in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - Additional information that you have requested from us for the purpose of the audit; and
 - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
2. All material transactions have been recorded in the accounting records and all material transactions, events and conditions are reflected in the financial statements, including those related to the COVID-19 pandemic.
3. We have made available to you all minutes of the meetings of the IJB and Audit, Risk and Scrutiny Committee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meeting on the following date: 29 September 2023.
4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the IJB's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
5. We believe that the methods, significant assumptions and the data we used in making accounting estimates and related disclosures are appropriate and consistently applied to achieve recognition, measurement and disclosure that is in accordance with the CIPFA LASAAC Code of Practice on Local Authority Accounting in the United Kingdom 2022/23.
6. We have disclosed to you, and the IJB has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.
7. From 1 April 2022 through the date of this letter we have disclosed to you, to the extent that we are aware, any (1) unauthorized access to our information technology systems that either occurred or to the best of our knowledge is reasonably likely to have occurred based on our investigation, including of reports submitted to us by third parties (including regulatory agencies, law enforcement agencies and security consultants) , to the extent that such unauthorized access to our information technology systems is reasonably likely to have a material impact to the financial statements, in each case or in the aggregate, and (2) ransomware attacks when we paid or are contemplating paying a ransom, regardless of the amount.

D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.
3. We have recorded and/or disclosed, as appropriate, all liabilities related to litigation and claims, both actual and contingent, and have disclosed in Note 1 to the financial statements all guarantees that we have given to third parties.

E. Going Concern

1. Note 1 to the financial statements discloses all the matters of which we are aware that are relevant to the IJB's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

F. Subsequent Events

1. There have been no events, including events related to the COVID-19 pandemic, subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

G. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and the auditor's report thereon.
2. We confirm that the content contained within the other information is consistent with the financial statements.

Yours faithfully

Sarah Lavers
(Chief Finance Officer)

Margaret Kerr
(Chairperson of the Audit, Risk and Scrutiny Committee)



To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Head of Strategic Planning & Health Improvement

Heading: Development of a Sustainable Futures Programme: 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. In June 2023, within the context of significant financial pressures, the IJB approved proposals to create a Sustainable Futures programme to contribute towards addressing the projected financial gap of £14.7m in the 2024/25 financial year. The proposals agreed also identified an initial set of projects to be included within scope at the programme's outset.
- 1.2. This paper provides further detail on the HSCP's implementation of the Sustainable Futures programme over the summer period. It also identifies two further areas of scope which it is proposed, subject to the IJB's agreement, are progressed alongside the projects previously approved in June 2023.

2. Recommendations

It is recommended that the IJB:

- Note the updates provided on the progress made in implementing the Sustainable Futures programme approach and supporting governance; (Sections 4 to 6);
- Note the key programme risks outlined (Section 8); and
- Approve the proposed additions to the scope of the programme as set out in Section 7.

3. Background

- 3.1. At its previous meeting in June 2023, the IJB considered the HSCP's proposed scope and governance for a Sustainable Futures programme. The intent of this programme is to progress projects and proposals to deliver savings which

will contribute towards addressing an overall cumulative gap in the next financial year of approximately £14.7m.

- 3.2. The IJB approved the creation of the programme, following which the HSCP has worked over the summer period to implement programme and project level governance and progress more detailed scoping of the areas under initial consideration, as set out in the table below:

Proposed initial project areas		
Programme Strand	Responsible Head of Service	Projects
1. Savings and Best Value	Chief Finance Officer	<ul style="list-style-type: none"> • Review of current charging and contributions arrangements • Contract management efficiencies
2. Consistency in service access and delivery	Head of Learning Disabilities, Mental Health and Addictions	<ul style="list-style-type: none"> • Review of eligibility criteria (for access to funded adult social care support) • Review of processes for access to Self-directed Support and the approval of care packages • Review of models of day care across all service areas • Review of existing residential respite models
3. Responding to changing demand in Older People's Services	Head of Health and Social Care	<ul style="list-style-type: none"> • Review of Older People's Residential Care and Care at Home provision in context of local demand • Options appraisal of Soft FM across Older People services

- 3.3. Further details on the work undertaken to date is provided in the following sections. In addition, proposals for the extension of scope are provided in Section 7 of this paper for the IJB's consideration.

4. Implementing Programme Governance

- 4.1. The HSCP has now implemented programme and project governance arrangements to provide effective oversight and control of the activity underway. These arrangements, covering (i) Programme Board; (ii) project governance arrangements; and (iii) Programme Management Office, will remain under review and be subject to ongoing refinement as they are embedded.

Programme Board arrangements

- 4.2. The first Programme Board meeting was held on 6 September, chaired by the Chief Officer as Senior Responsible Officer (SRO) for the programme. The membership of the board has been developed to enable involvement from Staff-side and Council Trade Union colleagues, HR and professional leads alongside Heads of Service and the Chief Finance Officer.
- 4.3. The Programme Board will provide oversight of progress made across each of the projects in scope, and monitor progress being made in identifying savings options to bridge the projected financial gap for 2024/25. In addition, the Board will maintain responsibility for ensuring that programme risks and issues are effectively captured, assessed and mitigated where possible within the HSCP and IJB's overarching risk management framework.
- 4.4. The first meeting of the Board considered a draft Terms of Reference, setting out the objectives of the meeting, and received updates on the development of Project Charters setting out the proposed scope of each project, alongside project milestones and current risks and issues.

Project governance arrangements

- 4.5. Each area identified within scope has been allocated a Service Manager lead, supported by the HSCP's Change and Improvement, Finance and Service Assurance teams. These project teams have been developing draft project charters, outlining the scope of activity in focus, and supported by project plans, milestones and update reports including key risks and issues. As noted above, these elements were considered, in draft, by the Programme Board at its first meeting and provide the foundations of work to be taken forward over coming weeks.
- 4.6. Oversight to these projects is provided through Project Boards chaired by the respective Head of Service as outlined in section 3.2 above. Each Project Board has responsibility for ensuring that progress is appropriately monitored and reported to the Programme Board, with risks and issues escalated as required.
- 4.7. A key role for Project Boards will be to guide and oversee engagement with stakeholders to obtain feedback on proposals developed and to consider how this feedback can be reflected. Further details on the work undertaken to date to develop the programme's approach to engagement is outlined in Section 5 below.

Programme Management Office (PMO)

4.8. The PMO provides the core management and coordination functions for the delivery of Sustainable Futures. In particular, the PMO has developed templates for Project Charters and required planning and update reporting from individual projects. This brings consistency in approach and enables a programme-wide view of risks, issues, dependencies and linkages and the subsequent phasing of activity that is required.

4.9. The PMO is also supporting ongoing tracking of progress made in delivering the savings proposals identified by the IJB in March 2023, and will monitor the scale of financial and non-financial benefits which can be delivered by options that will be brought forward to the IJB at future meetings. This will enable tracking of the extent to which the financial gap can be closed.

5. Developing the approach to programme engagement

5.1. Engagement across the HSCP and with stakeholders will be a critical element of programme and project activity throughout. Over the summer, work has been ongoing to raise awareness of Sustainable Futures and the financial context which the IJB and HSCP will be required to operate within in this and future years. To date, this engagement has focused on the programme level, with project-specific engagement plans to be developed in coming weeks alongside emerging options.

5.2. In addition to the formation of the Programme Board, with invitations extended to NHS Staff-side and Council Trade Union representatives, updates have been provided to the Staff Partnership Forum on the development of the programme approach at each SPF meeting from February onwards.

5.3. Staff have also been updated through several existing networks, including the HSCP's Leadership Network in early July and mid-September and through updates such as the IJB Chair update which was circulated to staff after the June meeting. This has been further supplemented by the implementation of Extended SMT meetings with Heads of Service and Service Managers, providing further opportunity to provide updates and seek feedback. This activity will continue to be developed.

5.4. The role of the Strategic Planning Group and service level Care Planning Groups also continues to be considered. Efforts have focused on:

- A review of the Strategic Planning Group's remit and subsequent update of the group's Terms of Reference to reflect an additional requirement whereby those fulfilling statutory roles may be asked to meet separately from the wider group to support decision-making processes. Quarterly meetings of the larger SPG group, which have been very successful, will continue.
- Engagement with Care Planning Groups to provide a presentation on the background to Sustainable Futures, the wider financial context, programme approach, and to discuss the membership of each CPG.
- The approach to care planning to support Independent Living has been refreshed. This reflects the challenges of seeking to meet the

diverse and broad needs of those with, for example, physical disabilities or sensory impairments. A new oversight group will now be implemented, supported by a range of subgroups to improve the representation of the range of people's different needs and to enable targeted actions to support independent living.

6. Progressing individual project activity

6.1. For each project commenced under Sustainable Futures, the scope of activity has been assessed and documented in Project Charters, setting out the intended outcomes to be achieved. As Section 4 notes above, these were considered in draft by the Programme Board at its first meeting.

6.2. Within these charters, projects have sought to identify a set of hypotheses (also referred to as theories) where appropriate and relevant to guide and focus efforts. These include considerations such as:

- Demand and preferences for a service have changed, resulting in the current model being inefficient, and there may be alternative models of provision available which need individual's needs whilst enabling efficiencies; and
- There is inconsistency in processes across services and alignment of these can deliver savings.

6.3. This early activity has also sought to identify dependencies and linkages between projects. In particular, project teams have considered where work must be undertaken first before specific projects can be fully delivered.

6.4. These assessments have shown that the reviews of Eligibility Criteria and the processes for enabling choice under Self-directed Support (SDS) must be progressed before options for day support and residential respite can be fully considered. Moreover, options that will be assessed for residential care and day services for Older People may impact upon the nature of Soft FM services required in future. As such the review of how these services are commissioned and delivered, agreed by the IJB in June 2023, will need to be phased to take account of any impact to baseline provision.

7. Proposed extension to programme scope

7.1. During the programme setup phase, further assessment of opportunities has led to two possible additional areas of scope being identified. This paper therefore seeks approval from the IJB for the following areas to be incorporated within the programme as part of the 'Savings and Best Value' programme strand, led by the Chief Finance Officer:

- **Prescribing:** This project will seek to review practices and processes around prescribing which are within the control of Renfrewshire HSCP, with a view to making savings where possible and maximising cost avoidance where savings are not possible. This project will be required to align with ongoing work across NHSGGC regarding prescribing efficiencies.

- **Review of health payroll budget setting process:** This project will review the methodologies used by Renfrewshire HSCP to set health payroll budgets with a view to identifying any potential efficiencies.

8. Overview of key programme risks

8.1. In completing the work outlined in this paper, a number of key risks have been identified which, if they materialise, could impede progress on activity within the Sustainable Futures programme. As Section 4 highlights in relation to programme governance, these risks are monitored at a project and programme level and recording is aligned with the HSCP and IJB's wider risk framework.

8.2. The risks identified include:

- As noted in June's paper, some of the outcomes of the programme are likely to require difficult decisions to be made to achieve financial sustainability. This could understandably result in high levels of public attention and subsequent response.
- Following publication of the Dargavel report, there is a risk that proposals may be subject to elevated levels of public scrutiny with a subsequent impact on timelines for approval and/or implementation.
- There is a risk that the decisions required to bridge the financial gap result in an impact on wider activity, for example on performance in relation to national and local priorities, and on services aimed at prevention and early intervention.
- The complexity of work involved in developing options for the areas within scope, combined with current and winter operational pressures on services, may impact on the achievable timelines of the programme.
- There is also a risk that the options identified through the programme do not fully bridge the projected financial gap in 2024/25.

9. Next steps

9.1. The programme activity underway is highly complex and will require a phased approach to delivery. Reflecting this, an updated position on costed savings will be brought to the IJB in November 2023. This update will also outline for the IJB's consideration next steps and further work required, including the phasing of projects and the associated development of savings options.

Implications of the Report

1. **Financial** – No immediate implications from this paper. However, the identification of savings opportunities within the areas identified in this paper is expected to contribute to a reduction in the IJB's projected budget gap in future years.
2. **HR & Organisational Development** – No immediate implications from this paper. However, some savings proposals are expected to have HR and OD implications, and

advice from colleagues will be sought at appropriate points in the development of proposals.

3. **Strategic Plan and Community Planning** – This paper aligns with the key themes 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** – No implications from this report.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – No implications from this report.
9. **Fairer Scotland Duty** - No implications from this report.
10. **Health & Safety** – No implications from this report.
11. **Procurement** – No implications from this report.
12. **Risk** – Risks and issues arising from the contents of this report 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** – None from this report.

List of Background Papers: None

Author: David Fogg, Strategic Lead and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk)
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To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Strategic Lead and Improvement Manager

Heading: Strategic Plan 2022-25: Year 2 Strategic Delivery Plan

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

1. Summary

- 1.1. In June 2022 the Integration Joint Board (IJB) approved its Strategic Delivery Plan for Year 1 of the Strategic Plan 2022-25. This followed approval of the IJB's Strategic Plan at its previous meeting in March 2022.
- 1.2. In addition, in June 2023 the Integration Joint Board (IJB) approved the Annual Performance Report 2022-23 which included a report providing detail on how the Year 1 deliverables aligned to the strategic objectives set out within the Strategic Plan had progressed.
- 1.3. Work has been undertaken over the summer period to develop further deliverables for Year 2 of the Strategic Plan, and these are provided in the appendix to this paper. To realign with the dates of the Strategic Plan, the delivery plan provided for the IJB's review and approval has been focused on the coming 6-month period to the end of March 2024.

2. Recommendations

It is recommended that the IJB:

- Note the process undertaken to develop the 'Year 2' Strategic Delivery Plan (sections 4 to 6);
- Note the challenges associated with delivering the full Strategic Plan by 2025 (Section 7); and
- Approve the contents of the Strategic Delivery Plan provided in Appendix 1 to this paper.

3. Background

- 3.1. Renfrewshire's Integration Joint Board (IJB) is required by the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') to produce a Strategic Plan on how community health and social care functions delegated to it by Renfrewshire Council and NHS Greater Glasgow and Clyde (GGC) will be planned and delivered over the medium term (three years). The IJB's current plan, for 2022-25, was approved in March 2022.
- 3.2. At the last IJB meeting in June 2023, the IJB reviewed and approved the Annual Performance Report 2022/23. This report included an overview of the progress made in delivering the objectives and supporting deliverables included in the Strategic Delivery Plan for Year 1. A further recommendation to present an updated Strategic Delivery Plan in September 2023, setting out deliverables for Year 2, was also agreed.

4. Delivering the Strategic Plan

- 4.1. The IJB's Strategic Plan for 2022-25 is structured around five key themes; (i) Healthier Futures; (ii) Connected Futures; (iii) Enabled Futures; (iv) Empowered Futures; and (v) Sustainable Futures. Each of these themes has a supporting set of strategic objectives identified to be delivered over the three-year lifetime of the Plan. They are also further supported by several key 'enablers' of the Plan. In addition, the Plan includes a Housing Contribution Statement with associated objectives, recognising the critical role of housing in improving health and wellbeing.

Year 2 Strategic Delivery Plan

- 4.2. The timelines for developing and approving our Strategic Delivery Plans following the IJBs agreement of its Strategic Plan in March 2022 have, over the following 18 months, resulted in a divergence between each annual period covered by both the Strategic Plan and Annual Performance Report (APR), and that covered by the supporting Strategic Delivery Plan. Consequently, to enable realignment with these timelines for 2023/24, the length of the Strategic Delivery Plan for 'Year 2' has been reduced to cover a 6-month period to the end of March 2024.
- 4.3. Over the summer period, work has been undertaken with HSCP services and Care Planning Groups to develop deliverables, aligned with the objectives set out in the Strategic Plan, for this period through to March 2024. The resulting Delivery Plan is provided as Appendix 1 to this paper, and reflects:
- Each of the strategic objectives detailed within the Strategic Plan has been discussed with HSCP services and Heads of Service to reassess and confirm appropriate ownership at Head of Service level, or at Lead Officer level where appropriate.
 - Subsequent work has also been undertaken to identify measurable deliverables for Year 2 against each of the strategic objectives. These represent a combination of (i) new deliverables; and (ii) the continuation, where appropriate, of specific strands of activity commenced in Year 1.

- The deliverables identified have been assessed to be realistic and achievable within the operating context for the HSCP at this time, including ongoing pressures on services, resource constraints and the degree of focus that will be applied to the Sustainable Futures programme in coming months.
- Where the Strategic Plan has included objectives relating to wider plans and strategies including, but not limited to, the Primary Care Improvement Plan, the Joint Unscheduled Care Commissioning Plan (and the reduction of delayed discharges), the Palliative Care Strategy, Workforce Planning Strategy and Unpaid Carers Strategy; specific deliverables and targets are set and monitored within the governance arrangements for those plans. This helps to avoid duplication of recording whilst ensuring that linkages between the plans are managed effectively.
- Progress on achievement of the deliverables set out will be reported to the IJB through existing performance management arrangements.

4.4. The IJB's Strategic Planning Group plays a key role in developing and developing the Strategic Plan and in reviewing and measuring progress. An update for Year 2 of the Strategic Delivery Plan was presented at the Strategic Planning Group Meeting on 14 September 2023. This provided an update on further deliverables developed under each of the themes and enablers, including the rationale for key changes or additions made.

5. Updates to Strategic Objectives

5.1 As noted above, the updated Strategic Delivery Plan provides an overview of the deliverables that will be taken forward to the end of March 2024. This includes several deliverables on which work commenced during Year 1, and those which have been newly added. Where overarching strategic objectives were achieved in Year 1, have necessarily changed, or have no associated deliverables within the next 6 months, they have not been included within the Plan. Examples of these types of changes are provided within this section of the report.

5.2 As the IJB is aware, the management of, and operational teams for, Child and Adolescent Mental Health Services (CAMHS) have now moved from Renfrewshire HSCP to East Dunbartonshire HSCP. Consequently, Renfrewshire HSCP no longer has responsibility for delivery and improvement of these services. This impacts on the following objectives and deliverables set out in the Strategic Plan 2022-25:

- **Deliverable CF5.1** - Develop a shared local delivery plan, ensuring service specification integrated into CAMHS by March 2023.
- **Objective EnF7** - Improve patient experience of our services by reducing the waiting times for access to CAMHS.

5.3 Updated local priorities have also been reflected in the new Delivery Plan. A previous deliverable had been agreed under the Sustainable Futures theme (SF1.1) to confirm and prioritise the scope of a transformation programme. This has now been replaced by the agreed Sustainable Futures programme

which will focus on financial sustainability in the short to medium term but provides the opportunity to develop transformational opportunities in future. To reflect this a new deliverable has been added covering:

- **Deliverable SF1.4** – Progress Sustainable Futures programme and present savings options to IJB from November 2023 onwards.

5.5 National initiatives have also influenced the nature of required deliverables and therefore superseded those previously developed. For example, the HSCP previously committed to agreeing a digital vision and priorities however the launch of a Digital Maturity Assessment process across Health and Social Care in May 2023 has provided the opportunity for wider analysis and it is felt appropriate to review the outputs of this assessment over the Autumn before confirming future digital priorities. Therefore, the following replacement deliverable has been added in place of previous commitments to reflect this updated position:

- **Deliverable En2.3** - Review results from Digital Maturity Assessment process and confirm resulting priority actions with partners.

5.6 Within our Strategic Plan, we also included a broad objective to help achieve Renfrewshire's commitment to deliver the Promise. As part of this, the HSCP part-funds an officer post focused on working towards achieving our commitments and within this year's updated Strategic Delivery Plan, we have now identified specific deliverables to ensure we deliver on our objective:

- **Deliverable HF5.5** – Increase the number of Promise Keepers across our services.
- **Deliverable HF5.6** - Ensure that the Renfrewshire Language Policy (guidelines for how we speak about and describe Care Experience and Care Experienced children and young people) is communicated, shared and disseminated across our teams and networks.
- **Deliverable HF5.7** - Carry out an HSCP-specific Promise Self-Evaluation Exercise to assess progress and areas for development in key areas across different services. This evaluation will inform our future HSCP Promise action plan.

6. **Measuring the impact of our Strategic Plan**

6.1. Throughout our Strategic Plan 2022-25, we have aligned our strategic objectives with the National Health and Wellbeing outcomes to ensure a clear link to national policy and priorities. The Strategic Delivery Plan and supporting Care Group planning will be used to guide the development and day-to-day management of our services, ensuring continued alignment with the Strategic Plan.

6.2. In achieving the actions and deliverables set out within the Strategic Delivery Plan and Annual Development Plans, we will manage and monitor our performance through Performance Indicators (PIs) to ensure we measure progression and completion of the activities committed to. These will be embedded within the IJB's existing performance management arrangements

with reporting on progress provided through each Annual Performance Report. As noted above, these are considered by the IJB in June each year.

7. Next Steps

- 7.1. The process followed for developing deliverables for Year 1 and Year 2 of the Strategic Plan will be utilised again to identify deliverables for Year 3 that continue to be aligned to national, NHSGGC and local priorities and reflect any policy or statutory changes required. Where appropriate, we will set further targets and milestones to monitor the impact of our performance in an effective and transparent way. A Year 3 Strategic Delivery Plan will be brought to the IJB for consideration in March 2024.
- 7.2. In developing the next iteration of the Delivery Plan, consideration will be given to the progress made in achieving all of the strategic objectives set out in the IJB's Strategic Plan. The HSCP believes that the ambitions set out within the Plan remain the right commitments for improving health and care in Renfrewshire. However, in the context of the wider demand pressures, financial challenges, and external factors which require further clarity (such as plans for a National Care Service), there may be a knock-on impact on the ability to deliver all of the ambitions set out. This will remain under review and any further developments will be incorporated into future updates to the IJB.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report
3. **Community Planning** – The Strategic Plan was developed in partnership and reflects the IJB's role within the context of Community Planning. It sets out how health and social care will be delivered jointly within Renfrewshire to improve outcomes for local communities. The deliverables set out in this paper support the continued achievement of joint objectives with local partners.
4. **Legal** – This paper sets out the approach to meeting the statutory strategic planning requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: N/A

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)

Shaping our future

Renfrewshire IJB's
Strategic Plan 2022-25

Appendix 1: Year 2 Strategic Delivery Plan

Objective		Year Two Deliverables	
HF1	Implement a local Strategic Group for suicide prevention and collaboratively develop a Renfrewshire suicide prevention strategy.	HF1.1	<p>Establish a local Suicide Prevention Strategic Group and develop an initial plan for a Renfrewshire Strategy.</p> <p><i>Note: A local Suicide Prevention Strategic Group has now been established as per our Year 1 Strategic Plan Objective. The Strategic Group will lead on a collaborative and partnership approach to developing a Suicide Prevention Action Plan for Renfrewshire. The Action Plan will identify and take forward our key priority areas, aligning with national policy and direction. This reiterates our commitment to suicide prevention in Renfrewshire.</i></p>
HF2	Work collaboratively to tackle stigma and encourage early engagement with services and support recovery.	HF2.3	Embed peer support and volunteers across Mental Health, and Alcohol and Drugs Recovery Service (ADRS) and Continuing In Recovery Changes Lives Entirely (CIRCLE). Note: Peer support continues to play a part in service delivery across MH, ADRS and CIRCLE. CIRCLE is developing volunteering opportunities as part of programme development.
		HF2.4	Undertake research to determine demand and interest in a standalone new Mental Health & Wellbeing Reference Group.
		HF2.5	Establish Staff Reference Group for tackling stigma which will include membership from all key partners across Renfrewshire.
		HF2.6	Explore ways in which to strengthen lived experience input including linking with existing groups such as ACUMEN and Carers Centre.
HF3	Work with partners to review existing information and advice sources for people in Renfrewshire, such as ALISS.	HF3.5	Continue to develop ways of providing information on community supports in accessible formats, including ALISS.

Objective		Year Two Deliverables	
HF4	Continue to work with partners to support the health and wellbeing of young people and contribute to the Scottish Government's mission to end child poverty.	HF4.3	Implement Early Years Healthier Wealthier Children Referral Pathway to increase referrals for families child poverty priority groups with highest levels of child poverty.
		HF4.4	Embed audit on routine enquiry of money worries and report on HWC referrals made through Universal Pathway.
		HF4.5	Work with Fairer Renfrewshire Group on a multi-agency approach to target areas and child poverty priority groups with highest levels of child poverty.
		HF4.6	Complete scoping and planning, and set up Steering Group to identify Thrive Under Five areas for progress. Establish links with housing regeneration and neighbourhood renewal groups to embed planning.
		HF4.7	In Partnership with Education, Police and Trading Standards scope out a best practice approach to inform an education resource for prevention of use of vapes/ e-cigarettes in children and young people.
		HF4.8	Complete scoping and planning, and set up Steering Group to identify funding, best practice approach including trauma informed and The Promise for implementation of Stronger Start at RAH.
		HF4.9	Complete scoping with Council Partners to develop and implement an emergency infant formula pathway for children under 1.

Objective		Year Two Deliverables	
HF5	Work collaboratively to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.	HF5.3	Establish Whole Family Wellbeing Hub alongside commissioned services and (i) commence service re-design; and (ii) Pilot Assistance process.
		HF5.4	Recruit data analyst to support evaluation of need and demand for Whole Family Wellbeing Support.
		HF5.5	Grow and increase the number of Promise Keepers across our services.
		HF5.6	Ensure that the Renfrewshire Language Policy (guidelines for how we speak about and describe Care Experience and Care Experienced children and young people) is communicated, shared and disseminated across our teams and networks.
		HF5.7	Carry out an HSCP-specific Promise Self-Evaluation Exercise to assess progress and areas for development in key areas across different services. This evaluation will inform our future HSCP Promise action plan.
HF6	Work with partners within the ADP to prevent alcohol and drug related deaths across Renfrewshire.	HF6.3	Establish Staff Reference Group which will include membership from all key partners across Renfrewshire.
		HF6.4	Recruit to dedicated Alcohol-related deaths post.
		HF6.5	Develop ADP Strategic Plan (subject to guidance awaited from Scottish Government which may extend development timescales).
HF7	Develop our joint approach to frailty and falls prevention pathways within communities and acute settings.	HF7.5	Continue to monitor pathway for Home First Response Service and the use of the Frailty Identification Tool across acute and community services.

Objective		Year Two Deliverables	
HF8	Address teenage pregnancy and Sexually Transmitted Infection (STI) rates in Renfrewshire and focus on helping children and young people have positive, healthy and mutually respectful relationships.	HF8.6	Implement sustainable 'Early Protective Messages' Train the Trainer model based on the evaluation in 2022.
		HF8.7	Revise Terms of Reference and identify Renfrewshire Sexual Health priorities. Identify priorities based on data and evidence of need.
HF9	Through our Culture, Arts, Health and Social Care (CAHSC) Group, we will lead work with colleagues and partners involved in the Future Paisley programme.	HF9.3	CAHSC Co-ordinator to create a practical resource to support HSCP workers and partners to identify and use arts and cultural activities for wellbeing.
HF10	As part of our commitment to tackling Gender Based Violence (GBV), ensure that Sensitive Routine Enquiry is embedded in key HSCP services (or settings).	HF10.2	Establish Lead for audit and baseline across Community Mental Health, Alcohol & Drug Recovery services and Children and Families teams.

Objective		Year Two Deliverables	
CF1	Develop and implement a Renfrewshire Dementia Strategy, reflecting the objectives and priorities of the forthcoming National Dementia Strategy.	CF1.2	Review the new national strategy, undertake a self evaluation and develop a local action plan for implementation in Renfrewshire.
CF2	Support people to live well by strengthening links between community resources and primary care, through testing and evaluation of new roles in several GP Practices.	CF2.3	Align Community Wellbeing Workers to a further four GP practices.
CF3	Build unpaid carer-friendly communities across Renfrewshire so that unpaid carers can access the support they need to continue to care.	CF3.3	In line with the IJB's Unpaid Adult Carers Strategy, developed in year 1 of the Strategic Plan and approved in September 2022, the Carers Planning Group will deliver the actions in the Carers Strategy Year 2 Delivery Plan.
CF4	Embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services (ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support.	CF4.2	Re-establish a Renfrewshire Recovery Forum/Group.
		CF4.3	Evaluate the impact of CIRCLE, and Peer Recovery Worker development.
CF5	Help children and young people and their families get appropriate and timely support to improve their mental wellbeing through a multi-agency community-based family support service.	CF5.2	To continue to monitor progress and evidence the impact of the approaches and interventions available to support children and young people's mental health and wellbeing.
		CF5.3	Develop Renfrewshire-specific CAMHS Education Officer role, and working in partnership; (i) enhance advice and guidance on Tier 2 mental health and wellbeing supports to schools; (ii) develop improved universal understanding of referral criteria and referral process to CAMHS; (iii) develop improved signposting to appropriate pathways/services for schools and families who have concerns about a child or a young person and their current mental health.

Objective		Year Two Deliverables	
EnF1	Work collaboratively, continuing activity to reduce unnecessary attendance at A&E, reduce hospital admissions and lengths of stay in hospital.	Note	Progress against this objective will be tracked under HF7.5.
EnF2	Build on and further coordinate the positive developments achieved in reforming urgent care during the pandemic.	EnF2.2	Build on and further coordinate the positive developments achieved in reforming urgent care within the new Local and NHSGGC governance structures. The local Joint Commissioning Plan will promote and drive service change and innovation.
EnF3	Continue to embed multidisciplinary team working across HSCP services to enhance person-centred care.	EnF3.4	Enhance Treatment Room offering across Renfrewshire and to support areas such as Ear Care through the Primary Care Improvement Plan (PCIP).
EnF4	Deliver the Strategic Pharmacy Framework.	EnF4.1	The objectives of the Strategic Pharmacy Framework have been agreed through NHSGGC-wide governance. Delivery against agreed actions will be monitored through this process. Local updates will be brought to the IJB as appropriate.
EnF5	Seek to minimise delayed discharges through the HSCP's programme of work to support prompt discharge from hospital.	EnF5.1	Continue to meet local delayed discharge targets as agreed through NHSGGC delayed discharge planning discussions.
		EnF5.2	Seek to maintain Renfrewshire's positive position and remain within the Top 3 nationally for the Standard Delayed Discharge bed days rate.

Objective		Year Two Deliverables	
EnF6	Work in partnership with Renfrewshire Council’s Children’s Services to implement the National Neurodevelopmental Pathway (NDP) and ensure linkages are developed to support transition across services.	EnF6.3	Implement the Neurodevelopmental (ND) pathway for Children’s Services in Renfrewshire in October 2023, with a focus on four initial priorities: (i) Ensuring children and young people are on the correct pathway (CAMHS or ND); (ii) Establishing referral processes and criteria for the ND pathway; (iii) Communication with referrers and key partners regarding the ND pathway and referral processes; (iv) Ensuring robust assessment process are in place for all ND assessments and corresponding training of staff.
EnF8	Continue to modernise the (i) nursing, midwifery and (ii) allied health professions (AHP) workforce to be fit for the future and maximise their contribution to shifting the balance of care to community and primary care settings.	EnF8.3	Modernise the AHP workforce: <ul style="list-style-type: none"> Implement the AHP Learning and Development Plan.
		EnF8.5	Continue to modernise the nursing and midwifery workforce: <ul style="list-style-type: none"> Continue to evaluate the effectiveness of the DN ANP role and its impact on patients Substantiate the Care Homes PDN post to enhance learning and education competencies across Care Homes to continue with tests of change in partnership with the Care Home Collaborative and align to the My Health My Care My Home Framework.
		EnF8.6	Continue to modernise the Nursing and Midwifery workforce: <p>Identify actions to increase the contribution of the team and further develop the service by working with LIST colleagues to gather and evaluate data.</p>
		EnF8.7	Children's Health Services: <ul style="list-style-type: none"> Develop new trainee advanced nurse practitioner roles in line with service need.

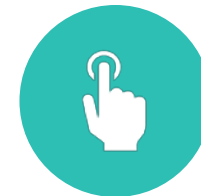
Objective		Year Two Deliverables	
EmpF1	Recover and develop day opportunities and explore wider flexible community-based models which, where appropriate for each person, provide additional choice beyond existing services and support innovative use of our buildings.	EmpF1.2	Explore and document other service models across Scotland to inform and shape future service delivery locally. <i>Note: this work will now be captured within the scope of Sustainable Futures.</i>
		EmpF1.4	Continue the programme that has been established to review care packages, embedding processes as BAU by end of Year 3.
EmpF2	Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support.	EmpF2.4	Commence review of care pathways, co-produced with people with lived experience. Note linkage to Sustainable Futures programme.
		EmpF2.5	Participation Officer and operational leads to work with LD and Autism reference groups to promote and enhance representation by people with lived experience and carers at Care Planning Groups.
EmpF3	Improve the experience of young people with autism or with a learning disability making the transition to adult services.	EmpF3.4	Embed the Dynamic Support Register and the Assertive Outreach approach in practice to manage risk, support change, maintain governance, performance information, and ensure advancement of key deliverables.
EmpF4	Deliver a Renfrewshire Autism Action Plan to improve opportunities and outcomes for people with autism.	EmpF4.3	Work with people with lived experience and carers and with Community Development, Employability and Housing to promote access to universal services and support co-production initiatives which empower individuals to co-design and run specific and bespoke Autism groups.

Objective		Year Two Deliverables	
EmpF5	Continue to prioritise equalities and human rights to ensure our services are inclusive and provide equality of access to information, support and involvement. We will aim for our services are fully accessible to people with a physical disability or sensory impairment.	EmpF5.2	Further development the Communications Toolkit created in Year 1 to incorporate additional guidance e.g. correct use of language.
EmpF6	Develop an LGBTQ+ charter, continue to co-fund the IN-Ren Network Officer post hosted by our partner Engage and deliver training for our staff.	EmpF6.4	Review equalities training for staff within Care at Home and consider training needs in relation to the Equalities Act and Hate Crime Legislation.
		EmpF6.5	Develop and implement an Equalities planner and training toolkit to ensure all staff have access to Equalities training.
EmpF7	Anticipatory Care Planning (ACP) is a priority. We will work with staff groups to have the competence and skill to have sensitive discussions with patients.	EmpF7.5	Continue to deliver ACP training programme for staff.
		EmpF7.6	Quality audit scheduled for Autumn 2023 for Quarter 1 to be completed.
		EmpF7.7	Nominate further Champions within service not yet engaged in the process.
EmpF8	Deliver Renfrewshire's updated Palliative Care and End of Life Care Strategy.	EmpF8.3	Deliver actions for Year 2 in Palliative Care Strategy (Note: Year 2 of the Strategy will extend beyond Year 2 of the IJB's Strategic Plan which runs to March 2024).

Objective		Year Two Deliverables	
SF1	Prioritise recovery from COVID at a consistent pace and develop transformation plans to reflect a range of criteria.	SF1.3	Develop HSCP Governance and Resourcing Plan to respond to National Care Service proposals. Note: Engagement is ongoing with Parliamentary scrutiny of the Bill expected in January 2024. This may mean that no immediate action is required during Year 2 as a result.
		SF1.4	Progress Sustainable Futures programme and present savings options to IJB from November 2023 onwards.
SF2	Gather available data on health and social care demand and provision in Renfrewshire and develop a refreshed Market Facilitation Plan.	SF2.3	Promote the recently published Market Facilitation Plan 2023-2025 to all provider organisations in Renfrewshire and disseminate to prospective providers via national networks.
SF3	Develop a Climate Change Net Zero Action Plan for HSCP services.	SF3.2	Implement agreed Renfrewshire Plan for Net Zero and deliver year 1 action plan.
SF4	Further develop how the HSCP works in partnership with the third sector, partners and providers.	SF4.3	Revisit and refresh the SPG Terms of Reference and membership to ensure a continuing focus on priorities.

Objective		Year Two Deliverables	
SF5	Work with our partners to deliver joint strategic objectives and plans.	SF5.1	The key deliverables from these plans have been captured within other objectives within the Strategic Plan and are managed through existing governance and reporting structures within NHSGGC, Renfrewshire Council, and on a partnership basis. Any additional commitments or actions which arise will be added to our Delivery Plan and highlighted to the IJB.
SF7	Work with partners to develop and implement a Workforce Plan for 2022-25	SF7.3	Year 1 progress assessment submitted to Scottish Government.
		SF7.4	Confirm and commence Year 2 Action Plan from November 2023.
		SF7.5	Building on the success of the Adult Social Care Recruitment event in March, continue to work closely with independent sector organisations and Scottish Care to support endeavours to overcome local recruitment and retention challenges.
		SF7.6	Set up a Steering Group to develop and implement a staff health action plan.

Enablers



Objective		Year Two Deliverables	
En1	Develop a Workforce Plan for 2022-25 setting out how we will address identified challenges.	Note	This objective will delivered and tracked under SF7.
En2	We will agree digital priorities with our partners, reflecting the updated national Digital Health and Care Strategy and local needs.	En2.3	Review results from Digital Maturity assessment process and confirm resulting priority actions with partners.
En3	We will work with NHS GGC and Renfrewshire Council to agree joint property priorities.	En3.4	Agree HSCP strategic property objectives and priorities.
En5	Produce an Annual HSCP Clinical and Care Governance Report for the preceding year for the IJB and NHSGGC.	En5.1	Annual Report will be submitted to IJB for consideration at September 2023 meeting. The next report will be submitted in September 2024 in Year 3 of the Strategic Plan.

Housing Contribution Statements



Objective		Year Two Deliverables	
HCS1	Support the development of Renfrewshire Council's innovative Regeneration and Renewal Programme.	HC1.1	Progress Phase 1 investment in Auchentorlie and Seedhill areas in line with agreed plans. Note: Focus in next six-month period will be on the Auchentorlie area.
		HC1.2	Progress establishment of Neighbourhood Renewal Groups for eight Housing Regeneration Areas (in line with plans and target date of 2029).
HCS2	Support the delivery of energy improvements to existing social housing stock across all tenures and support owners to undertake energy efficiency improvements through Area-Based Schemes.	HC2.1	Progress housing investment programmes to improve energy efficiency of social rented housing stock while working towards higher standards for Net Zero.
		HC2.2	Secure funding from Scottish Government EES:ABS programme.
		HC2.3	Increase the role of environmental sensors within council housing to monitor air quality and quickly identify mould risk for intervention.
HCS3	Build on the rapid rehousing approach to ensure access to specialist services is readily available via robust pathways for homeless people with complex needs, including mental health and harmful alcohol and / or drugs use.	HC3.2	CIRCLE continue to link with various housing and homelessness services. The Link Workers will continue to build and strengthen these joint working arrangements.
		HC3.5	The use of Housing First based wraparound support approach to be upscaled to 75 service users at any one time, subject to continued funding from Scottish Government.
		HC3.6	Number and proportion of lets to homeless applicants to remain at the same level of increase as 2022-23 level (490 lets – 41% of Council lets, 29% of RSL lets).

Housing Contribution Statements



Objective		Year Two Deliverables	
HCS4	Continue to strengthen our approach to prevention and repeat homelessness by providing holistic wraparound support to households in Renfrewshire.	HC4.4	Carry out evaluation of MyLA project by September 2024 if additional funding is received from Alcohol & Drug Commission Programme Board.
		HC4.5	Target number of service users confirmed as 25 at any one time by April 2024.
		HC4.6	Submit application to Alcohol & Drug Commission Programme Board for funding to extend MyLA to end 2024 to allow impact and benefits of service to be fully evaluated.
HCS5	Develop an integrated approach to housing advice across Renfrewshire, building on existing offerings from the Council and the Linstone Housing Hub, funded by the HSCP.	HC5.2	Evaluate the social prescribing model of housing support. Note: <i>this model will be evaluated by the HSCP.</i>
		HC5.3	Progress the Connecting Communities programme (as a successor to Developing Communities) including completion of phase 1 (focused on family and schools advice and reprovisioning of the RCAB contract), and development of phase 2 considering wider advice provision and locality working options.
HCS6	Across all care groups, build on our existing intelligence and assess future demand for specialist accommodation in light of the COVID-19 pandemic and the Scottish Government's proposal to introduce a new Accessible Standard by 2025/26.	HC6.1	Work with the Strategy and Place Team to explore opportunities within SHIP context for innovative solutions for individuals with specific social care housing needs.
HCS7	Ensure the transition pathway for young people with a learning disability includes early engagement with them and their carers regarding supported living requirements.	HC7.1	Work with a range of stakeholders to develop a web based transition information pack for young people and their families who may require support from Adult Services.
HCS8	Developing pathways for long-term mental health inpatients to be discharged from hospital to appropriate supported accommodation.	HC8.1	Our Mental Health Inpatients team will develop personal profiles for long term MH in patients which will ensure needs are clearly identified; and work with the Commissioning Team to enable planning for appropriate accommodation and support.

Housing Contribution Statements



Objective		Year Two Deliverables	
HCS9	Increase our capability for technology-enabled care and undertake an analogue to digital transition programme for community/ group alarms.	HC9.1	Continue rollout of digital alarms in line with project plans agreed in Year 1.
		HC9.2	Undertake baseline research to document additional options available within the external market for provision of TEC support.
HCS10	Work in partnership with care providers to undertake joint recruitment drives to ensure we can have the capability to meet future service needs and demands.	HC10.1	Expand the scope of the Adult Social Care Recruitment events, covered under SF7.5, to include participation of, and joint working with, housing providers in Renfrewshire.
HCS11	Build upon our existing work to develop models of creative and innovative supported living opportunities for people with learning disabilities of all ages, which ensures anticipatory care planning with a focus on the needs of older carers.	HC11.1	RLDS and the HSCP Commissioning Team to work collaboratively with local third sector provider in its development of a new model of care for adults with very complex needs.
HCS12	Support the implementation of the recommendations from “Coming Home Implementation: A report from the working group on complex care and delayed discharge” to improve delayed discharge and reduce inappropriate out-of-area placements for people with learning disabilities and complex needs.	HC12.1	Implement the national Dynamic Support Register, as covered by Emp3.4, and work with HSCP Data Assurance Team to develop a performance data set for required reporting to Scottish Government.

Lead Partnership Working



Objective			Year Two Deliverables	
LP1	Equalities	Implement Fairer Scotland Duty within HSCP ways of working.	LP1.3	Establish new equality outcomes for the HSCP for 2024 -2028 and seek approval from the IJB.
			LP1.4	Complete an equality outcomes and mainstreaming progress report & publish on HSCP website
			LP1.5	Implement the newly-developed Anti-Racism Policy within Care at Home services (both internal and external).
LP2	Primary Care Support	Delivering on our lead partnership responsibilities.	LP2.2	Ensure each GP Cluster (x 6) has a quality improvement plan in place to support quality improvement initiatives.
			LP2.3	Continue to work with partners across NHSGGC to develop Board-wide Primary Care Strategy
LP3	Podiatry	Delivering on our lead partnership responsibilities.	LP3.2	Reduce pressure ulcers and avoidable pressure damage (30% target). Note: An Improvement Plan is in place and a review of policy documents has been undertaken. In addition, and to ensure best practice is shared widely, the Pressure Ulcer Prevention Steering Group is engaged around a Learning Health Systems Network. This is at an early stage and should show impact over the next six months
			LP3.3	Improve longest waiting times for Tier 1 new patient appointment in line with NHSGGC targets (90%).
			LP3.4	Ensure and monitor ongoing patient experience work

To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Scorecard for 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 This paper sets out the proposed HSCP Performance Scorecard for 2023-24.
- 1.2 As part of our wider commitment around performance monitoring and evaluation, this paper sets out the proposed changes from our 2022-23 Scorecard, along with the rationale behind the proposals.

2. Recommendations

It is recommended the IJB:

- Approve the HSCP's draft Performance Scorecard for 2023-24;
- Note the full Scorecard updating all performance measures will be presented twice yearly: mid-year in January 2024, and end of year in June 2024 as part of our Annual Performance Report.

3. Performance Scorecard 2023-24

- 3.1 Each year, we conduct a review of the Performance Scorecard to ensure we have meaningful indicators with realistic and achievable targets that are reported timeously. The proposed changes for 2023-24, including new targets, are set out in Appendix 1 and 2, with the full Scorecard at Appendix 3.
- 3.2 In addition to showing the contribution the performance indicators make towards the delivery of the nine National Health and Wellbeing Outcomes, this year they are also aligned to the five themes contained in our Strategic Plan 2022-25: Healthier, Connected, Enabled, Empowered and Sustainable Futures.
- 3.3 Data will continue to be presented and categorised using red, amber, and green (RAG) status. Presenting the data in this way shows which

indicators are doing well with green status; those within 10% variance of target with amber status; and those indicators that are more than 10% variance from target with red status. We also show the direction of travel arrow which highlights improvements or deteriorations in performance against the last reporting period.

- 3.4 This year, to ensure a balanced Scorecard, we undertook a full review of all performance indicators, with a particular focus on ensuring our social care indicators were more reflective of the breadth of activity across the Partnership. As part of this review, we set up a Steering Group and held a series of workshops to engage with services and review national guidance, data sources, current definitions, and methodologies. This work has informed the proposed new indicators for inclusion in the 2023-24 Scorecard.
- 3.5 We have used statutory data routinely reported to the Scottish Government to inform the development of the new indicators as detailed in Appendix 1. This approach ensures we are using accurate and robust data, routinely reviewed by services, which is easily obtained for all organisational reporting requirements.
- 3.6 It is important when agreeing new performance indicators and the Strategic Plan Year 2 Deliverables, that they are meaningful and cover the wider activity of the operational service areas. In addition, targets should be challenging yet realistic, taking cognisance of the pressure to deliver on the Sustainable Futures Programme. For some indicators, given the ongoing financial and staffing resource challenges maintaining current performance may prove challenging.

4. Performance Indicators Removed from the 2022/23 Scorecard

- 4.1 There were 51 indicators in the 2022-23 Scorecard, and we have reduced this to 48 for 2023-24. This takes account of 39 indicators being removed and 9 new indicators added. The 12 indicators not included in the 2023-24 Scorecard are listed below with the full rationale detailed in Appendix 1.
- Percentage of long-term care clients receiving intensive Homecare 65+
 - Percentage of clients accessing out of hours home care services (65+)
 - Homecare hours provided – rate per 1,000 population aged 65+
 - Prescribing cost per treated patient
 - Percentage of routine Adult Social Work Occupational Therapy referrals allocated within 9 weeks
 - Number of clients on the Adult Social Work Occupational Therapy waiting list (as at position)
 - Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data)
 - Number of carers accessing training

- Number of Adult Protection contacts received.

4.2 Now that Specialist Children's Services are being hosted by East Dunbartonshire HSCP, all relevant indicators detailed below have been removed from the 2023-24 Scorecard. However, these will continue to be monitored regularly by Senior Management Team to ensure continued oversight.

- Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment
- Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks
- Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks.

5. Amendment of Targets for 2023-24

5.1 Further to a review of the prescribing indicators, the service advised the target for the Formulary Compliance List (FCL) indicator should be set at 77% for 2023-24 (reduced from 78% in 2022-23) per Appendix 1. This list has been produced by Pharmacy Support Teams and consists of recommendations for first and second choice medications for prescribing, with the aim of improving prescribing efficiency. Reasons GPs would choose not to prescribe from the FCL include short supply or availability issues; clinical reasons (formulary options not tolerated); clinician choice (they may prefer a non-formulary option or a more cost-effective option); or secondary care/specialist advice to prescribe off formulary.

5.2 Performance for two carers' indicators included in the 2022-23 Scorecard exceeded target for the year. We therefore propose to aim for further improved performance and have increased the targets for these areas as noted in Appendix 1.

6. Amendments to Indicators

6.1 Renfrewshire Council has amended the wording for the Child Protection indicator to the '% of children registered in this period who have previously been on the Child Protection Register **in the last two years**', therefore we recommend monitoring the same measure.

6.2 Last year we reported the methodology for the indicator recording **the population of clients receiving Telecare (75+) – rate per 1,000** – had changed due to the move to the ECLIPSE information management system. The revised indicator includes basic and enhanced alarms, which provides a fuller and more accurate picture of the extent of the services used and uptake in the 75+ population. A further year's data using the new methodology will be recorded during 2023-24 and a target will be set for this indicator for 2024-25.

7. New Performance Indicators

7.1 Following the review of the Adult Social Work performance indicators, it is proposed we add the following nine indicators to the 2023-24 Performance Scorecard – full details in Appendix 1:

- Population of clients receiving Telecare (all ages) – Rate per 1,000
- Number of people accessing Community Alarms (all ages)
- Number of people accessing Community Alarms (75+)
- Balance of Care: Home Care - Total number of open community placements versus open residential placements for 65+
- Balance of Care: Home Care - total number of hours per week provided for clients receiving personal care versus non-personal care
- Number of adult support plans completed with carers by the HSCP (age 18+)
- Number of Adult Support and Protection referrals (by source)
- Percentage of Adult Support and Protection referrals where investigatory powers are used
- Number of Private Guardianship Applications.

These indicators will be monitored throughout 2023-24 and where appropriate, targets will be set for 2024-25.

8. Indicators with No Targets

Due to the addition of the new performance indicators, we will not have the same number of targets in 2023-24, compared with recent years. For these new indicators, 2023-24 will be a transition year to gather data. We will use this, along with 2022-23 information to ensure we have a minimum of two years' data before we set targets.

9. Reporting Arrangements

- 9.1 The full Performance Scorecard updating all performance measures will be presented to the IJB twice yearly: mid-year in January 2024, and end of year in June 2024 as part of our Annual Performance Report.

10. Performance Audit

The HSCP is currently undergoing a Performance Audit, which is expected to complete in Autumn 2023. A summary of the findings will be reported to the Audit, Risk and Scrutiny Committee. Further to its recommendations, we will then bring any proposed changes to the IJB via future performance reporting.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None

7. **Equality and Human Rights** – No EQIA has been conducted as this report does not represent a new policy, plan, service, or strategy.
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – None
 11. **Privacy Impact** – None
-

List of Background Papers – None.

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Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk / 0141 618 7656)

IJB Draft Performance Scorecard

Proposed Changes for 2023-24

Section 1 - Proposed Deletions

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Reason
4. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	63%	52.7%	35.7%	95%	Following SMT approval on 26/6/23, indicators 4, 25 and 31 will be removed from the Scorecard as Specialist Children's Services is now hosted by East Dunbartonshire HSCP. However, performance will continue to be monitored regularly by SMT to ensure continued oversight.
14. Percentage of long-term care clients receiving intensive Homecare 65+	29%	29%	28%	30%	Indicators 14, 15 and 21 will be removed from the 2023-24 Scorecard following the recent Adult Social Work performance indicator review process, to be replaced by more meaningful and relevant indicators reflecting the balance of care. The new indicators are detailed in Section 4.
15. Percentage of clients accessing out of hours home care services (65+)	90%	93%	80%	85%	
21. Homecare hours provided – rate per 1,000 population aged 65+	390	411	444	420	
17. Prescribing cost per treated patient	£87.71	£88.28	£95.19	£86.63	Following review, it is recommended we remove this indicator from the 2023-24 Scorecard because with current pricing uncertainty, there is not enough stability to determine a realistic target that can be influenced locally. However, the indicator will continue to be monitored by the service and we will review the position annually.

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Reason
23. Percentage of routine Adult Social Work Occupational Therapy referrals allocated within 9 weeks	42%	68%	92%	45%	Indicators 23 and 24 reflect only one area of work within the HSCP. During 2023-24, the Rehabilitation and Enablement Service (RES) Improvement Group and Locality Services will develop new indicators for inclusion in the 2024-25 Scorecard, which will be reflective of all OT activity. This process will take some time due to the complexity of the data collection process, however these indicators will be reflective of the breadth of work across the Partnership.
24. Number of clients on the Adult Social Work Occupational Therapy waiting list (as at position)	315	143	226	350	
25. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks.	70.1%	58.8%	100%	80%	Following SMT approval on 26/6/23, indicators 4, 25 and 31 will be removed from the Scorecard as Specialist Children's Services is now hosted by East Dunbartonshire HSCP. However, performance will continue to be monitored regularly by SMT to ensure continued oversight.
30. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data)	6.3	6.8	6.3	8.9	This indicator has been updated to a rate per 100,000 population and is published by Public Health Scotland (PHS) a year in arrears i.e., 2023-24 data will be available in early 2025. Given the delay in published data it is recommended we remove the indicator from the Scorecard. Work will be ongoing during 2023-24 to determine a more meaningful alternative for 2024-25.
31. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%	100%	Following SMT approval on 26/6/23, indicators 4, 25 and 31 will be removed from the Scorecard as Specialist Children's Services is now hosted by East Dunbartonshire HSCP. However, performance will continue to be monitored regularly by SMT to ensure continued oversight.
32. Number of carers accessing training	165	282	271	257	It is recommended we remove this indicator from the 2023-24 Scorecard as the training programme is now 'business as usual' for the Carers Centre. This will continue to be monitored by the HSCP Unpaid Carers Planning Group.

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Reason
47. Number of Adult Protection contacts received	3,487	4,263	4,123	No target	Following the recent review process, this indicator will be replaced by a new indicator detailing the number and source of referrals to provide more context.

Section 2 - Proposed Amendment to Indicator

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Reason
50. Percentage of children registered in this period who have previously been on the Child Protection Register	34.8%	30.4%	9.5%	No target	Renfrewshire Council has changed the wording for this indicator to the % of children registered in this period who have previously been on the Child Protection Register in the last two years , therefore we would recommend we record the same measure.

Section 3 - Proposed Amendments to Targets

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Reason
16. Formulary compliance	77.6%	76.56%	76.90%	77%	Further to review it is recommended we amend this target from 78% to 77% for 2023-24 in line with the rest of NHSGCC.
18. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	98.0%	90.8%	84.7%	90%	This indicator had a local target of 91.5% in 2022-23. It is proposed we use the national target of 90% for 2023-24.

Performance Indicator	20/21 Value	21/22 Value	22/23 Value	Target	Reason
22. Population of clients receiving telecare (75+) - Rate per 1,000	56	48	140	No target	Last year we reported the methodology for the indicator recording the population of clients receiving Telecare (75+) – rate per 1,000 – had changed due to the move to the ECLIPSE information management system. A further year’s data using the new methodology will be recorded during 2023-24 and a target will be set for this indicator for 2024-25.
35. Number of adult support plans completed for carers by Renfrewshire Carers’ Centre (age 18+)	86	148	203	160	We propose to increase the indicator for this target from 145 to 160 for 2023-24 (3-year average + 10%) to build on the excellent performance from last year.
39. Number of new Adult Carers supported by Renfrewshire Carer’s Centre	815	963	1,027	1,027	We have increased the target for this indicator from 913 in 2022-23 to 1,027 for 2023-24, with the aim of maintaining last year’s positive performance of 1,027 new carers supported. 2022-23 saw the highest number of new carers supported since we began reporting this indicator, following an expected increase in new carers as we came out of the pandemic. We are working with the Carers’ Centre to fully understand the reasons for this trend and will continue to make identifying and supporting new carers a priority.

Section 4 - Proposed New Performance Indicators

Performance Indicator	21/22 Value	22/23 Value	Target	Context
Population of clients receiving Telecare (all ages) – Rate per 1,000	4.4	4.2	Target set for 24/25	Critical to supporting people at home and would expect to see upward trajectory.
Number of people accessing Community Alarms (all ages)	2,503	2,791	Target set for 24/25	Critical to supporting people at home and would expect to see upward trajectory.
Number of people accessing Community Alarms (75+)	1,969	2,121	Target set for 24/25	Critical to supporting people at home and would expect to see upward trajectory.
Balance of Care: Home Care - Total number of open community placements versus open residential placements for 65+	-	CP: 1,554 (61.5%) RP: 971 (38.5%)	Target set for 24/25	To provide context around resource management required for community and all building based residential and nursing care.
Balance of Care: Home Care - total number of hours per week provided for clients receiving personal care versus non-personal care	-	PC: 14,699.25 NPC: 317.75	Target set for 24/25	To provide more context around resource management.
Number of adult support plans completed with carers by the HSCP (age 18+)	40	25	Target set for 24/25	This indicator will capture HSCP activity in addition to the Carers' Centre indicator. Work is underway to align information systems with the aim of achieving a total HSCP figure for 2024-25.

Performance Indicator	21/22 Value	22/23 Value	Target	Context
Number of Adult Support and Protection referrals (by source) * Full table at Appendix 2 with Q1 data: Apr-Jun 2023	1,068	1,314	No target	Tracks volume of referrals to give context and allow additional trend and referral source analysis.
Percentage of Adult Support and Protection referrals where investigatory powers are used	-	TBC	No target	Allows additional breakdown of activity to inform resource allocation.
Number of Private Guardianship Applications:	47	158	No target	The Service requested a breakdown by Local Authority and Private Guardianship applications to track activity - per guidance from the Mental Welfare Commission Scotland. Numbers have increased due to the pandemic when courts were closed, and solicitors were furloughed. This caused a backlog which only began to move towards the end of 2022. There has also been a general national increase in referrals for guardianships caused by the ageing demographic and private solicitors promoting guardianships.




Indicator: Number of Adult Support and Protection Referrals by Source	Apr-Jun
	Q1 2023/24
Mental Welfare Commission for Scotland	0
Care Inspectorate	8
Healthcare Improvement Scotland	0
Office of the Public Guardian	2
Police Scotland	85
NHS 24	6
NHS Primary Care	13
NHS Acute Services	11
NHS Specialist Drug and Alcohol Services	0
Community Health Services	2
Mental Health Services – Hospital and Community	14
Other health (eg public health, private healthcare, prison healthcare)	1
Social Work - Adults (including MHOs)	33
Social work - Children and Families	6
Scottish Ambulance Service	1
Scottish Fire and Rescue	21
Scottish Prison Service	0
Care Home	78
Care at home provider	49
Housing	30
Education	0
Other Child Protection agencies (eg Children's Reporter)	0
Self (adult at risk)	0
Unpaid carer	1
Friend, relative or neighbour (who is not an unpaid carer)	5
Other member of the public (not covered by 20 or 21)	0
Third sector organisation	5
Financial institution	0
Anonymous	0
Other (please specify below)	6
Total	377



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.

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

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

10 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. Number of adults with a new Anticipatory Care Plan (Outcome 2)	185	156		221	↓		L	Empowered
2. A&E waits less than 4 hours (Outcome 3)	67.1%	70.1%		95%	↑		N	Enabled
3. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	90.9%	70.0%		90%	↓		B	Enabled
4. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks. (Outcome 3)	88.0%	45.6%		100%	↓		N	Enabled
5. Smoking cessation – non-smokers at the 3 - month follow-up in the 40% most deprived areas (Outcome 5)	176	75 (Dec 22)		182	↓		B	Healthier
6. % of health staff with completed TURAS profile / PDP (Outcome 8)	50.5%	55.89%		80%	↑		B	Sustainable
7. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	17.79	22.59p		15.3 Days	↓		L	Sustainable
8. Sickness absence rate for HSCP NHS staff (Outcome 8)	6.52%	6.73%		4.00%	↓		N	Sustainable
9. % of foot ulcers seen within 2 working days in NHS GGC (Outcome 9)	83.7%	75.2%		90%	↓		B	Enabled
10. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	84.6%	78.8%		90%	↓		B	Enabled






4 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
11. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	85.7%		90%	↑	⚠	B	Sustainable
12. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	90.8%	84.7%		90%	↓	⚠	B	Enabled
13. Improve the overall iMatter staff response rate (Outcome 8)	58%	59%		60%	↑	⚠	B	Sustainable
14. Formulary compliance (Outcome 9)	76.56%	76.90%		77%	↑	⚠	L	Sustainable

15 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
15. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 1)	11.8%	25.0%		19.9%	↑	✅	B	Healthier
16. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	19.7%	27.4%		21.4%	↑	✅	B	Healthier
17. 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%		80%	↓	✅	N	Healthier
18. Emergency admissions from care homes (Outcome 4)	400	433		450	↓	✅	L	Enabled
19. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	97.3%	96.2% (Dec 22)		95%	↓	✅	N	Healthier
20. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	96.8%	96.9% (Dec 22)		95%	↑	✅	N	Healthier
21. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.8%	5.6%		6%	↑	✅	B	Healthier





15 Green Indicators	Performance is on or exceeds target							
22. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.1	1.2		1.6			L	Healthier
23. Uptake rate of child health 30-month assessment (Outcome 4)	94.9%	95%		80%			N	Healthier
24. Number of adult support plans completed for carers (age 18+) by Renfrewshire Carers Centre (Outcome 6)	148	203		160			L	Empowered
25. Number of new Adult Carers supported by Renfrewshire Carers Centre (Outcome 6)	963	1,027		1,027			L	Empowered
26. % of complaints within HSCP responded to within 20 days (Outcome 8)	90%	90%		70%			B	Sustainable
27. % of new referrals to the Podiatry Service seen within 4 weeks in NHS GGC (Outcome 9)	41.0%	90.2%		90%			B	Enabled
28. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	41.4%	94.0%		90%			B	Enabled

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)	9,117	7,006		-	↑		M	Enabled
30. Number of emergency admissions (18+) (Outcome 2)	17,372	14,650p		-	↑		M	Enabled
31. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	129,987	125,176p		-	↑		M	Enabled
32. Number of A&E attendances (18+) (Outcome 9)	40,601	38,884		-	↑		M	Enabled
33. Total number of A&E attendances (Outcome 9)	54,111	52,998		-	↑		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 Guardianships applications (as at position) (Outcome 7)	125	132		-	-		-	Connected
35. Number of suicides (Outcome 7)	25 (2021)	N/A		-	-		-	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)	30.4%	9.5%		-	-		-	Enabled
37. Total Mental Health Officer service activity (Outcome 7)	1,222	1,362		-	-		-	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		-			-	

Proposed 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)	-	CP: 1,554 (61.5%) RP: 971 (38.5%)		-			L	Sustainable
40. Balance of Care: Number of open community placements vs open residential placements for 65+ (Care at Home vs residential) (Outcome 2)	-	PC: 14,699.25 NPC: 317.75		-			L	Sustainable
41. Population of clients receiving Telecare all ages – rate per 1,000 (Outcome 2)	4.4	4.2		-			L	Connected
42. Number of people accessing Community Alarms (75+) (Outcome 2)	1969	2121		-			L	Connected
43. Number of people accessing Community Alarms (all ages) (Outcome 2)	2503	2791		-			L	Connected
44. Number of adult support plans completed for carers (age 18+) by HSCP (Outcome 6)	40	25		-			L	Empowered
45. Number of Adult Support and Protection referrals (by source) (Outcome 7)	1068	1314		-			L	Connected
46. Number of Private Guardianship applications (as at position) (Outcome 7)	47	158		-			L	Connected

Proposed New Adult Social Care Indicators 2023-24 (9)

47. Percentage of Adult Support and Protection referrals where investigatory powers are used (Outcome 7)	-	From 23/24 only			-		L	Connected
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Proposed Removal of Adult Social Care Indicator Target 2023-24 (1)

48. Population of clients receiving Telecare all ages (75+) – Rate per 1,000* (Outcome 2)	58	140*		-*			L	Connected
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**see Appendix 1 for full details*

Notes

p Denotes provisional data

To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Head of Health and Social Care

Heading: Quality, Care and Professional Governance Annual Report 2022/2023

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

1. Purpose

- 1.1 This paper is to present the HSCP's Quality, Care and Professional Governance Annual Report for the period April 2022 - March 2023 to the Integration Joint Board (IJB).

2. Recommendation

It is recommended that the IJB:

- Note the content of the report (as attached in Appendix 1) provided on HSCP governance to provide the necessary assurance to the IJB that services continue to operate safely and effectively; and
- Note a number of examples are included within the report but not limited to.

3. Summary

- 3.1 The Renfrewshire Quality, Care and Professional Governance Annual Report provides a variety of evidence to demonstrate the continued delivery of the governance core components within Renfrewshire HSCP and the Clinical and Care governance principles specified by the Scottish Government. The governance core components within Renfrewshire HSCP are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

- 2.2 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care homes which aim to provide scrutiny, support including ongoing assurance visits and oversight of care homes across Renfrewshire.

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** – None
 6. **Property/Assets** – None
 7. **Information Technology** – None
 8. **Equality & Human Rights** – None
 9. **Fairer Scotland Duty** – None
 10. **Health & Safety** – None
 11. **Procurement** – None
 12. **Risk** – None
 13. **Privacy Impact** – None.
-

List of Background Papers – None

Authors: Jackie Dougall, Head of Health and Social Care

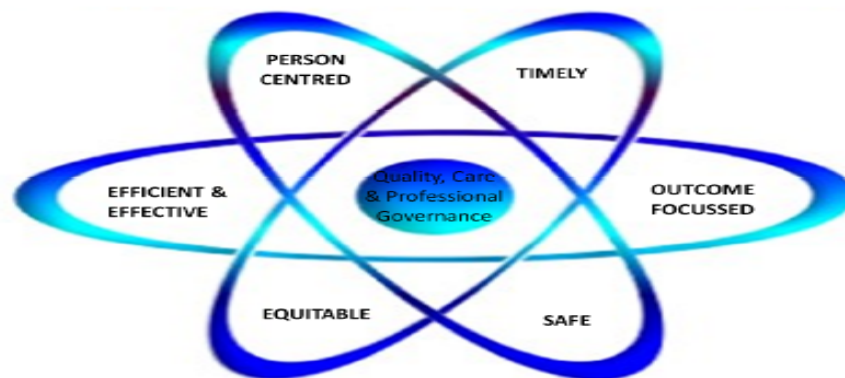
Any enquiries regarding this paper should be directed to Pauline Robbie, Interim Head of Health and Social Care (Pauline.Robbie@ggc.scot.nhs.uk)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care and Professional Governance activities during the period April 2022 - March 2023.

The governance core components within Renfrewshire HSCP are based on service delivery, care and interventions that are: Person Centred, Timely, Outcome Focused, Equitable, Safe, Efficient and Effective.

Renfrewshire Health & Social Care Partnership Quality, Care & Professional Governance



2. Clinical and Care Governance Arrangements

- 2.1 **Scottish Government's Policy Statement on Integration states that:**

"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care".

- 2.2 Renfrewshire Health and Social Care Partnership is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire.

Services included are:

- Renfrewshire Council's adult and older people community care services e.g. Alcohol and Drug Recovery Services (ADRS), Learning Disability, Residential Care Homes and Care at Home.
- Renfrewshire Community Health Services e.g. District Nursing, Health Visiting, Mental Health and Learning Disability Services.
- Elements of Housing Services relating to adaptations and gardening assistance.
- Aspects of Acute services (hospitals) relating to unscheduled care.

Renfrewshire HSCP hosts two NHS Greater Glasgow and Clyde Board-wide services: Podiatry and Primary Care Support.

Renfrewshire has a range of services that respond each day to the needs of local people. There are 28 GP practices, 43 community pharmacies, 21 community ophthalmic practices and 37 general dental practices. Within the 28 Renfrewshire GP practices there is a registered list population of approximately 186,239 (as at June 2023).

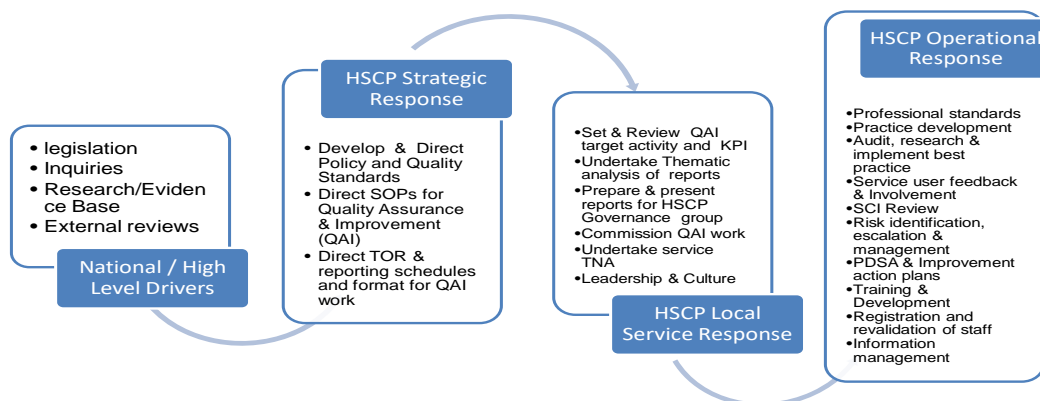
2.3 The HSCP have a number of supporting governance arrangements in place.

HSCP governance arrangements include:

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	<ul style="list-style-type: none"> • Twice Yearly <p>This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.</p>
Renfrewshire Localities Services Governance Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all quality, clinical and care governance activity.</p>
Renfrewshire Mental Health, Alcohol and Drug Recovery (ADRS) and Learning Disability Services Governance Groups	Head of Mental Health, ADRS and Learning Disability Services	<ul style="list-style-type: none"> • Mental Health Governance Group (Monthly) • Learning Disability Governance Group (Monthly) • ADRS Clinical Services Group (Monthly) • Mental Health Clinical Services Group (Monthly) <p>These groups provide a focus for all quality, clinical and care governance activity.</p>
Chief Social Work Officers Professional Group	Chief Social Work Officer	This group is currently under review with a development session being planned.
Medicines Management Group	HSCP Lead Clinical Pharmacist	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all medicines management and prescribing budgets.</p>
Renfrewshire Health and Safety Committee	Chaired by the Head of Health and Social Care (West Renfrewshire)	<ul style="list-style-type: none"> • Quarterly <p>This group has responsibility for a co-ordinated framework for the management of health and safety issues.</p>
Renfrewshire Operational and Procedures Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Bi-monthly/or Quarterly (subject to requirement) <p>This group provides a forum to discuss, develop, review and ratify local operational procedures and guidelines associated with Adult Services.</p>

Attendance levels at each of these groups is regularly monitored and a requirement for deputies to be identified where members are not able to attend.

- 2.4 In addition, the HSCP have an established structure for professional governance, including system-wide arrangements, providing leadership, guidance, support and advice for relevant staff. The HSCP Chief Nurse attends the hospice governance groups, and provides an advisory role in relation to training and development, local and national policy and best practice. The HSCP Clinical Director is a member and chair of the NHS GGC Primary Care and Community Clinical Governance Forum.
- 2.5 Arrangements remain in place to support enhanced multidisciplinary arrangements to support care homes which aim to provide scrutiny, support including ongoing assurance visits and oversight of care homes across Renfrewshire.
- 2.6 Within Renfrewshire Quality, Care and Professional Governance arrangements continue to be a dynamic process as illustrated below:



The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

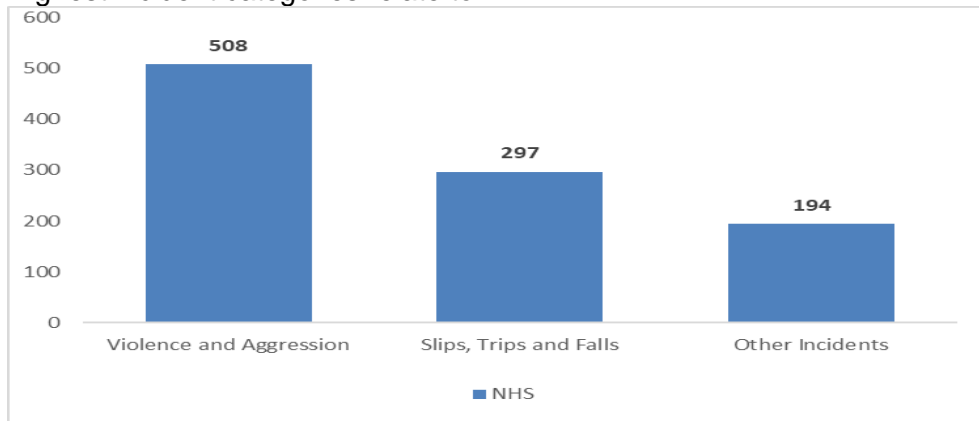
3. Safety (Incident Management, Reporting and Investigation)

- 3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.
- 3.2 The DATIX Incident Reporting System is used by NHS services to provide a clear reporting structure to record clinical incidents, near misses and complaints.

From April 2022 – March 2023 there were 1910 incidents reported on DATIX, compared to 1933 (-23) in the previous year.

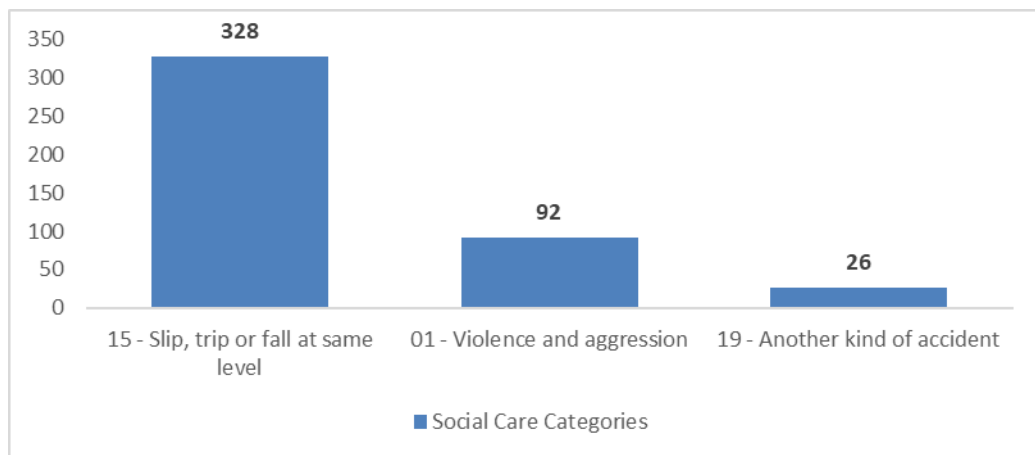
The highest reported categories relate to:

Highest incident categories relate to:



3.3 The Incident Reporting Database which allows users within social work services to record incidents/accidents electronically is called Business World. The Business World system underwent a rebuild this year with a new version going live on 5 January 2023. There is a delay in reporting functions within this system due to initial teething issues. A total of 531 accidents and incidents were reported on this system. This compared to 428 (+103) in the previous report. Note this increase may be attributable to better recording.

The highest reported categories relate to:



3.4

Actions in place to address the highest reported incident categories:

Violence and Aggression: Service areas have co-ordinated training being delivered to all staff groups regarding handling difficult telephone conversations to ensure there is consistent messaging to reduce the risk of miscommunication.

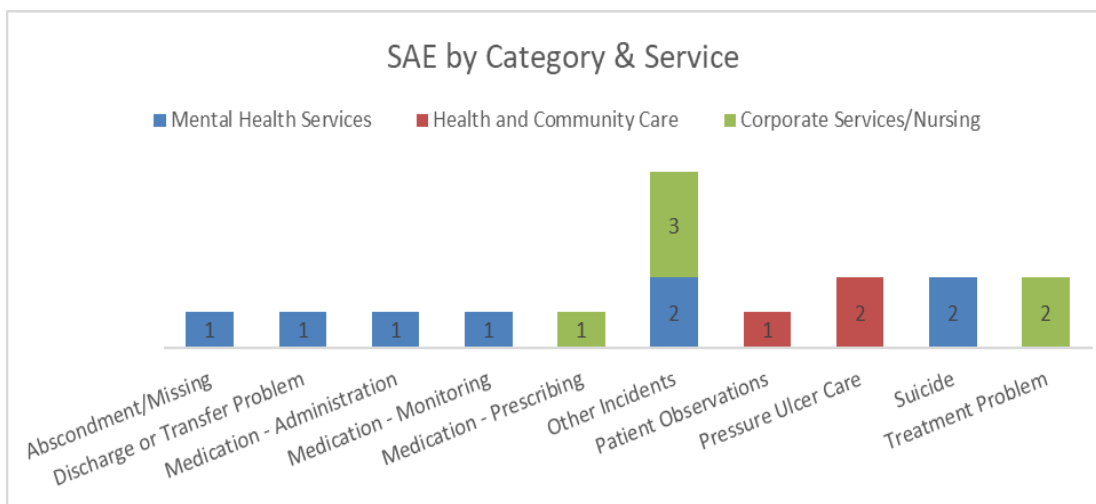
Inpatient mental health services have increased the availability of personal alarms for all staff groups who are working in the ward areas and two audits have been undertaken to monitor compliance.

Slips, Trips and Falls: All accidents/incidents are investigated locally. Follow up actions are identified, risk assessments are reviewed and care plans updated.

Other incidents: Work continues with service managers to reduce the use of “other” categories by ensuring appropriate categories are used for incidents. This will enable better analysis and action planning of known incidents.

3.5 Serious Adverse Events Reviews (SAERs) are those events that have, or could have, significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SAER is to determine whether there are any learning points for the partnership and wider organisation.

From April 2022 – March 2023 a total of 16 SAERs have been commissioned within Renfrewshire HSCP. This compared to 10 SAERs in the previous year. The incident type of these incidents varied: 8 incidents occurred within Mental Health Services, 3 within Health and Community Care and 6 within Nursing. All staff involved in commissioning/conducting SAERs must adhere to a series of principles and key requirements.



- 3.6 **Examples of incident management/investigation/reporting improvements:**
- Learning from SAEs is shared at various meetings within services.
 - A process is in place to share learning across HSCP Governance groups and NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum.
 - Mental Health services have an incident review group in place.
 - Any learning from SAER reviews shared as appropriate via Chief Nurse structure.

3.7 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires organisations to report certain incidents to the Health and Safety Executive (HSE) that occur as a result of, or in connection with, the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.

3.8 From April 2022 – March 2023 a total of 20 incidents were investigated as RIDDORs within health and social care services, this was a decrease of (-2) from the number incidents in the previous reporting period.

3.9 Breakdown includes:

Category	NHS			Social Care	
	Mental Health Services	Health and Community Care	Corporate Services/Nursing	Learning Disability	Care at Home
Slips, Trips and Falls	1	1		1	4
Violence and Aggression	5		1	1	
Contact with an Object		1			
19 - Another kind of accident					1
10 - Lifting or handling injury					3
Trapped by something collapsing					1

3.10

Some examples of recommendations as a result of RIDDOR:

- Violence and aggression training refresh for staff.
- Review of risk assessments.
- Sharing of information with the Health and Safety Committee for shared learning and governance.

4. Contracts Management - Contracts and Commissioning Team

4.1 In 2021/2022 the HSCP invested in a new Contracts and Commissioning team. This team brings together the pre-existing Contracts Management team with a newly formed Commissioning team.

4.2 Over the last year in-person contract management visits resumed in most service settings. This has allowed for more thorough monitoring and oversight of purchased service contracts and clearer analysis of risks, issues, sustainability, and outcomes. 24 visits took place in 2022, with 16 so far having taken place in 2023.

4.3 To support the effective management of HSCP social care contracts, the Contracts part of the team have 4 key work streams:

1. To review, monitor and audit the services we design and purchase to ensure that contracts are delivered effectively and safely. This involves ensuring these services are delivered in a professional, timely and proportionate manner and in accordance with the levels of risk associated with the contract.
2. To take the lead role in responding to urgent matters or concerns relating to purchased services including service failures, complaints and concerns, significant incidents, adult protection matters or where contractual conditions are not met. This may include acting under the authority of the Chief Social Work Officer and Chief Officer of the Renfrewshire HSCP and in collaboration with key partners, to progress to enforcement action if required.
3. To provide direction, advice and guidance on service delivery options as part of the commissioning and contracting process and to work with service managers and procurement specialists to undertake strategic reviews, develop service specifications and support procurement activity.
4. To work closely with the Care Inspectorate and colleagues within the Renfrewshire HSCP and other partnerships to collate and share information on our care providers and to work jointly with partners and providers to ensure compliance with national care standards, regulations and to promote the continuous improvement of services.

4.4 The Contracts Management side of the team have been focussed on supporting providers through the recovery from the impact of the COVID pandemic.

This includes:

- Monitor compliance with the NES online TURAS reporting tool and follow up concerns/issues with providers.
- Participate in MDT COVID oversight management huddle.
- Facilitate care home manager's peer support meeting.
- Distribute COVID related guidance to all social care providers.
- Support the programme of distributing payments to all social care providers to promote sustainability.
- To work with providers with their COVID related mobilisation and sustainability planning.
- Provider support to the social care provider forums.
- Provide the first point of contact to all social care providers on COVID related or any other concerns.

4.5 Over the last year the team has responded to 971 reported significant events submitted by providers.

5. Risk Management

5.1 Renfrewshire HSCP continues to embed the revised risk management framework across services to ensure that risks and issues are managed and escalated accordingly and consistently to the appropriate management levels/forums.

5.2 In April 2021 the IJB approved the implementation of a revised risk framework and this was soft launched to all of our HSCP services in July 2021. As part of the implementation a risk network was established with representation from all services to give the process a revised focus and to assure the consistent capture, escalation and reporting of risks and issues across services. The HSCP participates in a cross-HSCP group with contributions from NHSGGC and all partnerships within the Board area to share insight on emerging risks, develop consistency and share good practice. In addition, the HSCP is represented on, and participates in the ALARM UK National Health and Social Care Risk Committee and Forum, providing further opportunity to identify and share good practice.

5.3 A consolidated risk and issue register, supported by service level risk logs, continues to be maintained with regular updates and reporting to the HSCP Senior Management Team monthly and a report to the IJB Audit, Risk and Scrutiny Committee at each scheduled Committee meeting. The Audit, Risk and Scrutiny Committee provide the updates to the IJB as required.

5.4 An internal audit review of risk management arrangements, led by Azets, commenced at the end of March 2023. The findings of this review will be used to make further improvements to risks management arrangements where possible, and will contribute to the scheduled review of the IJB's risk management policy and framework in 2023/24.

5.5 **Example of risk management improvements:**

- The HSCP Risk Network continues to support risk identification and supporting discussions with identified 'Champions' and 'Delegates' from each service area within the HSCP.
- A Risk Framework Guide and Training Module has been developed and signed off and these were launched in Summer 2022. Implementation continues to be monitored with supporting communications to services on an ongoing basis.

6. Public Protection

6.1 Renfrewshire HSCP remains committed to ensuring children and vulnerable adults remain safe from harm and that, where necessary, appropriate action is taken to reduce risk and protect them. Training is regularly reviewed to ensure it is fit for purpose, and that learning and development is available through practice forums, communication in a variety of formats, and events such as learning reviews.

6.2 Adult Support and Protection (ASP)

ASP data is currently reported to Scottish Government by all local authorities via an annual data return. The data reported here relates to contact points the general public have had with Renfrewshire ASP services between April 2022 and 31 March 2023.

6.2.1 The total number of ASP referrals for 2022/23 was 1314; in comparison to 1298 for 2021/22. While there has been an increase in referrals, this does not necessarily mean there has been an increase in the number of people harmed for the following reasons:

- One person can be referred multiple times by different agencies and an increase in referrals could be more agencies recognising the same person at risk of harm.
- ASP referrals only capture those in contact with ASP services and may not include all adults at risk of harm.
- There may have been an increased awareness of ASP, arising from the release of the revised ASP Codes of Practice in 2022, which could have made organisations aware that Adult Support and Protection can have direct relevance to a broader range of people than originally anticipated, e.g. Scottish Prison Service or to young people.
- National campaigns, such as ASP Awareness Day, may also have increased awareness.

6.2.2 Police Scotland remains the biggest source of ASP referrals, by submitting 106 referrals.

6.2.3 There were 98 ASP investigations completed during the period 2022/23, which is on a par with the previous end of year reporting 2021/22 of 91. The largest number of investigations related to service users with Dementia and Mental Health, followed by Learning Disability. The main types of harm which resulted in an investigation were financial and physical abused, followed by psychological, neglect, self-harm, followed by sexual harm. The location of the principal harm, which resulted in an investigation taking place remains the adult's own home.

6.2.4 There has been an increase in welfare concern referrals from Scottish Fire and Rescue (SFR) with 54 being received, in comparison to 22 for 2021/22. This may be due to SFRS having changed their referral forms and removed welfare concerns from the form. Work is underway to resolve this issue.

6.2.5 Improvement Work:

- Renfrewshire has been identified as one of the Adult Protection Committees to be involved in the co-design and test of a new ASP Minimum Data Set, which has been commissioned by the Scottish Government.

6.3 Child Protection

During the past year all staff across Children and Adult services have continued to ensure the protection and safety of all Renfrewshire children. The child protection register as of the last day of March 2023 had 80 children on the register, who all have individual protection plans to meet their individual needs. Staff have continued to attend core groups, planning meetings in line with the Child Protection procedures, submitting their reports and contributing to the child's Child Protection Plan. All staff have continued to work with families, services and colleagues to ensure the safety and protection of children across Renfrewshire to make certain we are getting it right for every child.

- 6.3.1 We continue to liaise and work together across services to learn and improve our practice from multi-agency learning reviews. One learning review report was submitted to the Renfrewshire Child Protection Committee in June 2022 and all agencies are committed to addressing the actions identified to embed the learning into practice, including a refresh of the Children's Service Planning Group, Getting it Right for Every Child (GIRFEC) guidance.
- 6.3.2 Child Protection supervision between Health Visitors and their Team Leader has also been maintained throughout the past year, allowing for staff reflection, containment and learning. Where required, advice and support has been sought from our Child Protection Service.

7. Healthcare Associated Infections (HAI)/Healthcare Environment Inspectorate (HEI)/Core Audits

- 7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required.

Some examples to support improvements include

- The Combined Care Assurance Audit Tool (CCAT) is now embedded within the audit cycle of Mental Health Inpatient Services. A comprehensive audit will be completed by each ward every two months, with a peer audit twice a year.
- Continued COVID testing of symptomatic older adults in care homes within the HSCP and oversight of the results.

8. Professional Registration

- 8.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. There are systems and processes in place to monitor clinical and non-clinical staff registration and revalidation to ensure that any lapses are minimised and any issues are escalated and actioned accordingly.

NHS services have tested the recording and monitoring of professional registrations on eESS and early indications being this method is valued as being available to all levels of leadership and ability to pull off team, service and HSCP level reports.

9. Patient Centred

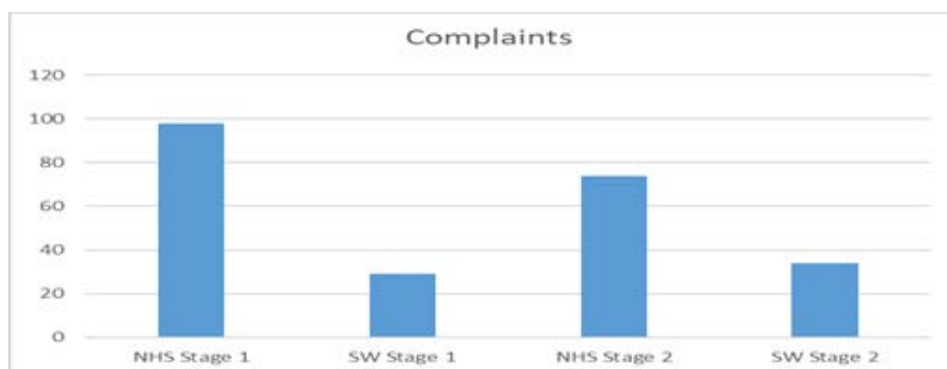
9.1 Complaints

The following provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2022 to 31 March 2023.

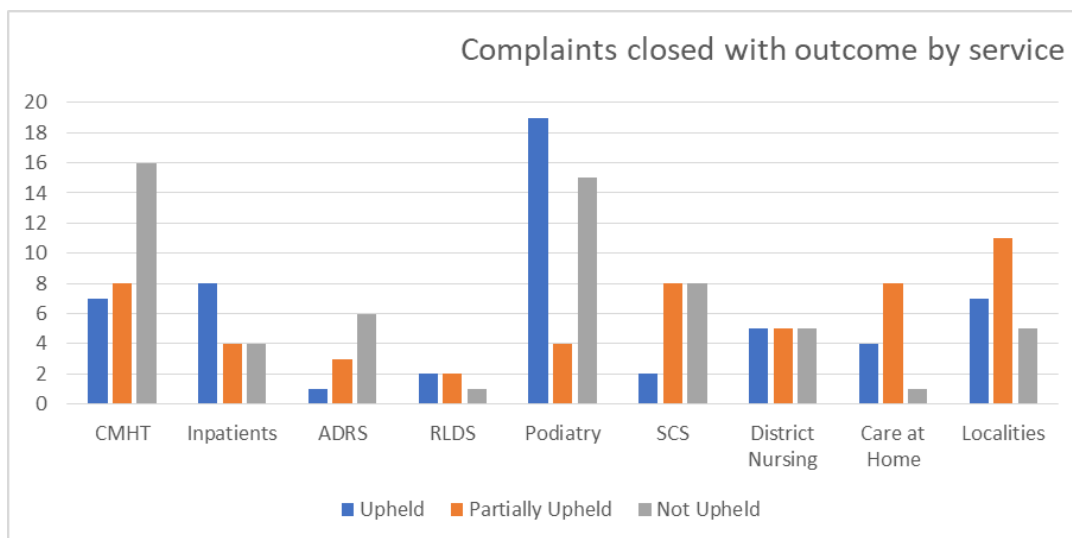
9.2 Total complaints received from April 2022 - March 2023; 2021 - 2022 & 2020 – 2021

2022-2023	2021-2022	2020-2021
235	173	113

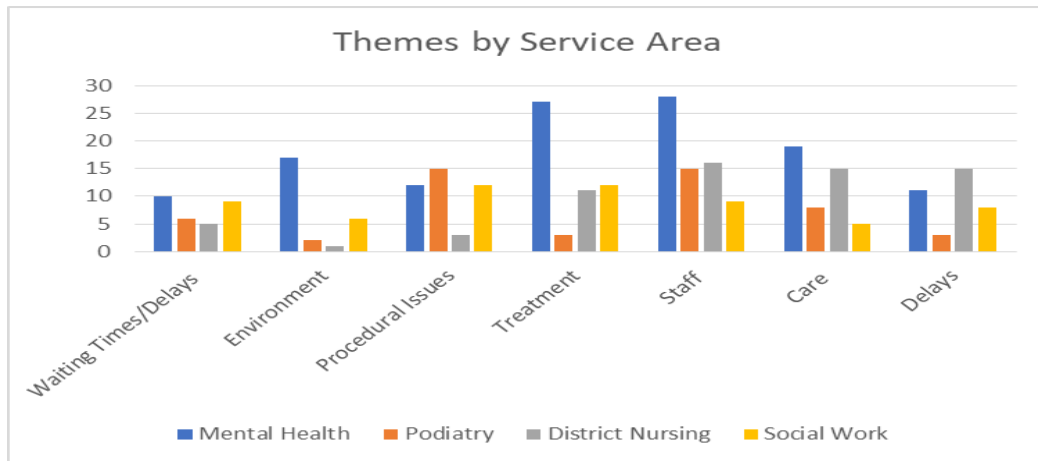
9.3 During 2022 - 2023 there has been a 36% increase in the number of complaints received. This was not an unexpected increase as services re-mobilised following the COVID-19 pandemic.



9.4 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP split between Health and Social Work Services from 1 April 2022 to 31 March 2023.



9.5 The issues and themes identified from Health and Social Work complaints are shown in the table below. Treatment and Staffing Issues are recurring complaint themes raised by complainants.



9.6 Where a complainant remains dissatisfied with the final response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). During the period 1 April 2022 – 31 March 2023, Renfrewshire HSCP received requests for information from the SPSO relating to 2 complaints. Both complaints were investigated further by the SPSO. All recommendations have been introduced.

9.7 A Council Complaints and Enquiries audit was undertaken in September 2022. The objectives of the review were to ensure that:

- Relevant staff are aware of the Complaints procedures.
- There is sufficient evidence held by HSCP officers to demonstrate compliance with the Complaints procedures.
- Relevant staff are aware of procedures for dealing with councillor requests for information.
- There is sufficient evidence held by HSCP officers to demonstrate compliance with procedures for administering councillor requests for information.

10 complaints and 10 enquiries were reviewed following which the following recommendations were introduced:

- Document version control was reviewed and updated. Version control tables will be maintained going forward.
- Complaints recording spreadsheets have been updated to include additional date capture fields to ensure that actions taken are fully recorded and auditable.

Other changes undertaken during 2022-2023

- Unacceptable Actions Policy and Engagement Policy established.
- All correspondence templates updated for improved compliance and structure.
- Complaints training materials have been reviewed and updated.

9.8

Service improvements in response to complaints:

- One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services. Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment, Service Quality

and Staff Attitude are key issues for complaints and steps are being taken by services to improve these.

10. Patient/Service User/Client and Carer Feedback

10.1 Renfrewshire HSCP have a positive approach to feedback and aim to use this to inform continuous improvement in service provision and ways of working. The HSCP continues to ensure mechanisms are in place to obtain feedback from patients, service users and carers. Various mechanisms have been used to capture experience of people who have been using/receiving our services so that we can learn both from what works for people and their priorities.

10.2 A snapshot of some of the feedback received:

"Without exception all care staff are extremely friendly, chatty, helpful and empathetic and all displayed a high degree of professionalism in their work" – Family member about Care at Home

"District Nurses were able to provide support and guidance which helped build my Mother's overall confidence in adapting to her condition. Thank you to all District Nurses for their care, empathy and support" – Family member about DN service

"I recently received inpatient treatment at Dykebar Hospital for my mental health. I would just like to say a big thank you to all the nurses, healthcare assistants and the Occupational Therapy team, for the part they played in giving me my life back. Although I'm not 100% better, I am certainly on the right track" – Mental Health Inpatient Service

"My father has been attending the Podiatry department over the past month. I have been attending with him and I have to say how outstanding the care has been from being seen extremely quickly after his referral to the highest standard of care during his weekly visits. In addition, I took extremely unwell in reception and the staff took full control and got me over to A&E. Forever grateful to everyone we came in contact with. You are all stars!" - Feedback: Podiatry Team at the Queen Elizabeth Hospital

"Our thanks as family for all the help and support we have received recently from the CAMH Service at the Aranthrue Centre. Our daughter has had a challenging time over the last few years and was eventually diagnosed with an eating disorder. She was supported by everyone who saw her within the Team. We couldn't have met a nicer Team of people. Everyone was so kind and supportive to our daughter. We saw Fiona on Reception every week too and she was always lovely and welcoming" - Parent of a young person attending CAMHS

10.3 The HSCP offer a number of clinical and practical placements to a range of students undertaking health and social care courses. It is critical to succession planning to provide high quality placements to support learning and development for our future workforce.

10.4 A snapshot received from the students on placements and patient feedback received:

"Experienced a range of different job roles and training; the most amazing mentors who couldn't have been more welcoming and nurturing to me" and "welcoming and supportive team. Lots of learning opportunities. Opportunities to work in complex needs schools and clinics in hospital to advance skills learned in the community. very satisfied with this placement" - Student on placement with the Community Children's Nursing Team

"I'd like to express my thanks to Ellie (Student Podiatrist) at QEUH Glasgow for her professional attitude and personable character, as well as taking the time to carry out a thorough assessment and treatment plan. I was really impressed with her personable attitude and professional outlook towards patient care. Thanks also to other members of the Podiatry team who work well to support each other" - Patient attending Podiatry Service

10.5

Service Improvements to support newly qualified staff

Newly qualified Podiatrist (NQP) matched with a mentor, allowed protected time to learn and develop and all of participants have completed the Flying Start programme. Results are shown to improve confidence levels and support the NQP to become a safe, effective and patient centred clinicians and as a result a total of 14 out of 19 staff remained in employment in GGC Podiatry within 18 months of completing the programme.

11. Mental Health Officer (MHO) Service

11.1 Mental Health Officer (MHO) Service provides a responsive service to requests for consent to detentions under the Mental Health (Care and Treatment) (Scotland) Act (MHCTA) and completes reports under the Adults with Incapacity (Scotland) Act (AWI). The MHO service completes referrals and reports for individuals subject to detention and provides information regarding the right to appeal detention, access to independent advocacy and independent legal advice or representation. Under this Act, the MHO service also ensures identification of Named Person in terms of the MHCTA and are involved in decisions regarding the detention. The other area of work for the MHO service is completing applications for both local authority and private guardianship applications. MHO staff have a statutory role with the supervision of mentally disordered offenders under the Criminal Procedures (Scotland) Act 1995.

11.2 Demand for Adult with Incapacity (AWI) reports, which can only be completed by a qualified MHO, has risen steadily over recent years which mirrors increases across Scotland. In 2022/23 we received 251 AWI referrals which is an increase on the previous year. Nearly all new orders granted are for periods of less than 5 years which brings additional work pressure in respect of renewal reports required from an MHO.

11.3 Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen in recent years, from 79 in March 2015 to the figure of 120 at the time of this report. Following the completion of the report, each order requires a qualified social worker to act as the "nominated officer" on behalf of the CSWO for day-to-day management of the AWI powers. In addition, there are currently in excess of approximately 600 private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a

guardianship supervisor after being granted by the Sheriff and this is monitored by the Mental Welfare Commission.

- 11.4 The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen again over the past year. This figure is replicated nationally with detentions being kept for longer and more short-term detentions continuing to treatment orders. The service has also experienced an increase in the number of mental health tribunals being held which adds to the demands on MHOs.
- 11.5 The MHO service along with many other service areas within the HSCP has felt the pressures of increased workload, staff pressures and the other demands since the COVID pandemic. As a result of the pandemic, a time extension was put on the guardianships within this timescale. There was an additional 167 days before renewal is required which is now coming to an end and which has increased the workload for the MHO service. As a team, we have also worked hard to reduce the waiting list for private AWI referrals to ensure powers are in place in a timely manner to respond to hospital discharges and ensure adults are safeguarded, all of which has put high levels of demand on the MHO staff in this area.

12. Care Inspectorate

- 12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.
- 12.2 The Care Inspectorate are key members of the fortnightly multi-disciplinary team discussions that occur within the HSCP in relation to care homes.

13. Quality Improvement / Clinical Effectiveness

- 13.1 Renfrewshire HSCP aims to ensure that priorities are identified that lead to improvement in services.
- 13.2 A number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year. The following highlight examples of learning, improvement or good practice in relation to specific areas; safe care, effective care and person centred care.
- 13.2.1 **Safe Care:**
Improvement on compliance of reviewing recorded incidents since the introduction of regular monitoring in 2022/2023 of overdue Datix - the HSCP has seen a reduction from 145 to 15. With the help of regular scrutiny the HSCP have managed to sit within NHSGGC top 3 achievers of low overdue Datix. These levels have been achieved thanks to all services' commitment ensuring Datix are actioned timeously, using monthly reports provided as a prompt to maintain this level of completion.

Suicide Risk and Design group within Mental Health services are carrying out several pieces of work in relation to ligature reduction around the new training module and review of the reduce ligature policy and self-harm control checklists. Work has commenced on all en-suite doors within Dykebar Hospital's two Adult Admission wards.

Reducing the number of incomplete/unactioned SAERs - A focussed piece of work was implemented including a monthly monitoring report provided to service managers each month. When these reports were introduced there were 19 possible SAEs awaiting process in the system, as at the end of March 2023, this was reduced to 6 across all services areas.

Drug Related Deaths report from July 2022 noted 50 drug-related deaths in Renfrewshire in 2021, a decrease of 25% compared with the previous year. The Drug Death Prevention group has been fundamental in implementing a multiagency Naloxone Delivery group and work plan and the development of an enhanced drug death review process for Renfrewshire.

District Nursing service has access to a Pressure Ulcer dashboard and monitors the prevalence of pressure ulcers.

Learning Reviews commissioned by Renfrewshire Child Protection Committee, which support reflection, learning and improvements in systems and practice by reviewing events when children or young people have been harmed, placed at risk of harm, or where effective practice has prevented harm or risk of harm. One review reported in 2022/23 and all agencies are committed to addressing the actions identified to embed the learning into practice.

Renfrewshire Learning Disability Service have made significant training progress has been made with staff training compliance markedly higher following recommendation from Care Inspectorate for registered service areas.

Housebound vaccination team leave a copy of the vaccination leaflet, detailing the date the vaccination was administered in the house, so it visible to family and carers.

Analogy to digital project is leading the way with the role out of digital alarms ensuring that service users remain protected when analogue lines are switched off. Four out of every five service years have already transitioned over.

13.2.2 **Effective care**

Alcohol Drug Rehabilitation Service have implemented standard operating procedures for alcohol provision, physical health assessment and Naloxone provision have recently been implemented. MAT Standards Implementation Plan and Residential Rehabilitation Pathway are also now in place.

Development of induction and competency framework for Health Care Support Workers within new Home First Response Service and using patient feedback to inform the service modelling.

Renfrewshire Learning Disability Service Day/Respite and Community Teams hold participation network events on a quarterly basis. Aim is to engage with individuals focussing on topics raised from the LD Action Plan to input to wider policy development as part of the National Involvement Network.

District Nursing Service has increased leadership capacity provide increased clinical leadership within the teams, improve support and clinical supervision.

Podiatry service have made a commitment to improve record keeping in foot protection patients. They have completed audits, developed tools and prompts and electronic resources to improve compliance, which have been shared across

the service. Compliance is improving demonstrated by re-auditing and work is ongoing to drive continuous improvement

13.2.3 **Person Centred Care**

Mental Health and Wellbeing MHS introduced occupational therapists in May 2022 with focus into three of West Renfrewshire GP practices.

Community Safety service are receiving referrals from locality social work teams promoting inter-agency working. They continue to work alongside HSCP colleagues, Police and housing services as a front line point of contact.

Hospital Social Work and locality Social work team's performance is consistently in the top 3 local authority areas of the lowest number of patients who require an extended stay in hospital. There is constant focus, commitment and hard work within the Renfrewshire ensuring there is close team work to achieve the best outcomes for our residents allowing discharge from hospital when the patient is fit for discharge, avoiding a protracted stay in hospital.

Alcohol and Drug Rehabilitation Service Transition team have made significant progress in the implementation of the Alcohol Recovery Pathway. The National Recovery Walk on 24 September 2022 was a great success and very well attended.

Part of the Caring and Connecting agenda, a Change Maker's Conversation Café took place on 3 March 2023. This was a well-attended and vibrant event with keynote speakers with lived experience reinforcing the importance of active inclusion of those with lived experience in support change in services and recovery focus supports.

The MAT Implementation Plan will concentrate on specific actions and work towards full implementation of all 10 Standards by April 2023.

Podiatry service following telephone triage clinics asked for feedback from patients regarding their experience. The feedback was overall positive, with most patients being satisfied with the quality of their interaction with the clinical and ease and accessibility to the service via telephone call.

RLDS have had an improvement initiative established, supporting professionals to make reasonable adjustments when providing services for people with learning difficulties.

Successful continuation of the Creative Wellbeing Fund utilised to develop creative activities to build confidence and self-esteem through workshops.

Care Home Nursing Support Team is new service that provides support and skill development training to care home staff, supporting residents to remain in the care home and avoid unnecessary hospital admission.

Support to displaced people and asylum seekers by creating key documents regarding how to access NHS services in relevant languages.

Locality Social Work teams whilst managing increased demand for community services ensure service users and their families are supported effectively to maintain independence, choice and control with the use of self-directed support of the services they receive.

14. Implementation of Guidance/Policies

- 14.1 Renfrewshire HSCP aims to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed and actioned accordingly.

15. Good News - Recognising and celebrating success

- 15.1 Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff and services within the HSCP have received a number of awards.

Some examples of areas of success to celebrate:

- **Nurse of the Year:** Brenda Kirk, Nurse Team Leader within the Children's Disability Team was the winner of the Scottish Health Awards 2022 of the Nurse of the Year Award.
- **Recognising efforts:** Each year, the HSCP staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership. The categories include Team of the Year, Employee of the Year, Leader of the Year and Innovation of the Year and the winners came from across all the service areas. The pride, motivation and confidence generated from our annual staff awards makes a big difference to the wellbeing of our staff.

16. Conclusion

- 16.1 Renfrewshire HSCP will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. Through our governance arrangements we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.

Key priorities for 2023/2024 include:

- To maintain quality of care and professionalism within services where the demand pressures are high.
- To maintain and improve performance in relation to reviewing incidents and SAERs.
- To deliver high quality education placements for students on clinical and practical placements.

To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: Chief Finance Officer

Heading: Property and Accommodation Update

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

1. Summary

- 1.1 The purpose of this report is to update members on a series of property and accommodation matters to support service delivery across the HSCP.
- 1.2 At present the HSCP continues to work with both our parent organisations (Renfrewshire Council and NHS Greater Glasgow & Clyde) whilst they undertake reviews of their property estate portfolios. The outputs from these respective processes will, ultimately, inform and shape our Property Strategy over the coming years and it is planned for this to be shared with the IJB for consideration when available.
- 1.3 This update report is being brought forward in the interim in order to highlight the key areas of activity over the past months and which are currently in progress. In addition, the report also sets out some of the ongoing challenges that we face and are likely to do so in future years.

2. Recommendations

It is recommended that the Integration Joint Board:

- Note the contents of this report.

3. Background

- 3.1 Renfrewshire IJB has a responsibility to strategically plan and manage the property assets under delegated authority from our parent organisations. This includes considering how best they are utilised, shaped, and delivered to support the aims of integration of health and social care services to enable effective, efficient, and safe delivery of services for the population of Renfrewshire.

- 3.2 As members will be aware, responsibility and ownership for property and estate remains a reserved matter for the two parent organisations. As the IJB does not own any property the respective budgets sit centrally within our two parent organisations, with limited in-year funding from our partners made available for local requirements by way of minor repairs, décor and improvement works across the occupied areas of estate.
- 3.3 In recent years we have required to use our delegated estate differently (with patient and service user requirements prioritised throughout) to ensure continued access to appropriate accommodation to meet clinical and other needs across multiple frontline services.
- 3.4 In order to support remobilisation efforts, the IJB agreed the creation of a premises and accommodation reserve. The intended use being to enable the HSCP to upgrade, enhance and optimise the use of our delegated estate as a range of teams and services expand and are established to address increasing demand. This reserve was also formed in light of the financial challenges that exist within both parent organisations, reflecting their need to rationalise their estates, where possible, and to enhance our partner contributions of critical maintenance only in terms of ensuring our estate is wind and watertight.

4. Local Context

- 4.1 The HSCP has a range of services, staff and assets that are delegated to us to support the delivery of all adult social care services and all community health services for adults and children across Renfrewshire, with a core objective of supporting people in their local communities and closer to home wherever possible.
- 4.2 Prior to COVID-19 there were a range of pressures across our existing office-based and clinical estate, with some services requiring additional space to provide services and accommodate increasing demand. During COVID and the periods of national/local restrictions, these pressures eased naturally due to reduced numbers, levels of attendance and overall footfall of both staff and patients/service users alike, which allowed us to prioritise and focus our estate on the most critical areas of service delivery in response to local need.
- 4.3 However, as we continue to emerge post-pandemic, there is an increasing demand for a range of services, along with a number of new services and staff established in recent years which further compound this challenge. New services and increased staffing include: our Care Home/Housebound Vaccination Teams; Community Treatment and Care Services (per the GP Contract), and additional staffing across a range of frontline services in order to address demand and waiting list initiatives.
- 4.4 As part of our remobilisation plans, we are reviewing all areas of our estate. Our plan is to maximise the use of all available spaces and ensure, where possible and feasible to do so, that these are modernised in order to provide a fit-for-purpose flexible, accessible estate which promotes best value, epitomises integrated working and positions us as a modern organisation to

respond, adapt and transform in line with evolving requirements to meet service needs and support delivery models for our population.

4.5 We are also keen to maximise key aspects of learning and improvements to ways of working adopted during the COVID-19 pandemic. During this period a range of revised arrangements were implemented to support the continued safe and effective delivery of services. As such, for some services we continue to work with a hybrid model with office estate available for key service settings and staff being empowered to work in a flexible way from alternative sites, at home and in other settings, as appropriate. We recognise the need to develop and sustain modern working practices to enable our employees and services to maximise their performance and productivity whilst maintaining a healthy work life balance. In addition, we are keen to offer a range of flexible working practices in order to ensure we are competitive in the recruitment market.

4.6 We also continue to work collaboratively with colleagues within our eHealth/digital teams to further explore and implement a range of improved working solutions and infrastructure developments to enable the further realisation of efficiencies and benefits in terms of how we deliver services both in our asset-based locations as well as embracing more digitalised modes.

5. Overview of Current Activity and Progress to Date – Primary Care

5.1 Our Primary Care services are often viewed as the ‘front door’ to a range of services in that they tend to be the first point of contact for people within the healthcare system. Similar to the HSCP, these services continue to experience increasing demand across the spectrum of services, with a range of contributing factors including an aging population, general population growth as well as additional complexities and comorbidity issues that require support and treatment.

5.2 Primary Care contractors are either based in NHS health centres, or properties that they own and/or otherwise lease privately. Similar to our own HSCP service delivery, there continues to be a key challenge in terms of access to and availability of fit-for-purpose clinical capacity to deliver both existing services and support expansion requirements going forward.

5.3 Locally in Renfrewshire we have made positive progress with the implementation of the key deliverables of the new Scottish GP Contract (2018). The overarching aims will largely be delivered through our Primary Care Improvement Plan (PCIP) efforts with a core focus to expand, enhance and enable multi-disciplinary team working to support the role of GPs and to improve outcomes for patients. Further key priorities also include the undernoted areas of activity as committed for delivery:

- Vaccination Transformation Programme
- Pharmacotherapy
- Community Treatment and Care (CTAC) Services
- Urgent Care
- Community Link Workers
- Additional Professional Roles (e.g. Advanced Physiotherapists)

- 5.4 Given the nature of these new services models, appropriate clinical and non-clinical accommodation is a core component to effectively support the implementation. This has required extensive engagement, planning and collaboration locally in recent years across key stakeholders in order to effectively plan and deliver these new requirements.
- 5.5 It should also be noted that Renfrewshire had no history of treatment room provision, unlike some neighbouring HSCPs within NHSGGC. We were therefore, working to establish these from a baseline position of zero which has required us to repurpose areas of existing estate to meet this new demand.
- 5.6 Over the course of 2022/23 an extensive programme of work was undertaken to review our existing accommodation with a view to identifying available capacity to meet the trajectory of demand and enable the HSCP to deliver on its new obligations. This required a degree of reconfiguration works across multiple locations in order to bring these locations up to an improved and modern standard to enable service delivery, with works progressed through minor work routes in partnership with local estate colleagues and funded through earmarked PCIP funding.
- 5.7 These works concluded and as of April 2023, a total number of 11 treatment rooms have been established across the Renfrewshire area to provide a range of community treatment and care services to the local population. These locations now form a core part of our operational landscape across a number of community locations and facilitate the access to a range of services including wound management, removal of sutures and clips, injections, and management of leg ulcers.

Capital Investment

- 5.8 Separate works have also recently been agreed and are in the process of moving towards implementation within both Linwood and Renfrew Health Centre sites specifically around repurposing some areas within the GP 'wings' in order to increase available clinical space, improve and address some longstanding capacity challenges.
- 5.9 It is anticipated that these remodelling works will enable quicker access to modernised and integrated services with a reduction in waiting times for patients and service users within both of these locations. It is also expected that there will be an improvement in the patient experience whilst providing an enhanced estate to underpin the primary care transformation agenda.
- 5.10 Works are in the process of commencing at the time of writing and are expected to conclude within an overall 12-week time period with PCIP funding of £680k being used to enable these works. The HSCP continues to work closely with GP colleagues during these times in order to minimise disruption to service delivery and ensure a seamless experience for patients whilst some temporary decant and alternative modes of working are in place to facilitate these works.

Capital Investment within Bishopton/Dargavel

- 5.11 Members will be aware of the significant housing development programme that is underway within the Bishopton area where it is expected to deliver up

to 4,000 new houses with an associated population growth of up to some 11,000 people over the lifespan of the project.

- 5.12 In light of this, there has been an ongoing dialogue in recent years with colleagues from NHSGGC and Renfrewshire Council to progress exploration of options for future service provision in the area through the current Bishopton Health Centre facility and what additionality will be required to support provision as the project evolves and the population increases.
- 5.13 Over the course of 2022/23, the HSCP worked closely with colleagues in NHSGGC to bring forward a programme of upgrade works at the existing Bishopton Health Centre with a view to maximising overall capacity, as well as enabling new spaces to support remote consultations for GP services, in light of increasing demand for access to services within this area. These works, funded by NHSGGC, amounted to £560k and brought about repurposing and expansion of space to create further capacity for general practice use.
- 5.14 In parallel with the above, a separate business case was developed in partnership with the HSCP and NHSGGC, seeking capital support for a new build satellite facility, to augment the existing Bishopton Health Centre. Based on extensive independent population modelling, it is expected that both of these locations will be able to deliver services to the Bishopton population until 2035. The facility is also being planned in a way that the blueprint and infrastructure is extendable in future, should demand exceed the current planning considerations and this continues to be an active consideration in the finalisation of design options. As would be expected, any future extension would be subject to due consideration at that point.
- 5.15 At the time of writing this paper, we are aware of the recent discussions around the wider Dargavel development in the context of education provision and for assurance it should be noted that the HSCP and NHSGGC have worked collaboratively on both the planning and design works of this facility, using independent modelling of population growth informed by current and assumed patient list requirements for General Practice provision, as well as wider health and social care services within this area.
- 5.16 The business case was presented to NHSGGC's Finance, Planning and Performance Committee on 7 December 2021 and gained approval to progress at a cost of £4.77, which included £1m developer contribution and £1m of Scottish Government funding. This positive development underlines the commitment from all agencies to enhance the service provision in the area and is a significant step forward in addressing the current and projected capacity constraints over the coming years.
- 5.17 An overarching Programme Board, chaired by the Chief Finance Officer, has been established with supporting sub-groups to oversee the works attached to this new facility and is currently going through planning permission processes, following a public engagement event in May 2023. The event showcased the planned design and configuration as well as enabling public dialogue and engagement on the planned next steps including the option for local residents to put forward suggested names for the new building. There was also strong coverage of the development with local advertisements, online and social media information and a set of FAQs based on some initial feedback that we had received.

- 5.18 It is expected that, subject to due process, construction would commence towards the end of 2023. Further information about this exciting development is available via the [HSCP website](#), including an outline of the proposed design and FAQs based on recent engagement and enquiries.

Lease Assignations

- 5.19 In light of continued national challenges around liabilities linked to premises for delivery of GP services, the Scottish Government, and the BMA Scottish GP Committee (SGPC) agreed a National Code of Practice for GP Premises¹ that sets out the Scottish Government's plan to facilitate the shift to a model which does not entail GPs providing their practice premises.
- 5.20 The code sets out how the Scottish Government and Health Boards will enable the transition over a 25-year period to a model where GP contractors no longer own their premises, how the Scottish Government and Health Boards will support GPs who own their premises during the transition to the new model through the provision of interest-free secured loans, and the actions that GP contractors, who no longer wish to lease their premises from private landlords, must take to allow Health Boards to take on that responsibility.
- 5.21 This Code is also underpinned by a funding package (the GP Premises Sustainability Fund) to support the delivery of the measures identified, with further information available within the undernoted hyperlink.
- 5.22 This development has been welcomed by local practices and the HSCP continues to work closely with colleagues within NHSGGC and our Practice/Cluster Leads on issues around sustainability to offer assistance and support.
- 5.23 We also continue to progress discussions with colleagues in NHSGGC Capital Planning in taking forward considerations for the first lease assignation within the Board area for a Renfrewshire site, learning from the processes adopted by neighbouring Boards. It should be noted that mainly due to financial constraints progress has been slow and we continue to work with our NHSGGC colleagues to advocate the need for this to move forward, at pace, in the interests of continued effective partnership working and in the wider context of GP sustainability.

6. Current Activity and Progress to Date – HSCP Sites

- 6.1 This initial section provides a brief update in relation to the three remaining sites that were closed and/or otherwise repurposed during the height of the COVID-19 pandemic.
- 6.2 In addition, there is also a high-level update on a site-by-site basis to illustrative the wider improvement works which have been progressed over the last 18+ months. These improvements have brought about a series of enhancements to the environments for staff, patients, and service users alike. They have been included within this report to show the extensive efforts that have been undertaken to improve, enhance and maximise our assets as well as continuously seeking to further maximise capacity to meet current and evolving service requirements.

¹ <https://www.gov.scot/publications/national-code-practice-gp-premises/>

Linwood Health Centre (Community Wing)

- 6.3 A range of improvement works were undertaken within Linwood following the closure of our COVID Assessment Centre (CAC) in March 2022. These works have seen the creation of enhanced clinical facilities including Treatment Room facilities for a range of HSCP frontline and 'visiting' services from other parts of the NHS to enable a localised delivery.
- 6.4 These developments have also allowed us to further maximise the use of the space available and offer a flexible and adaptive location for a range of services to operate from. In recent months we have seen the overall level of various consultations at the site begin to return to pre-COVID levels and this has, in turn, supported a range of services to address increased demand and waiting list pressures.
- 6.5 As outlined within the Primary Care update, above, works are commencing at this location which will require us to support a temporary decant of some of the administrative and wider support functions of the GP practice into our community space in order to maintain service provision. It is expected that these works and the decant will be concluded by early Autumn. Plans are already in place to support these temporary spaces reverting to office accommodation for HSCP services to operate from in a hybrid model through touchdown and hot desk offerings.

Foxbar Clinic

- 6.6 At the peak of COVID the Foxbar Clinic was closed and in subsequent months planned maintenance works were undertaken opportunistically including a replacement boiler, heating system and pipework throughout. Given the various restrictions in place at the time as well as wider challenges around material and contractor availability these works took longer than originally anticipated.
- 6.7 Internal improvement works have continued to progress within the site, again with the HSCP seeking to, where possible, repurpose and maximise the space configuration to meet current and projected demand. This has included the remodelling of the original reception area to a more suitably sized space with the surplus capacity being redesigned into separate office accommodation to support hot desking requirements for additional staff to operate from this centralised location. In addition, similar to Linwood Health Centre improvement works, we have also taken the opportunity whilst the building has been closed to ensure that our clinical spaces are upgraded to offer modernised settings, thus futureproofing, and maximising their use going forward, to allow for flexible and adaptive use across a range of service requirements.
- 6.8 Initial planning is underway regarding the phasing and remobilisation of service delivery from the site with the current working assumption of reopening from late 2023. Given the clinical nature of the services that operate from the location, there is also a typical lead time that needs to be built into respective IT systems that manage appointment allocations etc, hence we are keen to ensure that services are given up-to-date information to support a seamless transition for services being delivered from this location.

Old Johnstone Clinic

- 6.9 Similar to the above locations, a range of internal improvement works have been undertaken within this site alongside external works to the fabric of the building owing to damage sustained during the lengthy period of closure.
- 6.10 In terms of usage going forward, it has been agreed that the site will operate as an office base only, rather than having a patient-facing element as it had in previous years. Given the office accommodation pressures at present across the estate portfolio as a whole, the location will provide a flexible offering of hybrid working spaces (bookable offices, hotdesks and meeting room capacity) that will address current demand pressures across a number of corporate teams that have expanded in recent years through increased staffing.
- 6.11 As is the case with Foxbar Clinic, the assumptions at present are that the site will be able to reopen and become operational again by late 2023 with some residual work being progressed meantime.

Wider Improvement Works

- 6.12 Over the last 18+ months there has been a significant effort to take forward a range of minor works and small-scale improvements in a number of our operational sites to improve the use of and maximise the availability of space, particularly in support of increased footfall as services have fully remobilised post-pandemic.
- 6.13 Below is a site-by-site overview for illustration purposes of the various works that have been undertaken with these delivering a range of immediate improvements to the benefit of staff, patients, and service users alike. In addition, some general improvements to furnishings, access controls and installation/upgrading of CCTV across the estate are also being taken forward for implementation over the coming months, to bring all sites up to a consistent standard.

Aranthruie Centre

- Planning work is underway to address a range of capacity pressures within the building and to maximise how the space is used to effectively deliver clinical requirements in light of increasing demand and investment in additional staffing through Scottish Government funding to support recovery and renewal within specialist children's services/CAMHs.
- This includes the upgrading of existing spaces to offer full clinical capacity, improvements to the overall flow of the building by relocating the reception desk to a more suitable location and repurposing the existing space into additional office accommodation to create capacity to house increased staff numbers.
- In addition, some backlog maintenance issues are also being progressed, including the removal of the existing portacabin space and the associated works and, a refresh of the waiting area to ensure it is more inviting for children and their families whilst visiting the location.

Renfrew Health & Social Work Centre

- Creation of new 'front door' Reception area sited at the main entrance of the building by repurposing the original information desk, with the former reception spaces on Floors 1 and 2 being repurposed into small offices to house increasing staff teams.
- Ongoing programme of works to address minor décor and flooring in areas where there has been high and increasing footfall in recent years including areas where we have had to decant and offer temporary working arrangements as outlined above.
- Installation of new teleconferencing facilities to support modern and hybrid ways of working to be used across all staff groups in meeting spaces.
- We are currently exploring and undertaking a feasibility study to establish whether we can house a back-up power generator at this location in order to futureproof and safeguard our service delivery efforts in the context of possible power outages and wider business continuity considerations.

Tannahill Centre

- A range of painting and decorative works within staff/office and main reception areas to bring forward a more modern feel to the environment.
- Re-configuration of the reception area with a fit-for-purpose solution and the creation of a separate office environment using the surplus capacity.
- Review and upgrade works being scoped for enhancing of the clinical space within this site to bring in line with provision in other locations.

New Sneddon Street Clinic

- Minor upgrade and refit works to existing clinical accommodation to benefit the various HSCP and 'visiting' services that operate from this central location.
- Small improvement works to the main Sandyford reception area to provide a more effective space for staff to operate from and support improved patient flow.

Back Sneddon Street

- Improvement works underway within the front-facing environment for patients/service users including an upgrade of the existing waiting room area, with this being trauma informed and promoting the ethos of recovery.
- New furniture for staff areas to create a modern and efficient offering, including options to support further hybrid and remote working solutions through digital advances.

Glenburn Health Centre

- Minor upgrade and refit works to existing clinical accommodation.

Northcroft Medical Centre

- Upgrade and enhancement works completed within the clinical capacity of our community wing, with a range of services now operating from fully refurbished rooms to maximise their usage.

Internal Care Homes

- Work is progressing, at pace, to undertake a minor redecoration programme within our internal Care Home provision in Renfrewshire, to enhance the environment for our residents. This also includes the upgrading of kitchen facilities within sites.
- In addition to the above, the HSCP is working closely with Property Services from Renfrewshire Council to take forward the installation of back-up power generators within these locations in the context of business continuity arrangements and ensuring that, in the event of planned or unplanned power outages, that the locations can continue to operate and provide care to the residents.

Implications of the Report

1. **Financial** – Investment to support the delivery of our priorities will require a drawdown from the IJB's Accommodation and Premises earmarked reserve as well as a degree of capital funding via the parent organisations. As such, the HSCP will work with the parent organisations to develop capital plans, seeking opportunities to review and rationalise areas of our utilised estate where possible to create efficiencies, further integrate services and ensure the continued delivery of care in the most appropriate settings.
2. **HR & Organisational Development** – no implications from this report.
3. **Strategic Plan and Community Planning** – our delegated estate plays a critical role in enabling the delivery of our Strategic Plan and we work closely to ensure the requirements of services can be realised through the accommodation available.
4. **Wider Strategic Alignment** – the aspiration of our work is in line with the direction of travel being signalled by our parent organisations and we continue to work with them as respective property reviews are taken forward.
5. **Legal** – no implications from this report. For assurance, legal advice will be sought, where necessary and appropriate, in relation to future developments and capital considerations.
6. **Property/Assets** – no implications from this report. As outlined within the report, property ownership and responsibility remain a reserved matter for the parent organisations and we will continue to work collaboratively with both to take forward the core objectives and requirements of the organisation.
7. **Information Technology** – no immediate implications from this report however the use of technology and digital can positively influence how buildings are utilised going forward, allowing us to optimise the use of our estate to meet patient and service user care in the most appropriate way and setting.
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** – no implications from this report.
10. **Health & Safety** – no implications from this report.

11. **Procurement** – no implications from this report. All procurement activity will remain within the operational arrangements of the parent organisations and progressed through established routes.
 12. **Risk** – no implications from this report. Any property related risks will be identified, logged, and monitored through HSCP and parent organisations, as appropriate, on an ongoing basis.
 13. **Privacy Impact** – no implications from this report.
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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)



To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: ADP Co-ordinator

Heading: Renfrewshire ADP Annual Reporting Survey 2022/23

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

1. Summary

- 1.1. Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Frameworks and driving forward local action to reduce the impact of alcohol and drugs.
- 1.2. This survey demonstrates some of the work undertaken by Renfrewshire ADP focused on a range of key priority areas which relate to the delivery of the National Mission Action Plan during 2022/23.
- 1.3. The survey is composed of single option and multiple-choice questions designed by the Scottish Government to allow consistent recording and analysis by all ADPs nationally.
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2. Recommendations

It is recommended that the IJB:

- Note the contents of the survey (as attached in Appendix 1)
 - Approves the ADP Annual Reporting Survey, 2022/23
-

3. Background

- 3.1. The ADP is tasked with the delivery of the Scottish Government's National Mission Outcomes Framework and is required to complete and

submit an annual survey based on a template developed by the Scottish Government (detailed in Appendix 1).

- 3.2. The survey is designed to capture a range of actions which relate to the National Mission key priority areas:-
- Prevention, Early Intervention and Education
 - Treatment, Care and Recovery
 - Whole Family Approach
 - Public Health Approach to Justice
 - Reducing Alcohol Harms
- 3.3 The data collected will be used to identify any potential gaps at a local level and the findings will help monitor the impact of the National Mission Action Plan.
- 3.4 The Annual Survey was completed in conjunction with all relevant partners and approved by the ADP in June 2023.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Strategic Plan and Community Planning** – No implications from this report.
4. **Wider Strategic Alignment** – No specific implications from this report, however, some activity is undertaken in alignment with the IJB’s Strategic Plan and Renfrewshire’s Community Plan and relevant strategies of Renfrewshire Council and NHSGGC.
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 Scotland Duty** – No implications from this report.
10. **Health & Safety** – No implications from this report.
11. **Procurement** – No implications from this report.
12. **Risk** – No implications from this report.
13. **Privacy Impact** – No implications from this report.

List of Background Papers – None

Author: Donna Reid, Co-ordinator, Renfrewshire ADP

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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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Renfrewshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None
- Other (please specify): RADAR

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Specific to drug related deaths only. Renfrewshire ADP attempted to recruit an Alcohol Related Deaths post but due to the temporary nature of the post, was unable to recruit. Alternative arrangements are currently being discussed.

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	5.00
Total vacancies (whole-time equivalent)	1.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

The ADP Support Team currently consists of an ADP Co-ordinator, Information Analyst, Planning and Development Officer, Drug Related Deaths Lead Officer and Business Support Staff, the majority of which are temporary.
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Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
 No (please specify who does):
 Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	79.30
Total vacancies (whole-time equivalent)	18.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
 Flexible working arrangements
 Management of caseload demands
 Provision of support and well-being resources to staff
 Psychological support and wellbeing services
 Staff recognitions schemes
 None
 Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

- Feedback/complaints process
- Questionnaire/survey
- No
- Other (please specify): Conversation Cafes

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the planning stage
Focus group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the planning stage
Focus group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

A Lived Experience Forum was developed at the end of last year. We are now in the process of establishing direct lived experience representation at ADP level.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

We are in the process of agreeing a process of monitoring to ensure a recovery auditing tool is in place across all commissioned services. This will include the requirement to include individuals with lived and living experience within monitoring groups.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify): Access to a Recovery Forum & Lived Experience Forum

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

- Community/recovery cafes
- Job skills support
- Naloxone distribution
- Peer support/mentoring
- Psychosocial counselling
- None
- Other (please specify): Bespoke programmes delivered via CIRCLE Recovery Hub i.e. Gardening Club, Art Project, Further Education opportunities with local college, nutrition with numbers including education around arithmetic, natural history/metal detection group.

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

Stigma, funding challenges regarding DWP, travel/out of pocket expenses

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

- MAT Implementation Support Team (MIST)
- Scottish Drugs Forum (SDF)
- Scottish Families Affected by Drugs and Alcohol (SFAD)
- Scottish Recovery Consortium (SRC)
- None
- Other (please specify): RAMH, One Ren, Blue Triangle, West of Scotland College, Turning Point, RCA Trust, NA, Barnardo's, You First Advocacy, wider Renfrewshire Council partners, YMCA, Kickin On, Youth Interventions

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

Yes (please specify which): Preventing Drug Deaths in Renfrewshire Action Plan; Renfrewshire IJB Strategic Plan 2022-2025

No

Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

Renfrewshire ADP has been working collaboratively with individuals and families with lived and living experience, as well as frontline workers and partners, to tackle stigma through training and awareness raising in Educational settings. I Am Me Scotland was commissioned by Renfrewshire Children's Services to create a suite of resources from Early Years – S5 on Alcohol & Substance Awareness. The overall aim of the resources is to educate children and young people about substances (drugs, solvents, alcohol, tobacco), the effects they can have on your mind and body, and how to keep safe in situations they may find themselves in. The lessons are interactive, engaging and fully accessible with cc captions and audio voice overs throughout each lesson. Each lesson is designed to complement the experiences and outcomes set out in the Curriculum for Excellence (CfE). All lessons have teachers notes and additional activities, to facilitate ease of delivery in each year.

SDF Police Scotland Understanding Stigma: Promoting inclusive attitudes and practice training delivered to Renfrewshire ADP, HSCP, Council and 3rd sector staff.

We are working with the Alcohol and Drugs Programme Board to support delivery of some of the Alcohol and Drug Commission's recommendations which includes developing a Language Matters Initiative to help challenge preconceptions and stigma around alcohol and drug use.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)
[multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Leaflets/posters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)	x	x	x	x	Local campaigns/National Events

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-natal/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching materials for schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wellbeing services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Buvidal provision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Detoxification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Harm reduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
“Life skills” support or training (e.g. personal/social skills, employability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-to-peer naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery cafe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Referrals to drug treatment services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)						

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

3

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

3

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify): Access to the Lived Experience Forum

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify): Members of interview panels

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify):

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways
- None
- Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversions activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

RADAR (young person's service) generally does not work with children under the age of 13. If someone under the age of 13 was involved in alcohol misuse we might offer some brief intervention, but the main focus would be on ensuring adequate supervision and education by carers which would be the responsibility of Children and Families Social Work. For children (aged 0-15) impacted by alcohol use by a parent/carer, a GIRFEC approach is taken by Children & Families Social Work to assess the holistic needs of the child and the impact of the alcohol misuse on them. Addiction workers co-located with these services will form part of the multi-agency team to support the family. If proportionate, Child Protection measures could be applied in order to safeguard the child.

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversions activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

RADAR (young person's service) generally does not work with children under the age of 13. If someone under the age of 13 was involved in drug misuse we might offer some brief intervention, but the main focus would be on ensuring adequate supervision and education by carers which would be the responsibility of Children and Families Social Work. For children (aged 0-15) impacted by drug use by a parent/carer, a GIRFEC approach is taken by Children & Families Social Work to assess the holistic needs of the child and the impact of the drug misuse on them. Addiction workers co-located with these services will form part of the multi-agency team to support the family. If proportionate, Child Protection measures could be applied in order to safeguard the child.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from minority ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from religious groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are experiencing homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are LGBTQI+	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are pregnant or peri-natal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who engage in transactional sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with hearing impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with learning disabilities and literacy difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with visual impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- Yes (please provide link here or attach file to email when submitting response):
 No

Q32b) If no, please provide details.

[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

Renfrewshire ADRS facilitates a mental health and alcohol & drug inclusive provision. No-one is excluded due to their mental health presentation. Service is staffed by a Consultant Psychiatrist, Psychologist and RMNs.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Clear links in place with Health and Homelessness Co-ordinator within Renfrewshire HSCP and Welfare Rights Officers via Renfrewshire Council.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify): Local recovery hub has been developed applying trauma informed principles. This has included the physical environment and how the space is best utilised so as not to impact the person's experience of their personal trauma.

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent’s or carer’s substance use?** (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)				

Q37a) Do you contribute toward the integrated children’s service plan? (select only one)
[single option]

- Yes
- No
- Don’t know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

This is in progress. One of the key working groups within the ADP structure is currently progressing the Framework which will be aligned to the review of family support services recently carried out by SFAD.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting): 29/09/23

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

