

Notice of Meeting and Agenda

Renfrewshire Health and Social Care Integration Joint Board.

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

MARK CONAGHAN
Clerk

Membership

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

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

Further Information - online meetings only

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

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

Members of the Press and Public - contact details

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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/TzXexpn3wNU?si=9s2kAG-n1FG9x-op>

Items of business

Apologies

Apologies from members.

Declarations of Interest and Transparency Statements

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

- | | | |
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| | Minute of meeting of the Integration Joint Board (IJB) held on 29 September 2023. | |
| 2 | IJB Action Log | 13 - 14 |
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| 3 | Chief Officer's Report | 15 - 24 |
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| 4 | Financial Report 1 April to 30 September 2023 | 25 - 54 |
| | Report by Chief Finance Officer. | |
| 5 | Development of a Sustainable Futures Programme: Update | 55 - 70 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 6 | Performance Management Benchmarking Report | 71 - 86 |
| | Report by Chief Officer. | |
| 7 | Workforce Planning: Update on Year 1 progress and Year 2 actions | 87 - 106 |
| | Report by Head of Strategic Planning & Health Improvement. | |
| 8 | Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023/28 | 107 - 188 |
| | Report by Head of Mental Health, Learning Disability and Alcohol & Drugs Recovery Services. | |
| 9 | Renfrewshire HSCP: Winter Plan 2023/24 | 189 - 198 |
| | Report by Head of Strategic Planning & Health Improvement. | |

- 10 Chief Social Work Officer Report 2022/23** **199 - 220**
Report by Chief Social Work Officer.
- 11 Climate Change Duties** **221 - 232**
Report by Head of Strategic Planning & Health Improvement.
- 12 IJB Audit, Risk and Scrutiny Committee**
Verbal update by Chair of the IJB Audit, Risk and Scrutiny Committee.
- 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 26 January 2024.



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

Date	Time	Venue
Friday, 29 September 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); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Chief Officer and Sarah Lavers, Chief Finance Officer (both Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Adam, Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); and Pauline Robbie, Head of Health & Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning & Health Improvement, John Goldie, Independent Chair (ADP), Donna Reid, ADP Co-ordinator, John Millar, Communications Business Lead (Transformation), Sian Ramsay, Finance Business Partner, James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager and Jade Collins, Senior Communications Officer (all Renfrewshire Health and Social Care Partnership) and Grace Scanlin, Senior Auditor (Ernst & Young).

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.

Apology

Annie Hair (Trade Union representative for Health Board).

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 30 June 2023 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

In relation to NHSGGC Mental Health Strategy: Renfrewshire Implementation Update, the Chief Officer advised that funding allocations had been agreed by the Health Board and that an update would be provided to the next meeting of the IJB; in relation to Unscheduled Care Winter Update, the Chief Officer advised that this was on track; and in relation to the Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee, the Clerk advised that a report on this matter would be submitted to the IJB following the development session currently being arranged for members of the Committee.

It was noted, that reports or updates in connection with the Primary Care Improvement Plan, the financial outlook for 2023/24 and the draft Scorecard for 2023/24 and the draft Year 2 Strategic Delivery Plan would be considered during the course of the meeting.

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

Sederunt

Stephen Cruickshank joined the meeting during consideration of the following item of business.

3 **Chief Officer's Report**

The Chief Officer submitted a report providing an update on recent key developments and operational activity and additional policy developments which would be built into future workplans, strategies and action plans.

The report provided an update on the HSCP's preparation for the winter planning period alongside ongoing business continuity planning to ensure robust plans were in place to manage potential challenges. More widely, the report provided updates on the reduction of reported alcohol and drug related deaths in Renfrewshire in 2022; the key initiatives being taken locally to continue tackling drug and alcohol related harm death and several policy updates alongside key operational policy relating to COVID-19.

DECIDED:

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

(b) That the national policy updates, as detailed in sections 11 to 15 of the report, be noted.

4 **Financial Report 1 April to 31 July 2023**

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

The report referred to the current volatility of the IJB's budget due to the current economic and cost of living crisis and the likelihood that this would have a negative impact on projections through the financial year, as highlighted in the report on the 2023/24 Delegated Health and Social Care Budget report considered at the meeting of the IJB held on 31 March 2023. It was noted that given the current fluid discussions on pay negotiations for local government, the final impact on the overall budget position for 2023/34 and the level of funding being passed through to the IJB to meet these increased costs was not yet clear. The current projections did not include the impact of the pay award above the 3% included as part of the overall budget assumptions for 2023/24.

The report intimated that due to a delay in receiving some of the ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities, the impact on the in-year budget or the conditions attached to the funding was not yet clear.

The report advised that the projected final outturn for 2023/24 was an overspend of £4,601k, prior to any draw down from general reserves, and included a transfer of any in-year underspend at 31 March 2024 to earmarked reserves in line with Scottish Government funding arrangements in relation to winter pressure monies, Action 15, the Primary Care Improvement Programme and the Alcohol and Drug Partnership.

The report provided information on the key pressures; prescribing; Scottish Government funding 2023/24; other delegated services and reserves.

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

The Chair proposed that both she and Margaret Kerr, Chair of the IJB Audit, Risk and Scrutiny Committee, meet with relevant officers from the HSCP and the Council around the level of funding that would be passed through to the IJB to meet increased staffing costs in connection with the pay negotiations. Further, that an update report be submitted to the next meeting of the IJB to be held on 24 November 2023. This was agreed.

DECIDED:

(a) That the in-year position at 31 July 2023 be noted;

(b) That the projected year-end position for 2023/24 be noted; and

(c) That it be noted that the Chair and Margaret Kerr, Chair of the IJB Audit, Risk and Scrutiny Committee, would meet with relevant officers from the HSCP and the Council around the level of funding that would be passed through to the IJB to meet increased staffing costs in connection with the pay negotiations and that an update report be submitted to the next meeting of the IJB to be held on 24 November 2023.

5 IJB Audited Annual Accounts 2022/23

Under reference to item 7 of the Minute of the meeting of the IJB held on 30 June 2023, the Chief Finance Officer submitted a report relative to the Audited Annual Accounts for the IJB for 2022/23, a copy of which was appended to the report.

The report intimated that Ernst & Young (EY) had provided an audit opinion which was free from qualification and advised that EY had submitted a report to the IJB Audit, Risk and Scrutiny Committee held on 18 September 2023 which detailed matters arising over the course of the audit.

The report advised that under the Local Authority Accounts (Scotland) Regulations 2014, the IJB must meet to consider the annual accounts and approve those accounts for signature no later than 30 September.

Grace Scanlin, EY, addressed members on the Audited Accounts and on EY's report considered at the last meeting of the IJB Audit, Risk and Scrutiny Committee. Grace advised that following discussion and comments from the Chair of the IJB Audit, Risk and Scrutiny Committee during the meeting, EY had reflected on the amber rating given in relation to Best Value and intimated that this amber rating would be removed from the final version of EY's report prior to being submitted to Audit Scotland.

DECIDED: That the Annual Accounts for 2022/23 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

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

Under reference to item 8 of the Minute of the meeting of the IJB held on 30 June 2023, the Head of Strategic Planning & Health Improvement submitted a report providing detail on the HSCP's implementation of the Sustainable Futures Programme and seeking approval for two further areas of scope being progressed alongside the previously approved projects.

The report advised that the intent of the Programme was to progress projects and proposals to deliver savings which would contribute towards addressing an overall cumulative gap of approximately £14.7 million in the next financial year.

The report provided detail on the proposed initial project areas and the two further areas of scope and advised that an updated position on costed savings would be brought to the IJB in November 2023 which would also outline the next steps and further work required including the phasing of projects and the associated development of savings options.

DECIDED:

(a) That the updates provided on the progress made in implementing the Sustainable Futures Programme approach and supporting governance, as detailed in sections 4 to 6 of the report, be noted;

(b) That the key programme risks, outlined in section 8 of the report, be noted; and

(c) That the proposed additions to the scope of the Programme, as set out in section 7 of the report, be approved.

7 **Strategic Plan 2022/25: Year 2 Strategic Delivery Plan**

Under reference to item 9 of the Minute of the meeting of the IJB held on 30 June 2023, the Strategic Lead & Improvement Manager submitted a report providing detail on the work undertaken to develop further deliverables in Year 2 of the Strategic Plan, a copy of which was appended to the report.

The report intimated that the delivery plan, provided for review and approval, had been focused on the coming six-month period to the end of March 2024, to realign with the dates of the Strategic Plan.

The report advised that at the meeting of the IJB held on 30 June 2023, the Annual Performance Report 2022/23, which included an overview of the progress made in delivering the objectives and supporting deliverables included in the Strategic Delivery Plan for Year 1, had been approved.

The report provided detail on the delivery of the Strategic Plan; the updates to strategic objectives; and on how progression and completion of the activities would be measured. The report noted that the process followed for developing deliverables for Year 1 and Year 2 would be utilised to identify deliverables for Year 3 and that the Year 3 Strategic Delivery Plan would be submitted to the IJB in March 2024. Further, that there might be a knock-on impact on the ability to deliver all of the ambitions set out in the Plan in the context of the wider demand pressures, financial challenges and external factors

which required further clarity. This would remain under review and any further developments would be incorporated in future updates.

The Head of Strategic Planning & Health Improvement advised that quarterly update reports in relation to CAMHS and speech and language therapy would be submitted to the IJB.

DECIDED:

(a) That the process undertaken to develop the 'Year 2' Strategic Delivery Plan, as detailed in sections 4 to 6 of the report, be noted;

(b) That the challenges associated with delivering the full Strategic Plan by 2025, as detailed in section 7 of the report, be noted; and

(c) That the contents of the Strategic Delivery Plan, which formed Appendix 1 to the report, be approved.

8 **Performance Scorecard 2023/24**

Under reference to item 9 of the Minute of the meeting of the IJB held on 30 June 2023, the Head of Strategic Planning & Health Improvement submitted a report setting out the HSCP's proposed Performance Scorecard for 2023/24.

The report intimated that the Performance Scorecard for 2023/24 had been reviewed and the report provided detail on the performance indicators removed; those targets which required to be amended; amendments to indicators; and the new performance indicators added. Appendix 1 to the report detailed the proposed changes.

The report advised that the full Scorecard updating all performance measures would be presented to the IJB twice yearly, at mid-year in January 2024 and end of year in June 2024.

The report indicated that the HSCP was currently undergoing a Performance Audit which was expected to be completed in Autumn 23 and that a summary of the findings would be reported to the IJB Audit, Risk and Scrutiny Committee with any proposed changes being reported to the IJB via future performance reporting.

The Head of Strategic Planning & Health Improvement advised that regular update reports in relation to CAMHS and speech and language therapy would be submitted to the IJB.

DECIDED:

(a) That the HSCP's draft Performance Scorecard for 2023/24 be approved;

(b) That it be noted that the full Scorecard updating all performance measures would be presented to the IJB twice yearly, mid-year in January 2024 and end of year in June 2024 as part of the Annual Performance Report; and

(c) That it be noted that regular update reports in relation to CAMHS and speech and language therapy would be submitted to the IJB.

9 **Quality, Care and Professional Governance Annual Report 2022/23**

The Head of Health & Social Care submitted a report relative to the HSCP's Quality, Care and Professional Governance Annual Report for the period April 2022 to March 2023, which provided 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, a copy of which formed Appendix 1 to the report.

The report advised that the governance care components within Renfrewshire HSCP were based on service delivery, care and interventions that were person-centred, timely, outcome focused, equitable, safe, efficient and effective. Further, that arrangements remained in place to support enhanced multidisciplinary arrangements to support care homes, aimed to provide scrutiny, support including ongoing assurance visits, and oversight of care homes across Renfrewshire.

DECIDED:

(a) That the content of the report, attached as Appendix 1, provided on HSCP governance to provide the necessary assurance to the IJB that services continued to operate safely and effectively, be noted; and

(b) That the number of examples included within the report be noted.

10 **Primary Care Improvement Plan**

Under reference to item 4 of the Minute of the meeting of the IJB held on 30 June 2023, Dr Stuart Sutton gave a presentation on the Primary Care Improvement Plan (PCIP) and wider primary care update.

The presentation provided the background and information in relation to PCIP progress to date locally in Renfrewshire; the interventions provided locally by the Community Treatment and Care Services (CTAC); phlebotomy services available in all 28 GP practices in Renfrewshire; the location of the Wider Treatment Room Services; the challenges faced; the developments which would be undertaken within the next few months; the wider Primary Care update; and work carried out by the HSCP to support sustainability.

DECIDED: That the presentation be noted.

11 **Property and Accommodation Update**

The Chief Finance Officer submitted a report relative to property and accommodation matters to support service delivery across the HSCP.

The report intimated that the HSCP continued to work with both parent organisations whilst reviews of their property estate portfolios were undertaken and that the outputs from these would ultimately inform and shape the HSCP's Property Strategy over the coming years, which would be shared with the IJB when available.

The report highlighted the key areas of activity over the past months and which were currently in progress. In addition, the report set out some of the ongoing challenges faced and were likely to be faced in the future.

DECIDED: That the contents of the report be noted.

12 **Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022/23**

The Alcohol and Drug Partnership (ADP) Co-ordinator submitted a report relative to the Renfrewshire ADP Annual Reporting Survey 2022/23, a copy of which was appended to the report.

The report intimated that Renfrewshire ADP had key responsibility for implementing the National Policy Frameworks and driving forward local action to reduce the impact of alcohol and drugs. The Survey demonstrated some of the work undertaken by Renfrewshire ADP, focused on a range of key priorities which related to the delivery of the National Mission Action Plan during 2022/23.

The report advised that the Survey comprised of single option and multiple-choice questions designed by the Scottish Government to allow consistent recording and analysis by all ADPs nationally.

The ADP Co-ordinator advised that a report in relation to the refreshed ADP Strategy and high-level delivery plan would be submitted to a future meeting of the IJB.

The Independent Chair (ADP) intimated that a more localised report would be drawn up as part of the refresh for Renfrewshire and advised that he would make contact with IJB members to discuss what was happening on the ground in Renfrewshire.

DECIDED:

(a) That the contents of the Survey, appended to the report, be noted;

(b) That the ADP Annual Reporting Survey 2022/23 be approved;

(c) That it be noted that a report in relation to the refreshed ADP Strategy and high-level delivery plan would be submitted to a future meeting of the IJ; and

(d) That it be noted that the Independent Chair (ADP) would make contact with IJB members to discuss what was happening on the ground in Renfrewshire.

13 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held remotely on MS teams at 10.00 am on 24 November 2023.

IJB Rolling Action Log – 24 November 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	24 November 2023	Report will be submitted when information is available from NHSGGC
27/01/23	Unscheduled Care Winter Update	Submit further report in summer 2023	Head of Health & Social Care	Summer 2023	Update from NHSGGC is scheduled to come forward in January 2024
30/06/23	Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee	Submit report relative to appointment of Chairs and Vice Chairs for a two-year period	Clerk	22 March 2024	Report will be submitted following review of the Integration Scheme
	Arrangements for Future Meetings	Submit report relative to arrangements for the agreed meetings in June 2024 and the timetable of future meetings to June 2025 and arrangements for these meetings	Clerk	22 March 2024	
29/09/23	Financial Report 1 April to 31 July 2023	Submit update around the level of funding being passed through to the IJB from the Council to meet increased staffing costs	Chief Finance Officer	When available	Update will be provided when detail is available

	Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022/23	Submit report re refreshed ADP Strategy and high-level delivery plan	ADP Co-ordinator	When available	Report will be provided when detail is available
	Performance Scorecard 2023/24	Submit CAMHs / SLT performance on a six-monthly basis at mid and end of year points within the Chief Officer report in order to maintain awareness of local performance	Head of Strategic Planning & Health Improvement	Mid and end of year	Update provided in the Chief Officer's Report considered at this meeting Further updates will come forward six-monthly



To: Renfrewshire Integration Joint Board

On: 24 November 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 29 September 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 challenge, particularly within the financial circumstances faced by the IJB. Key HSCP updates provided include a summary of the outcomes of the HSCP's Administration and Business Project review alongside an update on the 2023/24 review of the Renfrewshire IJB Integration Scheme.
- 1.3. Several national policy updates are also provided, including updates on the Scottish Government's Programme for Government 2023/25 and publication of the national Winter Preparedness Plan 2023/24.
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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 19)
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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. HSCP Administration and Business Support Project

- 4.1. The HSCP has previously provided updates to the IJB on the progression of the Administration and Business Support project, which was carried out over two phases (i) an initial scoping phase focused on understanding challenges and issues; and (ii) a second design phase seeking to develop and implement solutions to the issues raised by staff. The second phase of work has now concluded, and the project and associated governance formally closed.
- 4.2. The project was taken forward in partnership with staff-side representatives, a core project team, service managers and input from staff throughout. The project has been received positively with strong engagement from our staff group in both phases.
- 4.3. To complete the project, two project closure meetings were held with service staff in September and October 2023 to reflect on the project objectives, benefits and successes achieved. These sessions provided an overview to staff on the breadth of work completed which included (i) actions to manage workload and information control; (ii) updating and bringing consistency to job descriptions (including a reduction in the number of job descriptions now used); (iii) considering staff use of, and improving access to, the technology staff require to deliver their roles; (iv) ensuring staff can access available training to support their personal and professional development; (v) enhancing communication and culture; and (vi) developing and circulating a service purpose statement.
- 4.4. In these sessions, staff provided valuable feedback on their experience of the project, including partnership working and the role of the peer support groups which are now in place. Following these sessions, a survey was also issued to staff to gather further insight into the impact of the project and areas where further focus may be required in coming months. This will be considered alongside ongoing activity to continuously improve and refine service processes, identify additional training and development opportunities, and finalise a service specification to support greater control over staff workloads.

5. Integration Scheme Review

- 5.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') requires Health Boards and Local Authorities to jointly prepare an Integration Scheme (the 'Scheme'). The Scheme is a legal partnership agreement which covers all matters prescribed under the Act - setting out the key arrangements for how health and social care Integration should be planned, delivered, and monitored. The Renfrewshire Integration Scheme was approved by Parliament on 27 June 2015.

- 5.2. Under Section 44 of the Act there is a legal requirement to complete a review of an Integration Scheme within a “relevant period” of 5 years from initial publication. The review must have due regard to the integration planning principles set out in the Act and the [National Health and Wellbeing Outcomes](#). Statutory responsibility to review the Scheme sits with our partners - Renfrewshire Council and NHSGGC. The IJB is not a party to the Scheme.
- 5.3. The Scottish Government has advised that the Schemes should be reviewed in line with current legislation, including consultation with prescribed consultees. Previous work was undertaken to review Renfrewshire’s Integration Scheme however this was paused prior to consultation in February 2020 due to the Covid pandemic and the need to reflect further feedback in the draft updated Scheme. A pan-GGC HSCP working group chaired by the West Dunbartonshire HSCP Chief Officer has since been re-established to lead the review and prepare all six Schemes for consultation.
- 5.4. A draft updated Integration Scheme has been developed, with changes focused on bringing consistency to the language used and reflecting updated policies and procedures. No material change has been made to the functions delegated to the IJB. The six draft Schemes were submitted to NHSGGC’s FP&P Committee on 3 October 2023 at which point the process for consultation and finalisation was considered. Following discussions with Renfrewshire Council, the draft Scheme is scheduled to be considered by the Council’s Leadership Board at its meeting on 21 February 2024. A formal consultation process will subsequently be launched with prescribed consultees, and all IJB members will be provided a copy of the draft revised scheme and the opportunity to provide their individual feedback as part of this process. The Scheme will be further updated to reflect feedback received where appropriate and submitted for final approval through partner governance routes before the final Scheme is brought to the IJB for information and noting on 28 June 2024. The scheme will then be submitted by the Chief Executives of NHSGGC and Renfrewshire Council to the Scottish Government for approval before wider publication.

6. Update on CAMHS progress and performance

- 6.1 As the IJB is aware, responsibility for the management of CAMHS services across the NHSGGC areas now sits with East Dunbartonshire HSCP. However, following discussion at the last meeting of the IJB, the HSCP has committed to providing regular updates to members on performance within the CAMHS service. The most recent performance update received shows the following key points:

- The national target is for 90% of children and young people to commence treatment for specialist CAMHS support within 18 weeks. The most recent update at the beginning of November shows that 100% of children and young people in Renfrewshire waited less than 18 weeks, with performance at 98% across NHSGGC.
- The longest wait as at the date of appointment within Renfrewshire was 9 weeks.

7. NHSGGC Primary Care Strategy – Progress Update

- 7.1. In January 2023, the IJB was updated on the development of a new 5-year NHSGGC Primary Care Strategy. The strategy is part of the NHSGGC [Moving Forward Together](#) Programme. From January to September 2023, the strategy has been subject to an extensive engagement programme with a wide range of stakeholders including patients, public, HSCPs' Strategic Planning Groups, staff, services, Staff Partnership Forums, independent contractors, professional bodies, and Senior Management Teams. This has ensured that a collaborative approach to the development of the strategy has been taken.
- 7.2. The main aim of engagement has been to develop an agreed a shared set of strategic priorities in partnership with key stakeholders. These priorities will be delivered over the strategy's lifespan and aim to support the strategy's vision and ambition to transform primary care and improve outcomes for patients and the workforce. The engagement programme has now concluded and has been positively received by all stakeholders.
- 7.3. The draft strategy is now in the testing and refinement stage. The implementation plan that will support delivery of the strategy is now in development and subject to engagement with strategic partners. Over the next few months, the draft strategy and plan will be presented to various NHSGGC governance forums and each of the six IJBs, in line with the agreed governance requirements. On 22 March 2024, the draft strategy will be brought to Renfrewshire IJB for noting, in advance of seeking final approval from the NHSGGC Board in April 2024.

8. Health and Social Care Integration Authority Planning and Performance Reporting Statutory Guidance Consultation

- 8.1. In 2015/16, the Scottish Government initially published statutory guidance to support strategic planning and performance reporting for Integration Authorities. Work has now been undertaken to refresh this guidance and the Scottish Government launched a consultation seeking views on the updated guidance. The HSCP submitted feedback in a response to Health and Social Care Scotland, which was collated with feedback from HSCPs across Scotland and submitted by the 27 October 2023 deadline.

9. Anticipatory Care Planning and Future Care Planning

- 9.1. On 20 September 2023, the Chief Medical Officer for Scotland [advised](#) of a change in terminology in the use of 'anticipatory care planning' to 'future care planning'. Anticipatory Care Planning (ACP) is a guided conversation between patients, families, carers, and professionals around their health and care. It enables people to consider options and 'plan for the future' through shared decision-making with professionals and carers. This change aims to improve the public's understanding around the approach to care planning.
- 9.3. For awareness, and to ensure consistency with these developments and changes, communications have been circulated to operational staff to make the required changes to applicable documentation. The HSCP will ensure that

all relevant strategies, plans and reporting packs have been updated over time to reflect the mandatory change in terminology.

- 9.4. The Scottish Government will now work with a range of delivery partners to develop a national programme of work on future care planning - connected to various cross-portfolio programmes of work including the [My Health, My Care, My Home Framework 2022](#), Primary Care Access, Dementia and Getting It Right For Everyone (GIRFE). An update will be brought to the IJB at a future date when the detail of the national programme has been fully developed.

10. NHSGGC Quality Strategy

- 10.1. In November 2023, NHSGGC will launch a new project to refresh the existing NHSGGC Quality Strategy 2019-2023. The HSCP will support development of the strategy through (a) attendance at the Acceleration Design Event on 24 November 2023 from across a cross-section of our services and (b) form part of the design and development group tasked with co-creating the strategy. A progress update will be brought to the IJB at a future date once further information is made available.

Key National Updates

11. Scottish COVID-10 Inquiry - Health and Social Care Impact Hearings

- 11.1. The Scottish COVID-19 Inquiry has been launched to investigate the devolved strategic response to the Covid pandemic in Scotland between 1 January 2020 and 31 December 2022. The current phase of the inquiry runs between October and November 2023 and is focused on the impact to health and social care. Further themes will be considered in future phases of the inquiry, including education and young people, finance, business, and welfare.

- 6.2 As part of its overall approach, the inquiry has launched 'Let's Be Heard' as a mechanism for gathering wider feedback from the Scottish public. For any specific information requests which may be received by the HSCP, the Partnership will work with our partners to coordinate the collation of any required evidence.

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 September 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.

- 12.2. Between June and August 2023, various regional and online forums have taken place as part of the ongoing co-design process. The engagement programme focused on 5 themes: (1) local care support (2) information sharing (3) complaints/independent advocacy (4) rights and responsibilities and (5) workforce. In October 2023, the engagement summary [reports](#) were published. The reports outline the key findings and next steps in the co-design process which will take place over the next 18 months.

- 12.3. Although initial consensus between Scottish Government and The Convention of Scottish Local Authorities (COSLA) on the new partnership agreement was

reached in June 2023, discussions continue, and the detail is still being developed to inform proposed amendments to the Bill. This will include a review of local governance arrangements and accountability between HSCPs and IJBs and will start to inform discussions around any proposed future reform of IJBs. A further update will be brought to the IJB in January 2024.

13. Programme for Government 2023/24

13.1. On 5 September 2023, the Scottish Government published its annual [Programme for Government 2023/24](#). The programme sets out the actions that will be taken in the following year and beyond, including the legislative programme for the upcoming parliamentary year. This programme, and the areas of activity, have been heavily influenced by the significant and unprecedented financial challenges that Scotland continues to face.

13.2. This programme has 3 missions (1) Equality – tackling poverty and protecting people from harm (2) Opportunity – building a fair, green, and growing economy and (3) Community – delivering efficient and effective public services. The HSCP is already actively working on areas that will contribute to the aims outlined in the programme. There are also linkages with the themes and priorities set out in the IJB's Strategic Plan 2022/25.

13.3. Some of the key challenges set out in the Programme for Government are also mirrored by the HSCP, particularly the scale of the financial challenges faced in the current spending environment. Balancing the need to ensure financial sustainability, whilst recovering from the pandemic and continuing to deliver best value, efficient and effective services for our communities against a backdrop of increased demand and acuity represents an unprecedented challenge for the HSCP. This has been reflected in the development of the HSCP'S Sustainable Futures programme which is covered by a supporting paper to this meeting.

14. Health and Social Care Winter Preparedness Plan 2023/24

14.1. In September 2023, the HSCP provided an update to the IJB on the approach to winter planning for 2023/24 with a commitment to bring the HSCP Winter Plan 2023/24 to the IJB for approval. On 24 October 2023, the Scottish Government and COSLA published the [Winter Preparedness Plan 2023/24](#). This joint plan sets out a number of key priorities and actions which have been developed through a collaborative assessment of demand and pressures for health and social care services across the whole system. Further details are provided in the update paper setting out the HSCP's Winter Plan 2023/24, which is also being considered at this meeting.

15. Audit Scotland's Best Value in Scotland Report 2023

15.1. On 26 September 2023, Audit Scotland published the [Best Value in Scotland Report](#). The report provides assurance and scrutiny of local government finance and services around best value, focusing on what is working well and what needs to improve to drive improved performance, better governance and use of public money and resources.

15.2. The report highlights that Councils are facing increasing demand for services, a real-terms reduction in funding, combined with high inflation and rising interest rates. Faced with these pressures and spending constraints, it is essential that Councils can secure best value through procurement activity and can also demonstrate compliance with the duty to secure and deliver best value.

15.3. IJBs are also covered by the duty of best value. Best value is at the heart of the IJB's financial management and governance arrangements and is considered through the annual audit of the IJB's accounts. It is also supported through the aims and objectives of the HSCP's Sustainable Futures Programme, which aims to deliver savings with least impact whilst continuing to support the most vulnerable people in Renfrewshire.

16. **Suicide Prevention Strategy and Action Plan: Outcomes Framework**

16.1. On 28 June 2023, the Scottish Government and COSLA published the [Creating Hope Together: Suicide Prevention Strategy and Action Plan Outcomes Framework](#). The outcomes framework underpins the suicide prevention strategy and outlines the approach to monitoring the progress and evaluation of the strategy. Renfrewshire's Suicide Prevention Strategy Group, chaired by the HSCP Chief Officer, with membership from local and national partners including Police Scotland and Public Health Scotland, will review the new outcomes framework and reflect this in a local action plan which is currently under development.

17. **Audit Scotland's Adult Mental Health Report September 2023**

17.1. On 14 September 2023, Audit Scotland published their [Adult Mental Health Report](#), which was developed to provide an assessment of how effectively adult mental health services are being delivered across Scotland. The key findings from the report are:

- A lack of data makes it difficult to understand the impact of increased funding. Accessing services remains slow and complicated and has been worsened by COVID-19, limited face-to-face appointments, workforce pressures and delayed support from primary care to support specialist services.
- Accessing mental healthcare is more difficult for some people e.g., ethnic minorities, people living in rural areas and in poverty.
- The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. It does not measure the quality of care or the outcomes for people receiving support.
- The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed. Since publication of this strategy, the Scottish Government has also made further financial, operational and workforce commitments, but is not currently on track to achieve them.

17.2. The report makes a number of recommendations for the Scottish Government, Councils, NHS Boards, HSCPs and IJBs. Renfrewshire will work in partnership across the NHSGGC Mental Health Programme Delivery Board to consider the requirements, implications, and opportunities of the

report within the context of current and ongoing work to deliver the outcomes of the National Mental Health Strategy 2017-2027. Our local Mental Health and Wellbeing Care Planning Group will also work with partners, including the HSCP's Health Improvement Team and communities, to ensure recommendations are appropriately considered and local priorities identified and progressed.

18. Social Care Independent Review of Inspection, Scrutiny and Regulation Report

18.1. On 27 September 2023, the [Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland Report](#) was published. The report explores how social care support and linked services are inspected, scrutinised, and regulated in Scotland. The report makes 38 recommendations across 5 themes and will help shape the development and requirements of the National Care Service ('NCS').

18.2. The Scottish Government view regulation, inspection, and scrutiny processes as critical to the success of the NCS and are currently considering the findings of the report but recognise that the recommendations provide opportunity to improve social care and standards nationally. In response, it is likely that there will be amendments to the NCS Bill (Sections 42 and 43) to tighten and strengthen regulatory powers of the different regulatory bodies.

19. Value Based Health and Care Action Plan

19.1. On 4 October 2023, the Scottish Government published the [Value Based Health and Care \(VBHC\): Action Plan](#). Delivery of the plan will support major health and care reform programmes designed to improve population health, address health inequalities, and improve health and care system sustainability. This includes the NHS Recovery and Renewal Plan and the delivery of the overall Scottish Government Care and Wellbeing Portfolio.

19.2. The plan contains several actions for the Scottish Government and key delivery partners including HSCPs, to support health and care colleagues to practise Realistic Medicine and deliver value-based health and care, by focusing on outcomes that matter to people, optimising use of resources, and contributing to a more sustainable health and care system.

20. Public Health Scotland Annual Delivery Plan

20.1. Public Health Scotland ('PHS') are currently developing an annual delivery plan to support the delivery of their [Strategic Plan 2022/25](#). In line with the joint sponsorship agreement, the plan is being developed in partnership between the Scottish Government and COSLA to ensure that Local Government views are reflected and aligned to strategic planning and prioritise support to local efforts to improve community wellbeing.

20.2. The draft plan has been framed around the NHS Recovery Drivers - which each NHS board is required contribute to and support – and aims to move away from supporting the NHS in isolation by taking a whole system approach to delivering improvements to life expectancy and health inequalities. This includes action to:

- Protect investment in the socio-economic building blocks of health;
- Make the case for long-term investment in prevention, recognising that every sector has a role to play in improving population health; and
- Support sustained collaboration through opportunities such as partnerships with Directors of Public Health.

20.3. The draft plan is currently subject to final agreement and is expected to be published before the end of the year.

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** – No implications from this report.

List of Background Papers: None

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<p>Any enquiries regarding this paper should be directed to Christine Laverty, Chief Officer christine.laverty@renfrewshire.gov.uk</p>
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To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2023 to 30 September 2023

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 September 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. As previously highlighted to members pay negotiations for local government have not yet been agreed therefore 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 still 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 30 September 2023;
- Note the projected year-end position for 2023/24.
- Approve the proposed repurposing of reserves in section 8.8 of this report.

3. Summary

3.1. As detailed in the following table, the projected final outturn is an overspend of (£4,850k) 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 (£2,569k)	Overspend (£4,833k)
Other Delegated Services	Overspend (£9k)	Overspend (£17k)
GRAND TOTAL	Overspend (£2,578k)	Overspend (£4,850k)

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

3.3. Whilst our current financial position is better than originally anticipated in March 2023, 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 remain subject to active review, including planning for a range of potential outcomes and scenarios to help to identify emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

3.5. 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 (£4,850k) for the financial year 2023/24.

Subjective Heading	Year to Date Position £000's	Projected Year End Outturn £000's	Comments
Employee Costs	431	906	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 is being reviewed as part of the IJB's Sustainable Futures programme.
Property Costs	(20)	(35)	overspend reflecting increase in cleaning costs due to infection control requirements.
Supplies & Services	(255)	(497)	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	(1,986)	(3,689)	Care at Home o/s (£3,222k): spend reflects the service continuing to support delayed discharges and demand. Care Home Placements u/s £347k: 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 (£531k): 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)	(4)	overspend reflects increased costs associated with LMC (local medical committee) invoices.
Transport	137	255	underspend reflective of services such as Day Care operating at a reduced capacity.
FHS	(1,002)	(2,003)	prescribing - reflects issues currently impacting on the price of drugs as well as several items being on short supply.
Support Services	8	14	Minor underspend reflecting current spend.
Transfer Payments	80	149	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	31	55	Over recovery mainly due to new charging orders registered and funds received.
TOTAL	(2,578)	(4,850)	

4. Pressures

Total Renfrewshire HSCP	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including ring-fenced funding)	Overspend (£2,569k)	Overspend (£4,833k)
TOTAL	Overspend (£2,569k)	Overspend (£4,833k)

- 4.1. The overall projected net overspend for the HSCP at 30 September 2023 is an overspend of (£2,569k), with an anticipated year-end overspend of (£4,833k), 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 £5,156k has been drawn down from Earmarked reserves, details are summarised in the following table and in Appendix 8.

Earmarked Reserves	Amounts Drawn Down in 2023/24
	£000's
PCIP	1,514
PCTF Transitional Fund	13
Action 15	123
ADP Funding	187
Scottish Gov District Nurse Funding	126
Drug Death Task Force	62
Drug Mission Outreach	129
MIST	25
Care Home Liaison & Oversight Staffing Funding	4
HSCP Respiratory Nursing	100
Healthcare support workers	403
Accommodation / Premises Investment Fund	147
Mental Health Dementia Funding	38
Care Home Hub	26
Community Living Change	5
Cervical Screening	25
School Nursing	136
Children's Mental Health	1,052
In House Training Academy	5
Winter c/f	133
Change & Improvement	35
Winter 22/23	295
Fixed term winter posts	301
Fixed term posts reserve	128
LA Care home refurbishment	58
Mile End refurbishment	2
TEC Grant	16
Analogue to Digital Contribution to Programme	68
TOTAL EARMARKED RESERVES	5,156

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	(1,944)	(3,594)	<p>The overspend position reflects:</p> <ul style="list-style-type: none"> • Continued pressures within the Care at Home service – o/s (£3,421k) due to impact of the service continuing to support delayed discharges and demand. • Care Homes – u/s £347k 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 (£1,148k) reflecting ongoing difficulties recruiting to specialist posts across a number of areas, including homecare workers; social care assistants; day care assistants. 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 £315k reflecting ongoing turnover and recruitment and retention issues across services. • Transport costs - Adult Social Care - u/s £255k reflecting services currently operating at a reduced capacity.
Mental Health Services	(619)	(1,265)	<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 across NHSGGC, not only in Renfrewshire.</p>
Learning Disabilities	(139)	(240)	<p>Overspend reflective of:</p> <ul style="list-style-type: none"> • Adult Care Placements - o/s (£905k): 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 £444k reflecting ongoing turnover and recruitment and retention issues across services including social workers and day service posts. • Employee costs – Health - u/s £245k reflecting ongoing turnover and recruitment and retention issues across services.

Children's Services	179	359	Underspend mainly due to vacancies reflecting recruitment and retention issues across the service
Health Improvement & Inequalities	147	294	Underspend due to vacancies within the service.
Resources	176	353	Underspend due to vacancies within the service. Early delivery of 24/25 savings totalling £151k have also been coded against this budget (financial planning sits within this heading) pending their removal in 24/25.
Hosted Services	631	1262	Underspend mainly due to vacancies within Podiatry Services and Primary Care.
TOTAL	(£1,569k)	(£2,833)	

5. Prescribing

Prescribing	Year to Date Position	Projected Outturn
	Overspend (£1,000k)	Overspend (£2,000k)

- 5.1. NSS have been working towards delivering a new system called 'nDCVP' (replacing the previous system 'DCVP'). However, as previously highlighted to the IJB there have been some significant technical issues in the go live phase of the project. This has resulted in continued delays with the production of prescribing information to allow for meaningful financial data to be used to determine the actual and projected costs for the current financial year.
- 5.2. 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, War in Ukraine, 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)
- 5.4. Members should note that it is highly likely that the current uncertainty and volatility will continue for the foreseeable future, which will have a significant impact on the future financial position of the IJB.

6. Scottish Government Funding 2023/24

- 6.1. As highlighted in para 1.4 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 (£17k).

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	846	(17)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,095	(17)

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 £5.156m of earmarked reserves have been drawn down to date.

8.4. Based on the current projected year end overspend of (£4,833k), 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 £4,105k in general reserves and £11,651k in earmarked reserves.

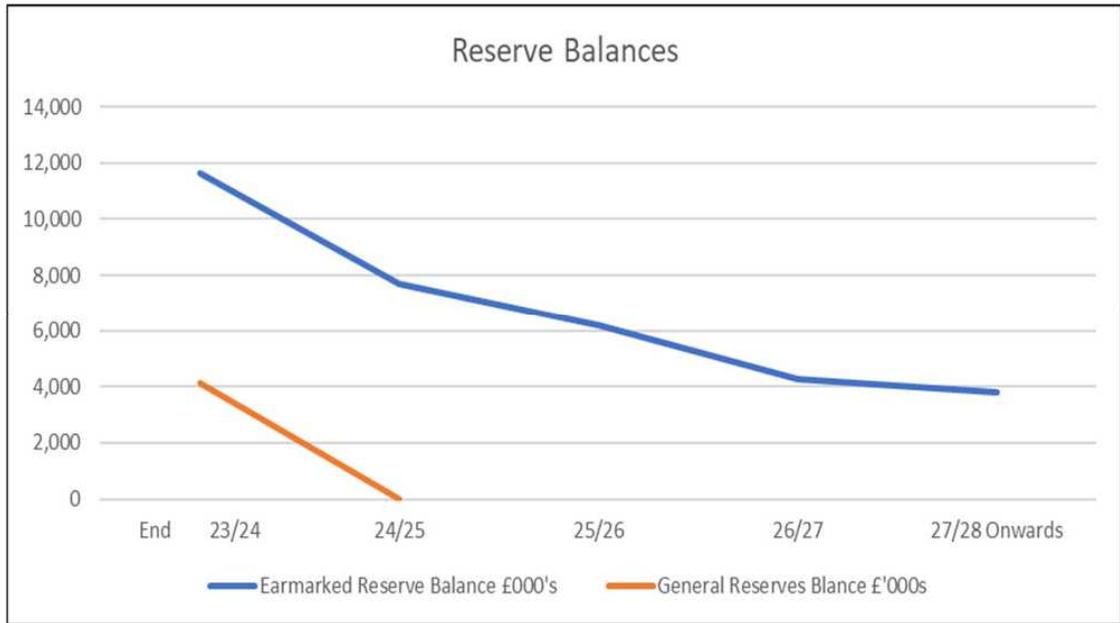
8.5. **Projected Reserve Commitments**

HSCP Funded Reserves	General Reserves	Earmarked Reserves
	£000's	£000's
Opening Balance 23/24	6,538	27,095
Less:		
Amounts drawn down in 23/24		-5,156
Total as at 31st July 2023	6,538	21,940
Less:		
23/24 projected overspend drawdown		
General	-2,433	
Mitigation of delays in delivery of savings		-400
Prescribing		-2000
Total	-2,433	-2,400
Less:		
23/24 Projected reserve commitments		-7,888
Total	0	-7,888
Closing Balance 23/24	4,105	11,651

8.6. Based on current commitments and the projected budget gap for 2024/25, we are currently estimating that the amount held in general reserves will be fully drawn down by the end of 2024/25.

8.7. In addition, earmarked reserves balances will also reduce as agreed commitments are taken forward. The table and chart below provide further detail on the projected reserve balances (this will be updated throughout the financial year).

Reserves	Sept 23/24	End 23/24	24/25	25/26	26/27	27/28 Onwards
Earmarked Reserve Balance £000's	21,940	11,651	7,710	6,206	4,286	3,779
General Reserves Balance £'000s	6,538	4,105	-			



8.8 Repurposing of Reserves

In undertaking a review of the earmarked reserve for the Compassionate Renfrewshire Project Lead, the Head of Strategic Planning and Health Improvement has requested that this funding be used for the Renfrewshire Bereavement Network (Accord Hospice) for a period of 2 years rather than the creation of a temporary post. The IJB is therefore asked to approve the repurposing of this reserve as summarised in the table below.

HSCP Funded Earmarked Reserves	Current Reserves	Proposed Notional Realignment	Revised Balance
	£000's	£000's	£000's
Compassionate Renfrewshire Project Lead (Band 7 x 2 year funding)	116	-116	0
Existing Reserves	116	-116	0
Compassionate Renfrewshire - Bereavement Network		116	116
New Reserves	0	116	116
Total	116	0	116

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

1.	Reference Number	241123-04
2.	Date Direction issued by IJB	24 November 2023
3.	Date from which Direction takes effect	24 November 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, 290923-05
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2022-25), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	January 2024.

HSCP Revenue Budget Position
1st April 2023 to 30th September 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	46,403	7,222	-	2,403	-	56,028	55,596	431	0.8%	underspend
Property Costs	276	(19)	-	98	-	355	375	(20)	-5.7%	overspend
Supplies and Services	10,029	(5,260)	-	109	-	4,878	5,133	(255)	-5.2%	overspend
Third Party Payments	40,702	2,455	-	-	-	43,157	45,143	(1,986)	-4.6%	overspend
Purchase Of Healthcare	1,464	28	-	-	-	1,491	1,493	(2)	-0.1%	overspend
Transport	451	(9)	-	-	-	442	305	137	31.1%	underspend
Family Health Services	49,723	817	-	-	-	50,539	51,541	(1,002)	-2.0%	overspend
Support Services	38	-	-	-	-	38	30	8	20.0%	underspend
Transfer Payments (PTOB)	3,301	(1,221)	-	-	-	2,080	2,000	80	3.9%	underspend
Resource Transfer	11,444	7,230	(18,674)	-	-	-	-	-	0.0%	breakeven
Set Aside	33,629	-	-	-	-	33,629	33,629	-	0.0%	breakeven
Gross Expenditure	197,459	11,241	(18,674)	2,610	-	192,636	195,245	(2,609)	-1.4%	overspend
Income	(15,943)	(1,819)	581	-	(2,610)	(19,791)	(19,822)	31	-0.2%	underspend
NET EXPENDITURE	181,515	9,422	(18,093)	2,610	(2,610)	172,845	175,423	(2,578)	-1.5%	overspend

HSCP Revenue Budget Position
1st April 2023 to 30th September 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	44,131	2,665	-	913	(913)	46,796	48,740	(1,944)	-4.2%	overspend
Mental Health	13,731	1,361	-	173	(173)	15,092	15,711	(619)	-4.1%	overspend
Learning Disabilities	11,963	1,260	-	42	(42)	13,224	13,363	(139)	-1.1%	overspend
Children's Services	2,368	493	-	612	(612)	2,860	2,681	179	6.3%	underspend
Prescribing	18,712	816	-	-	-	19,527	20,527	(1,000)	-5.1%	overspend
Health Improvement & Inequalities	580	80	-	-	-	659	512	147	22.3%	underspend
FHS	30,257	-	-	-	-	30,257	30,257	-	0.0%	breakeven
Resources	1,988	1,698	-	858	(858)	3,686	3,510	176	4.8%	underspend
Hosted Services	6,006	530	-	13	(13)	6,535	5,904	631	9.7%	underspend
Resource Transfer	11,444	522	(11,966)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	breakeven
Set Aside	33,629	-	-	-	-	33,629	33,629	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	180,935	9,423	(18,093)	2,610	(2,610)	172,264	174,833	(2,569)	-1.5%	overspend
Other Delegated Services	581	-	-	-	-	581	590	(9)	-1.6%	overspend
NET EXPENDITURE	181,515	9,423	(18,093)	2,610	(2,610)	172,845	175,423	(2,578)	-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	14,324	-	4,751	-	108,980	108,074	906	0.8%	underspend
Property Costs	518	(35)	-	191	-	674	709	(35)	-5.2%	overspend
Supplies and Services	19,906	(10,646)	-	212	-	9,472	9,969	(497)	-5.2%	overspend
Third Party Payments	75,589	4,559	-	-	-	80,148	83,837	(3,689)	-4.6%	overspend
Purchase Of Healthcare	2,927	55	-	-	-	2,982	2,986	(4)	-0.1%	overspend
Transport	838	(17)	-	-	-	821	566	255	31.1%	underspend
Family Health Services	99,445	1,633	-	-	-	101,078	103,081	(2,003)	-2.0%	overspend
Support Services	70	-	-	-	-	70	56	14	20.0%	underspend
Transfer Payments (PTOB)	6,131	(2,268)	-	-	-	3,863	3,714	149	3.9%	underspend
Resource Transfer	22,888	14,460	(37,348)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
Gross Expenditure	385,474	22,065	(37,348)	5,155	-	375,347	380,252	(4,905)	-1.3%	overspend
Income	(29,778)	(3,469)	1,162	-	(5,155)	(37,240)	(37,295)	55	-0.1%	underspend
NET EXPENDITURE	355,696	18,596	(36,186)	5,155	(5,155)	338,106	342,956	(4,850)	-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	5,253	-	1,774	(1,774)	88,168	91,762	(3,594)	-4.1%	overspend
Mental Health	27,171	2,706	-	339	(339)	29,877	31,142	(1,265)	-4.2%	overspend
Learning Disabilities	22,314	2,363	-	78	(78)	24,677	24,918	(240)	-1.0%	overspend
Children's Services	4,735	985	-	1,224	(1,224)	5,720	5,361	359	6.3%	underspend
Prescribing	37,423	1,631	-	-	-	39,054	41,054	(2,000)	-5.1%	overspend
Health Improvement & Inequalities	1,159	159	-	-	-	1,318	1,024	294	22.3%	underspend
FHS	60,514	-	-	-	-	60,514	60,514	-	0.0%	breakeven
Resources	3,976	3,396	-	1,715	(1,715)	7,372	7,019	353	4.8%	underspend
Hosted Services	12,011	1,059	-	25	(25)	13,070	11,808	1,262	9.7%	underspend
Resource Transfer	22,888	1,044	(23,932)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	67,258	-	-	-	-	67,258	67,258	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	354,618	18,597	(36,186)	5,155	(5,155)	337,029	341,861	(4,833)	-1.4%	overspend
Other Delegated Services	1,078	-	-	-	-	1,078	1,095	(17)	-1.6%	overspend
NET EXPENDITURE	355,696	18,597	(36,186)	5,155	(5,155)	338,107	342,957	(4,850)	-1.4%	overspend

Adult Social Care Revenue Budget Position

1st April 2023 to 13th October 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	20,212	830	387	-	21,429	21,728	(299)	-1.4%	overspend
Property Costs	234	(16)	31	-	249	289	(40)	-16.2%	overspend
Supplies and Services	1,056	881	38	-	1,975	2,073	(97)	-4.9%	overspend
Third Party Payments	40,702	2,455	-	-	43,157	45,143	(1,986)	-4.6%	overspend
Transport	450	(9)	-	-	440	303	137	31.2%	underspend
Support Services	38	-	-	-	38	30	8	20.0%	underspend
Transfer Payments (PTOB)	2,825	(1,221)	-	-	1,604	1,514	89	5.6%	underspend
Gross Expenditure	65,516	2,920	455	-	68,891	71,080	(2,189)	0	-
Income	(14,759)	(1,177)	-	(455)	(16,391)	(16,445)	54	-0.3%	underspend
NET EXPENDITURE	50,758	1,743	455	(455)	52,500	54,635	(2,135)	0	-

Adult Social Care Revenue Budget Position
1st April 2023 to 13th October 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	33,038	331	364	(364)	33,369	35,493	(2,124)	-6.4%	overspend
Physical or Sensory Difficulties	4,034	202	-	-	4,236	4,193	43	1.0%	underspend
Learning Difficulties	11,289	1,099	39	(39)	12,388	12,655	(267)	-2.2%	overspend
Mental Health Needs	2,043	106	52	(52)	2,149	1,960	188	8.8%	underspend
Addiction Services	353	6	-	-	359	334	25	6.9%	underspend
NET EXPENDITURE	50,758	1,743	456	(456)	52,500	54,635	(2,135)	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	718		39,797	40,352	(555)	-1.4%	overspend
Property Costs	434	(29)	57		462	537	(75)	-16.2%	overspend
Supplies and Services	1,962	1,636	70		3,668	3,849	(181)	-4.9%	overspend
Third Party Payments	75,589	4,559			80,148	83,837	(3,689)	-4.6%	overspend
Transport	835	(17)			818	563	255	31.2%	underspend
Support Services	70				70	56	14	20.0%	underspend
Transfer Payments (PTOB)	5,246	(2,268)			2,978	2,812	166	5.6%	underspend
Gross Expenditure	121,673	5,422	846	-	127,941	132,006	(4,065)	-3.2%	overspend
Income	(27,409)	(2,186)		(846)	(30,441)	(30,541)	100	-0.3%	underspend
NET EXPENDITURE	94,264	3,236	846	(846)	97,500	101,465	(3,965)	-4.1%	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	614	676	(676)	61,970	65,915	(3,945)	-6.4%	overspend
Physical or Sensory Difficulties	7,492	374			7,866	7,786	80	0	underspend
Learning Difficulties	20,966	2,040	73	(73)	23,006	23,502	(496)	-2.2%	overspend
Mental Health Needs	3,794	196	97	(97)	3,990	3,640	350	8.8%	underspend
Addiction Services	656	11			667	621	46	6.9%	underspend
NET EXPENDITURE	94,264	3,237	846	(846)	97,501	101,465	(3,965)	-4.1%	overspend

Health Revenue Budget Position
1st April 2023 to 30th September 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	%	
Employee Costs	26,090	6,392	-	2,017	-	34,498	33,768	730	2.1%	underspend
Property Costs	42	(3)	-	67	-	106	86	20	18.9%	underspend
Supplies and Services	8,968	(6,141)	-	71	-	2,898	3,056	(158)	-5.5%	overspend
Purchase Of Healthcare	1,464	28	-	-	-	1,491	1,493	(2)	-0.1%	overspend
Family Health Services	49,723	817	-	-	-	50,539	51,541	(1,002)	-2.0%	overspend
Set Aside	33,629	-	-	-	-	33,629	33,629	-	0.0%	breakeven
Resource Transfer	11,444	7,230	(18,674)	-	-	-	-	-	0.0%	breakeven
Gross Expenditure	131,359	8,322	(18,674)	2,155	-	123,161	123,572	(411)	-0.3%	overspend
Income	(1,182)	(642)	581	-	(2,155)	(3,397)	(3,375)	(23)	0	overspend
NET EXPENDITURE	130,177	7,680	(18,093)	2,155	(2,155)	119,764	120,198	(434)	-0.4%	overspend

Health Revenue Budget Position
1st April 2023 to 30th September 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	203	3	-	-	-	206	206	-	0.0%	breakeven
Addiction Services - ADP	834	856	-	202	(202)	1,690	1,690	-	0.0%	breakeven
Adult Community Services	5,670	1,268	-	347	(347)	6,937	6,825	112	1.6%	underspend
Children's Services	2,368	493	-	612	(612)	2,860	2,681	179	6.3%	underspend
Learning Disabilities	674	162	-	3	(3)	836	708	128	15.3%	underspend
Mental Health	11,689	1,255	-	59	(59)	12,944	13,751	(808)	-6.2%	overspend
Mental Health - Action 15	-	-	-	62	(62)	-	-	-	0.0%	breakeven
Hosted Services	6,006	530	-	13	(13)	6,535	5,904	631	9.7%	underspend
Prescribing	18,712	816	-	-	-	19,527	20,527	(1,000)	-5.1%	overspend
Gms	14,602	-	-	-	-	14,602	14,602	-	0.0%	breakeven
FHS Other	15,656	-	-	-	-	15,656	15,656	-	0.0%	breakeven
Planning & Health Improvement	580	80	-	-	-	659	512	147	22.3%	underspend
Primary Care Improvement Prog	129	2,707	-	757	(757)	2,836	2,836	-	0.0%	breakeven
Resources	1,860	(1,009)	-	101	(101)	851	674	176	20.7%	underspend
Set Aside	33,629	-	-	-	-	33,629	33,629	-	0.0%	breakeven
Resource Transfer	11,444	522	(11,966)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	breakeven
NET EXPENDITURE	130,177	7,680	(18,093)	2,155	(2,155)	119,764	120,198	(434)		-

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	12,783		4,033		68,996	67,535	1,461	2.1%	underspend
Property Costs	84	(6)		134		212	172	40	18.9%	underspend
Supplies and Services	17,936	(12,282)		142		5,796	6,112	(316)	-5.5%	overspend
Purchase Of Healthcare	2,927	55				2,982	2,986	(4)	-0.1%	overspend
Family Health Services	99,445	1,633				101,078	103,081	(2,003)	-2.0%	overspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	14,460	(37,348)			-	-		0.0%	breakeven
Gross Expenditure	262,718	16,643	(37,348)	4,309	-	246,322	247,145	(823)	0	-
Income	(2,364)	(1,283)	1,162		(4,309)	(6,794)	(6,749)	(45)	0.7%	overspend
NET EXPENDITURE	260,354	15,360	(36,186)	4,309	(4,309)	239,528	240,396	(868)	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	6				411	411	-	0.0%	breakeven
Addiction Services - ADP	1,667	1,712		404	(404)	3,379	3,379	-	0.0%	breakeven
Adult Community Services	11,339	2,535		694	(694)	13,874	13,649	225	1.6%	underspend
Children's Services	4,735	985		1,224	(1,224)	5,720	5,361	359	6.3%	underspend
Learning Disabilities	1,348	323		5	(5)	1,671	1,416	255	15.3%	underspend
Mental Health	23,377	2,510		119	(119)	25,887	27,502	(1,615)	-6.2%	overspend
Mental Health - Action 15	-			123	(123)	-	-		0.0%	breakeven
Hosted Services	12,011	1,059		25	(25)	13,070	11,808	1,262	9.7%	underspend
Prescribing	37,423	1,631				39,054	41,054	(2,000)	-5.1%	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	159				1,318	1,024	294	22.3%	underspend
Primary Care Improvement Prog	257	5,414		1,514	(1,514)	5,671	5,671		0.0%	breakeven
Resources	3,719	(2,018)		201	(201)	1,701	1,348	353	20.7%	underspend
Set Aside	67,258					67,258	67,258		0.0%	breakeven
Resource Transfer	22,888	1,044	(23,932)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
NET EXPENDITURE	260,354	15,360	(36,186)	4,309	(4,309)	239,528	240,396	(868)	-0.4%	overspend

**Renfrewshire Council 'Other Delegated Services'
1st April 2023 to 13th October 2023**

Subjective Heading	Year to Date Budget £000's	Spend to Year End £000's	Variance £000's
Employee Costs	101	101	-
Property Costs	0	-	0
Supplies and Services	4	4	-
Transport	2	2	-
Transfer Payments (PTOB)	477	486	(9)
Gross Expenditure	583	592	(9)
Income	(3)	(3)	-
NET EXPENDITURE	581	590	(9)

Client Group	Year to Date Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	446	456	(9)
Women's Aid	134	134	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	581	590	(9)

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	902	(17)
Gross Expenditure	1,083	1,100	(17)
Income	(5)	(5)	-
NET EXPENDITURE	1,078	1,095	(17)

Client Group	Annual Budget £000's	Spend to Year End £000's	Variance £000's
Housing Adaptations	829	846	(17)
Women's Aid	249	249	-
Grant Funding for Women's Aid	-	-	-
NET EXPENDITURE	1,078	1,095	(17)

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

Appendix 6

2023/24 Health Financial Allocation to Renfrewshire HSCP	£k
2023/24 opening budget	193,096
Add: Set Aside	67,258
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-22,888
= base budget rolled over	225,212
<u>Budget Adjustments posted in month 2</u>	
Apremilast Acute Feb23 Actual Ren	41
Apremilast Acute Mar23 Actual Ren	52
Mgt - Co/cfo/mgt/lead	-5
Mgt/sesp	-4
Mh - Mgt Jmcl	2
Pay Ni Uplift 2223 Rev	1
Savings	14
RT adjustment	7
Budget allocated as per 2023/24 Financial Allocation 31st May 2023	225,321
<u>Budget Adjustments posted in month 3</u>	
Budget transfer Children's services West Dun	-52
RT Adjustment	-561
Budget allocated as per 2023/24 Financial Allocation 30th June 2023	224,708
<u>Budget Adjustments posted in month 4</u>	
Camchp 22 Hcsw Band 2-4	1,187
Camchp 23 One Off Payment	662
Camchp 26 Adp Pfg	575
Camchp 27 Adp Tranche 1	973
Camchp 29 Pcip Tranche 1	5,438
Ggc Hv Academic Sessions 2324	77
Tariff Swap Adj 22/23 Ren	-522
	-483
Budget allocated as per 2023/24 Financial Allocation 31st July 2023	232,615
<u>Budget Adjustments posted in month 5</u>	
Camchp 39 Pay Uplift	4,714
Apremilast Acute	454
Camchp 28 District Nursing Ren	233
Camchp 40 Mdt Ren	1,133
Camchp 43 School Nurse Ren	402
OU student cam	15
Budget allocated as per 2023/24 Financial Allocation 31st August 2023	239,567
<u>Budget Adjustments posted in month 6</u>	
Cam052 Ou Q3&4 22/23 L Hawkins	5
Camchp 29 Pcip Tranche 1 Ren	-93
Camchp 49 Thrive Under 5	49
Budget allocated as per 2023/24 Financial Allocation 30th September 2023	239,528

Scottish Government Funding Streams

Funding Description	2023/24									
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P6 £000's	Core Budget £000's	One off pay uplift	Per Allocation Letter £000's	Received @ 31st July 23 £000's	Budget £000's	Expenditure £000's	Variance £000's
PCIF	1,514	1,514	-	262	65	5,776	5,345	7,186	7,275	- 89
Action 15	123	123	-	-		-	-	123	123	-
ADP (includes all ADP Related Funding Streams)	1,974	404	1,570	1,778	21	1,885	1,548	3,751	3,751	-
TOTAL	3,611	2,041	1,570	2,040	86	7,661	6,893	11,060	11,149	- 89

Note:
Action 15 Allocation letter is still to be received

Appendix 8

HSCP Funded Earmarked Reserves	Detailed Description	Opening Position 2023/24	Amounts Drawn Down in 2023/24	Projected Reserves To be Drawn Down 2023/24	New Reserves 2023/24	Projected Closing Position 2023/24	Movement in Reserves 2023/24	To be Drawn Down 2024/25	To be Drawn Down 2025/26	To be Drawn Down 2026/27	Ongoing	Total Commitments	Balance Remaining
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Covid Carers PPE Funding													
		4	0	-4	0	0	-4					0	0
Scottish Government Ring Fenced Monies carried forward:													
PCIP	Primary Care Improvement Program	1,514	-1,514	0	0	0	-1,514	0	0	0	0	0	0
PCTF Monies Allocated for Tests of Change and GP Support		107	-13	-15	0	79	-28	-75	-4	0	0	-79	0
GP Premises Improvement Fund		462	0	0	0	462	0	0	0	0	0	0	462
ADP Funding		1,976	-404	-1,572	0	0	-1,976	0	0	0	0	0	0
Mental Health Recovery and Renewal Funding		1,596	-1,052	-35	0	509	-1,087	-509	0	0	0	-509	0
Mental Health Action 15 (19/20_ (20/21)_(21/22)		123	-123	0	0	0	-123	0	0	0	0	0	0
District Nurse Recruitment Programme		293	-126	-71	0	96	-197	-70	-20	-7	0	-97	0
Winter Planning Monies / Care Home Liaison Monies		6,309	-1,239	-2,117	0	2,952	-3,356	-1,082	-140	-85	-77	-1,384	1,569
Mental Health Dementia Funding		142	-38	-38	0	66	-76	-66	0	0	0	-66	0
Public Health Improvement Monies		176	0	-61	0	115	-61	-67	-48	0	0	-115	0
Care Home Hub		27	-26	-1	0	0	-27	0	0	0	0	0	0
Community Living Change		697	-5	-176	0	516	-181	-360	-156	0	0	-516	0
Scottish Government Ring Fenced Monies carried forward		13,422	-4,541	-4,086	0	4,796	-8,627	-2,229	-368	-92	-77	-2,765	2,030
Grant Funding carried forward		176	-16	-29	0	132	-44	0	0	0	0	0	132
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD		13,602	-4,556	-4,118	0	4,928	-8,675	-2,229	-368	-92	-77	-2,765	2,162
ICT / Systems Related		313	0	-91	0	222	-91	-19	-12	-160	-31	-222	0
Premises Related		5,259	-206	-1,565	0	3,488	-1,771	-776	-1,050	-1,662	0	-3,488	0
Prescribing		2,000	0	-2,000	0	0	-2,000	0	0	0	0	0	0
Other IJB Reserves		4,422	-393	-1,153	0	2,876	-1,546	-780	-74	-7	-399	-1,260	1,616
HSCP Funded PCIP Commitments		1,499	0	-1,361	0	138	-1,361	-138	0	0	0	-138	0
TOTAL EARMARKED RESERVES		27,095	-5,156	-10,288	0	11,651	-15,444	-3,942	-1,504	-1,920	-507	-7,872	3,779
GENERAL RESERVES		6,538	0	-2,433	0	4,105	-2,433	-4,105	0	0	0	-4,105	0
TOTAL RESERVES		33,633	-5,156	-12,721	0	15,756	-17,877	-8,047	-1,504	-1,920	-507	-11,977	3,779



To: Renfrewshire Integration Joint Board

On: 24 November 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 September 2023, the IJB received a further update on the implementation of the Sustainable Futures programme within the HSCP which, through a range of ongoing projects, is intended to identify savings options to contribute towards addressing the projected financial gap of £14.7m in 2024/25 which was presented to the IJB in March 2023 (noting that these projections will be refreshed as further details become available). As part of this update, the IJB approved the extension of the programme's scope to include additional projects focused on a review of health payroll budgets and avoiding additional costs within highly pressured prescribing budgets.
- 1.2. This paper provides further detail on the work undertaken since September to progress the programme and identify savings options. In addition, the update provided notes that savings identified to date are more limited than previously envisaged and provides further detail on the reasons for this position.
- 1.3. In response to the current position, the HSCP has developed a refined approach to addressing the financial gap, with complementary activity ongoing to identify mitigating actions alongside the ongoing development of savings options. Approval is sought from the IJB to proceed with this updated approach and savings options and related actions identified.

2. Recommendations

It is recommended that the IJB:

- Note the updates provided on the progress made in implementing the Sustainable Futures programme, including the issues and challenges identified (Section 5);

- Approve the updated approach set out to mitigating the projected financial gap (Section 6);
- Agree the actions set out in Section 7 of this paper, including that the IJB:
 - Note the proposals relating to Health payroll option 1; Contract Management and the non-recurring actions set out;
 - Approve the proposal to engage with key stakeholders as part of an options appraisal and impact assessment process for the related options set out for:
 - Residential Care
 - Day support (short term options)
 - Confirmation of stabilised Older People’s Day Support model
 - Approve the full application of eligibility criteria proposal; and
 - Approve the Health payroll option 2 proposal, to apply turnover of 4% to the payroll methodology.

3. Background

- 3.1. At its previous meeting in September 2023, the IJB considered the update provided on the HSCP’s implementation of the Sustainable Futures programme. This covered the design and implementation of the necessary governance for the programme and its constituent projects, supported by Programme Management Office (PMO) arrangements.
- 3.2. Over the summer and early Autumn, the HSCP has also undertaken a programme of engagement to raise awareness of the intent and scope of the programme with staff and with the SPG, Care Planning Groups and Carers Forum. These updates were necessarily broad, with further, more focused engagement to be undertaken with key stakeholders on specific savings proposals as part of an options appraisal and impact assessment process.
- 3.3. Work has continued to progress across the projects within scope of the programme, including those which were approved by the IJB for subsequent inclusion in September 2023. This paper provides an update on the progress which has been made to date, identifying specific savings options where these have been defined and setting out proposed next steps for engaging with stakeholders on these whilst concurrently confirming additional actions and savings to close the projected gap in 2024/25.
- 3.4. Within this context, it is important to note that the IJB will be required to make several difficult decisions on the following proposals set out within this paper. However, further difficult choices will be required to reach a balanced budget on a recurring basis. Renfrewshire is a high performing Partnership but given the financial challenges faced, the HSCP will not be able to continue to deliver the breadth of services that are currently provided. The IJB and HSCP must act to prioritise resources and protect statutory services and seek to resource and deliver fewer services as effectively as possible.

3.5. Continuing this work to deliver the savings required will enable the HSCP to focus available budgets on meeting increased demand and acuity of need and maintaining high performance – as far as possible – within core services.

4. The IJB’s projected financial position

4.1. In March 2023, the IJB approved savings proposals of £2.49m to be delivered within 2023/24 and a further £0.959m to be delivered within 2024/25. At the end of Period 7 of this financial year, a total of £2.265m (91%) of the 2023/24 savings target has been delivered. The remaining £0.225m is expected to be delivered during the remainder of the year.

4.2. Reflecting delivery of these savings, and the current projected overspend position for this year, it will be necessary to drawdown earmarked reserves and general reserves in order to deliver a breakeven position at 31 March 2024. This position is likely to change as the financial year progresses and is covered in further detail in Financial Reporting to the IJB. It is also projected that the remainder of general reserves will require to be drawn down in 2024/25 along with the repurposing and drawdown of a proportion of earmarked reserves. Indicative figures are provided for this in Section 7.1 however these figures will change and will be updated on an ongoing basis.

5. Developing issues, challenges and a changing context

5.1. In the September update provided, a number of programme-related risks were identified for the IJB’s awareness and consideration. In particular, the following risks have now emerged as issues:

Previously identified risk	Rationale for recording as an issue
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.	<ul style="list-style-type: none"> • HSCP services remain under significant pressure and will do so throughout winter. • The development of projects across the HSCP are reliant on a small core of senior managers. • The HSCP’s SMT has experienced a range of challenges regarding Head of Service availability.
There is also a risk that the options identified through the programme do not fully bridge the projected financial gap in 2024/25.	<ul style="list-style-type: none"> • The scale of savings identified to date do not sufficiently close the financial gap (described further in following sections).

5.2. The impact of these issues has been exacerbated by a number of ongoing challenges and wider changes in the IJB’s operating context which have influenced, and will influence, the scale of savings possible. These include but are not limited to the following points:

Associated Challenges

- A significant proportion of service budgets relate to staffing and payroll costs. Within our Health establishment, there is no option to consider Voluntary Redundancy (VR) and Voluntary Early Retirement (VER) and any staff affected by proposals would need to be successfully redeployed. Within our Council establishment VR and VER are not currently considerations within this process, and any decision to do so would have significant cost implications to implement. Any future consideration would be limited to those areas where redesign could not otherwise be effectively delivered, or for standalone posts where there is a strong rationale for deletion.
- Any changes to services which enables different or reduced use of existing buildings will not deliver any building savings from property-related costs beyond Soft FM costs such as cleaning (for example rent or energy costs) for the IJB, as the ownership of these buildings remains with partner bodies. However, in considering any related proposals, it should be noted that property-based savings could still be delivered for partner organisations.
- Some decisions are not within the IJB's gift as they require approvals which remain reserved to partner organisations. This may limit the extent of savings proposals achievable.

Changing circumstances impacting on programme assumptions

- The acuity of need for many service users has increased due to the pandemic, increasing staffing requirements which must also consider (i) changing expectations from the Care Inspectorate regarding required staffing models and (ii) the future impact of the Safe Staffing Act.
- Early analysis of the costs of externalised delivery of services has indicated higher base cost levels than previously expected, potentially reflecting the impact of inflation over the last 12 to 18 months.
- External providers are also facing staffing and sustainability issues, similar to those faced by the IJB and HSCP, impacting on the availability of services within the external market.
- Overspends in core service areas such as Care at Home means that focus must be on cost avoidance and reduction of these overspends. This however does not result in savings from the core budget.
- The availability of up-to-date data in prescribing has not been possible since April 2023 due to delays in the national roll out of a new system – the actual position may be better or worse than currently projected.

6. Refined approach to addressing 2024/25 financial gap

- 6.1. Upon reflection of the challenges and changing circumstances described in Section 5, the HSCP's approach to identifying measures to close the financial gap in 2024/25 has been reviewed and refined to capture the impact of a wider range of mitigating actions. An update on this position and the details following in the remainder of this paper was provided to the IJB through a development session in October 2023, and a further opportunity for discussion offered prior to this IJB meeting.

6.2. Approval is requested from the IJB to proceed with the elements of this approach set out below, and which is shown visually in Appendix 1. Further detail on specific options and proposals which require IJB approval are set out in Section 7.

Approach Element	Project areas within scope
<p>1a. Recurring savings – November</p> <p><i>Proposals which could deliver recurring savings, including those for the IJB’s awareness and those requiring approval to proceed to engagement as part of options appraisal.</i></p>	<ul style="list-style-type: none"> • Health payroll budget • Contract management • Residential Care (incl. Soft FM savings) • Day services (short term)
<p>1b. Enabling proposals – November</p> <p><i>These proposals will enable further preparatory work to be undertaken on the development of further savings to be brought to the IJB in January and/or March, and/or later strategic reviews.</i></p>	<ul style="list-style-type: none"> • Full application of existing Eligibility Criteria • Permanent implementation of stabilised Older People’s Day Support Model
<p>2. Additional Savings and income generation – January and March</p> <p><i>Further proposals in addition to those presented in November, which could deliver recurring savings.</i></p>	<ul style="list-style-type: none"> • Non-Residential Charging Policy (income generation) • Eligibility criteria and SDS • Options for Community Meals provision • Future Soft FM model
<p>3. Cost Avoidance</p> <p><i>These proposals will be focused on addressing overspends within core services. They will not result in savings being delivered from core budgets.</i></p>	<ul style="list-style-type: none"> • Efficiencies within the Care at Home service model, including approach to internal and external provision • Continued focus on Prescribing, align with GGC-wide action plans • Increased monitoring of required enhanced observations in Mental Health Inpatient wards • Holding non-frontline vacancies on a case-by-case and risk assessed basis
<p>4. Non-recurring actions</p> <p><i>Actions which will close the financial gap in year but will not reduce the overall gap in future years as they are typically ‘one-off’.</i></p>	<ul style="list-style-type: none"> • Pensions contribution rebate • General reserves utilisation • Repurposing of earmarked reserves
<p>5. Strategic review savings in 24/25</p>	<ul style="list-style-type: none"> • Residential Respite • Extra Care

<p><i>Recognising the need to identify additional recurring savings to replace the non-recurring actions set out above, these proposals relate to strategic reviews of current service models, considering transformative action that can support delivery of savings alongside alignment with policy and good practice. Additional areas will be required and are expected to be added as the programme progresses.</i></p>	<ul style="list-style-type: none"> • Longer-term model of day support
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6.3. Further detail on the above approach is provided within Section 7 of this paper, with a particular focus on 1a Recurring Savings for November; 1b Enabling Proposals for November; and 4 Non-recurring actions.

6.4. The savings presented in Section 7 will fall into three broad categories, (i) those which are primarily decisions reserved to operational management and are provided as information for the IJB to give a full view of the work undertaken to date; (ii) those options which impact on service provision and have been identified as deliverable with the potential to deliver savings, on which approval from the IJB is sought to proceed to further appraisal and impact assessment; and (iii) further proposals requesting IJB approval for enabling actions to be taken to support future savings identification and strategic reviews.

6.5. Should the IJB provide approval, the HSCP will move into a period of analysis of those options under category (ii) using consistent options appraisal criteria agreed by the Sustainable Futures Programme Board. A period of engagement with key stakeholders, staff, staff-side and trade union representatives will also commence and be reflected within the impact assessments. A set of final options will be brought to the IJB for review and decision-making in March 2024.

7. Proposals for the IJB’s consideration

7.1. Further details on the proposals for the IJB’s consideration, set out in summary in Section 5, are provided in this section of the report. Additional details on indicative savings values are provided, subject to further analysis, testing and the completion of the next steps set out (as such these figures may potentially change). The HSCP’s requested action from the IJB is also set out for clarity to align with the recommendations of this paper.

Option	Indicative value	IJB Action Requested
1a. Recurring Savings		
<p>Health payroll budget:</p> <p>Review of the current health payroll budget methodology which currently budgets</p>	£2.15m	<ul style="list-style-type: none"> • Note proposal 1 (mid-point budgeting)

<p>vacancies at the top of scale and has no allowance built-in for turnover. The following changes are proposed to bring the methodology into line with neighbouring HSCPs and the Adult Social Care Pay Budget:</p> <ol style="list-style-type: none"> 1. Vacancies budgeted at mid-point. 2. Turnover of 4% built into annual budget setting cycle. 		<ul style="list-style-type: none"> • Approve proposal 2 (turnover of 4%)
<p>Contract Management:</p> <p>Efficiencies identified through ongoing review, monitoring and audit of commissioned services to ensure arrangements in place provide value for money and align with future commissioning strategies.</p> <p>The requirement for EQIAs for changes identified will be assessed and undertaken on a case-by-case basis.</p>	<p>Circa £0.1m</p>	<p>Note the efficiencies identified</p>
<p>Residential Care:</p> <p>Following review of the HSCP's residential care model, a proposed reduction in the current internal Residential Care Home estate from 3 to 2 homes. Units within the HSCP's remaining Care Homes which are currently not utilised would be reopened to support this proposal and staffing would be enhanced in these homes to reflect residents' increased acuity of need.</p> <p>The development of this proposal reflects:</p> <ul style="list-style-type: none"> • Changes in demand and preferences for support at home and within the community, which are also mirrored in national policy for older people. • The changing complexity of need meaning individuals are more likely to require nursing care rather than residential care. • The availability of spare capacity within internal care homes of 48 beds in units currently not utilised. • Alignment with proposals having previously been considered, or are being considered, by IJBs across Scotland focused on reducing 	<p>£0.329m</p>	<p>Approve progression to options appraisal and impact assessment, including stakeholder engagement</p>

<p>internally managed residential care services.</p> <p><i>*This proposal would deliver a net saving of £0.329m following the investments to reopen unutilised units and service staffing outlined above. The proposal would also deliver a saving to Renfrewshire Council budgets.</i></p>		
<p>Day Support Models – short term options:</p> <p>Review of the current building-based element of the day support model to identify possible efficiencies prior to a strategic review of the longer-term model for day support, reflecting the ‘Models of Care’ paper considered by the IJB in June 2021. Proposals identified are:</p> <p>Combine Mirin and Milldale: merge the Mirin and Milldale services, which will support the evolution of services towards a community delivery outreach model whilst maintaining a building-based provision strand. The revised service would focus on eligibility only for people who have family-based support, with a flexible, personalised approach for people who have Supported Living care packages.</p> <p>Close the Flexicare Service: this service is a non-statutory and highly informal service which provides short-term support (1 to 3 hours per week for up to 12 weeks). Not all service registered service users currently engage with the provision available. Other service options are currently available for individuals to access.</p> <p>DRC occupancy alignment: Occupancy levels within the Disability Resource Centre have been 80%, on average, over the last 12 months. The HSCP is seeking approval to engage with the Care Inspectorate to formally reduce service capacity to align with the occupancy levels evidenced over this period. In total, this will enable 2.04 FTE to be removed from the establishment through vacancy management.</p>	<p>£0.695m</p>	<p>Approve progression to options appraisal and impact assessment, including stakeholder engagement</p>
<p>INDICATIVE VALUE SUB-TOTAL</p>	<p>£3.273m</p>	
<p>1b. Enabling Proposals</p>		

<p>Full application of existing Eligibility Criteria: To ensure equity across all services, it is proposed that current critical and substantial only eligibility criteria are fully applied to the following services:</p> <ul style="list-style-type: none"> • Community meals • Community alarms <p>This proposal reflects agreement from the IJB in January 2020 for the consistent application of eligibility criteria across all service user packages, implementation of which, in the areas above, was paused due to the emergence of the COVID pandemic.</p> <p>It is proposed that the application of this proposal will apply to new service users with existing service users support assessed on an ongoing basis as part of package reviews to ensure equity of provision. The HSCP will continue to offer advice and support to individuals who do not meet the criteria to access assistance from community partners within the wider health and social care system.</p> <p>The implementation of this change is expected to inform the identification of additional savings proposals which will be brought to the IJB for consideration at a future meeting.</p>	<p>N/A</p>	<p>Approve full application of eligibility criteria</p>
<p>Permanent implementation of stabilised Older People’s Day Support Model – confirmed closure of Falcon and Montrose day services:</p> <p>As part of the HSCP’s recovery from Covid, a stabilised model for Older People’s Day Services has been implemented through which Johnstone, Renfrew, and Ralston Day Services are open serving the geographical areas of Renfrewshire. These services operate alongside community outreach and digital support.</p> <p>Demands on staffing have also increased due to those attending day services requiring more care and support and an increased staff to client ratio, and staff previously</p>	<p>N/A</p>	<p>Approve progression to options appraisal and impact assessment, including stakeholder engagement</p>

<p>working in Falcon and Montrose Day Centres have moved to support this updated model.</p> <p>Current building-based service occupancy is 49%, underlining the need for a wider strategic review of services which will be enabled by this option.</p> <p>It is proposed that the ongoing closure of Falcon Day Centre is permanently confirmed, and the closure of Montrose Day Centre is maintained pending the final outcome of the Residential Care proposal. The remaining 3 building-based services will continue to operate alongside the community outreach and digital support models currently in place.</p>		
4. Non-recurring actions		
Utilisation of a non-recurring reduction in employer contributions to the Strathclyde Pension Fund (agreed by the Strathclyde Pension Fund Board for all contributing Local Authorities)	£3.185m	Note proposals, with further detail to be brought to future IJB meeting as figures will be subject to change in line with financial position.
Utilisation of general reserves	£4.105m	
Utilisation and repurposing of earmarked reserves	£4.154m	
INDICATIVE VALUE SUB-TOTAL	£11.444m	
TOTAL INDICATIVE VALUE OF PROPOSALS	£14.717m	

7.2. Should the IJB approve the proposals set out above, where the HSCP has identified the need for further options appraisal and assessment of potential impact, full Equality Impact Assessments (EQIAs) will be carried out and reflected in any final proposals which will be brought to the IJB for consideration in March 2024.

7.3. The HSCP will carry out further scoping to identify any further potential savings or income generation options arising from those areas within scope of the programme and set out within Stage 2 of the refined approach set out in this paper. These include:

- A review of the non-residential charging policy
- Eligibility Criteria and SDS
- Options for the provision of Community Meals
- Options for the provision of Soft Facilities Management services within HSCP services.

7.4. Options identified will be brought to the IJB at its next meeting in January 2024 or subsequently to March 2024. However, it should be noted that charging policy and associated decisions on any changes to this policy remain reserved to Renfrewshire Council. Consequently, identified proposals for changes to non-residential charging will be brought to the IJB for agreement prior to being taken forward to the Council for consideration and approval (or otherwise) as part of budget setting meetings. A final position will subsequently be reported to the IJB.

8. Next steps – progression of options

8.1. Subject to the IJB's approval for the options identified for Residential Care and Day Support, the HSCP will progress to a process of further detailed assessment of the potential impact of the proposals.

8.2. This will be undertaken using an agreed options appraisal methodology and supporting criteria to ensure that impact on service users, staff, families and unpaid carers and any other key stakeholders (such as partner organisations, the third sector and independent providers) are consistently considered and that final assessments reflect the findings of the necessary Equality Impact Assessments (EQIAs) to be undertaken. The methodology will also capture any impact from options on the HSCP's ability to deliver against the IJB's Strategic and Workforce Plans and national policy expectations. The criteria and approach which will be used have been tested, refined, and agreed by the Sustainable Futures Programme Board.

8.3. The process for the development of the EQIAs and final options appraisal outlined above will reflect feedback received through engagement with key stakeholders. As set out in previous updates to the IJB, communication will reflect both programme and project level considerations (with tailored engagement plans developed for specific proposals). The HSCP will adopt a structured approach to engagement, providing a range of specifically arranged opportunities for stakeholders to engage, commencing in early December and running until the end of January 2024.

8.4. The above approach will be undertaken separately to existing fora to ensure clarity of purpose and will include, but not be limited to:

- Communication with service users, their families and carers potentially affected by the options outlined immediately following this meeting, reflecting the decisions made.
- Planned engagement sessions with service users, their families and carers on the proposed changes set out within the options identified, gathering feedback and understanding additional considerations which may influence implementation considerations.
- Focused engagement with staff teams within the services impacted by the options identified, supported by wider organisational updates to the HSCP's staff group through the Extended SMT, Leadership Network and wider communications.

- Engagement on proposals with Trade Union colleagues and Staff-side colleagues, in addition to oversight discussions held through Programme Board arrangements.
- Engagement with the IJB's Strategic Planning Group, through provision of an update on the programme position and engagement plans in December 2023, and a session with statutory members of the SPG in January 2024.
- An invite to members of the HSCP's Care Planning Groups to attend and participate in the formally planned engagement sessions noted above.

8.5. As noted above, further proposals and progress updates will be brought to the IJB for consideration from January 2024 onwards.

Implications of the Report

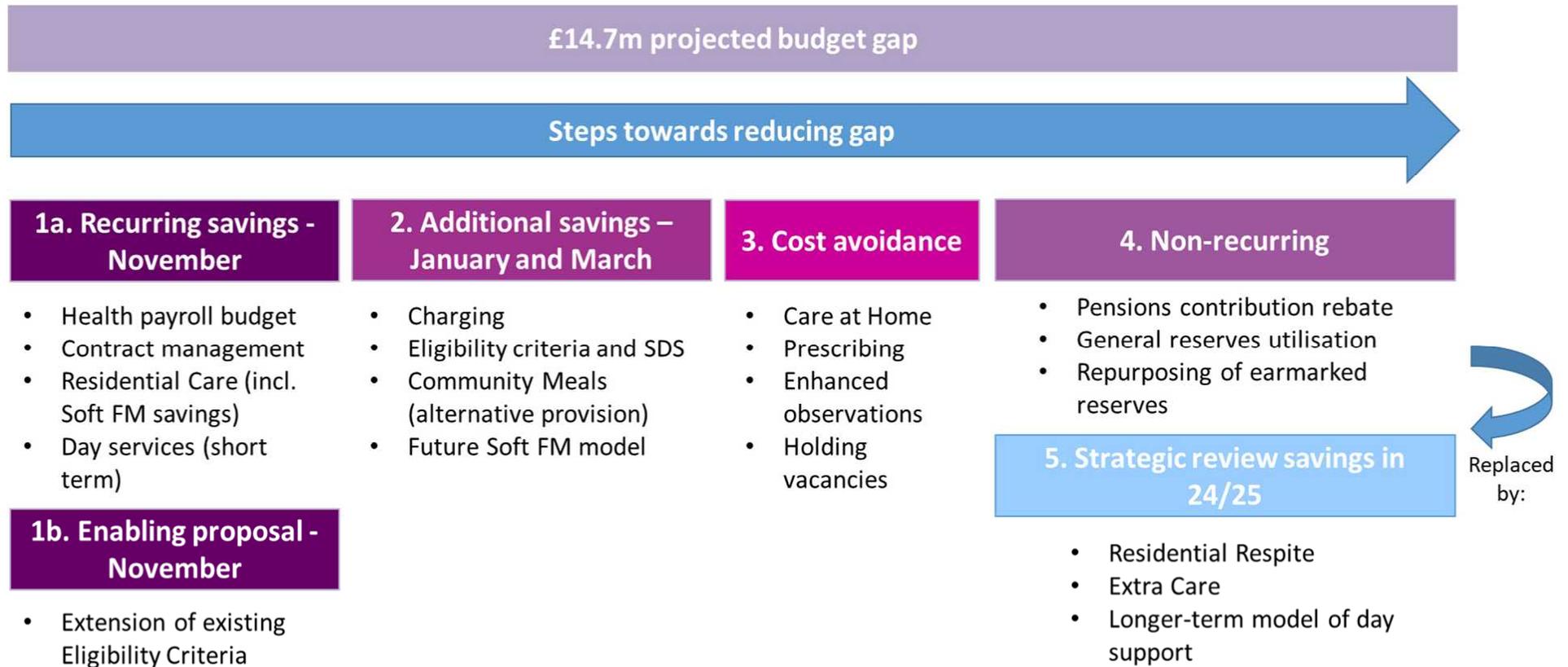
1. **Financial** – The financial implications of the options identified are set out within this paper. Subject to the IJB's approval to proceed with further assessment, updates on these options will be brought to the IJB in March 2024 for further consideration.
2. **HR & Organisational Development** – HR colleagues, alongside Staff-side and Trade Union colleagues are members of the Sustainable Futures Programme Board and forthcoming engagement on the options set out in this paper will include further discussion with these and wider representatives as required.
3. **Strategic Plan and Community Planning** – This paper aligns with the Sustainable Futures theme set out within the IJB's Strategic Plan 2022-25.
4. **Wider Strategic Alignment** – This paper also aligns with the IJB's Medium Term Financial Plan 2022-25.
5. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
6. **Property/Assets** – Options set out have the potential to impact on the HSCP's existing use of property. Ownership of property currently utilised remains reserved to NHSGGC and Renfrewshire Council and engagement with these partners will remain ongoing.
7. **Information Technology** – No implications from this report.
8. **Equality & Human Rights** – Subject to the IJB's approval to proceed, options where appropriate and necessary will have a full EQIA undertaken.
9. **Fairer Scotland Duty** – Any implications on the Fairer Scotland Duty from the options identified will be captured and assessed as part of the EQIA process.
10. **Health & Safety** – No implications from this report.
11. **Procurement** – The options relating to contract management have been identified through ongoing application of commissioning good practice, including the regular audit review of existing commissioning arrangements.
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)

Appendix 1: Visual Representation of refined approach



To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Chief Officer

Subject: Performance Management Benchmarking Report

1. Summary

- 1.1 The purpose of this report is to update members on performance benchmarking analysis against national indicators, and highlights some of the work underway locally to improve outcomes and performance.
- 1.2 Benchmarking analysis was previously presented to the IJB annually, however because of the COVID-19 pandemic the last report was in January 2020. The data available in this report presents a varying level of information as the pandemic has affected both completeness and trends, particularly for hospital activity such as emergency admissions. Consequently, this paper focuses on a current comparison with our Family Group and NHS Greater Glasgow and Clyde Health and Social Care Partnerships rather than referencing historical trends. It is therefore proposed we use the analysis in this paper as a baseline, which will allow us to provide comparisons and trend analysis from 2024-25 onwards.
- 1.3 Renfrewshire HSCP performance is measured against the Health and Social Care Partnerships within the NHS Greater Glasgow and Clyde area (East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, and West Dunbartonshire) and against our 'Family Group', as determined by Health Improvement Scotland. Our Family Group consists of Stirling, Clackmannanshire, Dumfries & Galloway, Falkirk, Fife, South Ayrshire, South Lanarkshire, Stirling, and West Lothian. Councils are arranged in family groups, so comparisons are similar in terms of the type of population (e.g., relative deprivation and affluence), and the type of area (e.g., urban, semi-rural, rural).
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2. Recommendation

It is recommended the IJB:

- Note the Benchmarking Report for Renfrewshire HSCP; and
- Note that interpretation of trends, particularly those based on hospital activity information, have been impacted by the COVID-19 pandemic.

3. Benchmarking Performance

3.1 The analysis is based on the most recent data for Indicators 11-19 from the National Core Suite of Integration Indicators published in July 2023, and 11 indicators from the Scottish Public Health Observatory (ScotPHO) Health and Wellbeing Profiles, as detailed in the following Appendices:

- **Appendix 1:** National Core Integration Indicators 11-19 by Family Group.
- **Appendix 2:** National Core Integration Indicators 11-19 by NHSGGC HSCPs.
- **Appendix 3:** Health and Wellbeing Profile Indicators (11) by Family Group.
- **Appendix 4:** Health and Wellbeing Profile Indicators (11) by NHSGGC HSCPs.

3.2 The data for National Core Integration Indicators 1-9 comes from the Health and Care Experience Survey, which is published every two years. The 2023-24 Survey is due to be published in spring 2024 with results expected to be more indicative of current circumstances and less influenced by the pandemic. We will include an update on these indicators in our Annual Performance Report 2023-24, which will be presented to the IJB for approval in June 2024.

3.3 The data for the Health and Wellbeing Profiles comes from ScotPHO, Public Health Scotland and National Records of Scotland. Data for all indicators are updated quarterly, annually, and bi-annually depending on individual frequency.

3.3 These indicators provide an overview of health and its wider determinants at a local level and are intended to act as a measure of progress towards achieving each of the National Health and Wellbeing Outcomes.

3.4 We have used the key below to highlight the results and show where performance is similar, better, or less favourable than the Scottish average; the best overall group result; and the Group or HSCP average.

	The same as the Scottish average
	Better than the Scottish average
	Less favourable than the Scottish average
*	Best Group/HSCP result
	Group or HSCP Average

5. National Core Integration Indicators: Family Group (Appendix 1)

5.1 For National Core Integration Indicators 11-19, Renfrewshire had the best Family Group result for the following three indicators:

No.	Indicator	Scotland	Ren'shire	Family Average
12	Emergency admissions rate per 100,000 population for adults (18+)	11,155	10,350*	12,671
14	Readmission to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	102	77*	110
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (rate per 1,000 population)	919	266*	1,024

5.2 Renfrewshire's performance was better than the Scottish and Family Group average for Indicator 17, while Indicator 18's performance was better than the Scottish average and just below the group average.

No.	Indicator	Scotland	Ren'shire	Family Average
17	Proportion of care services graded 'good' () or better in Care Inspectorate inspections	75.2%	78.5%	78.1%
18	Percentage of adults with intensive care needs receiving care at home	63.5%	64.3%	64.9%

5.3 Areas for improvement are reviewed collectively in section 7 alongside the work currently underway, as results are similar for both Family and HSCP Groups.

6. National Core Integration Indicators: NHSGGC HSCPs (Appendix 2)

6.1 When compared to the NHSGGC HSCPs, Renfrewshire's performance was the best in group for Indicators 15 and 19; better than the group average for Indicators 12 and 14; and better than the Scottish average for Indicator 18, as detailed below:

No.	Indicator	Scotland	Ren'shire	HSCP Average
12	Emergency admission rate per 100,000 population for adults	11,155	10,350	11,109
14	Readmission to hospital within 28 days	102	77	80.7

15	Proportion of last 6 months of life spent at home or in a community setting	89.3%	88.8%*	88.2%
18	Percentage of adults with intensive care needs receiving care at home	63.5%	64.3%	64.8%
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	919	266*	675

6.3 The Family Group results are more reflective of performance as explained in section 1.3 above. Full detail of the NHS Greater Glasgow and Clyde HSCP performance can be found in Appendix 2.

6.4 As noted previously at 5.3, the next section sets out the areas for improvement and the work currently underway.

7. Areas for Improvement: National Core Integration Indicators

7.1 When compared with the Family Group, Renfrewshire's performance was less favourable for four of the National Core Integration Indicators as detailed below:

- Indicator 11 - less favourable than the Scottish and Family Group average
- Indicators 13, 15 and 16 - less favourable than the Scottish average, yet better than the group averages:

No.	Indicator	Scotland	Ren'shire	Family Average
11	Premature mortality rate per Premature mortality rate per 100,000 persons; by calendar year (2021)	442	463	439
13	Emergency bed day rate per 100,000 population for adults	113,134	122,971	127,526
15	Proportion of last 6 months of life spent at home or in a community setting	89.3%	88.8%	88.2%
16	Falls rate per 1,000 population aged 65+	22.2	23.5	23.8

7.2 When compared with the NHSGGC HSCP Group, Renfrewshire's performance was also less favourable for indicators 11, 13 and 16 per Table 7.1 above. However, Renfrewshire's performance for Indicator 15 was better than the NHSGGC Group average – please see Appendix 2.

7.3

This section details the ongoing improvement work for each of the indicators noted at 7.1.

No.	Indicator
11	Premature mortality rate per 100,000 persons; by calendar year
<p>Premature mortality is death occurring before the age of 75 years and is a measure of unfulfilled life expectancy and preventable deaths. Influencing the premature mortality rate is a challenge and will have been affected by the COVID-19 pandemic, which may account for the decrease in rate from 494 in 2021 to 463 in 2022.</p> <p>Our Strategic Plan 2022-25 details our commitment to Healthier Futures in Renfrewshire, while the update in our 2022-23 Annual Performance Report demonstrates our commitment to prevention and early intervention whilst recognising current socio-economic challenges. Partnership working is key and by planning and delivering services collaboratively with our partners and strengthening the thriving network of advice, support and care provided in our local communities, we will continue to seek to identify and implement evidence-based approaches to improve outcomes for the people of Renfrewshire.</p>	

No.	Indicator
13	Emergency bed day rate per 100,000 population for adults
<p>As the IJB will be aware from previous updates, a number of initiatives are underway, all of which are expected to impact positively on unscheduled care performance in 2023-24.</p> <ul style="list-style-type: none"> • Introduction of Intermediate Care Beds • Home First Response Service • Community Falls and Nursing Pathways • Renfrewshire Community Respiratory COPD (Chronic Obstructive Pulmonary Disease) project • Ongoing public awareness campaign to ensure people know what services to access for their needs. 	

No.	Indicator
15	Proportion of last 6 months of life spent at home or in a community setting (%)
<ul style="list-style-type: none"> • The HSCP published its Palliative and End of Life Care Strategy in September 2022. The aim is to ensure everyone in Renfrewshire receives person-centred, dignified, and compassionate care and individual choices are respected. • We work closely with Accord and St Vincent's hospices to regularly review hospice provision and palliative and end of life care in Renfrewshire. 	

- The Anticipatory Care Planning (ACP) Group was established in June, working alongside the NHSGGC ACP Group to standardise recording across the Health Board Area. Promotion continues through an ongoing training, communication, and engagement plan.
- This activity has resulted in improved performance for the 'Number of adults with a new Anticipatory Care Plan' HSCP Scorecard indicator, which has exceeded its annual target at mid-year April to September 2023.

No.	Indicator
16	Falls rate per 1,000 population aged 65+
	<ul style="list-style-type: none"> • Collaborate with colleagues in the voluntary sector to help prevent and review falls in the community. • We commission ROAR to help empower older adults in Renfrewshire through mental wellbeing and physical activity, so they can keep socially connected and independent. ROAR provides support, advice, and help, especially with preventing falls. • Promote self-management, offering community engagement events to provide a person-centred approach. • We work closely with the Scottish Ambulance Service and the Flow Navigation Centre to support residents in Care Homes. • The Home First Response Service is identifying those living with frailty using the Health Improvement Scotland frailty tool, including those who have had a fall and require input from the community HFRS multi-disciplinary team. • Of 101 referrals to the Community HFRS team since launch, 62% have been assessed as frailty positive and have been reviewed following a fall. They have received intensive rehabilitation to support them at home and prevent an avoidable hospital admission.

8. Health and Wellbeing Profile Indicators – Family Group (Appendix 3)

8.1 Renfrewshire had the best Family Group result for two of the 11 Health and Wellbeing indicators, with performance also better than the Scottish average. Please also note the change in some of the indicators' wording from previous years as detailed in Appendix 3:

No.	Indicator	Scotland	Ren'shire	Family Average
4	Child healthy weight in primary 1* (%; 2021-22)	74.70%	78.80%*	75.92%
9.	Healthy birth weight (%; 3-year rolling average, 2019/20-2021/22)	84.14%	85.92%*	83.93%

8.2 Renfrewshire’s performance was better than the Scottish **and** Family Group average for the following three indicators:

No.	Indicator	Scotland	Ren’shire	Family Average
5	Probable suicide deaths (five-year average; age-sex standardised rate per 100,000 - 2018-2022)	14.41	11.95	13.52
6	Drug-related hospital admissions (3-year rolling average; age-sex standardised rate per 100,000 - 2019-2022)	228.36	224.59	263.37
10	Emergency patient hospitalisations (3-year rolling average; age-sex standardised rate per 100,000 - 2019-2021)	7,236.08	7,106.52	7,811.88

8.3 Similar to the National Core Integration Indicators, areas for improvement are reviewed collectively in section 9 alongside the work currently underway as results are similar for both Family and HSCP Groups.

9 Health and Wellbeing Profile Indicators – NHS Greater Glasgow and Clyde HSCPs (Appendix 4)

9.1 Compared with the NHSGGC HSCPs, Renfrewshire’s results reflect those of the Family Group for indicators 4, 5, 6, and 10 in section 8.2 above with performance better than the Scottish and NHS Greater Glasgow and Clyde average. Performance was better than the Scottish average and the same as the NHSGGC average for Indicator 9.

10. Areas for Improvement: Health and Wellbeing Profile Indicators

10.1 When compared with the Family Group, Renfrewshire’s performance was less favourable for six of the Health and Wellbeing Profile indicators although some of those differences are small as detailed in the table below:

No.	Indicator	Scotland	Ren’shire	Family Average
1	Alcohol-related hospital admissions (age-sex standardised rate per 100,000 - 2021-22)	611.05	722.34	594.38
2	Alcohol specific deaths (five-year average; 2018-2022)	21.20	24.40	19.54
3	Babies exclusively breastfed at 6-8 weeks* (%; 2021-22)	32.16%	25.51%	27.63%

7	Life expectancy females (2020-2022p)	80.72	80.12	80.56
8	Life expectancy males (2020-2022p)	76.54	75.56	76.54
11	Population prescribed drugs for depression/anxiety/psychosis (% - 2021-22)	20.14%	21.66%	21.15%

10.2 This section focuses on the Family Group as this is the most appropriate comparison for the reasons detailed in Section 1.3. Full NHSGGC HSCP Group performance is detailed in Appendix 3.

10.3 This section details the ongoing improvement work for each of the six indicators noted at 9.1.

No.	Indicators
1	Alcohol-related hospital admissions (age-sex standardised rate per 100,000 - 2021-22)
2	Alcohol specific deaths** (five-year average; 2018-2022) <ul style="list-style-type: none"> • The Alcohol and Drugs Recovery (ADRS) service provides person centred, low threshold access to alcohol assessment to deliver a timely response and reduce barriers to accessing care and treatment. • There are plans to utilise Non-Medical Prescribers (NMP) to provide more accessible prescribing for individuals who have problems with alcohol. This enables quicker access to alcohol treatment particularly for high-risk patients. It will also allow more service users to access home supported detoxification rather than as an inpatient. • The service is recruiting a Lead Officer for the Prevention of Alcohol Related Deaths for a period of one year. This post will lead in the investigation of alcohol related deaths to identify trends, risk factors and areas of focus for prevention in Renfrewshire. • The CIRCLE Recovery Hub continues to build on the recommendations of the Independent Review of Alcohol and Drug Services and the Renfrewshire Alcohol and Drug Commission to further strengthen support in Renfrewshire for people in recovery. 414 people have been referred to the Hub since its launch in October 2022.

No.	Indicator
3	Babies exclusively breastfed at 6-8 weeks* (%; 2021-22) <ul style="list-style-type: none"> • The Health Improvement Team supports businesses in Renfrewshire to sign up to the Breastfeeding Friendly Scotland (BFFS) scheme. This builds maternal confidence and ensures mothers can breastfeed confidently and safely in a warm and

welcoming environment. 130 premises have signed up to date and 316 staff have been trained from the HSCP, One Ren, Engage, Active Communities and 23 Early Learning and Childcare Centres.

- Dedicated web pages are being developed to host information for new and expectant mothers, capturing current work and detailing supports available to families.
- In March 2023 we were successful in maintaining the UNICEF Gold Award and remain accredited as a Gold Baby Friendly Service. The accreditation is awarded based on a set of standards for maternity, health visiting, neonatal and children’s services with evidence presented annually to show these standards are being maintained and progressed. Highly commended by UNICEF, the team was praised for its ongoing support, dedication, and commitment to families.

No.	Indicators
7	Life expectancy females (2020-2022p)
8	Life expectancy males (2020-2022p)
<p>Renfrewshire’s rate of life expectancy for males and females was slightly below the Scottish average, and the Family Group and HSCP averages as detailed in Appendices 3 and 4.</p> <p>The difference in rates is low: under 1% for females and 1.28% for males compared with the Family Group average, and under 1% for both males and females compared with the NHSGGC HSCP Group average. Please note that these figures are provisional. These figures will be superseded next year once rebased populations are available from the 2022 census.</p> <p>The main points of note from the National Records of Scotland report are:</p> <ul style="list-style-type: none"> • Life expectancy in Scotland was 76.5 years for males and 80.7 years for females in 2020-2022. • Life expectancy was highest in East Renfrewshire for females and East Dunbartonshire for males and lowest in Glasgow City for both males and females in 2020-22. • Most of Scotland’s council areas have seen a fall in life expectancy over the last few years. <p>Healthier Futures is one of the five key themes in our Strategic Plan and the actions aim to reduce health inequalities and improve health and wellbeing through early intervention and prevention of more complex need. This work is led by our Health Improvement Team, and supported by our partners, and third sector and community groups, to help build community capacity, empower our local communities, and tackle the wider determinants of health. Some of these can be out with the control of the HSCP e.g., Housing or the rising cost of living, so working closely with our partners is the most effective way to find solutions to mitigate the challenges, improve</p>	

outcomes and bring about change to reduce inequalities in Renfrewshire. This includes early intervention and activity to tackle child poverty so parents/carers can obtain advice information and tailored support which can reduce income inequality, which in turn can reduce health inequalities.

No.	Indicator
11	Population prescribed drugs for depression/anxiety/psychosis (% - 2021-22)
<p>Statistically, the difference between Renfrewshire, Scotland and the Family Group average is not significant. Increased prescribing should not necessarily be viewed in a negative light, particularly if there are alternative approaches for mild to moderate depression and anxiety are available locally. However, there may be an increased prevalence post-pandemic and because of the cost-of-living crisis.</p> <p>Locally there is a wide range of interventions to help support people with Mental Health issues including Community Wellbeing nurses, Occupational Therapists and Community Link Workers in GP practices. There is good access to the HSCP Community Mental Health Team supports for Adults, Older People and Child & Adolescent Mental Health (CAMHS) in Renfrewshire alongside a network of thriving, community-led Mental Health supports including:</p> <ul style="list-style-type: none"> • RAMH (Recovery Across Mental Health), who offer a range of community-based support around mental health including Wellbeing Maps, and a peer support group called ACUMEN. RAMH also provide Mental Health awareness training for organisations. • The CIRCLE Recovery Hub provides enhanced support to local people on a recovery journey from issues relating to mental health and drug or alcohol addiction. The Hub offers opportunities for and links to and from other related services, to support individuals throughout their journey. Referrals can be made from a variety of sources such as Community Mental Health teams, Housing Associations, Link Workers within Health Centres, GPs, Criminal Justice, and Job Centres. • Promotion of ALISS (A Local Information Service for Scotland) to encourage people to make use of all the resources and assets in their community. • Performance for Primary Care Mental Health Team waits for patients referred to first appointment within 4 weeks has also improved significantly from 45.6% at March 2023 to 88.9% at September 2023. • There is also a range of self-help websites and online Cognitive Behavioural Therapy support available. 	

11. Next Steps

11.1 As outlined in Section 3.2, we will provide an update on National Core Integration Indicators 1-9 from the 2023-24 Health and Care

Experience Survey in our Annual Performance Report 2023-24, which will be presented to the IJB for approval in June 2024.

- 11.2 The wider performance for National Core Integration and Health and Wellbeing Profile indicators will continue to be monitored with the paper refreshed in 2024-25, to allow us to begin to compare results and evaluate trends.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Strategic Plan and Community Planning** – None
4. **Wider Strategic Alignment** – None
5. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
6. **Property/Assets** – None
7. **Information Technology** – None
8. **Equality & Human Rights** – 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.
9. **Fairer Duty Scotland** – None
10. **Health & Safety** – None
11. **Procurement** – None
12. **Risk** – None
13. **Privacy Impact** – None

List of Background Papers – None.

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National Core Integration Indicators Benchmarking Exercise - July 2023 - Family Group

Key:	
Same as Scottish average	
Better than Scottish average	
Worse than Scottish average	
Best result of all areas	*

No.	INDICATOR	SCOTLAND	Renfrewshire	Family Group Average	% difference between Renfrewshire & Fam Grp Average	Stirling	Clack'shire	Dumfries & Galloway	South Ayrshire	South Lanarkshire	West Lothian	Fife	Falkirk
11	Premature mortality rate per 100,000 persons; by calendar year	442	463	439	5.5%	370*	470	428	422	459	439	431	473
12	Emergency admission rate per 100,000 population for adults	11,155	10,350*	12,671	-18.3%	12,051	14,611	12,113	14,353	12,389	10,813	12,590	14,770
13	Emergency bed day rate per 100,000 population for adults	113,134	122,971	120,034	2.4%	100,392	125,512	127,907	162,139	119,584	88,819*	102,557	130,429
14	Readmission to hospital within 28 days	102	77*	110	-29.9%	126	145	93	101	98	94	113	142
15	Proportion of last 6 months of life spent at home or in a community setting (%)	89.3%	88.8%	89.3%	-0.5%	89.3%	89.5%	89.3%	88.0%	88.9%	90.1%	90.9%*	88.8%
16	Falls rate per 1,000 population aged 65+	22.2	23.5	22.7	3.4%	21.3	26.9	19.9	18.9*	22.5	19.1	27.0	25.4
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)	75.2%	78.5%	78.1%	0.5%	88.1%	91.7%*	77.0%	68.4%	76.9%	75.7%	67.2%	79.5%
18	Percentage of adults with intensive care needs receiving care at home	63.5%	64.3%	64.9%	-0.9%	67.0%	71.2%	71.4%*	62.6%	62.8%	62.7%	59.1%	62.6%
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	919	266*	1,024	-74.0%	756	718	1,347	2,216	1,044	657	825	1,386
20*	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*	DATA NOT PRESENTED BEYOND FINANCIAL YEAR 2019/20**											

Source: National Core Integration Indicator Data, published July 2023

National Core Integration Indicators Benchmarking Exercise - July 2023 - NHSGGC Health and Social Care Partnerships

Key:	
Same as Scottish average	
Better than Scottish average	
Worse than Scottish average	
Best result of all areas	*

No.	INDICATOR	SCOTLAND	Renfrewshire	HSCP Average	% difference between Renfrewshire & HSCP Average	Glasgow City	East Renfrewshire	East Dunbartonshire	West Dunbartonshire	Inverclyde
11	Premature mortality rate per 100,000 persons; by calendar year	442	463	456.0	1.5%	615	264*	302	551	542
12	Emergency admission rate per 100,000 population for adults	11,155	10,350	11,109	-6.8%	11,079	9,064*	11,036	12,744	12,378
13	Emergency bed day rate per 100,000 population for adults	113,134	122,971	127,526	-3.6%	126,318	107,268*	119,891	143,361	145,349
14	Readmission to hospital within 28 days	102	77	80.7	-4.5%	96	68*	80	85	78
15	Proportion of last 6 months of life spent at home or in a community setting (%)	89.3%	88.8%*	88.2%	0.7%	88.2%	88.4%	87.8%	88.0%	87.7%
16	Falls rate per 1,000 population aged 65+	22.2	23.5	23.8	-1.4%	27.2	23.8	22.7	22.5*	23.3
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)	75.2%	78.5%	82.7%	-5.1%	81.7%	86.9%*	86.7%	82.1%	80.4%
18	Percentage of adults with intensive care needs receiving care at home	63.5%	64.3%	64.8%	-0.8%	59.2%	61.0%	65.5%	71.3%*	67.6%
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	919	266*	675	-60.6%	976	415	493	1,441	460
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	DATA NOT PRESENTED BEYOND FINANCIAL YEAR 2019/20**								

Source: National Core Integration Indicator Data, published July 2023

INDICATOR DATA STATUS

Health and Wellbeing Profile Indicators Benchmarking Exercise - Family Group
Key:

Same as Scottish average	
Better than Scottish average	
Worse than Scottish average	
Best result of all areas	

No.	INDICATOR	SCOTLAND	Renfrewshire	Family Group Average	% difference between Renfrewshire & HSCP Average	Stirling	Clack'shire	Dumfries & Galloway	South Ayrshire	South Lanarkshire	West Lothian	Fife	Falkirk
1	Alcohol-related hospital admissions (age-sex standardised rate per 100,000 - 2021-22)	611.05	722.34	594.38	21.53%	488.99	639.48	442.48*	698.60	683.81	495.75	640.10	537.86
2	Alcohol specific deaths** (five-year average; 2018-2022)	21.20	24.40	19.54	24.84%	17.0	19.9	16.1*	19.1	22.5	19.1	18.0	19.8
3	Babies exclusively breastfed at 6-8 weeks* (%; 2021-22)	32.16%	25.51%	27.63%	-7.66%	40.95%*	22.34%	27.97%	23.03%	24.44%	30.12%	30.92%	23.35%
4	Child healthy weight in primary 1* (%; 2021-22)	74.70%	78.8%*	75.92%	3.79%	77.90%	78.10%	71.10%	72.20%	74.40%	76.00%	77.30%	77.50%
5	Probable suicide deaths** (five-year average; age-sex standardised rate per 100,000 - 2018-2022)	14.41	11.95	13.52	-11.63%	11.10*	16.89	12.61	13.25	13.98	13.50	13.49	14.94
6	Drug-related hospital admissions (3-year rolling average; age-sex standardised rate per 100,000 - 2019-2022)	228.36	224.59	263.37	-14.73%	260.28	337.60	236.06	357.99	204.90*	236.74	275.98	236.23
7	Life expectancy females*** (2020-2022p)	80.72	80.12	80.56	-0.55%	81.64*	79.89	80.94	80.91	80.03	80.70	80.92	79.90
8	Life expectancy males*** (2020-2022p)	76.54	75.56	76.54	-1.28%	77.70*	75.69	77.06	76.64	76.04	77.07	76.95	76.17
9	Healthy birth weight (%; 3-year rolling average, 2019/20-2021/22)	84.14%	85.92%*	83.93%	2.37%	83.56%	85.32%	81.44%	83.27%	84.60%	83.41%	83.11%	84.74%
10	Emergency patient hospitalisations (3-year rolling average; age-sex standardised rate per 100,000 - 2019-2021)	7,236.08	7,106.52	7,811.88	-9.03%	7081.33*	8,129.95	7,333.98	8,934.03	8,013.66	7,890.20	7,595.63	8,221.65
11	Population prescribed drugs for depression/anxiety/psychosis (% - 2021-22)	20.14%	21.66%	21.15%	2.42%	17.78%*	21.98%	21.11%	23.01%	21.92%	20.46%	21.32%	21.10%

Source: ScotPHO Health & Wellbeing Profiles

*Source: Public Health Scotland

**Source: National Records of Scotland (NRS)

***Source: National Records of Scotland (NRS). Figures will be superseded next year once rebased populations are available from the 2022 Census

p: provisional

Indicator Wording Update

1. Previous wording: Alcohol-related hospital stays
2. Previous wording: Alcohol-related mortality
5. Previous wording: Deaths from suicide
6. Previous wording: Drug related hospital stays
10. Previous wording: Patients with emergency hospitalisations

**Health and Wellbeing Profile Indicators Benchmarking Exercise -
NHSGGG HSCPs**
Key:

Same as Scottish average	
Better than Scottish average	
Worse than Scottish average	
Best result of all areas	*

No.	INDICATOR	SCOTLAND	Renfrewshire	HSCP Average	% difference between Renfrewshire & HSCP Average	Glasgow City	East Renfrewshire	East Dunbartonshire	West Dunbartonshire	Inverclyde
1	Alcohol-related hospital admissions (age-sex standardised rate per 100,000 - 2021-22)	611.05	722.34	719.64	0.38%	1,045.43	394.37	393.38*	973.68	788.64
2	Alcohol specific deaths** (five-year average; 2018-2022)	21.20	24.40	24.07	1.39%	31.50	12.50*	13.50	29.70	32.80
3	Babies exclusively breastfed at 6-8 weeks* (%; 2021-22)	32.16%	25.5%	28.41%	-10.19%	28.55%	39.38%	40.62%*	17.79%	18.58%
4	Child healthy weight in primary 1* (%; 2021-22)	74.70%	78.80%	76.25%	3.34%	74.10%	80.30%*	80.20%	72.30%	71.80%
5	Probable suicide deaths (five-year average; age-sex standardised rate per 100,000 - 2018-2022)	14.41	11.95	13.26	-9.85%	15.86	9.02*	11.41	15.67	15.62
6	Drug-related hospital admissions (3-year rolling average; age-sex standardised rate per 100,000 - 2019-2022)	228.36	224.59	231.97	-3.18%	387.14	89.39*	96.82	318.51	275.36
7	Life expectancy females*** (2020-2022p)	80.72	80.12	80.49	-0.46%	78.18	84.00*	83.48	78.43	78.71
8	Life expectancy males*** (2020-2022p)	76.54	75.56	76.03	-0.62%	72.95	79.94	79.95*	73.18	74.62
9	Healthy birth weight (%; 3-year rolling average, 2019/20-2021/22)	84.14%	85.92%	85.92%	0.00%	86.52%	83.33%	85.14%	86.89%	87.73%*
10	Emergency patient hospitalisations (3-year rolling average; age-sex standardised rate per 100,000 - 2019-2021)	7,236.08	7,106.52	7,212.64	-1.47%	8,325.35	5,835.96*	6,279.51	7,991.70	7,736.79
11	Population prescribed drugs for depression/anxiety/psychosis (% - 2021-22)	20.14%	21.66%	21.26%	1.87%	21.36%	17.18%*	18.48%	24.11%	24.79%

Source: ScotPHO Health & Wellbeing Profiles

*Source: Public Health Scotland

**Source: National Records of Scotland (NRS)

***Source: National Records of Scotland (NRS). Figures will be superseded next year once rebased populations are available from the 2022 Census

p: provisional

Indicator Wording Update

1. Previous wording: Alcohol-related hospital stays
2. Previous wording: Alcohol-related mortality
5. Previous wording: Deaths from suicide
6. Previous wording: Drug related hospital stays
10. Previous wording: Patients with emergency hospitalisations

To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Strategic Lead and Improvement Manager

Heading: Workforce Planning: Update on Year 1 progress and Year 2 actions

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 November 2022, the Integration Joint Board (the 'IJB') reviewed and approved a final version of the Renfrewshire HSCP's Workforce Plan 2022-25 (the 'Plan'). The Plan was developed to reflect the Scottish Government's National Workforce Strategy for Health and Social Care, published in March 2022. During its development, the Plan was submitted to the Scottish Government for review and received very positive feedback.
- 1.2. On 31 May 2023, the Scottish Government issued a letter to Health Boards and HSCPs requesting a progress update on the delivery of the Health Board and HSCP Workforce Plans, to be incorporated into each Health Board's Annual Delivery Plan. For NHSGGC this was done at a summary level to reflect the complexity of planning arrangements across six HSCPs and Board.
- 1.3. In addition, the Scottish Government set out a requirement that HSCPs review their Plans to set out the progress made, any changes required, and publish these on their respective websites by the end of October 2023. It was subsequently agreed with Scottish Government that Renfrewshire IJB would submit an update at the end of November 2023 to reflect the IJB's governance timelines and ensure that the IJB had opportunity to review and approve its Year 1 update. This paper provides an update on the outcomes of that review, progress made and actions moving into Year 2.

2. Recommendations

It is recommended that the IJB:

- Note the progress made in delivering actions identified for Year 1 of the Plan (Appendix A);
- Approve the Year 2 plan set out, reflecting the changes outlined (Appendix B); and

- Approve submission of Appendices to the Scottish Government as part of requested annual update and subsequent publication on the HSCP's website.

3. Background

- 3.1. In November 2022, the IJB approved the HSCP's Workforce Plan 2022-25, which set out the challenges and opportunities facing the health and social care workforce in Renfrewshire. It was structured to align with the National Workforce Strategy for Health and Social Care published by the Scottish Government in March 2022.
- 3.2. The national strategy set out progress made in developing the health and social care workforce nationally, and a range of commitments to help achieve the Scottish Government's vision for the workforce. This vision is supported by an ambition to deliver the recovery, growth, and transformation of our workforce in coming years. In addition, it sets out five pillars to guide workforce development actions: (i) Plan; (ii) Attract; (iii) Employ; (iv) Train; and (v) Nurture. These pillars have formed the basis of the considerations and actions set out in our own plan.
- 3.3. In addition, the Plan was developed to reflect and align with the IJB Strategic Plan and Medium-term Financial Plan, ensuring that each strategy is complementary of one another and together align to make most effective and efficient use of the IJB's resources and HSCP's workforce.
- 3.4. This paper provides an update to the IJB on delivery of the Plan, reflecting on progress made in delivering Year 1 actions, and confirmation of actions to be commenced in Year 2.

4. Year 1 Progress Update

- 4.1. An update on all actions which commenced in Year 1 can be found in Appendix A. In total, there are 48 Year 1 actions. The current position of these is shown below, with further examples of each provided in following paragraphs:

Action Status	RAG rating	Number of Actions
<i>Completed / Closed</i>	Complete / Closed	9
<i>Started and on track</i>	Green	28
<i>Started but completion delayed</i>	Amber	6
<i>Actions paused or not started</i>	Red	5

- 4.2. Nine actions within Year 1 of the Plan are now complete. Examples of these actions include:

- **Plan 4 (Action 3) – Develop a communication toolkit for staff to ensure our services are inclusive and provide equality of access:** The HSCP has developed and circulated this communication toolkit to staff, providing guidance on how to make our communications as accessible as possible. The HSCP will also consider opportunities to further develop this toolkit in future years where these are identified.
- **Train 1 (Action 3) – Create a Renfrewshire HSCP Training Academy:** The HSCP has now implemented a Staff Development Programme, which was launched by the IJB Chair, and this is widely advertised to staff with applications encouraged. SMT consider applications monthly and at the time of writing, 69 applications have been approved at a total value of £102k, from an overall budget of £500k.

4.3. As noted above, a significant proportion of actions are also rated as ‘Green’. These are actions on which good progress has been made however due to their nature they will continue to be delivered beyond Year 1 rather than completed within a single year. Examples of these actions include:

- **Nurture 2 (Action 1) – Promote the availability of national resources to support health and wellbeing through the recovery process:** A wide range of actions to provide staff access to health and wellbeing resources have continued alongside partner organisations. These include, but are not limited to, regular updates from the Chief Officer; the recent launch of a collated resource on the HSCP website bringing together a range of options for staff to utilise; and planned access for staff to the NHSGGC Wellbeing Bus which is currently scheduled to visit Renfrewshire between December 2023 and March 2024. The HSCP will also open its staff awards for nomination shortly, to reflect on the fantastic contributions our staff group makes to the organisation and our communities. These actions will remain a priority focus for the HSCP.
- **Attract 3 (Action 1) - Embed collaboration and partnership working in Market Facilitation Plan and commissioning processes:** The Market Facilitation Plan 2023-25 was approved by the IJB in June 2023. Development of the Plan included a provider event through which feedback on proposed approach was sought. Wider collaborative engagement with providers on a range of issues has been undertaken and will continue throughout the life of this Plan.

4.4. Five actions within Year 1 have been assessed as Amber. Examples of these, and the rationale for their assessment, include:

- **Plan 4 (Action 1) - Update the HSCP’s draft Participation, Engagement and Communication Strategy and implementation plan:** As noted in our Strategic Plan Year 2 update, due to capacity restraints, further work on updating the strategy has now been revised to Year 3 of the Strategic Plan and Workforce Plan. However, actions to develop and improve the HSCP’s wider approach to

communication will continue, as shown by the example of the communication toolkit development provided under completed actions in 4.2.

- **Train 5 (Action 3) – Support managers to manage absence effectively and enable team members to contribute to the best of their ability:** This has been rated Amber due to current absence levels (6.9% in August 2023 for NHSGGC staff and indicative statistics show 4.6 days absence per FTE in Q1 and 5.26 days per FTE in Q2 for Renfrewshire Council staff). Monitoring of absence levels remains a priority of the HSCP Senior Management Team, with service management addressing individual cases. Further support and opportunity for discussing approaches will be provided through the recently implemented Extended Senior Management Team meetings. A range of support has been developed and is in place for managers including:
 - NHSGGC providing training and coaching sessions on the implementation of the Attendance Management policy in conjunction with the HR Support & Advice Unit.
 - Renfrewshire Council has approved a new Managing Absence Policy, with further work undertaken to develop supporting procedures and inform updated L&D modules.

4.5. Five actions within Year 1 have been rated red. Examples of these include, with further details provided in Appendix A:

- **Plan 2 (Action 1) – Recruitment of a Workforce Planning Lead role based within the HSCP:** This action has been placed on hold pending further review of the requirements of this role, to ensure that any additional support is affordable within the current financial context and is complementary to existing partner organisation resources and not duplicative.
- **Employ 2 (Action 1) - Assess opportunities for ‘stay interviews’ for critical roles:** This action was identified during the creation of the Workforce Plan. However, this requires further consideration of the scope of actions available, recognising these are limited within organisational policies. Consideration will also be given to the importance of early career-focused discussions through regular performance discussions and succession planning.

5. Review of the Workforce Plan and Action Plan

5.1. Recognising that many Year 1 actions have been identified as ongoing and have not been closed within this year of the Plan, the HSCP will continue to deliver on these actions in Year 2. These will be delivered alongside additional actions which will commence over the next 12 months.

5.2. The actions for Year 2 were identified in the Workforce Plan approved by the IJB in November 2022, and these are included as Appendix B to this paper. The HSCP has taken the opportunity to review and refine these actions to reflect changing circumstances and ensure the plan is achievable within

current circumstances. Key updates which have been made to Year 2 of the Plan are:

- **Employ 4 – Shape the workforce to align with the Strategic Plan and transformational activity (Actions 1 and 2):** These actions, relating to the confirmation of transformational activity and related resource requirements, have been combined and updated to align with the IJB and HSCP's focus on Sustainable Futures. The updated action is complementary to the Plan 5 Action outlined in 4.4 above and will capture related service transformation proposals and any developments which may emerge in the next 12 months in relation to the National Care Service.
- **Nurture 1 - Promote equality, diversity and inclusivity across the sector (Action 3):** the previously identified action to 'Work with partners to improve the availability of data and demographics on protected characteristics in line with Scottish Government and PHS guidance' has been removed from the Plan as further review has shown that this overlaps with the Plan 3 action to 'Improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics and enable the further promotion of diversity and equality within the partnership.' This removes potential duplication in monitoring and recording.
- **Nurture 1 - Promote equality, diversity and inclusivity across the sector (Action 5):** the action to 'Undertake the LGBT Charter award to equip our staff to improve health and wellbeing outcomes experienced by LGBT people in Renfrewshire' has now been moved to Year 3. This reflects the change made within the Strategic Delivery Plan and ongoing capacity constraints. However, the HSCP continues to work with partners to promote and advance equality and diversity through additional actions progressing from the Year 1 Plan and included within the Year 2 Plan.

6. Next Steps

- 6.1. The IJB's approval is sought to progress to Year 2 of the Plan, and to proceed with submission of this progress report and the updated actions for the next 12 months to the Scottish Government. This update will also be published on the HSCP's website, subject to this approval.
- 6.2. A further update on progress made in Year 2 will be brought to the IJB in November 2024. This annualised approach is in line with that adopted for the IJB's Strategic Plan.
- 6.3. The HSCP will continue to keep actions under review to ensure they are deliverable within the current uncertain and challenging operating context for the IJB and HSCP. As was noted in the presentation of the Strategic Delivery Plan for Year 2 in September 2023, and the ongoing focus on Sustainable Futures, there may be a knock-on impact on the HSCP's ability to achieve all the actions previously set out within the Workforce Plan. Future reporting to

the IJB will highlight the likelihood of this and identify any changes required to proposed actions as a result.

Implications of the Report

1. **Financial** – No immediate implications from this paper. However, any financial implications of actions within the Workforce Plan will be fully assessed.
2. **HR & Organisational Development** – The HSCP's Workforce Planning Group includes membership from HR & OD colleagues and the development and delivery of plans is progressed collaboratively with the IJB's partner organisations, ensuring appropriate advice and expertise is captured.
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 delivery of the Workforce Plan, and associated workforce issues, are captured within the IJB's risk register and provided in updates to the IJB's Audit, Risk and Scrutiny Committee.
13. **Privacy Impact** – None from this report.

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)
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Appendix A: Year 1 Plan Progress Update

Reference	Strategic Objective	Action	Owner	RAG	Commentary
Plan 1	Improve the availability of workforce data and future projections.	1. Identify gaps in current sector-wide workforce reporting and work with partners to identify solutions.	Head of Strategic Planning & Health Improvement	R	<ul style="list-style-type: none"> On hold. This action is dependent on recruitment of additional capacity through Workforce Planning Lead or equivalent role.
Plan 1	Improve the availability of workforce data and future projections.	3. Review, with statutory partners, the gathering of feedback from leavers to determine trends and issues resulting in loss of staff, including onboarding and leavers interview processes.	Head of Human Resources	A	<ul style="list-style-type: none"> Exit interviews are offered by both employing organisations however these interviews are voluntary. Findings are confidential unless permission given by leaver to share with manager. Action to be further considered.
Plan 2	Invest in workforce planning capacity to support future planning.	1. Recruitment of a Workforce Planning Lead role based within the HSCP and aligned with Change and Improvement.	Head of Strategic Planning & Health Improvement	R	<ul style="list-style-type: none"> On hold To be further considered to consider affordability within current financial context and ensure that requirements do not overlap with existing HR and OD roles within partner organisations.
Plan 2	Invest in workforce planning capacity to support future planning.	2. Develop iterative workplan for Training and OD aligned the priorities set out with this Workforce Plan.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Draft of plan prepared with objectives and actions being refined. Plan will capture actions which are deemed achievable within context of current financial and workforce pressures.

Plan 4	Update our approach to communications and engagement to ensure that staff feel engaged and can access and receive updates at the right time.	1. Update the HSCP's draft Participation, Engagement and Communication strategy and implementation plan to reflect current position.	Head of Strategic Planning & Health Improvement	A	<ul style="list-style-type: none"> Timelines for finalisation and publication of the draft have been revised to Year 3 of Strategic Plan and Workforce Plans due to capacity constraints. A range of engagement approaches continue to be used to update staff including Chief Officer updates, Extended SMT meetings and the Leadership Network and wider cascading of key messages.
Plan 4		2. Define and implement approach to sharing key workforce messages with partners across the sector.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Ongoing engagement with partners through several routes including SPG, Care Planning Groups and 'Feeder' Groups, such as the Voluntary Sector Group.
Plan 4		3. Develop a communication toolkit for staff to ensure our services are inclusive and provide equality of access.	Head of Strategic Planning & Health Improvement	C	<ul style="list-style-type: none"> Action complete Options to further develop and/or refine the toolkit will be considered on an ongoing basis.
Plan 5	Reflect workforce capacity and pressures in recovery planning and future transformation as part of prioritisation activities.	1. Prioritise recovery and transformation activity to reflect continued workforce pressures, incorporating frontline and change support capacity as key criteria.	Head of Strategic Planning & Health Improvement	A	<ul style="list-style-type: none"> Transformational activity has been superseded by the Sustainable Futures savings programme. Workforce pressures and the impact of proposals identified will be considered through options appraisal process and will include staff-side and trade union engagement.
Attract 1	Our recruitment practices will be fair for all, and we will remove any barriers to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.	3. Deliver and identify lessons learned from Renfrewshire GPST3's job fair in May 2022.	Clinical Director	C	<ul style="list-style-type: none"> Job Fair held. Following reflection on the first job fair, options for a further event in Year 2 of Workforce Plan are currently under consideration.
		4. Clarify processes for internal consultation on recruitment plans.	Heads of HR	C	<ul style="list-style-type: none"> Information on recruitment processes is available on respective intranet sites, through engagement with HR representatives and supported by partner

					organisation training for those involved in recruitment.
Attract 1	Our recruitment practices will be fair for all, and we will remove any barriers to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.	5. Engage Renfrewshire to deliver racial equalities training between 2022 and 2025.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Engage and In Ren provide a calendar of free online training throughout the year, these are available for partner organisations to access.
Attract 2	We work collaboratively with third sector and independent providers to promote careers in health and social care in Renfrewshire.	1. Develop joint recruitment communications strategy and plan with external partners.	Head of Strategic Planning & Health Improvement	C	<ul style="list-style-type: none"> Opportunities for joint recruitment are identified and supported by collaborative communications. A joint communications strategy for recruitment was completed and an example of this in practice includes the cross-sector recruitment event including the HSCP and provider organisations held in March 2023. The HSCP has also attended- (and will continue to attend) additional recruitment events hosted by partner organisations.
Attract 3	Work with partners to refine commissioning processes in line with the commitment to ethical commissioning in the Independent Review of Adult Social Care, supporting sustainability of employment.	1. Embed collaboration and partnership working in Market Facilitation Plan and commissioning processes (e.g. Public Social Partnership approach).	Chief Finance Officer	G	<ul style="list-style-type: none"> The Market Facilitation Plan 2023-25 was approved by the IJB in June 2023. Development included a provider event through which feedback on our proposed approach was sought. Wider collaborative engagement with providers on a range of issues is ongoing (for example relating to Business Continuity) and will continue throughout the life of this Plan.
		2. Assess contracts and existing grant funding to identify opportunities for longer term contracts and funding.	Chief Finance Officer	G	<ul style="list-style-type: none"> The Contracts register is up to date and a schedule of reviews and procurement exercises is in place. A separate workstream regarding grant funding is being established. This action will remain ongoing.

Attract 4	Enhance the attractiveness of health and social care roles.	1. Reflect the commitment to fair work through increases to hourly rates for Council-employed social care staff and staff in commissioned services.	Chief Finance Officer	G	<ul style="list-style-type: none"> From 1 April 2023 pay for Adult Social Care workers in the third party and independent sectors rose from the previous living wage of £10.50 per hour, to £10.90 per hour. All agreed increases are passed through to commissioned services. At the time of writing, negotiations for the 2023/24 social care pay award are ongoing and will be reflected in hourly rates and salaries when possible. The HSCP is also investing in frontline Care at Home staff through ongoing work to upgrade frontline care workers.
Attract 4	Enhance the attractiveness of health and social care roles.	3. Progress a survey with local GP workforce.	Clinical Director	R	<ul style="list-style-type: none"> This action has been delayed pending the completion of Board wide Primary Care Strategy and GP Out Of Hours consultations. Planning is currently being undertaken to progress in Year 2 of the Workforce Plan.
Attract 5	Attract international staff to come and work in Renfrewshire.	1. Working with specialist agencies and partners, develop a programme to attract international staff to Renfrewshire, considering supporting family friendly policies.	Head of Health & Social Care (Paisley) Marlene	G	<ul style="list-style-type: none"> The HSCP is working with Renfrewshire Council to develop a pilot to attract international recruits to Care at Home services. This is at the planning phase and will be supported by funding from the Scottish Government to test the approach.
Attract 5	Attract international staff to come and work in Renfrewshire.	2. Support GP practices to obtain Skilled Worker Visa status	Clinical Director	G	<ul style="list-style-type: none"> This will be an ongoing action. The HSCP have supported local practices with recruitment challenges through a funded visa sponsorship programme that informed Scottish Government national guidance.

Attract 6	Support people considering second careers or with caring responsibilities to work in health and social care. When creating new posts or recruiting to vacancies attract new applicants by embedding flexibility and innovation in our ways of working.	1. Promote roles across health and social care with information on how a breadth of experience and skills can support people to be successful.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> • Linked to Attract 2 action relating to development of a joint communications strategy and plan. • Ongoing consideration of opportunities to promote available roles differently and attract applicants. • Supported by joint recruitment event held in March 2023.
Attract 7	Deliver rolling and targeted recruitment campaigns to attract staff to key roles in Renfrewshire.	1. Continue delivery of HSCP's interim workforce actions with recruitment action plans in Care at Home; Mental Health; CAMHS; ADRS; District Nursing and School Nursing	All Heads of Service	C	<ul style="list-style-type: none"> • This action is marked as complete as recruitment focus is part of Business-as-Usual operational activity. • Challenges remain with regards recruitment of sufficient staff to fill vacancies and meet service demand.
Employ 1	Increase the number of applicants by promoting Health and Social Care as an appealing career to people displaced from their own employment either during or following the pandemic.	1. Utilise winter funding to enhance recruitment.	C O'Byrne	C	<ul style="list-style-type: none"> • A range of roles were identified and recruited to utilising winter funding. Where necessary posts were readvertised however it was not possible to successfully recruit to all posts given limited availability of staff within the sector. This has now transitioned to business-as-usual activity. • 45.8 FTE currently in post with a further 9.3 FTE posts currently vacant. A proportion of these posts will have been recruited to on more than one occasion, reflecting turnover.
Employ 2	Sustain and grow our workforce to reflect national policy commitments and funding streams.	1. Assess opportunities for 'stay interviews' for critical roles	Heads of HR	R	<ul style="list-style-type: none"> • Action to be further considered with HR colleagues from partner organisations. • Scope of action available will be limited within organisational policies, and consideration will be given to approach to career-focused discussions as part of performance management, and succession planning approaches.

Employ 2	Sustain and grow our workforce to reflect national policy commitments and funding streams.	2. Continue to progress service development and related recruitment in relation but not limited to: (i) Winter funding (Home Care, Interim Care, MDT); (ii) PCIP; (iii) Mental Health and Wellbeing in Primary Care; (iv) CAMHS; and (v) Action 15	All Heads of Service	C	<ul style="list-style-type: none"> This action is marked as complete as recruitment focus is part of Business-as-Usual operational activity. Some priorities have been placed on hold by the Scottish Government (Mental Health and Wellbeing in Primary Care) and should additional requirements emerge further actions will be incorporated into the workforce plan.
Employ 3	Maximise the impact of health and social care roles through innovative recruitment where organisations are advertising similar roles but are struggling to recruit.	1. Review hard to fill posts in the health and social care sector within Renfrewshire.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> HSCP vacancies monitored monthly with updates provided to the IJB. Where posts remain hard to fill, alternative approaches have been considered including the development of alternative roles at different grades with complementary skillsets. Further action to be progressed with external partners to gather further insight and sector intelligence.
Train 1	Develop an updated view of the training landscape and ensure resources are in place to support staff to access training to support their development.	3. Create a Renfrewshire HSCP Training Academy through ringfenced funding within IJB reserves.	Chief Finance Officer	C	<ul style="list-style-type: none"> The HSCP has now established its Staff Development Programme and this is widely advertised for staff with applications encouraged Applications are considered by SMT monthly and to date 69 applications have been approved at a total value of £102k, from an overall budget of £500k.
Train 5	Support our managers and leaders to develop their competence and skills to lead teams in a remote working setting, promoting strong team working.	1. Provide check-ins and support to team leaders and managers within the HSCP.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Current focus is on support offer to leaders whose teams have not achieved iMatter action plans in previous year(s). Additional support provided to several leaders with ad hoc requests.
		2. Cross-section engagement with staff to understand experience and requirements and use to inform provision of local support.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> The HSCP recognises that the approach to working for non-frontline staff has shifted to a hybrid approach, including both onsite and remote working.

					<ul style="list-style-type: none"> • Discussions addressed through regular Leadership network meetings and bespoke engagement events. • Further opportunities presented through Extended SMT meetings.
		3. Support managers to manage absence effectively and enable team members to contribute to the best of their ability.	Heads of HR	A	<p>This has been rated Amber due to current absence levels (6.9% in August 2023 for NHSGGC staff and indicative statistics show 4.6 days per FTE in Q1 and 5.26 days per FTE in Q2 for Renfrewshire Council staff).</p> <ul style="list-style-type: none"> • Monitoring of absence levels remains a priority of the HSCP Senior Management Team, with service management addressing individual cases. A range of support has been developed and is in place for managers including: <ul style="list-style-type: none"> • NHSGGC providing training and coaching sessions on the implementation of the Attendance Management policy in conjunction with the HR Support & Advice Unit. • Renfrewshire Council has approved a new Managing Absence Policy, with further undertaken to develop supporting procedures and inform updated L&D modules.
Nurture 2	Continue to prioritise the health and wellbeing of staff through the provision of local, regional and national support.	1. Continue to promote the availability of national resources to support health and wellbeing through the recovery process.	Head of Strategic Planning & Health Improvement	G	<p>A range of actions to provide staff with access to health and wellbeing resources have continued alongside partner organisations:</p> <ul style="list-style-type: none"> • The NHSGG&C Wellbeing bus is timetabled to visit 3 locations in Renfrewshire for staff from December 2023 - March 2024. • A new Mental Health and Wellbeing resource has also been developed for staff which also includes additional information for staff on our website.

					<ul style="list-style-type: none"> Regular Chief Officer updates to staff reflect on importance of good mental health and provide links to useful resources. The HSCP will also open its staff awards for nomination shortly, recognising the contribution of our staff group.
		2. Promote Healthy Working Lives.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> A refreshed Staff Health Group is being progressed. The group replaces the previous focus on Health Working Lives and will develop a bespoke action plan and calendar of activities.
		3. Support access to Mental Health First Aider training.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> The NHSGGC Mental Health Training timetable is shared via the Health Improvement team across Renfrewshire. Suicide prevention training is also shared via the Social Work Training Team. MH First Aider Training is also provided by Renfrewshire Council.
		4. Work with third and independent sector partners to develop a framework to support sector staff to access wellbeing resources.	Head of Strategic Planning & Health Improvement	R	<ul style="list-style-type: none"> This action will be progressed in Year 2, working with partners and utilising existing fora including the Strategic Planning Group and Voluntary Sector Forum to develop and implement proposals.
		5. Include consideration of health and wellbeing as part of every change process.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Transformational activity has been superseded by the Sustainable Futures programme. Options identified through this programme include an impact of the expected impact on staff. In addition, staff side and trade union representatives will be engaged regarding specific options and are members of the Sustainable Futures Programme Board.

		6. Implement absence management plans to help staff into work with additional support as required.	Heads of HR	A	<ul style="list-style-type: none"> Related actions are captured under Train 5. Managers have access to resources to help them manage absence effectively.
		7. Work with partners to deliver Wellbeing initiatives, e.g. including Mental Health and menopause policies.	Heads of HR	G	<ul style="list-style-type: none"> NHSGGC and Renfrewshire Council continue to develop health and wellbeing resources and supporting policies which are available to managers and staff. For example, both organisations have developed menopause policies and are supporting rollout of these through available training, guidance and communications. The HSCP has also launched an internet page for staff bringing together a wide range of wellbeing initiatives in one place for staff to access where appropriate.
Nurture 4	Continue to protect the health and wellbeing of staff and residents in HSCP and independent Care Homes.	1. Continued delivery of the "Huddle" model and care home reporting.	Head of Health and Social Care	G	<ul style="list-style-type: none"> This remains an ongoing action and the 'Huddle' model continues to be utilised and monitor the current position of internal and external care homes in Renfrewshire. The huddle now meets on a fortnightly basis.
Nurture 5	Ensure that existing and new staff have access to the right guidance, equipment and accommodation to support them to do their jobs safely.	1. Review induction processes and information provided to ensure inclusion of key elements.	Heads of HR	G	<ul style="list-style-type: none"> Renfrewshire Council and NHSGGC regularly review corporate induction processes. In addition, services have their own bespoke induction arrangements in place for new staff.
		2. Continued review of risk assessments and provision of PPE for frontline staff.	Head of Health and Social Care	G	<ul style="list-style-type: none"> Risk assessments undertaken and reviewed, with PPE provided in line with national guidance on Infection Control. Changes agreed nationally are implemented locally and will be reviewed on an ongoing basis.
		3. Support for staff to access vaccinations in line with national guidance.	All Heads of Service	G	<ul style="list-style-type: none"> Staff are supported and encouraged to access vaccinations where they choose to do so.

					<ul style="list-style-type: none"> • Cross-organisation updates are provided through Chief Officer messaging and partner's own communications to staff.
		4. Continue the HSCP's review of property use to ensure it meets current and future needs.	Chief Finance Officer	G	<ul style="list-style-type: none"> • Review ongoing, with engagement with partners reflecting that property and assets are owned and managed by NHSGGC and Renfrewshire Council. • An update on recent activity and changes was provided to the IJB in September 2023.
		5. Undertake Display Screen Equipment (DSE) assessments for all staff working at home and utilise Occupational Health to define reasonable adjustments for staff where required.	All Heads of Service	A	<ul style="list-style-type: none"> • Ongoing encouragement of staff to undertake DSEs and implementation of resulting actions to support staff. • To review completion rates in Year 2 and issue reminders to staff regarding available training and regular completion of assessments.
Nurture 7	Consider how Long COVID is managed moving forward to address any inconsistencies in absence management and ensure fairness of treatment.	1. Work with NHSGGC and Renfrewshire Council HR to implement processes as they are developed and reflect any future national guidance on treatment of Long COVID.	Heads of HR	G	<ul style="list-style-type: none"> • Renfrewshire Council continues to develop an approach to managing Long Covid conditions. • Occupational Health will continue to monitor the medical advances on treatment, but as it can manifest itself as a number of presenting issues, this brings more than one treatment route. • The Council will continue to support staff who present with Long Covid with OH support, making any necessary adjustments where required. • NHSGGC continue to provide support to Service Managers along with colleagues in the HR Support & Advice Unit to support staff suffering with Long Covid in line with the Attendance Management Policy. • The NHSGGC Occupational Health Service provides advice & guidance to staff and managers. Online resources are also available for staff and managers reflecting current national guidance.

Nurture 8	Continue to assist unpaid carers to provide support for family and friends.	1. Implementation of updated Carers Strategy following Renfrewshire IJB approval in June 2022.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Majority of actions in the Carers Strategy year 1 delivery plan complete. Incomplete actions carried over to year 2 delivery plan, which was recently agreed by carers planning group (Sept/Oct 2023).
		2. Work with NHSGGC to Work with NHSGGC to improve the experience of unpaid carers before and during hospital admissions, stays and discharges.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Being progressed through the NHSGGC corporate Carers Group including delivery of 'Preparing for Hospital' sessions, and Carers Centre working with the Support and Information Service in the RAH.
		3. Through the Carers Partnership, encourage employers across Renfrewshire to be Carer positive employers.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> This will be part of the work to encourage businesses to sign up to the 'Renfrewshire Unpaid Carers Card', to be launched in the first quarter of 2024.
		4. Develop blended (online and face to face) support to give a range of access choices.	Head of Strategic Planning & Health Improvement	C	<ul style="list-style-type: none"> Action complete, blended support developed and now available.
		5. Progress initiatives such as the Carers Passport to provide discounted opportunities for unpaid carers.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> The 'Renfrewshire Unpaid Carers Card' is on track to be launched in the first quarter of 2024.
		6. Coordinate cross sector activity to develop Renfrewshire as a carer-friendly community.	Head of Strategic Planning & Health Improvement	G	<ul style="list-style-type: none"> Initial work focussed on the voluntary sector and 29 carer community champions have been trained to help voluntary organisations identify and support carers.

Appendix B: Actions commencing in Year 2

Reference	Strategic Objective	Action	Head of Service Owner
Plan 3	Improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics and enable the further promotion of diversity and equality within the partnership.	1. Utilise additional available information provided by breakdown of survey results across protected characteristics in iMatter.	Head of Human Resources
		2. Work with Renfrewshire Council to support development of proposals to further our inclusive agenda, considering gender balance and protected characteristics.	Head of Strategic Planning & Health Improvement
Plan 6	Our recruitment practices will be fair for all, and we will remove any barriers to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.	<p>1. Work with sector partners to launch targeted recruitment for:</p> <ul style="list-style-type: none"> • Young people (apprenticeships and employability) • Unpaid carers • Male carers • Those starting 'second careers' • Under-represented ethnic groups 	Head of Strategic Planning & Health Improvement
Plan 6	Our recruitment practices will be fair for all, and we will remove any barriers to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.	2. Widen recruitment methods including online events; recruitment days and alternative advertising.	All Heads of Service
Attract 6	Support people considering second careers or with caring responsibilities to work in health and social care. When creating new posts or recruiting to vacancies attract new	2. Support unpaid carers to gain recognised qualifications and ensure they are aware of potential opportunities within health and social care.	Head of Strategic Planning & Health Improvement

Attract 6	applicants by embedding flexibility and innovation in our ways of working.	3. Develop a range of recruitment strands: (i) employability; (ii) apprenticeships; (iii) graduate rotations; (iv) career change; and (v) sector ‘tasters’	Heads of Human Resources
Employ 3	Maximise the impact of health and social care roles through innovative recruitment where organisations are advertising similar roles but are struggling to recruit.	2. Identify if opportunities exist for jointly funded posts between organisations e.g., third sector and public/third sector and consider possible ‘hosting’ arrangements.	Head of Strategic Planning & Health Improvement
Employ 4	Develop and shape the workforce to align with the IJB’s Strategic Plan and transformational activity and meet changing demands in future.	1. Identify and progress any service transformation requirements arising from (i) Sustainable Futures strategic reviews in 2024/25; and (ii) implementation requirements related to the National Care Service.	Head of Strategic Planning & Health Improvement
Train 1	Develop an updated view of the training landscape and ensure resources are in place to support staff to access training to support their development.	4. Update induction pathways for new starts and staff taking on new roles to support longer term retention and include (i) an introduction to the HSCP; (ii) team introductions and networking; and (iii) core training requirements.	Heads of HR
Train 2	Reflecting progress since 2020, enhance workforce digital skills in line with changing ways of working and Digital Health and Care Strategy.	1. Develop longer-term digital priorities and opportunities to invest in technology (where available funding allows) to support service and workforce development.	Head of Strategic Planning & Health Improvement
		2. Identify core digital skills required in service roles and build into induction and essential training.	Head of Strategic Planning & Health Improvement
Train 4	Strengthen relationships with Further and Higher Education institutions to develop training opportunities.	1. Build upon opportunities for work experience and placements at all levels and in all parts of the sector – school, college, university	Head of Strategic Planning & Health Improvement

		2. Engage with local Higher and Further Education institutions to identify potential options for mentoring for people studying for health and social care qualifications.	Head of Strategic Planning & Health Improvement
Nurture 1	Promote equality, diversity and inclusivity across the sector.	1. Continue to deliver online and face to face training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias.	Head of Strategic Planning & Health Improvement
		2. Support the delivery of, and staff access to, (i) networking opportunities for staff from minority ethnic backgrounds; (ii) parent organisation workforce equality groups; and (iii) staff equality training to be developed by Scottish Government and partners.	Heads of HR
Nurture 6	Implementation of the Health and Care (Staffing) (Scotland) Act 2019.	1. Implement the provisions of the Act in line with updated implementation and transition timetable.	Chief Nurse and Chief Social Work Officer



To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Head of Mental Health, Learning Disability and Alcohol and Drugs Recovery Services

Heading: Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028

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

Renfrewshire IJB was updated on the Greater Glasgow & Clyde (GGC) Adult Mental Health Strategy 2018-23 at the June 2022 IJB meeting, specifically regarding progress updates relating to Action 15 of the national Mental Health Strategy and the development of a Renfrewshire Mental Health and Well Being in Primary Care model.

The June 2022 report also referenced the work of the GGC Mental Health Programme Board, which included the Board's preparation to review all activity against the objectives set within the 2018-23 Strategy and to produce a Strategy Refresh for 2022-27.

1.2 The Strategy spans across both Adult Mental Health Inpatient and Community Services to ensure services are modern, patient focused, effective and efficient. The strategy takes a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017-27. The strategy has a range of workstreams that report to a Programme Board led by Glasgow HSCP on behalf of the six HSCPs.

1.3 The work on the Strategy Refresh is now complete, details of which are outlined within this paper and attached as Appendix 1 (NHSGGC 5-year Mental Health Strategy Refresh 2023.28). An update on Action 15 and Mental Health and Well Being in Primary Care is also provided.

2. Recommendations

It is recommended that the IJB:

1. Note the progress made against the existing Mental Health Strategy 2018-2023, outlined in the proposed Strategy Refresh
 2. Note the updates relating to Action 15 and Mental Health and Well Being in Primary Care
 3. Approve the Refresh of the Strategy for Mental Health Services in Greater Glasgow and Clyde 2023-2028
-

3. Background – Mental Health Strategy

3.1 The Health Board's Moving Forward Together: Greater Glasgow and Clyde's 'Vision for Health and Social Care document set the blueprint for the future delivery of Health and Social Care Services in GGC. This remains in line with Scottish Government's national and West of Scotland regional strategies, requirements, and projected needs of the GGC population. Strategies for Mental Health Services in Greater Glasgow and Clyde are also aligned to the Scottish Government's Mental Health Strategy and the NHSGGC 'Healthy Minds' report.

3.2 The existing Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:

- Integration across services to provide a condition-based care approach.
- Shifting the balance of care further into the community

3.3 A community-based model will be more cost effective and deliver services earlier, better meeting the needs of the patients in the community as people access more care through and wholly within those community-based services.

4. Mental Health Strategy Refresh

4.1 The Strategy Refresh:

- Widens the scope of the existing strategy and establishes a joint approach to, or strengthens the relationship with, strategies covering the whole complex of mental health services in NHSGGC.
- Describes progress against the recommendations in the existing Strategy and other areas.

This includes creation of a regional CAMHS Intensive Psychiatric Care Unit (Adolescent IPCU) adjacent to the existing adolescent inpatient facilities, Skye House, located on the Stobhill site in NHS GGC.

- Reflects changes in context and policy drivers and identifies changed or new recommendations in response. It includes recognition of and response to the significant impact of the Covid-19 Pandemic, both in terms of those needing, and the staff and services delivering, mental health care and support.

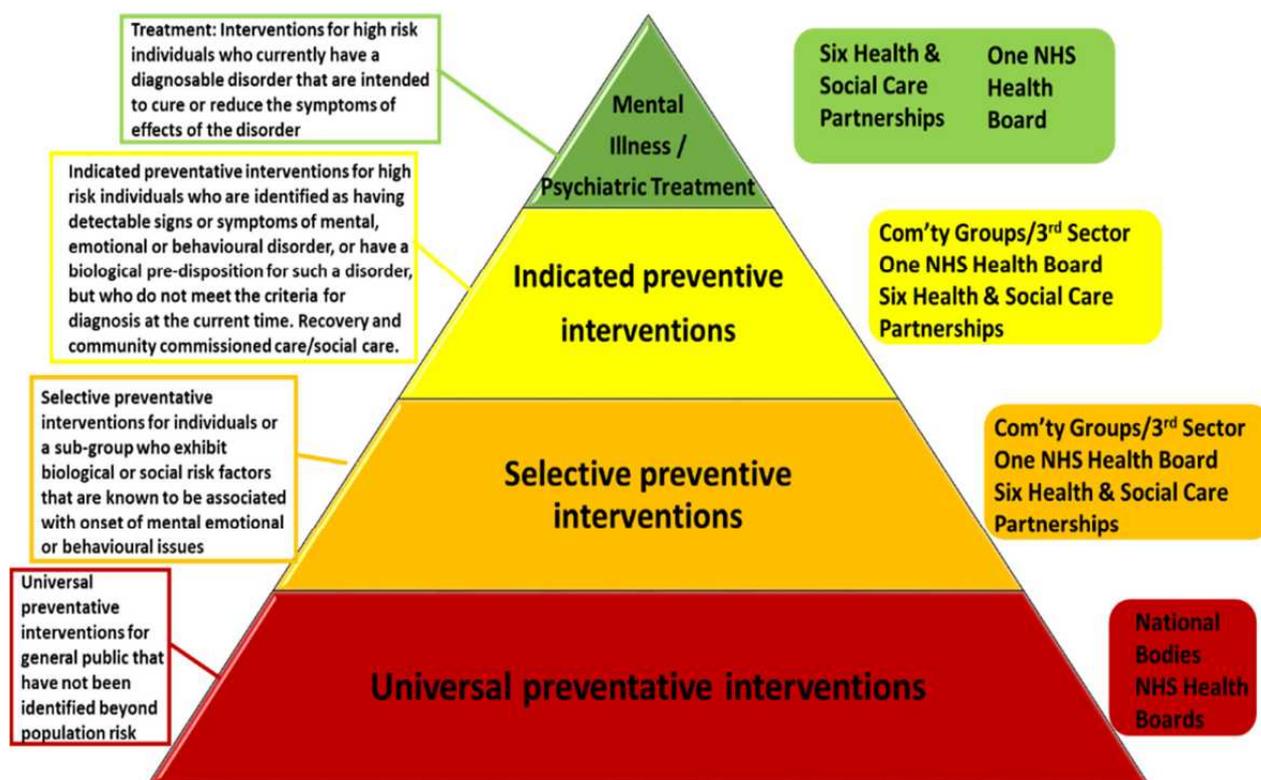
4.2 The vision for the Strategy Refresh includes community focus on:

- Delivering Prevention and Early Intervention; including Mental Wellbeing and Suicide Prevention training for all staff, expanding computerised Cognitive Behavioural Therapy (cCBT) services, and supporting wellbeing in primary care.
- Expanding the development of Recovery Peer Support Workers in community teams and inpatient settings.
- Improving the effectiveness of community services; developing group based Psychological Therapies and Patient Initiated Follow Up (PIFU). PIFU gives patients control over follow up appointments allowing them to be seen quickly when they need to be, such as when symptoms or circumstances change, and avoiding the inconvenience of appointments of low clinical value.
- Developing Unscheduled Care; commissioning non-clinical response services for situational distress; developing community mental health acute care services offering treatment as an alternative to hospital admission; and Mental Health Assessment Units diverting people with Mental Health problems who do not require physical / medical treatment from Emergency Departments.
- Supporting faster discharge to the community; integrating health and social care to ensure joint prioritisation of resources; community services that support rehabilitation and recovery from complex mental health problems nearer to home and in the least restrictive setting.

4.3 The service model on the next page increases the level of psychiatric care delivered in the community. The Strategy refresh recognises that transitional finance is a challenge requiring alternative approach to support further community development. Longer term planning for wellbeing and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.

**Mental Health and Well Being
Mental Illness/Psychiatric Response**

**General service delivery by
organisation**



4.5 There will be further updates on this work as it develops, with areas requiring further Integration Joint Board approval submitted to future meetings.

5. Action 15 Update

5.1 Confirmation has not been received from the Scottish Government relating to some of Renfrewshire’s expected recurring budget allocation against Action 15 commitments. Due to this, a number of temporary posts have required to end with no recurring budget in place. Correspondence in this regard from the Scottish Government, is expected by the end of 2023.

6. Mental Health and Well Being in Primary Care

6.1 The Integration Joint Board was updated in June 2022 about plans for the implementation of Renfrewshire HSCP’s action plan to further develop ‘Mental Health and Wellbeing in Primary Care Services’. This followed on from The Scottish Government’s Short Life Working Group on Mental Health in Primary Care which recommended the development of multi-disciplinary teams within Primary Care settings to provide

assessment, advice, support, and some levels of treatment for mental health, distress, or wellbeing.

- 6.2 In February 2022 the Minister for Mental Wellbeing and Social Care confirmed Renfrewshire's NRAC share of indicative funding over a three-year period, with release of funding predicated on submission and approval of detailed plans. Renfrewshire's plan was submitted in May 2022 and subsequently approved.
- 6.3 The Scottish Government confirmed in late 2022 that a 'review of all 2022-23 budget plans in light of the known conclusion of in-year Covid consequential was being undertaken, which has placed unprecedented pressure on existing Health & Social Care budgets.'
- 6.4 Consequently, the Mental Health and Wellbeing in Primary Care' workstream and associated funding was paused by the Scottish Government, with no further update available at this time.
- 6.5 Renfrewshire Mental Health and Primary Care Services continue to work together to build on and improve current positive interface arrangements; and will increase opportunities for further development through the GGC Strategy Refresh.

Implications of the Report

1. **Financial** - The Strategy refresh recognises the current environment. Decisions will be required on a GGC system wide approach. As part of developing future implementation thinking, consideration will include what elements of cross funding between adult and older people's services might support implementation of the Strategy as a whole. This approach will target developments initially to those community services which will derive the greatest benefit with equity of investment by the end point. This is essential to secure the wider ambition of this programme.
2. **HR & Organisational Development** - Staff engagement currently includes Area Partnership Forum membership on the Mental Health Strategy Programme Board and subgroups / workstreams. Staff engagement on specific issues will take place as further detail emerges. The relevant HR policies and procedures will apply on implementation.
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** - Mental Health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. In addition to social determinants, the strategy recognises the need to focus on inequalities including people with protected characteristics in developing equalities

sensitive services matching care to need. Programmes of work will be developed to address mental health wellbeing within such communities and groups.

9. **Fairer Duty Scotland** – none
10. **Health & Safety** – none
11. **Procurement** – none
12. **Risk** - For implementation, mitigation of risk will initially focus on where there is existing / spare capacity.
13. **Privacy Impact** – n/a.

List of Background Papers

- NHSGGC Mental Health Strategy: Renfrewshire Implementation Update (Renfrewshire IJB Paper, June 2022)
- NHSGGC 5-year Mental Health Strategy Refresh 2023-28

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**A Refresh of the Strategy for
Mental Health Services in
Greater Glasgow & Clyde:
2023 – 2028**

25 05 2023

Document Version Control

Date	Author	Rationale
04/05/23	V McGarry	To CMT 04/05/23
12/05/23	V McGarry	Bed numbers updated - Child Psychiatry / Totals
17/05/23	V McGarry	Perinatal section – progress updated, service description moved to supplement
25/05/2023	D Harley	Narrative site number correction
03/08/2023	V McGarry	Recommendations numbering update

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1. Introduction: context, drivers and principles for change

1.1. Scope of this Strategy refresh

This strategy refresh updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next 5 years.

The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care will not be sent back to Primary Care with a suggestion of an appropriate response but discussed and progressed between secondary specialist services
- More people with lived and living experience, along with families and carers, will be involved in everything for co-production
- Prevention will be better explained as addressing wellbeing
- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.
- Improved access for Mental Health and situational crisis
- Commitment to more established points of access & clear referral pathways
- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate
- Workforce Strategy

COVID-19 Pandemic

The Scottish Government notes in its COVID-19 strategic framework February 2022 update¹ that “The past two years have tested the resilience of everyone in Scotland. There will have been very few of us who did not, at some stage, feel a strain on our mental health. It is crucial to understand that the mental health impacts of such a traumatic time will continue to emerge and evolve. The longer-term mental health effects will continue to be felt by many of us, across various levels of need. This will include mental ill-health in some cases.” This sentiment also applies to the staff, who are to be thanked in demonstrating their commitment in the face of pressure and supporting patients. This strategy review and refresh recognises and responds to the significant impact of the COVID-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support at a time when demand for acute inpatient services is so high.

There are both positive and negative legacies of COVID-19 that will persist for a long time. Specific learning from the pandemic in areas such as Mental Health Assessment Units, digital developments, physical estate and infection control, will inform what we do.

The 2018 Adult Mental Health Strategy identified a range of principles on which service Strategies and implementation plans were based. The primary aims of increasing community based responses and increasing access to services remain relevant to and are inclusive of the whole complex of mental health services:

¹ [Coronavirus \(COVID-19\): Scotland's Strategic Framework update - February 2022](#)

1. Integration and collaboration

A whole-system collegiate approach to Mental Health across Health and Social Care Partnerships (HSCPs) and the NHS Greater Glasgow and Clyde (NHSGGC) Board area, recognising the importance of interfaces and joint working with Primary Care, Acute services, Public Health, Health Improvement, Social Care and third sector provision.

2. Prevention

Services should maintain a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment.

3. Choice and voice

Providing greater self-determination, participation and choice through meaningful service user, carer and staff engagement and involvement in the design and delivery of services. Staff wellbeing at work is recognised to be an important part of the provision of quality patient care.

4. High quality, evidence-based care

Identification and equitable delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.

5. Data Analysis

Routine data collection and analysis is used to improve service quality, productivity and strategy implementation.

6. Matching care to needs

- A model of stepped/matched care responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: “all the care they need, but no more”.
- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.
- Shifting the balance of care from hospital to community services where appropriate.
- Equalities sensitive services

7. Compassionate, recovery-oriented care

- Attention to trauma and adversity where that influences the presentation and response to treatment.
- Recognition of the importance of recovery-based approaches, including peer support and investment in user and carer experience that generates community and social impact.

Existing strategies covering the complex of mental health services continue to be jointly progressed by the six Health and Social Care Partnerships (HSCPs) within Greater Glasgow and Clyde, in partnership with NHS Greater Glasgow & Clyde (NHSGGC). All remain committed to the need to take a whole-system approach to the strategic planning of Mental Health Services, particularly given the interdependence and connectivity across HSCPs in relation to Mental Health services. The refresh should be read in conjunction with the current individual mental health strategies and proposals.

The production of strategies recognised the beginning of the change and improvement process and were open to further modification as necessary as implementation plans to support delivery of the proposed recommendations developed. The implementation plan will be supported by a further revision of workforce, financial and risk management frameworks designed to reflect the dynamic nature of the proposed changes, with careful checks and balances at each major phase of implementation. The impact of COVID-19 on people’s individual and collective needs also continues to evolve and there remains therefore a commitment to engage further with key stakeholders to shape evolving plans.

1.2. Summary of the Proposed Service Changes and Improvements

What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:-

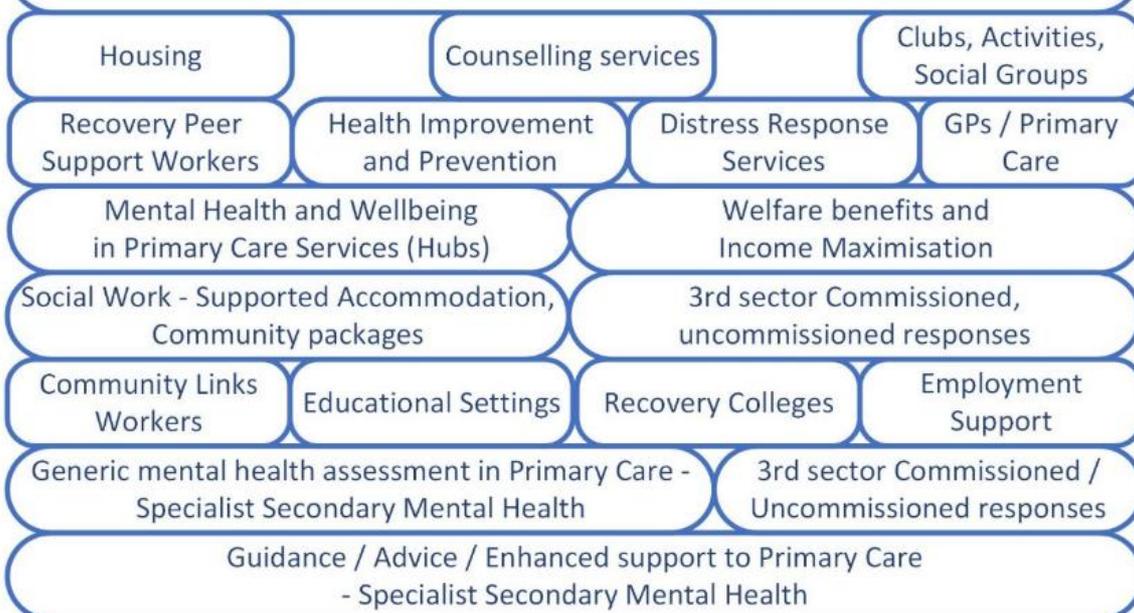
- Childhood abuse, trauma or neglect;
- Social isolation or loneliness;
- Experiencing discrimination and stigma including racism;
- Social disadvantage, poverty or debt;
- Bereavement;
- Severe or long term stress;
- Having a long term physical health problem;
- Unemployment or losing your job;
- Homelessness or poor housing;
- Being a long-term carer for someone
- Drug & alcohol misuse;
- Domestic violence, bullying or other abuse as an adult;
- Significant trauma as an adult;
- Physical causes e.g. head injury and / or neurological condition
- Neurodevelopmental vulnerabilities, especially those previously unrecognised

There are separate and specific strategies for organised health and social care service responses for each of the NHSGGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; Learning Disability and also Forensic mental health).

The recommendations described later in each section of this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

The delivery of service responses are many and varied as illustrated by the following:

Primary and Community Care



Secondary Specialist Mental Health Care



All services set out the issues and recommended actions necessary to deliver their aims. Particular, but not exclusive, attention was drawn to the following service changes proposed:

1.2.1. Prevention, Early Intervention and Health Improvement.

A range of organised mental health service responses can all contribute to their own versions of prevention, early intervention and health improvement and do this in very different ways.

This refresh makes more of a distinction between services that promote people's mental health and prevent people's mental distress and illness from services that are organised to respond to people's mental illness when they are referred to secondary care mental health services in the community and in inpatient wards. The relevant services will:

- Up-scale Mental Health training and support for all non-mental health and mental health staff in Partnerships and related services including; trauma informed, ACE-aware (Adverse Childhood Experience), one good adult, Mental Health first aid.
- Support community planning partners to develop and implement strategies to address adverse childhood experiences and child poverty within their area.
- Work with multiple partners to build awareness of practical steps to promoting mental wellbeing and challenging stigma and discrimination with a priority focus on groups with higher risk, marginalised groups and people with protected characteristics.

1.2.2. Physical Health

- On-going application of the Physical Healthcare and Mental Health Policy approach for people not in mental distress.
- On-going application of the Physical Healthcare and Mental Health Policy approach for people in mental distress who don't need contact with specialist mental health services.
- On-going application of the Physical Healthcare and Mental Health Policy for people in contact with specialist mental health services.
- Improve assessment and referral pathways to ensure that people with a serious mental illness have their physical health monitored and managed effectively with no barriers to service access.
- Continuing the commitment within Mental Health Services to a programme of training and development for mental health staff to ensure that the delivery of physical healthcare meets current standards.

1.2.3. Recovery Orientated and Trauma-aware services

- Collaboration with people with lived and living experience of mental health distress and / or of mental health illness
- Work with partners to pilot the introduction of Recovery Colleges in the Board area
- Develop and implement models of Peer Support Workers in the community

1.2.4. Community and Specialist Teams

- A focus on maximising efficiency and effectiveness of our Community Mental Health Teams (CMHTs) with standardised initial assessment, Patient Initiated Follow up Pathway (PIFU), Clinical risk reference panel development, peer support in CMHTs to reduce inpatient care, consider new roles, and refresh clinical outcomes measures.
- Implementation of Esteem review outcomes.
- Development proposals for child, adolescent and adult eating disorders.
- Trauma informed clinical practice training.

- The introduction of a matched care approach to the provision of care and treatment for Borderline Personality Disorder.

1.2.5. Primary Care

- To assess post pandemic the implications of the new GP contract, particularly around the potential for additional service and support options for people before needing to be referred to secondary specialist mental health community and inpatient services.
- Work to manage and support those with long term physical conditions should be expanded and prioritised. There should be a focus on effective communication of physical and mental health condition management requirements being shared between clinicians in both Primary Care / GP settings and also specialty secondary care mental health services in the community and in hospital.

1.2.6. Social Care

- An even more integrated management of supported accommodation (or equivalent) and care home placements with 'health' bed management to optimise "flow" in and out of integrated Health and Social Care beds/accommodation/places.
- Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to live as independently as possible in community settings.
- Review specialist and mainstream care home commissioning needs, including to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme
- Additional alcohol and drug recovery rehabilitation and harm reduction

1.2.7. Child and Adolescent Psychiatry

- Fuller implementation of the Child and Adolescent Mental Health Services (CAMHS) community specification, including supporting expansion of community CAMHS from age 18 up to 25 years old for targeted groups and those who wish it
- Additional transition planning to adult services and follow-up
- Implementation of the 2021 National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care
- Community waiting list initiatives

1.2.8. Perinatal Mother and Baby

- Increased investment in staffing for Mother and Baby inpatient services
- Review reimbursement support for families of Mother and Baby Unit (MBU) patients for transport, meals, accommodation
- Ongoing development of the new infant health service – Wee minds matter

1.2.9. Infant Mental Health

- Ongoing development and evaluation of infant mental health service – the wee minds matter team

1.2.10. Learning Disability

- Implement 'coming home', particularly focusing on developing plans to return people from where they are living out of area where this is appropriate for them
- Reduce reliance on bed-based models and support people who are at risk of admission, particularly where clinical need is not the primary reason.

- Provide a forum for multiple partner providers to explore and deliver on a range of alternative and innovative response support models for those individuals with complex needs

1.2.11. Community Services: Non-statutory Services

- Expand contact with non-statutory services for implementation plans and identifying priorities

1.2.12. Unscheduled Care

- Liaison / Out of Hours (OOH): provision of a single Adult Mental Health Liaison service across Greater Glasgow and Clyde, providing one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for departments.
- Crisis Resolution and Home Treatment / OOH: provide a consistent model of crisis resolution and home treatment across the NHS Board area available for community care and home treatment as an alternative to hospital admission
- OOH: streamline communications for all Unscheduled Care arising OOH including consideration of offering guidance to referrers, directing calls to local Community Mental Health Acute Care Teams (CMHACS) (or CMHTs and other daytime services)

1.2.13. Older People's Mental Health

- Focusing on early intervention to reduce admission to in-patient beds
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment
- Expanding access to psychological interventions, including non-pharmacological interventions for the management of "stress and distress" in dementia.
- Engaging with commissioning to further develop care settings in the community for care options for Older People with mental health issues as their condition progresses in terms of both individual care packages and residential care.
- A focus on reducing delays in discharge

1.2.14. Forensic Psychiatry Mental Health

- Focusing on maintaining safe and effective management of risk
- Continued investment in rehabilitation, repatriation of out of area placements and maintaining the flow of patients through levels of security and general mental health services

1.2.15. Shifting the Balance of Care / Bed Site Impact

- Collective approach for the complex of mental health services on site impact of end point inpatient investment and bed reductions
- Framework for collective engagement process
- Progress initial phase of bed reductions
- Reinvestment of mental health resources in community expansion

2. Strategic Context - Shifting the Balance of Care

2.1. Moving forward Together Transformational Plan and Clinical Services Review

The NHS GG&C extensive Moving Forward Together Transformational Plan, Clinical Services Review (CSR) and the Scottish Government's national vision of core principles set the main drivers for change.

2.2. Integration of Health and Social Care

The integration of Health and Social Care services under the terms of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)² has enabled Health and Social Care Partnerships (HSCPs) to re-examine how services are delivered to our services users to strive for improved outcomes through delivering and commissioning care in a more integrated, co-ordinated and efficient way. The specific actions for achieving this, along with achieving the statutory National Health and Wellbeing Outcomes, are set out in the respective Integration Joint Board Strategic Plans of HSCPs. In addition to the Service Improvements set out in the CSR, the 5 year strategy will build current developments and good practice delivered by HSCPs.

2.3. Mental Health Recovery and Renewal

The Mental Health Recovery and Renewal plan (MHRR) for Scotland forms part of the [NHS Scotland recovery plan 2021-2026](#)³ which sets out key ambitions and actions to be developed and delivered now and over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland. The Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session. The Plan contains over 100 actions, which focus on four key levels of need:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advise and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

2.4. National Care Service

The [National Care Service \(Scotland\) Bill](#)⁴ was introduced to the Scottish Parliament on 21.06.22. The bill sets out the principles for the National Care Service (NCS). Its stated aim is to ensure that everyone can consistently access community health, social care, and social work services, regardless of where they live in Scotland. Subject to parliamentary approval, there is provision for a power to transfer accountability for a range of services, including adult social care and social work services, to Scottish ministers from local government.

The development of the National Care Service will remain a key area.

² [Public Bodies \(Joint Working\) \(Scotland\) 2014](#)

³ [NHS Recovery Plan 2021-2026](#)

⁴ [National Care Service \(Scotland\) Bill](#)

2.5. Perinatal and Infant Mental health

The [Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services \(Mar 2019\)](#)⁵ draws on the findings of the Perinatal Mental Health Network's NHS board visits, professionals' workshops and online survey of women's views, conducted in 2017-18, and the existing evidence base on service provision, to make recommendations on what services Scotland should develop to meet the needs of mothers with mental ill health, their infants, partners and families.

The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families.

2.6. Child and Adolescent Mental Health

The [Child and Adolescent Mental Health Services: national service specification](#)⁶ was launched in 2020 and sets out a set of standards for CAMHS.

The Scottish Government also published the [National Neurodevelopmental Specification](#)⁷ which identifies seven standards for services to support children and young people who have neurodevelopmental profiles with support.

2.7. Learning Disability

The [Keys to Life: Implementation framework and priorities 2019-2021](#)⁸ are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland's disability delivery plan, A Fairer Scotland for Disabled People.

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report details engagement with people with learning disabilities and those who support them in exploring what was needed to be done next.

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services"

NHSGGC has been heavily involved in the shaping of national policy, in particular; [Coming home: complex care needs and out of area placements 2018](#)⁹ highlights that some people with learning disabilities and complex needs are living far from home or within NHS hospitals; there is an urgent need to address this issue. This report is the first time that a collective and comprehensive overview has been made available in Scotland on both the characteristics and

⁵ [Perinatal Mental Health Network Needs Assessment Report 2019](#)

⁶ [Child And Adolescent Mental Health Services: national service specification](#)

⁷ [Children and young people - National neurodevelopmental specification: principles and standards of care](#)

⁸ [Keys to life: implementation framework and priorities 2019-2021](#)

⁹ [Coming home: complex care needs out area placements report 2018](#)

circumstances of people with complex needs who are placed into care settings that are distant to their families and communities, or who remain in hospital settings beyond the clinical need of them to be there.

[Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge Feb 2022](#)¹⁰ builds on the earlier 2018 report. The goal is to provide high-quality, local, community-based services where, regardless of complexity of need or behavioural challenge, people's right to live a full and purposeful life, free of unnecessary restrictions can be realised. The report includes a recommendation (subsequently supported by the Scottish Government) for a [Community Living Change Fund](#)¹¹ to drive the redesign of services for people with learning disabilities and complex care needs.

A number of reviews associated with the mental health act are also likely to have an impact on Learning Disability services.

2.8. Older People's Mental Health

[The National dementia strategy: 2017-2020](#)¹² builds on progress over the last decade in transforming services and improving outcomes for people affected by dementia and emphasised the vision of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them.

2.9. Alcohol and Drugs Recovery Services

Scottish Government strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths is described in the document '[Rights, respect and recovery: alcohol and drug treatment strategy](#)'¹³. This highlights commitments to achieve outcomes in the following four key areas, delivering evidence based interventions through a public health approach:

- Prevention and early intervention
- Developing recovery oriented systems of care
- Getting it right for children, young people and families
- A Public Health approach to justice.

The [Alcohol Framework 2018](#)¹⁴ retains three central themes, which are well accepted and understood:

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

This document sets out the national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place.

¹⁰ [Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge](#)

¹¹ [Community Change Fund - Coming Home Implementation](#)

¹² [National dementia strategy: 2017-2020](#)

¹³ [Rights, respect and recovery: alcohol and drug treatment strategy](#)

¹⁴ [Alcohol Framework 2018](#)

The national focus on preventing drug related deaths increased in 2019 with the establishment of the Drugs Deaths Taskforce (DDTF). It aims to improve health by preventing and reducing drug use, harm and related deaths. There are 6 priorities:

- Targeted distribution of naloxone
- Implement an immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment (MAT)
- Target the people most at risk
- Optimise public health surveillance
- Ensure equivalence of support for people in the criminal justice system.

The national Drugs Mission was then launched by the Scottish Government in January 2021, including additional funding, focusing on:

- Whole family support
- Development of lived experience panels and community networks
- Residential rehabilitation

The national mission places significant responsibilities on ADPs to deliver on the Medication Assisted Treatment Standards and substance use treatment target to increase the numbers of people in treatment for opiate use.

The DDTF published the '[Medication Assisted Treatment \(MAT\) standards: access, choice, support](#)'¹⁵ in May 2021. The document lists 10 standards with 63 criteria aimed to enable 'the consistent delivery of safe, accessible, high quality drug treatment across Scotland'. The standards aim to put people at the center of their care and how it is delivered. They were developed following extensive consultation with multiagency partners delivering care, with individuals, families and communities with experience of problematic drug use. The 10 standards are:

1. Same Day Access - All people accessing services have the option to start MAT from the same day of presentation
2. Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. Assertive Outreach and Anticipatory Care - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. Harm Reduction - All people are offered evidence-based harm reduction at the point of MAT delivery.
5. Retention - All people will receive support to remain in treatment for as long as requested.
6. Psychological Support - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. Primary Care - All people have the option of MAT shared with Primary Care.
8. Independent Advocacy and Social Support - All people have access to independent advocacy and support for housing, welfare and income needs.
9. Mental Health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. Trauma Informed Care - All people receive trauma informed care.

The Glasgow City ADRS Senior Management Team commissioned an independent review of Glasgow ADRS in Jan January 2021. This focused on the following key areas:

- Resource and capacity
- Workforce and development

¹⁵ [Medication Assisted Treatment \(MAT\) standards: access, choice, support](#)

- Performance and governance
- MAT standards implementation
- Residential rehab.

2.10. Digital / eHealth

NHSGGC Digital Health and Care Strategy focuses on recovery priorities and transformation opportunities within the theme of “Digital on Demand”.

A changing nation: how Scotland will thrive in a digital world¹⁶ goes beyond the adoption of the latest digital technology and focuses on the adoption of digital thinking, the way we lead organisations, and how we embrace the culture and processes of the digital age. It sets out the measures which will ensure that Scotland will fulfil its potential in a constantly evolving digital world.

2.11. Finance

The Scottish Government is committed to improving Mental Health, and as part of its evolving National Mental Health Strategy identified investment in Mental Health services, providing a commitment to ensure funding grows to 2027. The Scottish Government’s Resource Spending Review (May 2022) highlights the challenging financial climate and the constraints which exist in delivering investment in public sector services during the rest of this parliament. As a result of this and exceptional inflationary pressures being experienced across the sector it will be challenging to deliver a real term increase in funding. As a result, significant financial challenges remain;

- The balance of resource within Mental Health Services is not presently optimally deployed.
- Transitional monies need to be sourced to enable change.
- While the aims of the strategy are to increase community based services and improve access to services, changes in inpatient bed numbers will also be necessary to enable community and inpatient budgets to keep pace with inflationary pressures whilst keeping Mental Health in balance.

The purpose is to achieve marked improvement in the quality of people’s lives and to optimise the utilisation of resources across the GG&C system in support of the strategy.

Cost of living

The current cost of living crisis, inflationary pressures, impact upon people’s bills, childcare, housing, travel, energy and fuel costs are some of the social, physical and economic conditions in society that impact upon mental health. Financial restrictions will also impact on services’ ability to deliver. The actions arising from the strategy refresh will recognise and aim to ameliorate the impact of these.

¹⁶ [Digital Education and Skills - A changing nation: how Scotland will thrive in a digital world](#)

3. Public Mental Health

The term Public Mental Health means taking a systematic approach to working towards the best mental health possible for the whole population. Forming a key element of strategy, public mental health efforts work at multiple levels and across multiple sectors including those out with the health sector to address determinants of poor mental health as people's susceptibility to mental health problems can be influenced by settings and in turn by broader socioeconomic, cultural and political factors. Higher level recommendations are provided below with more specific recommendations indicated in the Prevention, Early Intervention and Health Improvement section as per the extant strategy.

3.1. Recommendations

Frameworks for action - The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks.

1. Review these existing frameworks, in the context of post-pandemic impacts and to ensure alignment with the new Scottish Government Mental Health Strategy (due Summer 2023) to ensure they are still fit for purpose.

Population Health

2. Use the results from the NHSGGC Health & Wellbeing, other surveys, and develop an ongoing programme of data analysis to support monitoring of changes within the population, understanding of needs and effective targeting of interventions.
3. Advocate for support or action to address where identified needs are not being met.
4. Review existing frameworks to ensure alignment with local and national strategies and ensuring they are still fit for purpose.

Inequalities - Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. Groups who experience stigma and discrimination are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

5. Programmes of work will be developed to address mental well-being within such communities and groups.

Finding the right help at the right time - Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

6. Explore how people seek support for mental health and undertake an options appraisal to determine how to improve navigation of supports
7. Review and refine online resources and supports to ensure they are fit for purpose, easy to use and accessible.

Partnership Working - Many of the opportunities and mechanisms for action and change sit out-with the direct control of the NHS or HSCPs: e.g. in communities, Local Authorities and Third Sector.

8. Work through our partnerships to sustain and develop key interventions that promote connectedness, including volunteering, with community planning partners.

9. Work closely with Third Sector Organisations to support the use of the Communities Mental Health and Wellbeing Fund, supporting training, evaluation and other identified needs, to strengthen evidence of impact and expansion

3.2. Progress:

Scottish Government funding (2020/21 and 2021/22) was used by Partnerships to complement local provision to support those at risk of isolation, mental health recovery, bereavement and loss and suicide prevention activities and to develop innovative interventions and activities to address mental health stigma.

HSCPs have worked closely with Third Sector partners to rapidly use remobilisation funding and to support them in disbursing the Communities Mental Health and Wellbeing Fund from Scottish Government to complement local provision to address a range of impacts during the pandemic: e.g. loneliness and isolation, bereavement and suicide prevention.

We are working with national directory providers and Third Sector to work on joint solutions to support navigation.

'Aye Mind' – a digital resource for those working with young people has been updated and work is being developed to understand and mitigate online harms.

4. Prevention, Early Intervention & Health Improvement

4.1. Recommendations

1. Continue to work to improve the quality of care experienced by looked-after children and young people, for whom HSCPs have Corporate Parenting responsibilities.
2. Continue to improve processes that promote more integrated working across Adult Mental Health Services and Children and Family services.
3. Support community planning partners to develop and implement strategies to address child poverty within their area.
4. Significantly up-scale Mental Health training and support for all staff in Partnerships and related services (including trauma informed, ACE-aware, one good adult, mental health first aid).
5. Work with multiple partners to build awareness of practical steps to promoting Mental Wellbeing and challenging stigma and discrimination (linking to initiatives such as Walk a Mile, See Me and the Scottish Mental Health Arts Festival) – with a priority focus on groups with higher risk, marginalised and protected characteristics.
6. Work with community planning partners to extend the development of community-based initiatives that build social connection, tackle isolation and help build skills, confidence and productive engagement, with particular attention to marginalised groups.
7. Coordinate and extend current Partnership work for the prevention of suicide through joint training, risk management and acute distress responses, including with primary care.
8. Continue to support initiatives to promote physical exercise and active transport amongst Partnership staff as well as the general population
9. Access to ‘distress’ services delivered as part of the Unscheduled Care Review (see later chapter in this Strategy).
10. “Chronic” (long term, persistent) distress responses in collaboration with Primary Care for adults, relating to the Link worker role out and utilising social prescribing and allied methods. A programme to coordinate reduced exposure to ACEs, and to mitigate the effects of ACEs once they occur, for example by developing a ‘Family Nurture’ strategy in every Partnership with a community infrastructure of support. This should include relational and parenting support, especially for families with ACEs risks.
11. A new collaboration with Education and Social Care services to conduct and behavioural problems in primary-school age children.
12. A new collaboration with Criminal Justice services to develop and implement a Mental Health strategy for young people involved in the justice system, including early intervention access services.

Additional 2023 recommendation

13. Support community physical activity provision for the general population, given the significant contribution to supporting mental health, mental health recovery and maintenance of positive mental health and wellbeing.

4.2. Progress:

Each HSCP has first phase implementation plans in place for the national Children’s and Young Persons Community Mental Health and Wellbeing Framework.

Healthy Minds training modules are accessed by approximately 1,000 people per annum.

Other mental wellbeing training, commissioned early 2020, has been delivered to over 4,000 staff across NHSGGC, HSCP's, Local Authorities and the Third Sector. This includes; looking after your wellbeing, supporting others, building resilience, healthy minds health awareness, Suicide Talk and Safe Talk.

Sessions have been developed & delivered, in addition to a one day skills and awareness course, supporting the network of educational psychologists trained as Trainers to deliver self-harm training to teaching and other staff.

- A Suicide Prevention Concordat was agreed December 2020 and provides for collaboration between NHSGGC, HSCPs, Community Planning Partnerships and other partners such as Police Scotland to enhance local suicide prevention action planning. Initiatives include: delivery of suicide prevention training across the Board area, despite pandemic-related challenges
- progress in developing a cluster response policy in conjunction with Public Health Scotland as a national development
- continued clinical liaison to track progress in suicide prevention and patient safety developments for clinical services
- Developing a focus on Youth and Young Adults
- Improving data and intelligence, including the "more timely data" initiative to ensure the availability of more current information.
- suicide-related bereavement support

Third Sector Interface organisations (TSIs) in each HSCP area were tasked to lead the dispersal of the Scottish Government Community Mental Health and Wellbeing Fund (2021/2022). Each HSCP supported the TSIs in developing their selection processes. Grants covered a wide range of areas including telephone befriending sessions, a community café with 'pay it forward', community growing and events to bring vulnerable and isolated residents together. These benefitted many people facing socio-economic disadvantage, diagnosed with mental illness, affected by psychological trauma, experiencing bereavement or loss and people with protected characteristics. Glasgow City alone awarded grants to 308 organisations and it is hoped the government will continue to provide this fund via the TSIs on an ongoing basis.

A children & young people's mental health subgroup of the Public Health Improvement Group (PHIG) has been established to bring together representatives specific to children and young people which can support prevention in this population. We have been active partners in the development and delivery of the annual Local Child Poverty Action Reports (LCPAR) in each of the 6 Local Authorities within GGC NHS. LCPAR's describe the actions taken to mitigate the impact of poverty in childhood, impacting on life chances and well-being. We have enabled significant programmes of delivery from the Children and Young People's Mental Health and Well-being (CYPMHW) investments within our six partnerships, enhancing earlier intervention services. We have built capacity in all 6 Local Authority education areas by ensuring there are Self harm trainers skilled up to deliver self-harm training within school communities.

5. Physical Health

5.1. Recommendations

1. The continued application of the measures set out within the Physical Healthcare Policy, including:
 - Systematic assessment of Mental and Physical Health and the Health Improvement needs of patients must be embedded in the provision of Inpatient and Community Mental Health Services and address issues appropriate to the individual's quality of life and well-being.
 - Once identified, Physical Health Care needs must be included within the individual's care plan and other health care records. Any action taken must also be recorded within the care plan and included in discharge or care transfer documentation.
2. Mental Health Services must work closely with patients, community based, Primary Care and Acute Care Services to improve assessment and referral pathways to ensure that people with a Severe Mental Illness (SMI) have their physical health monitored and managed effectively with no barriers to healthcare access.
3. Continuing the commitment within Mental Health Services to a programme of training and development for its staff to ensure that the delivery of physical healthcare meets current standards

5.2. Progress:

The Physical Healthcare Policy was updated and launched Sept 2019. A training post has been appointed to deliver a programme of training and development for staff to ensure that the delivery of physical health care meets current standards, that physical Health Care needs are being included within the individual's care plan and other health care records, that action taken is also recorded within the care plan and included in discharge or care transfer documentation.

6. Recovery-Oriented and Trauma-Aware Services

6.1. Recommendations

Strategies proposed increased collaboration with people with lived and living experience, local Mental Health and SRN taking a co-production approach to:

1. Work with partners to pilot the introduction of Recovery Colleges in the Board area.
2. Develop and implement a model of Peer Support Workers, and pilot for one to two years (This proposal will be considered as part of the financial framework for the implementation plan).
3. Provide Training/Awareness on Recovery Oriented Mental Health Services to staff, patients and carers.
4. Develop a Recovery Planning Tool to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.
5. Deliver a number of Recovery Conversation Café Events to build Recovery activities across our communities.
6. Promote a recovery ethos within all commissioned and directly provided services.

6.2. Progress:

Recovery Conversation Café Events (2019) were delivered and discussions included Peer Support models that promote the benefits of lived and living experience of mental health in service improvement and/or delivery.

Recovery Peer Support Workers were introduced into Adult CMHTs 2020 in six Community Mental Health Teams across three HSCPs. The aim of these workers, who have lived and living experience, was to;

- support staff to further understand the broader perspective of people with mental health issues
- support people being discharged from hospital
- help them reduce their contact with community mental health teams
- reduce hospital admissions and how long people might stay in the event of readmission

East Renfrewshire HSCP tested a commissioned recovery peer support model in Sept 2020, partnering with a 3rd sector organisation with experience of employing people with lived and living experience of mental health and recovery to support others. This model widens support to include those with Alcohol or Drug related issues as well from those recovering from Mental Health issues. Adding to a pre-existing workforce with those who intentionally bring their lived and living experience into their work was experienced as new and different by service users and helped people to feel a sense of trust and from there build towards and explore new recovery opportunities.

Peer support workers are also embedded in the service, where a recent evaluation has detailed the positive contribution this role provides services users.

East Renfrewshire have also trialled a Recovery College on a very small scale through a third sector partner, RAMH. The organisation was able to run another recovery college programme through funding secured from the Community Mental Health and Wellbeing Fund coordinated by the Third Sector Interface. Future work will include developing an NHSGGC-wide definition of, and meeting the key principles for, a Recovery College which reflect;

- being founded on co-production
- is inclusive
- operates on College principles
- is physical (and includes virtual elements where appropriate)

A benchmarking exercise was carried out in 2022, with the help of the Adult CMHTs, with a view to better understanding the range of recovery focused approaches in effect across NHSGGC, highlighting areas of good practice, and helping teams reflect on areas for improvement in recovery focused service provision.

A series of recommendations were also created as a reference for services to consider as part of any service development, ensuring that the recovery ethos is embedded as the golden thread that runs through all aspects of mental health service delivery.

7. Primary and Community Care (non-specialist mental health care)

7.1. Recommendations - Primary Care

The Primary Care environment extends to whole communities and the first port of call when experiencing mental health problems for people living in our communities can often be their GP.

1. To monitor, evaluate and share learning from the PCMH (Primary Care Mental Health) Fund demonstrator projects.
2. To engage and be influential in the process to implement the new GP contract in particular relating to possible additional Mental Health workers and to address use and alignment with this strategy, as part of Primary Care Improvement Plans.
3. To examine current GP arrangements within existing PCMHs and CMHTs and propose steps to ensure regular and effective decision making.
4. The Mental Health Strategy should be considered as a contributing element of the Primary Care Improvement Plan.
5. The relationship between the Primary Care and Mental Health Interface Group and Primary Care strategic planning should be reinforced and accountabilities strengthened.
6. Work to support addressing long term physical conditions should be expanded and prioritised – such as the PsyCIS / Safe Haven work-to ensure effective communication of physical and Mental Health condition management requirements are shared between clinicians in both Primary Care and Mental Health settings.

7.2. Progress – Primary Care

HSCPs have been looking towards developing ‘mental health and wellbeing in primary care’ services. Local outcomes have been identified to improve access (journeys into and through) to mental health and wellbeing support. This is to increase primary care and mental health system capacity and to deliver integrated responses to promote good mental health. By improving access to the right support and treatment at the right time, existing demands on the wider system will reduce.

The role of specialist secondary care MH clinicians in the Mental Health and Wellbeing in Primary Care Services will be to provide:

- enhanced primary care support for consultation / advice *,
- support to guide primary care management of MH issues,
- education/learning to primary care,
- generic non secondary care MH assessment and
- medication prescribing support.

** Advice will include referral guidance when required to secondary care specialist services, Child & adolescent mental health teams, CMHTs, OPCMHTs, PCMHs as well as to more specific service responses for people with BPD, eating disorder, psychosis, Perinatal, Esteem, etc.*

Some tasks currently carried out by GPs will be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. This includes additional professional clinical and non-clinical services including Community Mental Link Worker (CLW).

Community Links Workers (CLWs) have been introduced to support GPs and GP practices to signpost to community, 3rd sector and voluntary services and supports. They can case manage some

individual patients and can support patients with very complex needs as part of the practice team. Community Links Workers provide support to the whole community regardless of health condition and do not exclusively support people with Mental Health difficulties. They will support any patient referred to them by the GP of whom some at least will be experiencing Mental Health issues. CLWs are commissioned through 3rd sector organisations and support patients with non-medical issues associated with loneliness, social isolation, lack of community connectedness and associated ‘social’ issues (housing, physical inactivity and financial issues). This is sometimes known as social prescribing.

It should be noted (at time of writing, April 2023) that planning and development within NHSGGC has been paused following guidance from the national MHWPCS Group which is yet to be reconvened by the Scottish Government. Currently there is no direction on funding for 2023/24 (or beyond) and any changes to the level of national MHWPCS investment will require refreshed local plans to be developed. Sustainability of Community Links Workers will also be subject to the need for recurring funding.

7.3. Recommendations - Commissioned Social Care

1. Integrate management of supported accommodation (or equivalent) and care home placements with NHS Bed Management to optimise “flow” in and out of integrated Health and Social Care beds/places. Services will need to become more time limited and outcome-focussed.
2. Consider commissioning ‘step-down’ intermediate care provision to maximise the opportunity to support people to go onto live as independently as possible in other community settings.
3. Review service provision for complex care and challenging behaviour to ensure adequate placements are available.
4. Review specialist and mainstream nursing home commissioning needs, particularly to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme.
5. Self-Directed Support providers are fully engaged in a co-production way to support the discharge programme.

7.4. Progress – Commissioned Social Care

Social work is a complex group of services. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. The services aim to improve the quality of people’s lives and help people to live more independently. This includes particular service areas such as mental health. People with mental wellbeing and health issues includes people requiring care, support or protection. They can have complex problems and can be vulnerable and need support at different times or sometimes throughout their lives.

Services include:

Support for families Child protection	Residential care Care at home	Offender services Providing social enquiry reports
Child and adolescent mental health	Mental health and addiction services	Supervision of community payback and unpaid work
Adoption services	Day care	
Kinship care	Hospital discharge coordination	Supporting families of prisoners

Support for children with disabilities and their families Fostering Child care agencies Looked-after young people Day care Residential care Supporting child refugees Supporting trafficked children Support for young people involved in offending behaviour	Dementia and Alzheimer's services Adult support and protection Intermediate care Provision of Aids and adaptations Services to support carers Re-ablement services Supported living Supporting refugee families Supporting people with disabilities Supporting victims of people trafficking	Supervision of offenders on licence
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With this range of services the current approaches to delivering social work services will not be sustainable in the long term. There are risks that continuing pressure on costs could affect the quality of services. As part of mental health and other care Social Work services need to continue to look at ways to make fundamental decisions about how they provide services in the future. Social Work and mental health are working more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. Additional work is to further build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

There remains a fundamental shift in the balance of care proposed within the complex of mental health strategies from hospital to community services and to both extend and maximise capacity within community based services.

As overall Mental Health Inpatient beds reduce, the system needs to ensure an appropriate level of reinvestment into community care services including the following developments:

- Purchase of additional alcohol and drug recovery rehabilitation services
- Community social and health care treatment to deliver alcohol and drug recovery harm reduction
- Funding of social work discharge teams and increased number of social workers in integrated hospital discharge teams with rehabilitation clinicians, including in decisions on supported accommodation and resource allocation.
- Development of care homes quality assurance team
- Expand MHO capacity
- Increase psychological support for commissioned care homes
- Rapid response MDT frailty
- Hospital at home
- Fixed term support extending additional social workers in MHO to support weekend discharges
- Increase legal Adults with Incapacity capacity
- A digital standardised Care home portal to facilitate family choice
- Enhanced supported living first response
- Care at home
- Purchase enhanced packages of care to support discharge
- Additional 150 home care posts permanent

- New tender for commissioned Learning Disability and Mental Health placements including housing first
- New mental health commissioning team
- New advanced telecare service
- Step down from hospital care complex needs
- SPA personalisation new demand 2022/23 maximising independence
- Employees update of hourly rate of adult social care staff offering direct care in commissioned services in third and independent sectors
- Mental health support for people hospitalised with COVID-19
- Additional community staff and training to support people with eating disorder
- Additional staff to increase clinical capacity in CMHTs, OPMH, Groups service, ADRS, Trauma to reduce people waiting for psychological therapies

7.5. Recommendation - Community Services: Non-statutory Services

1. Continue to work closely with non- statutory services to shape the content of the implementation plan, including identifying priority areas for reinvestment, opportunities to improve pathways, access to services and support.

7.6. Progress – Community Services: Non-statutory Services

Arising from engagement with non-statutory services post recovery further joint consideration will include implementation plans for:

7.6.1. Further embedding recovery focused approaches

- Recognition that experience of trauma and adversity underlies Mental Health difficulties for many people; and that compassion, respect, engagement and a recovery-based approach should be fundamental to therapeutic service responses.
- Recognition that there is more to recovery than symptom reduction and that clinical services should be complemented by an ethos that promotes participation, empowerment and peer support, including the involvement of peer support workers.
- These recovery-based principles should inform all aspects of someone’s journey of care
- Better meeting the needs of people with multiple morbidities, with a particular emphasis on physical health.
- Self-Management should be a key feature and goal.
- Responding to the increased demands on carers in the community as a result of the proposed service changes, including the demands placed on young carers.

7.6.2. Improving Access to Services

- Make the most of community-based resources to offer early support.
- Consider further development of non-clinical responses to distress and suicidal behaviour, potentially including well-being centres, distress cafes, and short-stay crisis centres for people at risk of suicide.
- Align service user expectations with available help to facilitate straightforward access to the right kind of help and maximise the opportunities for self-management (e.g. through website and social media engagement, self-assessment, open access information and courses).
- Supporting services users and carers to navigate the service options and improve ‘signposting’
- Where appropriate, move away from traditional clinical models of referral and discharge from services, towards self-directed care, open access and brief and low-intensity interventions - ‘easy in, easy out’.

- A commitment to simplifying access routes (e.g. self-referral to PCMHTs) with the use of link workers and “choice”¹⁷ appointments to build the therapeutic alliance and shared decision making, helping to work out how best to respond to more complex difficulties.
- Introducing a greater degree of flexibility into our commissioning processes to enable people to access a range of supports.
- The use of technological and IT solutions where possible to promote access to information and services.

7.6.3. Making Cultural Change

Addressing the culture change necessary to embark on much more of a collaborative and co-production approach with provider organisations, the independent sector, service users and carers to ensure the overall system of care is designed in the best way it can to meet people’s needs;

- To support the shift towards care that is trauma-sensitive and psychologically informed.
- To meet the challenges of prevention, early intervention, recovery and assisted self-management.
- To strengthen the working relationship and knowledge base across statutory and non-statutory services.
- Developing a greater understanding of how risk is managed in the community across the service tiers.

¹⁷ [The Choice and Partnership Approach](#)

8. Secondary Care Community Mental Health & Specialist Services

8.1. Recommendations

1. Progress work to ensure all of our CMHTs maximise their effectiveness and efficiency.”
There will be a focus on reducing non-patient driven variation, review processes for complex cases and clinical outcomes will be utilised for all service users as appropriate.”
2. Review of ESTEEM to maximise efficiency, effectiveness and capacity.
3. Review of AEDS with consideration of investment in day service unit (This proposal will be considered as part of the financial framework for the implementation plan).
4. Extend a network of programmed care and treatment for people with Borderline Personality Disorder (BPD) Board-wide.

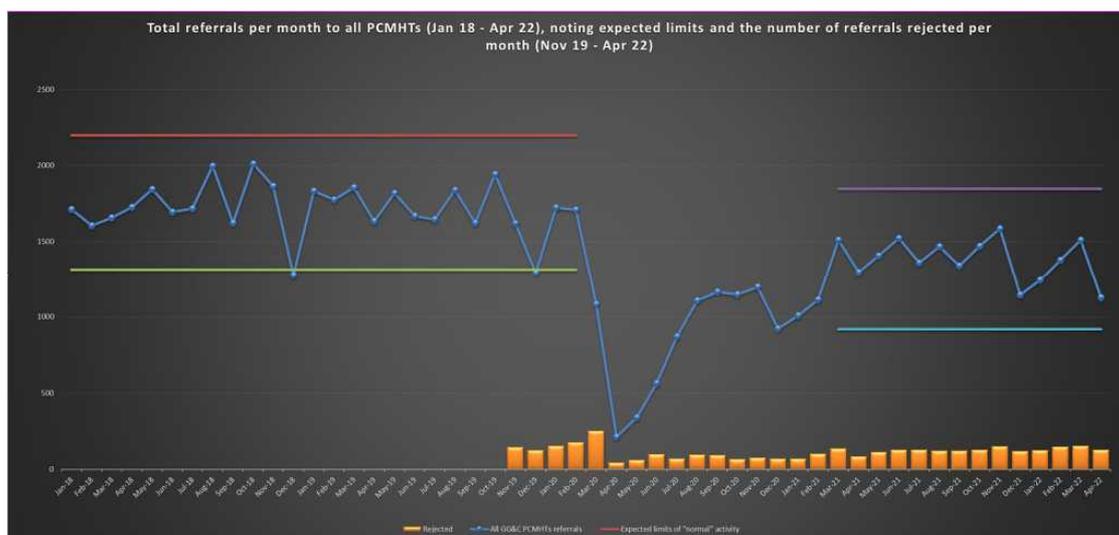
8.2. Progress - Primary Care Mental Health Teams

Primary Care Mental Health Teams were developed with the twofold intent of being able to offer General Practices more options for the high volume of patients who need specialist mental health secondary care when they present in practices with problems that have a psychological component (at least a third of all patients) and to prevent the unnecessary entry of individuals into other secondary specialist care Mental Health System services for common psychological problems.

These services are not about minor or ‘mild to moderate’ illness - they are designed to provide ‘high volume, lower intensity’ responses to common Mental Health problems, including depression, anxiety and lesser complex forms of Post-traumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). There is a focus on brief psychological interventions, mainly Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and various forms of self-help and psycho-education.

The implementation of an outcome measure (CORE-Net) for all of the teams was to allow clinicians continuous outcome monitoring for all their patients.

The total referrals without full group work is returning to pre-pandemic levels.



The PCMH teams successfully implemented self-referral – which enables easier access and reduces the need for patient to first see their GP. Developments around ‘lower-intensity interventions’ are on-going and the teams will continue to consider ways of making use of the resource more efficient – for example through use of computerised self-help or clinician supported cognitive behavioural

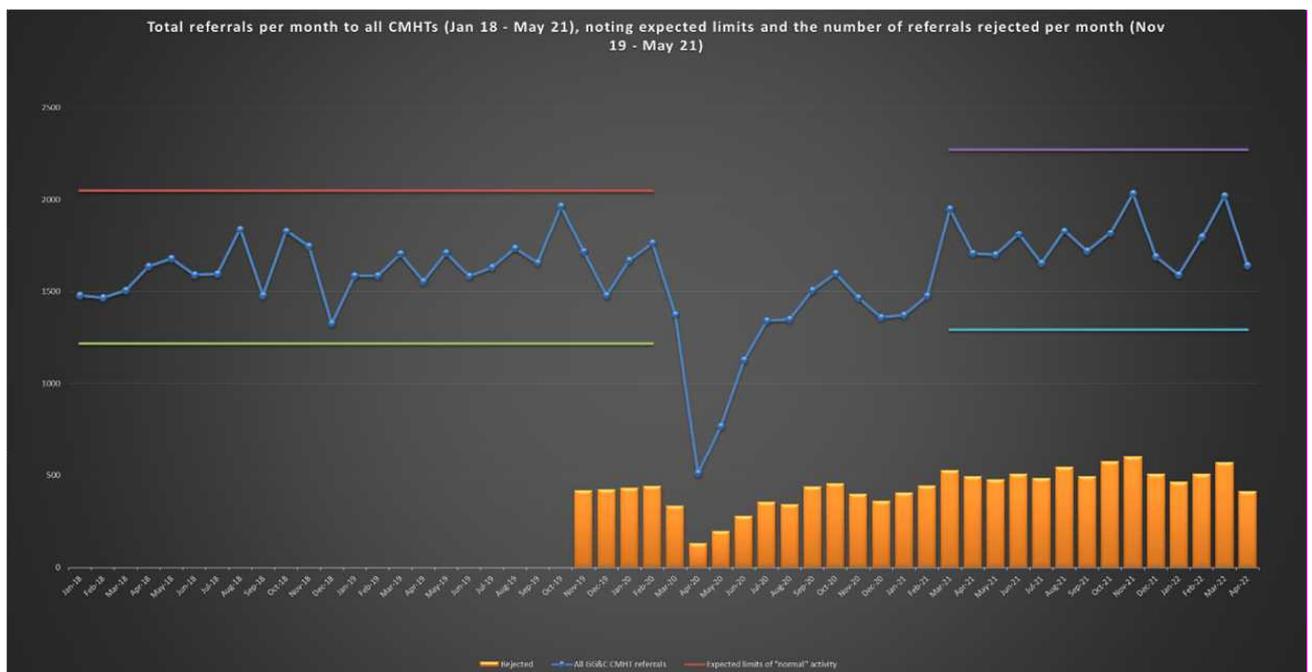
therapy or by directing people to services more suited to their needs and this will include third sector commissioned non-clinical services. Development in this area will be careful to avoid overlap and duplication in respect of primary care, models of recovery, community support and commissioning and prevention and early intervention and the development of the Mental Health and Wellbeing in Primary Care Services.

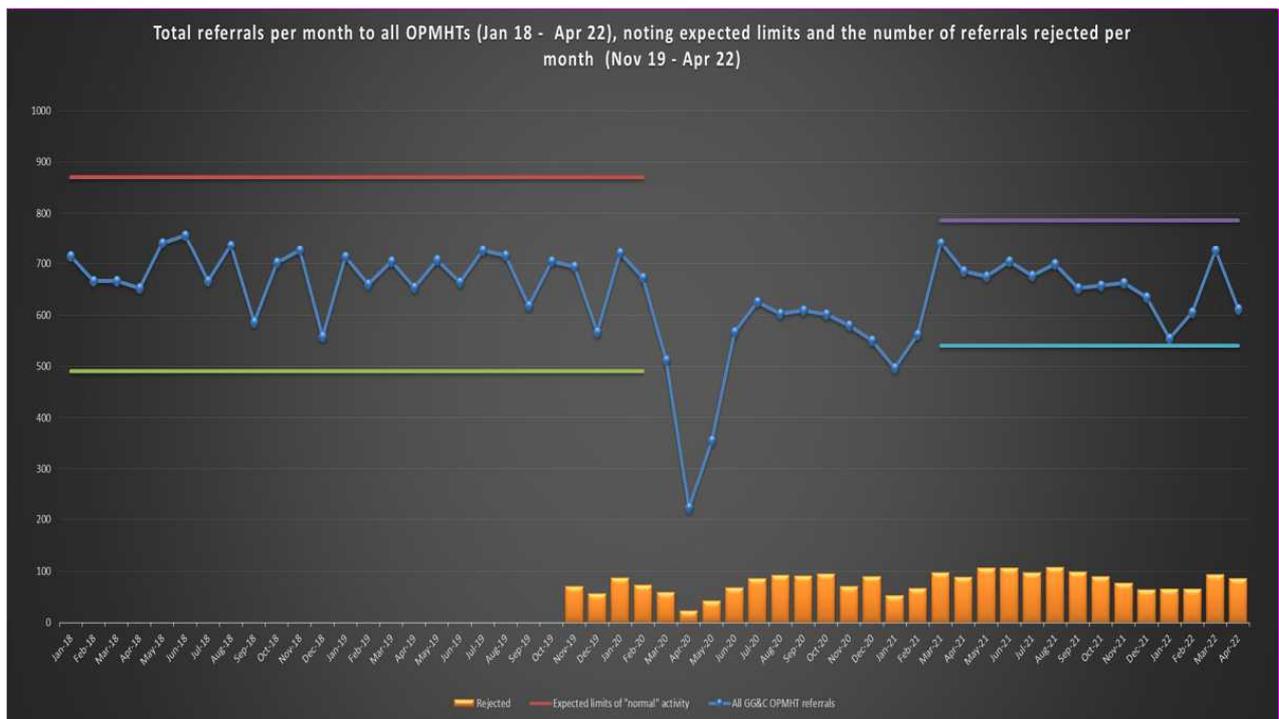
Further work will be progressed on Primary Care Mental Health Teams using the outcome measures more systematically across Community Mental Health and other teams. Additionally the re-instatement of full group work will also be an area for development and progress following the impact of COVID-19.

8.3. Progress - Community Mental Health Teams

The Community Mental Health Teams have continued to work on reducing non-patient driven variation. The COVID-19 pandemic event impacted on referrals to CMHTs.

The tables below highlight activity information across Community Mental Health Teams:





A standardised initial assessment tool across all CMHT’s has been delivered with a planned rollout to crisis and inpatient services. This reduces variation in initial assessment and allows for a needs based and person centred approach to assessment and care planning.

The developed Patient Initiated Follow up Pathway (PIFU), as a way to facilitate a graded transition from secondary care services and support a recovery based approach to care planning, has been introduced. This is designed to improve efficiency of services while also supporting patients manage their care more collaboratively.

A Clinical risk reference panel continues to be developed and is designed to support clinicians in reviewing decision making and care planning for complex high risk cases.

A pilot of Peer Support was developed and implemented. Although affected by the ability to access people in inpatient care during COVID-19, the outcome of the pilot is to roll out Peer workers in CMHTs working into Inpatient wards across GGC as part of new financial framework priorities. A Recovery Planning Tool was to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.

Further work requires revisiting and refreshed for clinical outcomes. Initial progress was delivered in PCMHT psychotherapy and psychological therapies within CMHTs. Consolidation and rollout requires further consideration following COVID-19 in light of new ways of hybrid working and PIFU and will require a review on alternatives to CoreNet and quality standards and outcome data.

Further review current staffing data is being progressed through the establishment of CMHT Workforce Sub group which will also undertake further gathering of comparison data on CMHT activity and baseline patient experience data to inform the next phase of implementation planning.

There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people.

8.3.1. Pharmacy

The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. A number of transformational change projects have commenced. These will test the contribution pharmacy can make to the delivery of care within community based mental health services and to create a supportive infrastructure that will establish the capability of the service to sustain and develop its own workforce. In addition to Community Mental Health Teams, the pharmacy innovation projects will also span ADRS, CMHTs, CAMHS, Forensic Mental Health, Learning Disability and Older People's Mental Health.

8.4. Progress - Specialist Community Teams

There are a number of Mental Health teams that specialise in the assessment and treatment of specific conditions. These specialist services will also be reviewed to ensure they are equipped to meet future demand and include:

8.4.1. Esteem

This service which provides specialist early intervention for psychosis in young people, including those who have faced significant structural adversity and multiple traumas, works in a psychologically informed way to maximise recovery and promote self-management of complex mental health.

A 2018 service review focussed on: Eligibility and inpatient admission criteria, alternatives to inpatient admission, extended contact for some patients, employability and service development. The Esteem review was completed in 2019 with all recommendations described above adopted. It is noted that the COVID-19 pandemic has led to a 30% increase in demand with more first episode psychosis cases described across all health boards in Scotland.

Esteem has contributed to the development of, and works to, Scottish Government priorities through the Early Intervention in Psychosis in Scotland Action Plan (2019), supporting development of such services within other health boards.

8.4.2. Eating Disorder Services (EDS)

The Adult Eating Disorder Service (AEDs) was established in Glasgow and subsequently extended across the GG&C Board area to provide a coordinated multidisciplinary service for patients with moderate to severe EDs, working in conjunction with the CMHTS.

Prioritising intensive community intervention has enabled NHS GG&C to achieve the lowest inpatient bed use for ED across Scotland and the UK (from available data). In order to maintain and improve this further, consideration was given to measures that could reduce admissions to Adult Mental Health short stay beds. This included consideration of a proposal for the development of an eight place hospital based day unit. Other measures may include a service for people with an ED illness of a severe and enduring nature.

One consequence of the COVID-19 epidemic is a surge in the number and severity of eating disorder presentations. NHSGGC have utilised Recovery and Renewal funding across both the child and adolescent and adult eating disorder services to improve service capacity, physical health

monitoring, training, transitions from CAMHS into adult services, meal management, support in communities and expand access to psychological therapies.

A review of AEDS (2018) made a number of recommendations aimed at improving patient care, reducing clinical variance and taking more cases from the CMHTs;

1. Take psychiatric responsibility for AEDS ED cases
2. Developing a pathway to enable the core psychiatric needs of patient with primarily eating disorder needs to be held by the service rather than shared with the CMHT.
3. Enable direct transfer of patients with ED from CAMHS to AEDS This change was successfully implemented.
4. Increased the number of medical monitoring clinics
5. Improved care of patients with EDs in acute (and MH) settings
6. Work jointly with the Acute sector on the development of GGC guidelines for the management of eating disorder in acute hospitals. This guideline is now fully complete. Further improvement will come from a formalised medical link to support the medical management of eating disorders in MH beds ideally in a new specialist unit.
7. Develop a day unit / inpatient facility
8. The principle of a hospital based day unit was fully supported however COVID-19 made this impractical. Development of a specialist inpatient treatment facility remains a priority.
9. Develop a new pathway including medical monitoring for severe and enduring presentations
10. Develop the psychiatric role within AEDS to include a treatment change promoting greater evidence based therapy alignment, creating improved capacity for those patients actively engaged in treatment. This is alongside a new pathway for patients with a severe and enduring illness course that protects CMHTs from having to hold and monitor these cases if they are unable to engage in active treatment. This pathway will allow patients to be medically and psychiatrically risk assessed for a fixed timeframe instead of discharging to secondary care. This service development is in active consultation and discussion currently (October 2022).

8.4.3. Glasgow Psychological Trauma Service

Glasgow Psychological Trauma service is a multi-disciplinary Mental Health Service which offers assessment, training, consultation and multi-disciplinary psychological interventions to vulnerable service users who present with complex post-traumatic stress disorder (CPTSD) following experiences of significant trauma. The Trauma Service also delivers some National and Regional services across Scotland including a national service for trafficked individuals, Future Pathways Scotland and Major Incident Psychological Responses. External funding is provided for those services.

Training and consultation ensures all services are trauma informed and staff supported and equipped in their contact with trauma survivors in line with NES Transforming Trauma Framework. This leads to early identification of service users and their needs reducing unnecessary service contact time and eliminating failure demand.

Internal pathways between Community Mental Health Teams and Trauma team are established and maturing. Recent innovation has increased pathway flow with CMHTs providing additional support back to Trauma team to meet demand for trauma input.

8.4.4. Borderline Personality Disorder Network

People with a Primary or Secondary diagnosis of Borderline Personality Disorder (BPD) occupied an average of 24 adult acute inpatient admission beds across the system at any given time.

Individuals with BPD account for substantial levels of service utilisation across a range of settings including CMHTs, Primary Care and Acute Services. Due to the risk of self-harm and suicide, BPD accounts for substantial levels of contact with Crisis and unscheduled care services. BPD is the commonest Mental Health diagnosis apart from substance misuse among high-frequency repeat presentations at A&E. As a diagnosis, it accounts for a disproportionately large number of completed suicides that were investigated, underlining the risks associated with the disorder.

The community BPD network has been established offering at least one of the two therapies (MBT, DBT) across the whole board area. The network includes colleagues from Psychology and Psychotherapy Teams. The future model of delivery will be considered as the network develops.

Coordinated Clinical Care (CCC) training is now being delivered to community and crisis mental health services staff to address staff experiencing challenges in working with people with such conditions. Additional training and support is required to improve skills and support an empathic attitude. A key component is a focus on minimisation of harm induced by the words or actions of the clinician through promotion of rational prescribing and considered use of inpatient admissions. Initial limited feedback from service users/BPD Dialogues Group identifies a difference in attitude and response from their mental health / crisis team staff member who had completed the training. A more empathic and curious stance from staff resulted in de-escalation of a developing crisis.

The network works closely with the Psychological Therapy Group service and refers patients experiencing emotional regulation difficulties to the Emotional Coping Skills (ECS) package. STEPPS (Systems Training for Emotional Predictability and Problem Solving) is another evidence-based, structured psycho-educational group approach that was developed as an intervention for people with Borderline Personality Disorder (BPD) as part of its therapeutic toolkit.

8.4.5. Post COVID-19 Mental Health Team

The Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19 which contained a number of recommendations. One specific outcome for NHSGGC was the establishment of a post COVID-19 mental health team to support the mental health needs of patients hospitalised as a result of COVID-19 through screening and signposting or referral onto mental health or other services where appropriate.

9. Older People's Mental Health

9.1. Recommendation

1. A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

9.2. Progress

Existing Strategic priorities for Older People's Mental Health are:

- prevention, early intervention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- Public Protection
- The third national Dementia Strategy (21 commitments.)

9.2.1. Community Services

A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

Each health and Social Care Partnership will undertake post pandemic review of the community supports in their area with the aim of identifying gaps and areas for future implementation.

Community prevention approaches should support wellbeing, enable independent living and the self-purpose needed with this group at risk of isolation, increase in alcohol consumption etc. Local community activity / supports are required to maximise health and wellbeing in the longer term for the ageing population.

9.2.2. Access to, and Interface with, Services

In order to ensure that Older People have access to the right service at the right time in the right place we are aiming to increase clarity about the pathways and access to services both for patients, their families and health and social care services and staff. Services will adopt a 'no wrong door' approach to referral and where required, will facilitate joint working work with partners and stakeholders to ensure a patients assessed needs are met by the most appropriate service.

There are a number of aspects to this work being taken forward to further improve access to services is efficient, effective and equitable

- Transition of patients between Adult to Older People's Mental Health
- Access to and support for Older People from Specialist Mental Health Services and services with no upper age limit, e.g. Alcohol, and Drug Recovery Services
- Interface with General Practice and Community Health and Social Care Services for referral to services and access to support

- Interface and pathways with Acute Care.
- Interface with Acute Care Services at its Front Door and Emergency Care Hubs

9.2.3. Services for People with Dementia

Areas of development for national Dementia Strategy include:

1. Ongoing monitoring and review of Dementia Post Diagnostic Support, the models used within the different HSCP's and the effective utilisation of additional funding to support provision
2. Adoption of the Dementia Care Co-ordination approach and pathway developed by Inverclyde HSCP with support from Healthcare Improvement Scotland, should be implemented by each of the Health and Social Care Partnerships in a way that reflects the services, supports and structures that are currently in place and the needs of their populations.
3. The formal adoption of the referral pathway for the identification, diagnoses and support for Young Onset Dementia.
4. Facilitating clear routes into clinical research, offering patients access to available clinical research including dementia treatment trials.
5. An NHSGG&C wide group established to review the operational process and practice of OPMH Community Teams, with the aim of identifying sharing and adopting good practice;
 - review and revise the existing service specification, identify changes to ensure a consistent service specification is in place
 - contribute to the review of the OPMH Community teams workforce
 - make recommendations for a series of performance indicators which act as a useful barometer for the service and the data for which can be gathered via existing systems

These priorities are guided by a set of principles

- OPMH's future development should primarily be viewed through the prism of older people's services rather than adult mental health.
- The principles underpinning the wider Older People strategy should also apply here; i.e. risk enablement not avoidance; a system that responds to the reality that care needs are not static, but can increase or decrease.
- The overall system design is patient-centred, with professional and organisational supports working into that
- We should think of "care needs" rather than assuming hospital beds are required and there is a presumption that a shift in the existing balance of care is possible,
- We will develop a future service model based on gradations of care up to and including in-patient beds
- In-patient beds should be located in the best estate, with geography a secondary consideration
- Emerging MFT principles around providing community-based care as locally as possible should apply, with a proviso that hospital care won't always be local
- Any shift to non-hospital based care must be resourced from ward reinvestment, both in terms of staff ratios and skill mix
- Maximise the opportunities around integration
- Timescales will be stepped and risk assessed at each stage of beds/ward reduction change programme

- Engagement across the clinical community at all stages of conception and implementation of the strategy
- Engagement and co-production with service users and carers

10. Child and Adolescent Mental Health

10.1. Recommendations

1. Develop and recruit to an MDT workforce plan to increase capacity at Tier 3 to reduce the waiting list backlog and meet the waiting times standards
2. Undertake Tests of change to expand the core MDT in CAMHS to include other professional groups such as Physiotherapy, Pharmacy and Art therapy
3. Engage with Young people and families to co- create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated.
4. Deliver a programme to refresh the principles and compliance to CAPA for all CAMHS team
5. Complete and extend the condition specific Care Bundles. Implement the application of the Care Bundles through a Board wide launch and L&E plan with robust evaluation.
6. Implement Welcome conversation for all CAMHS staff to listen about what matters to our staff. Ensure there is a review process for themes in exit interviews continue to showcase and appreciate submissions to our Learning from Excellence system
7. Continue to develop bespoke induction and personal development opportunities for our staff that focus on skills development and wellbeing
8. Work with adult services to agree the Targeted groups of young people who will be supported through strengthened transition care planning.
9. Create pathway development posts and tests of change to develop pathways and consider how and where young people can be best supported
10. Transition care planning be undertaken by all young people who require to transition to Adult Mental Health Service
11. Extend capacity to undertake research to better understand what our Children and Young People want and expect from us and what works to help them manage their mental Health
12. Develop a workforce plan across CAMHS and Community Paediatrics to Increase capacity to undertake specialist Neurodevelopmental assessments
13. HSCP's to work with partner agencies to develop supports for children and young people that helps them thrive.
14. Creation of a regional CAMHS Intensive Psychiatric Care Unit (IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in GGC.
15. Establishment of delivery of regional CAMHS services for children and young people with learning disabilities, forensic needs and those who are in secure care.
16. Develop services and tests of change involving Allied health professionals and psychology over 22/23 to ensure services develop to meet the needs of the young people and families we work in partnership with.

10.2. Progress

Most young people requiring Child and Adolescent Mental Health Services (CAMHS) will present with mental health problems that are causing significant impairment in their day-to-day lives, and where the other services and approaches have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

10.2.1. Access

CAMHS services are currently accessed via professional referral (GP, Education etc). CAMHS services are striving to reduce the waiting lists and to meet waiting times standards. The service specification

describes that CAMHS should see children within 4 weeks of referral and treat within 18 weeks. CAMHS are also asked to support self-referral.

The CAMHS service specification asks that CAMHS publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS. The format and substance of this will be informed by consultation with young people, and will be provided via the NHSGGC website and social media channels. In addition CAMHS are asked to support self-referrals and support an 'Ask once, get help' principle

10.2.2. *Effective / Efficient / Sustainable*

CAMHS continue to operate the Choice and Partnership Approach (CAPA)¹⁸. CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management. CAPA brings together:

- The active involvement of clients
- Demand and capacity ideas/Lean Thinking
- An approach to clinical skills and job planning.

CAMHS offer a range of therapeutic and treatment options, delivered through an MDT. Work is underway to develop standardised and evidence based Care Bundles, which will clearly describe what a child or young person can expect from CAMHS and for clinicians a pathway to the delivery of the treatment in keeping with the psychological therapies matrix.

10.2.3. *Transitions*

The Mental Health Recovery and Renewal plan requests CAMHS to extend transitions for targeted groups and those who wish it, up to the age of 25yrs. NHSGGC has developed transition guidelines in partnership with adult services and has already strengthened governance and planning across the mental health complex. This will include the relevant elements of the neurodevelopment specification and transition into adult services.

10.2.4. *(Adolescent) Intensive Psychiatric Care*

There is currently no direct inpatient service provision for adolescent patients who require Intensive Psychiatric input in NHS Scotland. This means patients are often referred to, or remain cared for, in services that do not fully fit their needs.

10.2.5. *Regional Pathways*

Scottish Government funding has been provided to review the current pathways and establish capacity for extended Learning disability and forensic pathways and support into secure care services.

10.2.6. *Eating Disorders*

Referrals have been increasing year on year since 2017. The eating disorder response has been expanded and developed in line with evidence-based practice. This includes expansion of Specialist

¹⁸ [The Choice and Partnership Approach](#)

Dietetic roles, extension of psychological therapies into family-based therapy and cognitive behavioral therapy.

11. Perinatal Mother and Infant Mental Health Care

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

11.1. Recommendation

1. NHS GGC Perinatal services aims to provide assessment and treatment of woman and infants who are at risk of, or who experience, significant mental disorder whilst pregnant or in the 1st year postnatal.

11.2. Progress

Implementation of recommendations in the Delivering Effective Care report¹⁹ resulted in the introduction of additional staffing across the Mother and Baby Unit and in the Community Team, an increase in Psychology resource with the aim of improving timely access to psychological therapies and interventions, Coordination and delivery of evidence based parent-infant interventions. A national consultation is under way regarding the provision of additional Mother and Baby inpatient Unit (MBU) beds across Scotland.

11.2.1. Mother and Baby Inpatient Unit

The West of Scotland MBU is situated in purpose-designed facilities at Leverndale Hospital. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care. The unit is staffed by a multi-disciplinary team of professionals across many disciplines. The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

Work is ongoing to;

- Promote psychologically informed care within the ward
- Build relationships with wider regional perinatal services
- Establish Psychology Pathways within the MBU (ensuring speedy and equitable access to psychological
- Develop therapeutic options available within ward
- Develop the peer support worker role.
- Develop a Fathers and Partners pathway to provide a systemic pathway to care and ensure they are included in the patient's journey

11.2.2. Community Perinatal Mental Health

The community team is a specialist service providing assessment and treatment for women who have, or are at risk of having, significant mental disorder in pregnancy or the postnatal period, currently up to 12 months postnatal. The service will also see women with pre-existing severe mental disorder for pre- pregnancy advice on risk and medication management. Work is continuing

¹⁹ [PMHN-Needs-Assessment-Report.pdf \(scot.nhs.uk\)](https://www.scot.nhs.uk/pmh/needs-assessment-report/)

to expand the service to allow assessment for new patients to be seen between 6 and 12 months postnatally. The PMHS will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

11.2.3. Infant Mental Health

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

11.2.4. Maternity & Neonatal Psychological Interventions (MNPI)

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life. The team is working to:

- Improve access to maternity and neonatal psychological interventions
- Improve engagement with maternity services
- Improve support to specialist areas
- Improve support to maternity and neonatal staff and improved awareness of psychosocial issues in this staff group
- Improve data collection, outcome monitoring and quality improvement
- Improve pathways of care and support to community and universal services
- Improve staff confidence and expertise

Work is ongoing to improve and embed access to a range of therapies including clinical psychology, parent-infant therapy and occupational therapy. There has been significant progress made in the interfaces between perinatal mental health, IMH and MNPI. Pathways of care have been strengthened to ensure access to appropriate services and transitions of care between teams. This includes developing and delivering psychological therapy groups within the service i.e. perinatal anxiety management group, perinatal Emotional Coping skills group, Compassion Focussed Therapy group.

12. Learning Disability

12.1. Recommendations

Coming Home 2018 makes 7 recommendations under three themes;

1. Strengthening Community Services
2. Developing Commissioning and Service Planning
3. Workforce Development in Positive Behavioural Support

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report makes a number of recommendations;

4. Create a shared vision with as many stakeholders as possible, including families and people with learning disabilities.
5. Hold yourselves accountable to the vision, and share it widely so that others can hold you accountable too.
6. Ensure the principles and values already identified are clearly embedded in the vision.

Develop a shared strategy. Coming Home 2022 recommends;

7. The current sample Dynamic Support Register should be developed into a tool for national use.
8. "By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment."

Specifically, the community living change fund is to be used to:

9. Reduce the delayed discharges of people with complex needs.
10. Repatriate those people inappropriately placed outside of Scotland.
11. Redesign the way services are provided for people with complex needs.

12.2. Progress

Plans in respect of Learning Disability are consistent with wider Mental Health strategy and the complex of mental health services with a strong focus on integrated practice towards stepped matched care, improvements in quality and effectiveness of community services and fewer inpatient beds and out of area care.

East Renfrewshire leads on redesign of Learning Disability inpatient services and an NHSGGC Programme Board has been established to provide support and oversight of developments across HSCPs. Similar to all strategies across mental health, aspirations are to develop community alternatives to hospital admission, discharge people who have been delayed for some time and reconfigure inpatient services to better support community services and third sector partners. A Community and Inpatient redesign Group brings together local leads with responsibility for development of community and inpatient services and ensures parallel progress leading to Inpatient reconfiguration.

HSCPs are developing their own approaches to increasing community support for those at risk of admission with the overarching strategic aim to reduce reliance on the bed base and develop more responsive ways of supporting people earlier, in partnership with people, third sector and the wider system. A Multi-Agency Collaboration Group has been established given the need to enhance third sector alternatives and improved joint working across statutory and third sector partners. This

group is made up of senior reps from third sector organisations, social care, clinical staff and commissioning and aims to influence commissioning and frontline practice and encourage wider joint working within HSCPs and across HSCPs where this would be helpful.

12.2.1. Coming Home

A variety of responses to 'coming home' have been developed across the HSCPs, including;

- Local review all of the people living out of area and plans to support people to return to the area where this is appropriate for the person. Reviewing and refreshing outdated institutional models of respite and residential support, taking a co-production approach.
- Further embedding integrated systems and ways of working. Increasing the range of services providing the right support from the right people at the right time. For this reason, including supported living in either shared or individual settings.
- Flexible working with inpatient services and future plans to increase the range of person centred solutions which can be delivered by joint working with the inpatient team.
- Further embedding the risk register / management process into current review systems, providing detail on crisis responses available in an area.

It is clear from extensive work taking place there are a very broad range of multi-layered issues. Varying solutions are emerging across the partnerships based on local needs, demographics, availability of skilled third sector providers and therefore our challenge is to support the development of these local ways of working and at the same time create and deliver on a Board wide plan which ensures people across NHS GGC receive robust flexible support when they need it most.

Consistency can be achieved by ensuring we have broadly consistent approaches to the variety of issues in terms of management of risk, threshold for hospital admission, adaptability in how we use our inpatient and other community resources; however it is inevitable this will be achieved in different ways across NHS GGC.

12.2.2. Bed modelling

There are 27 beds across two facilities and the aim is to reduce reliance on bed-based models and re-invest resources in Community Services designed to support people who are at risk of admission, particularly where clinical need is not the primary reason for admission. Our aspiration is to reduce to around 18 to 20 beds and our modelling supports this ambition. Redesign of the inpatient estate will require capital investment and this will be closely linked with the wider Mental Health strategy to ensure system wide capital and estate planning includes plans for Learning Disability.

Providing more accessible information to patients about the service prior to and within the first few weeks of admission, providing more homely and quieter areas within the units, providing more opportunities for patients to maintain and develop their daily living skills, staff training in the impact and influence of power, and improving communication with all involved from hospital admission to discharge.

Patient hospital attendance as a 'day patient' tailored more specifically to individual patient needs allowing immediate access to full inpatient care if the patient requires this rather than establishing a day hospital. Adults with Learning Disability needs are so heterogeneous that a day hospital could not be designed to meet all needs.

12.2.3. Outreach

Increasing the flexibility and range of options provided by the inpatient service and the ability of

community services to support patients in a person centred way and adapting the service during the most difficult periods, smoothing out the interface between inpatient and community services rather than adding to it by introducing additional layers of specialist services or teams (outreach or crisis)

12.2.4. Inpatient referral

All Learning Disability Psychiatrists referring patients at risk of admission and/or placement breakdown i.e. at a much earlier stage than currently to test what inpatient assessment and support can be provided other than admission.

Establishing a register of people at risk of admission or placement breakdown, to help identify people earlier and keep track of actions taken to reduce the risk.

Referrals to be discussed by the bed management group to consider for day patient attendance or part-time admission.

Inpatient teams prompted to explore the options for providing more robust post-discharge support. Shifting the current inpatient admission service to one of inpatient assessment & support as well as admission, and starting to provide more flexible inpatient support for those at risk of admission and/or placement breakdown.

Making accommodation more homely and flexible with more options for individualised and quieter living areas, maintaining independent living skills and links with local communities.

Addressing the mismatch between the understanding of inpatient and community staff about each other and the way they work.

12.2.5. Community Living Change Fund

A Learning Disability programme board has been established to adopt a whole system approach to:

- Agree a programme of work for the community living change fund, over three years, which leads to reduction in demand for beds and creates local and, where required, shared alternatives.
- Agree a financial programme which bridges the programme and leads to the reduction of beds and transfer of resource to fund longer term alternatives.
- Seek to return people from Out of Area, and where there are savings commit to a proportion of these funds being redirected to new local arrangements aligned to strengthening community services.

This will include two key work streams:

Community and Inpatient redesign to support the development of local services to improve the response to people at risk of admission / OOA. The group will also lead on the development and implementation of improved joint working across the system –embedding pathways, standards and support the development of workforce modelling and proficiency utilising effective and efficient ways of working.

Multi-agency collaborative commissioning to provide a forum for teams, commissioning and third and independent sector partner providers to explore and deliver on a range of alternative innovative and responsive support options for those individuals with complex needs. Exploring the availability of alternative short term accommodation opportunities for people who are reaching crisis as an alternative to hospital admissions will be key to this.

13. Alcohol and Drugs Recovery (ADRS)

13.1. Recommendations

1. Implement the recommendations of the Alcohol and Drugs Recovery Services (ADRS) reviews
2. Implement the Medication Assisted Treatment (MAT) standards
3. Move to deliver inpatient services from a single site within NHSGGC (from the NHSGGC Clinical Services Review)
4. Improve digital / eHealth systems, the access to, and use of these to reduce duplication and improve reporting of performance. (*ADRS teams comprise of health and social care staff using different recording systems*)
5. Review post-pandemic accommodations needs
6. Review and revise team structures to ensure board wide co-ordination of locality delivered services and consistent approach to delivery between the six ADPs, minimising the impact of varying priorities in each HSCP.
7. Ensure alignment of ADRS and mental health planning in relation to:
 - a. MAT standard 9, where mental health care pathways are required to ensure 'All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery'
 - b. In-patient services
 - c. Crisis outreach services in relation to mental health crisis pathways and services
 - d. The development of Mental Health and Wellbeing in Primary Care Services
 - e. The duty on HSCPs to respond to Mental Welfare Commission "Ending the Exclusion" report on joined up mental health and substance use provision to people with co-occurring conditions
8. Ensuring access to residential rehabilitation services across the Board area, participating in regional and national commissioning work to influence this
9. Recognising the impact on families of substance use and ensuring provision of support for family members in their own right, in line with the Whole Family Framework for Alcohol and Drugs

13.2. Progress

There is a work stream established in GADRS to take forward the implementation of recommendations from the review. Inverclyde and Renfrewshire concluded service reviews prior to COVID-19, which still require full implementation.

The Crisis Outreach Service is a recently implemented assertive outreach service based at Eriskay House, Stobhill Hospital. It provides a rapid outreach response to individuals who are in addiction crisis of drugs, alcohol and non-fatal overdose of street drugs. The team provides a period of assessment, engagement and brief interventions, including Naloxone provision, Dry Blood Spot Testing, Injecting Equipment Provision (IEP), safer injecting advice, alcohol brief interventions and supported access to community teams, to people with highly complex needs. The team liaises and interfaces with Mental Health assessment units, GADRS Community Addiction Teams (CATs), A&E, Scottish Ambulance Service, Police Scotland, Third Sector and Voluntary Services.

The Enhance Drug Treatment Service (EDTS) is an innovative and unique service in Scotland, it aims to engage with those patients who traditionally do not engage well with treatment services, offering injectable diamorphine, oral Opioid Replacement Therapy (ORT) and other medication. The service

links to other treatment services including the Complex Needs Team, CATs and the Blood Borne Virus (BBV) team. Patients receive support with social care and housing. The service was launched in November 2019, however due to the impact of COVID-19, including social distancing measures, and a shortage of diamorphine which affected supplies for almost 12 months, the service has been unable to increase patient numbers as planned.

The development of a new drug checking programme for Scotland, funded by the Scottish Government through the Drugs Death Task Force and the Corra Foundation, was launched in January 2021. This initiative will see the creation of infrastructure to support the delivery of three city-based projects in Scotland. These projects will enable members of the public to anonymously submit drug samples for forensic analysis, and subsequently receive individualized feedback of the results together with appropriate harm reduction information. Glasgow will be one of the three cities to participate in this project.

In 2017 NHSGGC and Glasgow City Council submitted proposals to develop a co-located Heroin Assisted Treatment Service and Safer Drug Consumption Facility (SDCF). Whilst the proposal for the heroin assisted treatment service could be progressed without any alteration to current legislation, and the EDTS was opened in November 2019, the Lord Advocate did not feel that the SDCF proposals could, at that time, be progressed. Following recent discussions with Scottish Government, Crown Office and Procurator Fiscal Service and Police colleagues, a new SDCF proposal has been submitted to the Lord Advocate, seeking to work within the current legislative framework. The SDCF will provide an opportunity for staff to engage with service users, who may otherwise have no or little contact with treatment services, and offer harm reduction advice, whilst also highlighting pathways into treatment, including EDTS.

The Renfrewshire Recovery Hub (CIRCLE) is a newly established recovery service within Renfrewshire, offering unique recovery support to people with mental health and substance misuse difficulties. Its primary focus is to provide recovery opportunities enabling individuals' authority over their own lives, recognising the many pathways to recovery, building a service that is person centred, focuses on strengths and resilience of individuals, families and communities. The workforce is recovery orientated and service provision is led by individuals with lived and living experience. A comprehensive activity program, offering opportunities for recovery, will include; volunteering, peer support, education and employability, low level psychological support through anxiety management, and other activities. The service will act as a central recovery hub with recovery activity delivered across local communities throughout Renfrewshire.

14. Unscheduled Care

14.1. Recommendations

14.1.1. Community response

1. Integrate crisis, home treatment and OOH models so that they are provided consistently across the Board area.
2. Develop a framework for the operation of a Community Mental Health Acute Care Service (CMHACS)* model across NHSGGC which includes the following:
 - a. Home / Community Treatment capacity - with individuals offered treatment safely in a community setting as an alternative to hospital admission.
 - b. Management of access to adult inpatient services - with CMHACS taking lead responsibility in collaboration with Bed managers to facilitate admissions to hospital.
 - c. Supporting early discharge from hospital – by working to minimise the length of stay in acute inpatient settings by supporting discharge where the clinical risk can be managed within the community.
3. Community services interface with new “distress” pathways as described in (11) below.

Additional 2023 recommendation

4. Where patient groups are not covered, ensure effective links between CMHACS with other community responses.

14.1.2. Emergency Department (ED) and Acute

5. There is a single Liaison service Board-wide, providing cover to EDs 24/7.
6. Liaison will provide one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for supporting departments such as AMU, IMU & MAU
7. Liaison services to provide input to the EDs, AMU, IMU etc and inpatient wards from 8am to 8pm on weekdays, and 5pm at weekends. A single OOH Liaison team provides cover at other times, coordinated centrally and pooling staff resources where needed with the CMHACS
8. Implement a face to face response time of <1h for referrals from ED, including some prompt productivity changes to support this new target.
9. Secure recurring investment for liaison services transformational posts received and to enhance and develop CMHACS to cover GGC area (currently funded non-recurringly from Scottish Government funding). (This proposal will be considered as part of the financial framework for the implementation plan)
10. Pathways from primary care, police, NHS 24 and self-referral will be clarified.
11. An alternative care pathway is developed, which diverts all assessment and treatment for people with Mental Health problems who do not require medical treatment (or otherwise to be managed by a clinical unit for behavioural reasons) out of the main ED. Those pathways would work with third sector organisations in collaboration with health services to provide a compassionate, therapeutic and safe response without “leading” with diagnosis and risk assessment. This will include planned "tests of change" around e.g Distress Hubs; Crisis cafe models
12. Review the number of acute assessment sites Board-wide, with consideration of the potential to reduce the current number of acute admission sites. (Note: there is an extant plan to reduce from 6 to 4 with the closure of Parkhead Hospital in Spring 2018 and the transfer of the remaining 15 bed acute admission ward from Dykebar to Leverndale Hospital.)

Additional 2023 recommendation

14.1.3. CAMHS

13. To establish CAMHS Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways. And to establish/extend capacity and provision of CAMHS Liaison Services delivered by paediatric acute inpatient and outpatient services.

* Recommendations have been updated to reflect a revised approach, replacing the proposed Crisis Response and Home Treatment service with a Community Mental Health Acute Care model.

14.2. Progress:

Unscheduled care responds to a lot of activity in the Mental Health system. People seeking this kind of help are usually exposed to immediate and serious risks to their health or safety. Unscheduled care services also carry most of the risk associated with Mental Health care. Demand for “unscheduled” can be predicted and a key goal for the Strategy is to match demand to a prompt and effective response consistently across the Board area. While recognising that some flexibility is required to meet local needs, there is scope for a more standardised approach to maximise efficiency and effectiveness.

14.2.1. Community response

Distress Response Services have been established across the HSCPs, mostly commissioned through local mental health associations alongside the national NHS24 Distress Brief Intervention Service which is also commissioned through the Scottish Association for Mental Health (SAMH). Further work to look at options for reducing variation and increasing consistency of response is proposed.

Plans are being developed for a Community Mental Health Acute Care Service (CMHACS) as an alternative to the previously proposed community response home treatment service (CRHT). The CMHACS will be a comprehensive mental health acute care service whose first goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged inpatient care, promoting emotional strength and reducing the impact of mental health crisis through intervention, education, prevention and community collaboration. Core functions will be to offer short term intensive community based treatment, manage all requests for access to inpatient care and provide assessment of suitability for home treatment as an alternative to admission. The service will also work in collaboration with acute mental health inpatient services to facilitate and support discharge from hospital for individuals that home treatment is deemed to be appropriate for. Medical recruitment is proving to be a challenge and will need to be addressed to support this development.

Reducing the number of points of contact out of hours within each HSCP and across the Health Board and linked more directly with Social Work responses is also proposed.

14.2.2. Emergency Department (ED) and Acute

The COVID-19 pandemic forced considerable change to the delivery of unscheduled care services and accelerated the implementation of Mental Health Assessment Units (MHAUs). These units are being retained as a long term approach.

MHAUs ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response, diverting people with Mental Health problems who do not require physical / medical treatment from the main Emergency Departments. MHAUs support the principle of joint working and shared responsibility and are directly accessible by 1st responders (Fire, Police Ambulance) and GPs. Originally only for adults, Older People are supported and Child and Adolescent Mental Health Services (CAMHS) staff are now attached to the units out of hours to support young adults and adolescents. These closely link with the Out of Hours G.P service, NHS 24 and the NHS 24 Mental Health Hub, the Flow and Navigation Hub, the Urgent Resource Care Hub (URCH) and the Glasgow City Compassionate Distress Response Service (CDRS). MHAU staff and the Scottish Ambulance Service provide a first responder service for mental health assessment within a patient's home. The digital Consultant Connect system provides support for GP surgeries across NHSGGC to access same day mental health assessment for patients presenting in mental health crisis.

These units were funded 'at risk' and clarity is required on how they will be funded on a sustainable basis.

A single Acute Hospital Liaison service has been established covering all acute hospitals within NHSGGC ensuring cross-cover on all sites with guaranteed response times, including up to 1 hour to Emergency Departments or longer, appropriate to the support required.

Crisis, Liaison and Out of Hours Teams services have been reconfigured to address historical gaps and ensure mental health support is provided 24/7.

14.2.3. CAMHS

An unscheduled/intensive and liaison review was completed in January 2022 and has moved into implementation. The review aimed to meet the requirements of the CAMHS specification and ensure a 24/7 response across unscheduled and liaison pathways and intensive responses to be developed to meet the needs of young people. Work will be developed to deliver the regional approach with regional inpatient services.

15. Forensic Mental Health

15.1. Recommendation

1. Delivery, alongside mental health rehabilitation services, of low secure inpatient accommodation in a dedicated unit which offers safe and secure accommodation for patients whose presenting behaviours cannot be safely treated within an open ward and who require a higher level of security over a longer period of time, expanding the offer available within forensic and mental health rehabilitation services.

15.2. Progress

Implementation proposals to increase low secure rehabilitation and increase integration with general adult psychiatry Intensive psychiatric care, acute admissions and intensive rehabilitation are in development.

Continuing pathway review with general adult and rehab psychiatry pathways and development of the forensic rehabilitation function in parallel with adults & rehabilitation.

16. Shifting the Balance of Care

16.1. Recommendations

1. Short stay acute assessment beds be reduced, alternative capacity in community services to manage the rebalanced system of care. Consideration of the location of proposed bed closures and the implications for hospital sites will be considered as part of the development of an Implementation Plan. It was not anticipated the potential risks of reducing the number of IPCU beds could be mitigated to a level that would result in a ward closure. Review the number of acute adult assessment sites Board-wide, with consideration of the potential to reduce the number of acute admission sites. (Note: the existing plan reduces sites from 6 to 4 with the closure of Parkhead Hospital completed 2018 and to transfer the 15 bed acute admission ward from Dykebar to Leverndale Hospital.)
2. In order to support the bed reductions (set out below), while managing existing and future demand for inpatient care, the recommendation would be for the development and adoption of acute care pathway across all acute inpatient sites, which would allow for clarity about the role and purpose of an acute inpatient service within a redesigned mental health system. This would also allow for greater operational consistency in the implementation of care pathways and reduce variance across sites.
3. An emphasis on quality improvement processes within inpatient care settings and a rollout of SPSP and AIMS across all acute inpatient sites. This would, in conjunction with greater operational consistency in implementation of care pathways and standards, reduce variation across inpatient sites within NHS GG&C.
4. A greater focus on addressing delays in discharge and ensuring a pro-active approach to discharge planning. This would include closer integration with community and social care services to ensure joint prioritisation of resources and smoother patient flow across inpatient and community settings.
5. Ensuring that individuals are appropriately placed within acute inpatient services based on need rather than availability. This would require further work around developing and clarifying interface arrangements across care groups, in line with the newly developed Acute care pathway.
6. A further recommendation would be around the harmonisation of bed management and data collection to ensure dynamic monitoring of inpatient bed availability as well as ensuring a focus on patient flow.

Mental Health Rehabilitation and Hospital Based Complex Clinical Care (HBCCC) Beds

7. Operational consistency across all rehabilitation services via standardised care pathways that are co-ordinated and reviewed on an integrated system wide basis. In this model there would be system wide access to rehabilitation beds across GG&C when necessary, and a system-wide bi-monthly review of admissions, discharges and bed-utilisation. This system-wide review should include social work professionals and overall, a more integrated approach should be taken to co-ordinating the system of care across rehabilitation services and community provision.
8. Admission to dedicated inpatient rehabilitation services needs to be reserved for a subgroup of people with specific complex Mental Health presentations and a profile of need responsive to rehabilitation. There is wide-variation in how rehabilitation beds are used across the system. The proposed changes to rehabilitation services would include system-wide implementation of agreed standards for assessing suitability for rehabilitation, referral guidelines and what is delivered in the care pathway.
9. Inpatient rehabilitation services designated as either “Intensive” or “High Dependency” Rehabilitation & Recovery Services. Intensive wards would reduce prolonged lengths of stay

to promote patient throughput, with high dependency wards equally reducing prolonged lengths of stay.

10. The recommendation is that a non-hospital based unit(s) for service users requiring longer term, 24/7 complex care is commissioned. The implementation plan will consider whether these should remain NHS beds or whether an alternative model should be commissioned.
11. There should be a move to benchmark bed levels proposed by Royal College of Psychiatrists for adult rehabilitation services, equating to a reduction of approximately 50 beds. The detail of this will be developed as part of the implementation plan, including the timescales, recommended locations for residual hospital beds and reinvestment proposals. This work will include the development of a risk management framework to ensure the system of care is able to cope with each phase of the proposed reduction in beds.

16.2. Progress

Changing bed numbers and where they are located is very complex, even when reinvesting funds back into community mental health services.

The complex of Mental Health Services' includes Child and Adolescent Mental Health (CAMHS, Older People's Mental Health (OPMH), Adult Mental Health Care, Mental Health Social Care, Alcohol and Drugs, Learning Disability and Forensic Services. Existing Strategies identified proposals to shift the balance of care to more community options and to deliver increased specialist in-patient care where identified. The various individual plans for each of the mental health services for beds is as follows:

16.2.1. In Patient Beds and Care Home Provision

Continue with the journey on shifting the balance of care, moving away, where appropriate, from institutional, hospital led services towards to investment in local people, neighbourhoods and communities to enable services to be delivered locally and support people in the community.

Analysis confirms that NHSGGC remains a relatively high user of Older People's Mental Health in-patient beds. In addition, day of care and other audit activity has consistently confirmed high numbers of patients who could more appropriately be supported in other settings, including care homes and within the community. As we move forward it is the aim to reduce the overall number of in-patient beds, whilst utilising the best estate.

The following areas have been identified as key to supporting this.

- reinvest in our community services, as indicated across the strategies
- strengthening the responses to patients in crises situations to prevent admission wherever possible
- review the current provision for those patients who can no longer live independently at home.
- Via case note review and audit (in collaboration with info services and clinicians), we will seek to develop a robust understanding of who is using OPMH inpatient beds and their journeys into these beds. This will help inform what sort of alternative care arrangements would be effective.
- Focusing on early intervention to reduce admission to in-patient beds. Options include providing a short period of intensive input at home, supporting patients and their families through period of crisis.
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment, and prevent and reduce admissions to in patient settings

- Expanding access to psychological interventions, including non-pharmacological interventions for the management of 'stress and distress' in dementia.
- Engaging with commissioning colleagues to further develop care settings in the community that are equipped and supported to deliver care to Older People with mental health issues as their condition progresses
- A focus on reducing delays in discharge back to home or an appropriate care setting in line with the persons care needs.

Reducing the total number of beds and wards generates a huge number of options for which inpatient bed services could be delivered and on which sites. Pragmatically therefore implementation proposals will consider the first phase of bed changes within an overall end point. This is so the first step of changes can be pragmatically tested for safety and quality purposes. It means we stay within broad end point principles and the overall direction of the Strategy. It also means initial phased implementation moves do not pre-empt endpoint solutions but also allow an evolving end point based on what we learn in practice due to our experience of change along the way.

Mental Health Inpatient Service	Current Strategy End point Bed Nos.	Refresh End point Bed numbers	Initial Phase Change endpoint	
Child Psychiatry	6	6	6	No change
Adolescent Psychiatry	24	24	24	No change
Adolescent Eating Disorder / Intensive	0	4	4	Increase in beds for adolescents with greater acuity of need and site linked to Adolescent service and Adult Eating disorder service
Eating Disorder (Adult)	4	10	10	Increase in beds to meet identified need and site linked to adolescent eating disorder beds and adult acute beds
Perinatal (Mother & Baby)	6	8	8	Increase in beds to meet identified need
Alcohol and Drugs Recovery	35	25	25	Reduced beds to meet need and maximise expertise
Learning Disability Assessment & Treatment	28	20	20	Reduced beds and move from isolated site to increase support options
Learning Disability Long Stay	8	0	0	Reduced beds to social care community support
Forensic Learning Disability	9	9	9	No change
Forensic Medium Secure Care	74	74	74	No change
Forensic Low Secure Care	44	59	44	Increase in forensic rehabilitation to meet need, repatriation of out of area placements and patient throughput efficiency
Intensive Psychiatric Care Unit	44	44	44	No change – review of secure acute assessment for people from prisons and Courts
Adult Acute Short Stay Assessment & Treatment	285	232	285	No initial phase 1 change due to full capacity. Consideration of possible future distribution of beds.
Adult Rehabilitation and Hospital based Complex Clinical Care including Enhanced Intensive Rehabilitation	128	87	113	One ward reduction to allow testing change in inpatient focus including Enhanced Intensive Rehabilitation beds to facilitate patient throughput efficiency in IPCU & Adult Acute Assessment & Treatment and repatriation of people and funding contribution to community rehab service
Older People Acute Short Stay Assessment & Treatment	205	119	205	One ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and consideration of possible future distribution of beds and functional and dementia split
Older People Hospital based Complex Clinical Care	152	60	132	Two ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and further options of distribution of beds and functional and dementia split
Total	1052	781	1003	

16.2.2. Overview

Current Mental health beds in NHS GG&C

- 1,052 mental health beds
- distributed across thirteen sites and
- 65 wards

Changing mental health bed numbers and the number of wards on any site affects services on all sites. When reducing or increasing bed numbers and wards a key question is which wards should be placed where and for what purpose.

Start Point Initial Phase Distribution of Mental Health beds across GG&C

Bed Numbers by Location	Additions	Adolescent	Adult Long Stay	Adult Rehab	Adult Short Stay	Child Psychiatry	Eating Disorders	Elderly Long Stay	Elderly Short Stay	Forensic LD Low*	Forensic Low Secure	Forensic Medium Secure	IPCU	LD Assessment & Treatment	LD Long Stay	Perinatal	Bed Total	Nos. Wards on Site
<i>Blythwood</i>														16			16	1
<i>Dumbarton Joint</i>								12									12	1
<i>Dykebar</i>			12	8	15			42									77	4
<i>Gartnavel Royal</i>	20		18	12	80			20	45				12	12			219	12
<i>IRH Orchard View, Langhill, Larkfield</i>			12		20			30	20				8				90	5
<i>Leverndale</i>			35	11	94				38	9	44		12			6	249	16
<i>Netherton</i>															8		8	1
<i>Darnley - G4</i>								28									28	1
<i>Rowabank Clinic</i>												74					74	8
<i>RAH</i>									40								40	2
<i>Royal Hosp for Children</i>						6											6	1
<i>Stobhill</i>	15	24	20		76		4	20	44				12				215	12
<i>Vale of Leven</i>									18								18	1
Total	35	24	97	31	285	6	4	152	205	9	44	74	44	28	8	6	1052	65

* LD – Learning Disability

Mental Health Services benefit from a collective approach across HSCPs and NHS GG&C. This will include co-ordinating the delivery of all the mental health family inpatient services.

Dependences include that although sites are linked to community services people who need to be admitted can be admitted to any site. Particular wards and sites within NHSGGC/HSCPs do not solely belong to particular localities, but are managed on behalf of the whole system.

Some of the specialist services such as Perinatal Mental Health and the Adult Eating Disorder Service are single wards and also provided to anyone from within the six HSCPs and Health Board-wide area.

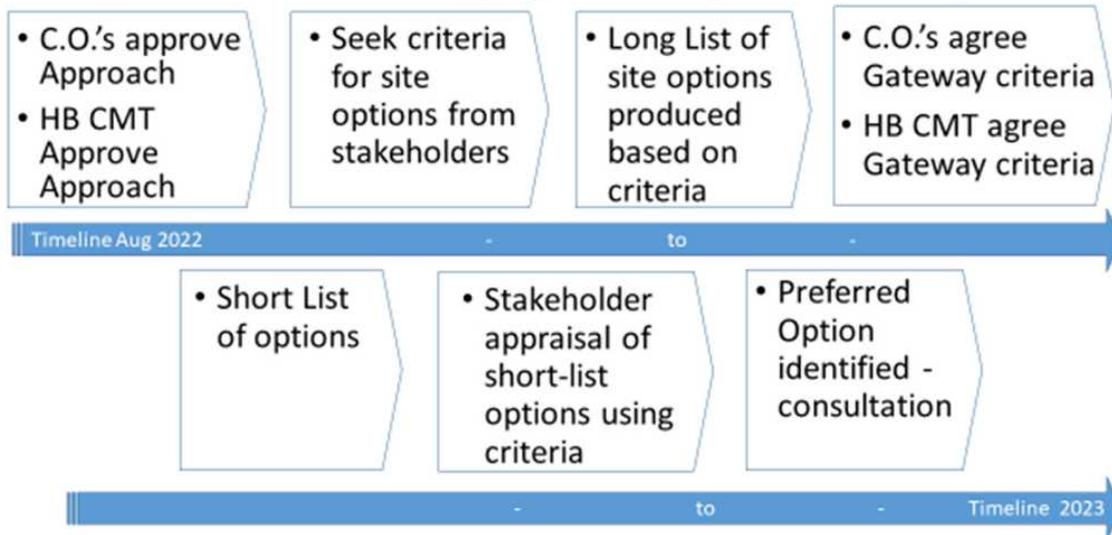
- Consultant Psychiatrist on-call cover is for Adult Mental Health, Learning Disability, Alcohol & Drug services, Older People's Mental Health Services is provided out of hours by one rota operating North and one rota operating South of the Clyde. There are single rotas for Forensic and Child and Adolescent Mental Health Services (CAMHS) operating Board-wide.
- Junior doctor out-of-hour rotas are managed system-wide to maintain cover while adhering to the European Working Time Directive.

- In some care groups with smaller critical mass of staff (e.g. clinical psychology in Learning Disability and in Alcohol and Drugs) system wide approach provides cover when required during vacancies, maternity leave and illness.
- During times of challenge ward nursing cross cover is also routine within sites, across sites and across the different mental health complex of specialty inpatient care.

Initial bed rationalisation has been delivered through incremental changes to acute sites (Parkhead), rehabilitation sites (Phoenix House) and also to older peoples hospital based complex clinical care nursing home site accommodation (Rowantree / Rogerpark).

The next step will be agreement to progress site impact engagement as follows:

Public / stakeholder engagement process steps:



Engagement on site impact across the range of sites and whole mental health complex of services will be the next main enabler for implementation progression.

17. Service User & Carer Engagement

17.1. Recommendations

1. Ensure staff are aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult (including older adult) carers and young carers.
2. Ensure staff are promoting adult carer support plans and the young carer statement.
3. Supporting delivery and achievement of the Triangle of Care standards
4. Develop performance indicators to evidence impact of the above.
5. Service users' and carers' experience of their care, in line with the national health and wellbeing outcomes, should be regularly monitored and evaluated
6. Ensure that service user and carer networks are a core component of future service planning and implementation

17.2. Progress

Involving service users and their representatives in service planning is a core component of the development of the Service Strategies. Service user involvement and representation has been provided through the Mental Health Network.

Each HSCP commissions Advocacy services to ensure the rights of individuals who are subject to the Adults with incapacity (Scotland) Act (2000); Adult support and ,Protection (Scotland) Act (2007); the Patient Rights (Scotland) Act (2011); Charter of Patient Rights and responsibilities (2012); and the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Advocacy Services are provided via a procurement process and are monitored to ensure they meet the requirements of the agreed specification of service provision.

Service user involvement will remain a core component of the implementation plans that are to be developing.

17.2.1. Carers

Supporting carers is a key priority at a local and national level. To date, we have rolled out 'the Triangle of Care' tool across all mental health services to improve carer engagement and support. The Triangle of Care is a therapeutic alliance between each service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. HSCPs are working on an on-going basis to support the delivery and achievement of these aims.

Key Messages from Service Users and Carers

- Carers – given the increased emphasis on home treatment particularly when people are ill it is imperative that carers are better supported in order to enable them to continue their vital role in the longer term. Carers should be supported to both be effective in their caring role and enabled to look after their own health.
- Poverty – Scotland's new Mental Health Strategy explicitly recognises the links between poverty and poor Mental Health. Models of support that are to be developed must be able to encompass this work.
- Social isolation – the Scottish Government recognises the damage social isolation causes, future models of "recovery" must encompass the social dimension and help ameliorate the impact of poor mental health.
- Rights –People can sometimes feel disempowered by the mental health system. A rights based approach should mean people enjoy a better relationship with services and a greater say in their care and treatment, leading to greater personalisation of their support.

- Prevention – A large amount of resource is directed at supporting people who have a repeated number of episodes of mental ill-health. A system wide approach that looks at learning from mental health crisis on a personal level and embraces preventative planning could greatly reduce service usage for such individuals.
- Engagement – Early engagement with key stakeholder groups is crucial in order to identify solutions to the issues faced, e.g. people with a lived and living experience and mental health carers as well as 3rd sector groups.

The Mental Health Network (of people and carers, with a lived and living experience of mental health issues) are commissioned within NHSGGC to support service user engagement and also sit on the board-wide Mental Health Strategy Programme Board and support the strategy.

A process to engage with public and staff on what is important to them when considering changes to bed numbers and site impact is in development. Pre-engagement is taking place with heads of services and leads from Third Sector Interface organisations in each HSCP, including leads from groups that represent people with protected characteristics to support co-production of the process itself.

Public and staff engagement on site impact has been delayed by COVID-19 and will continue in more normal times.

The Borderline Personality Development Network have formed a 'BPD Dialogues' group. This is a group of people who have a diagnosis of Borderline Personality Disorder and lived and living experience of using NHS services in Greater Glasgow and Clyde (NHS GG&C). They contribute to the planning and development of better services for people with a diagnosis of personality disorder through:

- Designing information leaflets and resources for people with the diagnosis, and their families and friends
- Contributing to the content and delivery of staff training on BPD
- Providing feedback on any aspect of the BPD implementation plans from the perspective of having lived and living experience

Other work streams are looking to develop similar engagement groups. e.g. CAMHS - An eating disorder reference group has been set up with representation from a member with lived and living experience and a third sector representative.

Performance indicators are to be developed with user and carer input to evidence staff are:

- aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult carers and young carers;
- ensuring staff are promoting adult carer support plans and the young carer statement; and
- supporting delivery and achievement of the Triangle of Care standards

18. Workforce

18.1. Recommendation

1. Future workforce requirements and implications will continue to be assessed as part of the development of the implementation plan. It will be important to ensure on-going professional and staff side representatives have the opportunity to engage fully in this process and for the outputs to dovetail with HSCP Workforce Plans

Additional 2023 recommendation

CAMHS

2. Create dedicated strategic CAMHS pharmacist posts across Tier 3 (specialist multidisciplinary teams) and Tier 4 in line with services across the rest of the UK.

18.2. Progress

Mental Health services face several workforce issues which are relevant to this strategy, and these are summarised below. However, given the nature of the bed reduction changes proposed within this strategy, it should be noted that the following section focus primarily on health staffing issues.

In particular, workforce issues that require to be taken into account include the following:

- An increase in retirements, associated with:
 - An ageing workforce
 - Mental Health Officer Status
 - Changes to NHS pension provision
- Recruitment and retention, an issue for all professions, specialties and localities, but particularly intense in some areas;
- Nursing workforce standards
 - Application of the national workforce and workload planning tool
 - Nursing staffing standards for inpatient care

Specific issues relevant to the main professional groups and services are set out below.

18.2.1. Nursing

Full implementation of the 5 year strategy anticipates a reduction in Mental Health beds across GG&C, which will result in a reduced inpatient nurse staffing compliment. However, given current challenges in filling a number of nurse vacancies and anticipated turnover and retirements, the Programme Board remains confident that a phased approach to the implementation of the strategy will see the successful redeployment of all staff into the future service model. Such change would be managed in partnership with staff-side representatives, and in accordance with organisational change policies.

For those remaining hospital wards, there is a need to ensure that nurse staffing levels continue to meet the needs of the patients. The Royal College of Nursing (RCN) recommends a minimum percentage skill mix of registered to unregistered nurses at a ratio of 65:35. Further local NHSGGC work is equally based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards. Future staffing levels and skill mix will therefore be measured against national workforce planning tools and it is likely this will result in a need to reinvest funding into some wards to improve skill mix.

18.2.2. Medical

Psychiatrists hold an essential role in diagnosing and treating complex and high risk patients and overseeing compulsory treatment under the mental health act. Additionally, medical staff have a clinical leadership role, supporting multidisciplinary mental health teams to work effectively.

NHS GG&C has traditionally been able to recruit to consultant posts, though Speciality And Specialist (SAS) Grade doctor posts were often more challenging. There are likely to be recruitment problems in some specialties in future.

Career-grade doctors typically work to a defined catchment area, and are expected to manage their workload across inpatient, community and specialist teams depending on the needs of the service. Referrals to CMHTs have been increasing by 3% per annum in recent years, and a proportion of this activity has been absorbed by the posts set out above.

As service gaps appear, clinical safety and service viability usually means that locums must be used and this can have disadvantage if it results in changes to clinical leadership and reduced continuity of care, such as occurred during COVID-19. Board-wide locum costs for medical staff across Mental Health, Learning Disability and Addictions services were contained in 2016/17, and were largely generated by vacancies relating to retirement and maternity leave which could not be filled using existing staff. Assertive use of local cover arrangements, GG&C locum bank staff and new arrangements with commercial agencies led to a reduction in costs of about 25%. However, the cost of locum cover is an ongoing challenge to NHSGGC.

Redeploying medical staff in response to the changing requirements of the strategy (for example from inpatient to community work) can often be achieved by negotiation over existing job plans. Any requirement to move consultant posts across localities would require meaningful engagement, time and careful planning and balancing of service need, medic wellbeing and career development to mitigate staff losses to avoid the risk of service gaps needing to be filled by non-NHS locums.

Psychiatrist involvement will always be required for the diagnosis and treatment of complex and high-risk patients, and in relation to mental health act work. With potentially fewer psychiatrists available, there will be an increasing need for medical staff to focus their resources on these groups of patients with role / task sharing with other disciplines in place to manage less complex and lower risk patients.

18.2.3. Psychology

Overall, in recent years, across NHSHC, there has been a slight increase in clinical psychology staffing however some care groups have seen a reduction.

Some of the main challenges faced in the Clinical Psychology workforce are:

1. The small critical mass of Psychology staff in certain care groups including Learning Disabilities, Alcohol and Drugs and Older Adults.
2. Services have small numbers of clinical psychologists and other psychological therapists meaning they are vulnerable to not being able to provide care as expected when vacancies and forms of leave occur.
3. A significant number of staff have MHO status and can retire within the next five years.

4. Both a national and local analysis of gender and part-time working profile suggests that the Psychology workforce is a largely female profession and that many who join the profession reduce working hours within 3 years post training

The Scottish Government has recognised the importance of evidence based interventions for service users. A key element of this approach has been the development of a strategy to increase access to evidence based psychological therapies for many health conditions.

A major challenge in recent years within NHS GG&C has been achieving and maintaining the HEAT Standard on Access to Psychological Therapies across all Care Groups.

As the Scottish Government's Strategy develops this will continue to be a challenge and it will be a core element of NHS GG&C's Mental Health Strategy. Maintaining and increasing a critical mass of clinical psychology staffing will be an important part of the strategy.

18.2.4. Occupational Therapy

Occupational Therapy continues to have a role to play in the work streams of the GGC 5 year strategy. With its roots in person centred recovery focused practice, occupational therapists play a crucial role in helping people maintain their optimum level of independence within their communities. This is important at all stages of the patient journey from community and hospital to discharge. Shorter admissions will require robust discharge and support packages and planning to begin at the point of admission. Occupational Therapists will continue to make an essential contribution to this part of the pathway in terms of assessment and making recommendations about the level of support required for successful discharge. In addition consideration should be given to the review of such packages over time by an occupational therapist in order that adjustment of resource can be made based on need.

Within mental health services in the board, the majority of the Occupational Therapy workforce remains within secondary care services. There is growing evidence nationally that supports earlier intervention to Occupational Therapy gives better outcomes to patients. By working with people earlier in their journey, it enables occupational therapists to facilitate supported self-management techniques. This has been recognised by some of the HSCPs in GGC and they have included occupational therapy posts as part of their plans for the development of the Mental Well-Being Hubs. A newly developed service in Renfrewshire HSCP has introduced mental health occupational therapists into primary care. This service works alongside GPs and other primary care providing assessment and intervention with the principle of early intervention and supported self-management at the core of service delivery.

Occupational Therapists are experts in vocational rehabilitation. Employment and meaningful occupation/therapeutic activity are important to recovery and maintaining positive mental health. Earlier intervention by Occupational Therapists is likely to impact positively on people sustaining their employment, making reasonable adjustments at an early stage and helping people to find appropriate work which in turn assists with recovery. The recent legislation enabling occupational therapists to sign Fit Notes requires exploration with the development of an agreed governance framework within GGC.

A newer area of development for occupational therapists in mental health relates to neurodevelopmental work. Within Glasgow HSCP occupational therapy staff have been involved in the waiting list initiative, assessing people for ADHD. Specific to the profession has been the development of the occupational therapy SPARKS programme, a bespoke group work programme for people diagnosed via the WLI, with ADHD. This continues to be in the developmental stages and

is being delivered by staffing working additional hours. If a GGC service was to be developed then it will be crucial that occupational therapy is core within its structure.

There is not a standard workforce model in place within the organisation for Occupational Therapy. Within mental health services an occupational therapy data base has been developed which captures detailed and up to date analysis regarding workforce. This system is now being tested across other care groups within Partnerships.

18.2.5. Psychotherapy

Psychotherapy departments across NHSGGC include colleagues with a variety of backgrounds. Psychotherapists and Psychotherapy practitioners offer individual and group psychodynamic psychotherapies. Services include specialist city wide Personality Disorder and Homelessness team (PDHT), working with complex Personality disorder. Psychotherapy is currently exploring the future model of delivery and, similar to other services, have workforce planning issues.

18.2.6. Allied Health Professionals

In addition to Occupational Therapy, other allied health professions can also have a role in supporting a sustainable workforce across Mental Health, whether from within AHP services or from within the mental health team:-

Physiotherapy can deliver improvement in physical health / wellbeing that correlates to a reduction in depression and anxiety and better patient outcomes. Demographic data for Scotland highlights that the prevalence of mental health complaints can directly relate to a reduction in physical health and wellbeing.

Art Therapists can offer equitable access to psychological interventions for those who struggle to engage in talking therapies.

Mental Health Dietitians offer interventions to correct dietary inadequacies, address increased nutritional requirements, address special dietary requirements, to provide health improvement and education and to address where physical or mental health conditions impact on dietary intake or nutritional status.

The efficacy of Podiatry treatment could be enhanced for patients with mental health conditions such as anxiety and depression, which would help improve overall health outcomes for these patients.

Speech and Language Therapy can have a positive impact across several areas. These include: Identifying and ensure appropriate response to speech, language, communication and swallowing needs, providing a differential diagnosis, providing (targeted) training for staff to ensuring the links between speech, language, communication and swallowing needs are addressed, supporting people with Speech , Language & Communication Needs (SLCN) who are neurodiverse during periods of crisis and increasing the understanding of the links between speech, language and literacy and mental ill health and social potential.

18.2.7. CAMHS

Our workforce is key to the delivery of service to Children and Young People. The Pandemic and the MHRR funding has created significant movement in staff, some retiring, some moving to promoted posts and some joining CAMHS at the start of their career. Ensuring our workforce feels welcomed, supported and developed will lead to better sustainability of our services.

Example development: CAMHS Pharmacy trials

A CAMHS pharmacist would bridge a current gap in pharmacy services to the CAMHS teams and bring GGC in line with government strategy in expanding and diversifying the CAMHS workforce to meet service pressures. A trial is beginning where a pharmacist will provide both a clinical service and develop a pharmacy and medication strategy for CAMHS.

18.2.8. OPMH

The workforce supporting patients and families in the community should reflect the wide range of services required to meet their needs. The workforce within Older People Community Mental Health Teams has developed over time with investment in services and staffing resource including Care Home Liaison, Acute Hospital Liaison and intensive / crises support services.

Whilst the framework recognises the need for HSCP's to develop services and teams in a way that best fits their local population and services, it has been agreed that there should be consistency and equity in the roles and skills present. This should also reflect the integrated nature of Health and Social Care Partnerships.

Work is required to revisit and refresh the role, function and skills within the teams, ensuring that as we move forward our teams are fully integrated and include a wide range of health and social care professionals.

In common with many other services there are a number of workforce pressures within the Mental Health System. A number of actions require identifying to alleviate these pressures including considering how we become an "employer of choice", supporting our staff to utilise the full extent of their knowledge, skills and expertise, whilst also develop new roles to address the needs of the population, and offer opportunities for progression for staff. These include:

- Access to a broader range of Allied Health Professionals
- Development of Advanced Practitioner Roles (e.g. Advanced Nurse Practitioners / Allied Health Professionals)
- Addressing vacancies in Consultant Psychiatry Staffing and achieving a sustainable workforce
- Addressing vacancies in the nursing workforce, and considering how we attract newly qualified nurses into the range of mental health services
- Reviewing the current level of Psychology staffing
- Embedding Social Work and Social Care staff in all Community Mental Health Services/Teams

Further engagement is also likely to be required for educational bodies to attract sufficient applicants to fill available training places as well as expand them to meet current and future staffing needs.

18.2.9. ADRS

Similar to the wider workforce, all ADRS teams report increasing levels of staff vacancies. This in turn leads to increased demands on existing staff, with increased caseloads, which in turn is resulting in difficulty to retain staff in post. Issues relating to staff recruitment are experienced at all levels and in all posts within ADRS.

Staff have identified that, due to increasing patient caseloads and during the COVID-19 pandemic, it is increasing difficult / there is a lack of opportunity to undertake development or participate in

existing training programs. The GADRS Review and thematic analysis of SAEs has evidenced that a Training Needs Analysis is required within an implementation of a workforce development plan.

19. Digital and eHealth

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. The importance of these were evidenced through the COVID-19 pandemic which also demanded we move further and faster with our plans. This section, specifically focusing on digital and eHealth, was included in the strategy as a result.

19.1. Recommendations

1. Develop a data Strategy for Mental Health Services
2. Expand and ensure widespread access to Clinical Informatics
3. Continued investment in Mental Health Digital Team to support the progression of digital technologies within mental health services
4. Develop a patient facing application which allows patients to self-refer to services (where appropriate), choose appropriate assessment/treatment appointment slots and be able to complete information relating to equality
5. Continue IT investment in systems that improve delivery and quality such as Hospital Electronic Prescribing Medicines Administration and a full Electronic Paper Record (EPR)
6. Align EPR development with the data strategy to ensure the appropriate clinical and performance measures are captured to support quality improvement
7. Identify clinical 'champions' and develop forums that encourage staff engagement and ownership
8. Continue to engage actively with citizens and patients to inform service improvements
9. Replace paper processes with digital alternatives
10. Modernise and enhance existing systems to be fit for the future
11. Maintain our ability to respond to future challenges such as another pandemic
12. Increase the use of technology to support patient care, including virtual consultations
13. Provide the digital developments that support hybrid / blended working for our staff

19.2. Progress

During the COVID-19 epidemic Strategy recommendations have accelerated the rapid pace of development and the importance of 'digital' in terms of both advances in technology and clinical applications.

19.2.1. Access and Choice for Patients

Virtual Patient Management (VPM) includes telephone consultations and video conferencing. This has become a new way of working within mental health services since the onset of the COVID-19 pandemic. Mental health services implemented these solutions to ensure that where appropriate, consultations could continue while not all being face to face. Supporting guidance was developed for both staff and patients in relation to engaging with remote consultations. Virtual appointments will continue post-pandemic with clinical staff, in partnership with patients, continuing to assess suitability as per clinical guidance, utilising these appropriately.

19.2.2. Virtual Front Door and direct patient access.

Work is currently being undertaken to utilise patient facing applications that support patients within mental health services to receive results and appointments.

19.2.3. Self-Management

Mental Health will be part of a patient-facing Self-Management mega support app being developed in collaboration with four other specialties and the NHS Scotland DHI Right Decision System.

19.2.4. Safe And Secure Clinical Applications And Systems Which Support Patient Care And Information Sharing

The process to migrate from paper to digital records continues. There are four cornerstone applications which form the electronic patient record (EPR) within mental health services, these being; EMIS Web, TrakCare Order Comms, Clinical Portal and HEPMA. Considerable work has been carried out to ensure that each of these applications have had a planned and structured rollout within both inpatient and community services. This work is ongoing with current rollout of HEPMA to all mental health inpatient wards during the summer of 2022 and the further development of inpatient electronic record on EMIS which is due to be completed by summer of 2023.

Digital Champions Forums across community and inpatient services promote the use of digital applications within clinical areas, provide an opportunity to share learning, highlight challenges and input into future developments/functionality within these applications.

19.2.5. Evidence Based Reliable Data Driven Decision Making, Clinical Informatics

The value of high quality accurate clinical data in the ongoing provision of clinical care, operational decisions, future planning and scientific developments needs to be acknowledged and facilitated. Work is required to; improve data quality, improve the consistency of information recorded, support availability of accurate reports on service activity.

19.2.6. Digital Literacy

Digital literacy is defined as, “those capabilities that fit someone for living, learning, working, participating, and thriving in a digital society”. These capabilities extend beyond just technical proficiency in using specific clinical systems, but include more conceptual knowledge such as data use, digital safety. It is the broad nature of these capabilities that make digital literacy foundational for all staff working in modern healthcare settings. Knowing which tools to use, and when, can support the delivery of care.

Our vision for digital literacy of the workforce in NHSGGC is to:

- Not assume staff are digitally literate
- Define a framework of recommended core and area specific digital skills for all staff.
- Evaluate the digital literacy of staff to enable a conversation on learning for digital success
- Adopt digital skills in the induction, and the learning and development process for mental health staff
- Provide the tools and technologies required for staff to work at their best digital capacity
- Promote an “I need digital to do...” approach to discovery and curiosity

For service users and carers, there can be both benefits and disadvantages of ‘digital’. These will need to be weighed against each other when deciding on the most appropriate type of appointment. It will be essential to avoid exacerbating or creating inequality among people seeking and accessing health care.

Challenges include the level of digital literacy, access for people experiencing digital barriers and others who may find this type of interaction difficult.

Benefits include where increased use of video consulting could improve access to services for those with barriers related to travel.

The Scottish national strategy, *A Changing Nation: How Scotland will Thrive in a Digital World*²⁰, looks to address digital exclusion. Digital mental health services will be developed and delivered with 'no one left behind'.

19.2.7. Telehealth / Telecare and Digital Solutions

In addition to universal/general challenges, the challenges faced by Older People with Mental Health issues and specifically cognitive decline has resulted in limited use and proved to be an additional barrier. As we move forward we need to continue to maximise opportunities for Older People to engage with technology that enables and improves access to a broad range of health, wellbeing and community resources.

19.2.8. CAMHS

Have also embraced a range of digital developments: Near Me, SMS text messaging, Order Comms and winvoice pro. In addition to the digital innovation we are working to extend our relationships with Universities and our Research agenda

²⁰ [A Changing Nation: How Scotland will Thrive in a Digital World](#)

20. Finance

20.1. Recommendation

1. Complete a forward financial framework for GGC to support implementation and delivery of the strategy based on the financial assumptions

20.2. Progress

20.2.1. Financial Context

Mental Health Services currently operates within a budget of £185m across Greater Glasgow and Clyde. This budget is made up of a number of funding streams:-

- Core service budgets
- 'Action 15' funding which was secured from the government's national mental health strategy to increase the workforce, giving greater access to mental health services to A&Es, GPs, the police and prisons.
- The Mental Health Recovery and Renewal Fund (established 2021) focuses on four overarching themes:-
 - Promoting and supporting the conditions for good mental health and wellbeing at a population level.
 - Providing accessible signposting to help, advice and support.
 - Providing a rapid and easily accessible response to those in distress.
 - Ensuring safe, effective treatment and care of people living with mental illness.
- Winter Planning for Health and Social Care (Oct 2021) was initially provided to help protect health and social care services over the winter period and has also been provided on a recurring basis to support longer term improvement in service capacity across our health and social care systems. Within mental health services this has been used to:-
 - Increased capacity OPMH and AMH discharge teams
 - Increased Mental Health Officer capacity
 - Testing an increase in psychological support for commissioned care homes.
 - Complex Care Discharges which require purchasing enhanced packages of care to support discharge from mental health adult and OP wards
 - Commissioned LD and MH purchased placements including Housing First (in Glasgow City)
- Other dedicated funding from Scottish Government which gives guidance in how it is to be utilised. For example, perinatal and infant mental health

The Scottish Government had provided a clear commitment to Mental Health as part of its Programme for Government 2021-22, which commits to "Increase direct mental health investment by at least 25% over this Parliament, ensuring that at least 10% of frontline NHS spend goes towards mental health and 1% goes on child and adolescent services." However, the Scottish Government has also subsequently recognised the challenging fiscal environment which it currently operates within the Resources Spending Review. This document outlines the Scottish Government approach which seeks to hold the total public sector pay bill at the same value as 2022-23, with staffing levels in total terms returning to pre-pandemic levels. It also highlights the need for the delivery of at least 3% savings each year. This context and the impact on funding specifically for Mental Health Services will be required to be considered when developing the financial framework to support delivery of this strategy.

20.2.2. Financial Framework

A new financial framework is being developed to support the implementation of this strategy. As a result of the financial context outlined above, the Mental Health Strategy will require a phased approach to implementation, with implementation being phased as funding becomes available.

The 2018 strategy financial framework identified the potential for a release of funding from disinvestment in services which could be used to further develop community services and deliver on the objectives of the strategy. The COVID-19 Pandemic and currently increased demand for mental health services will impact on the ability to deliver to the level originally planned by the 2018 strategy. A new approach will be required in order to continue supporting the Strategy from 2023 onwards.

In some cases, the change programme required to engineer and deliver a significant shift in the balance of care will need to be enabled by access to transitional funding or bridging finance. It is critical that new alternative services are able to be put in place in advance of any existing services being reduced and before any current mainstream resources can be released.

The financial framework will indicate the priorities, phasing of investment and where funded from existing budgets / funding or requiring new investment. This will help identify from where new investment can be sourced.

Developments will be fully costed as part of future updates to this strategy.

20.2.3. Capital Funding

The extant capital proposals to realign the inpatient estate to the service strategy utilised a mixed approach to sources of funding and was designed as a pragmatic response to enable immediate implementation of the more urgent service imperatives whilst rephrasing implementation of less urgent areas that are to be linked to the projected timing of treasury capital and capital receipts. The phasing of implementation was as follows:

- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that saw the withdrawal of the final 2 AMH acute wards from Parkhead Hospital reprovided on the Stobhill site, and 2 wards of Older People Mental Health complex care beds from the Birdston Complex Care facility reprovided on the Stobhill & Gartnavel inpatient sites.
- Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services at Gartnavel Royal.
- Phase 4 – The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

Capital monies are already committed for Phases 1 and 2 outlined above.

More detailed plans for the implementation of phases 3 and 4 above are to be developed through the site impact process as the number of potential location of services in future evolves along with HSCP and NHSGGC capital planning processes. Implementation timescales will depend on the availability of inpatient accommodation, future fixed term revenue costs for some inpatient wards that were not built using one off capital money and existing accommodation that will be retained for future inpatient use. Agreement to engaging on the site impact process now requires HSCP and NHSGGC signoff.

21. Managing Risk

21.1. Recommendation

1. The implementation plan should include the development of a risk management framework to identify, pre-empt and mitigate risks to the system of care to inform each phase of change.

21.1.1. Risk Management Framework

This will aim to provide robust service user and service indicators to inform of how the system of care is responding to the stepped changes in provision as each ward change occurs. The consensus of professional opinion from those involved in developing strategy remains that the scale and timing of the proposed changes to inpatient care, results in a gradation of risk that can be broadly split into three categories;

- delivering the first 1/3 of the inpatient redesign carries a low-to-medium level of risk.
- delivering the second 1/3 of the inpatient redesign carries a medium-to-high risk.
- delivering the last 1/3 represents a stretched target and therefore carries a higher risk.

This gradation of risk is summarised below.

Estimated service risk at different levels of change

Ward Type	LOW to MEDIUM RISK		MEDIUM to HIGH RISK		HIGH RISK
Mental Health Acute Short Stay specialties	Reduction of	1 ward	Reduction of	2 wards	Reduction of 3 wards
Mental Health Rehabilitation & Long Stay specialties	Reduction of 1	to 2 wards	Reduction of	3 wards	Reduction of 4 wards
Other Specialist Mental Health Services	Increase of 1	to 2 wards	Increase of	3 wards	Increase of 4 wards

Therefore, while the strategies demonstrate that it will be possible to make on-going transformational changes with system redesign in the next few years, it also shows the vulnerability of a system that can become destabilised by relatively minor changes in its component parts.

It is proposed that the risk management framework includes a prospective 'dashboard' of potential warning signs to inform each phase of implementation. An example of a suite of indicators to help estimate risk at different stages of change is set out below;

Risk	Early warning signs
Lack of bed availability when needed	<ul style="list-style-type: none"> • Bed occupancy persistently >95% • Boarding rates persistently >1% • increase in suicide rate • Increased detentions under the Mental Health Act • Increased / unusual rates of readmission
Recruitment and retention problems across the service tiers, both in statutory and non-statutory services	<ul style="list-style-type: none"> • % shifts covered by agency/locum/bank staff • Number of vacancies unfilled despite advert • Staff turnover • Sickness absence rates
Demand exceeds capacity for community teams and commissioned community services, both statutory and non-statutory services	<ul style="list-style-type: none"> • Rising waiting lists • Failure Demand • Conditions becoming more chronic and then requiring greater levels of intervention at higher cost • Lack of suitable accommodations or funding to move people through the system of care – people become ‘stuck’ in the wrong service tier for their needs • Increasing Delayed Discharge rates
Community Care becomes more episodic and fragmented	<ul style="list-style-type: none"> • A tightening of eligibility criteria • Increases in referrals to crisis services
Adverse impacts for other interdependent services or plans	<ul style="list-style-type: none"> • ‘cost-shunting’ or evidence of significant pressure on other parts of the care system • Delays in implementation plan timescales due to lack of co-ordination
Feedback from service users and carers	<ul style="list-style-type: none"> • Perceived reductions in the quality of care or service experience • Increase in formal complaints

22. Management and Governance

22.1. Recommendations

1. HSCPs and NHSGGC should maintain a whole-system approach to the strategic planning of Mental Health Services.
2. The remit of the Programme Board should be extended to include closer coordination with Older People's Mental Health and other care groups.
3. The implementation of the 5 year Strategy should be aligned with the Moving Forward Together transformational plans set out by NHS GG&C Board.
4. The scope and responsibilities of the whole-system "coordinating" role for adult mental health held by the Chief Officer of Glasgow City HSCP should continue.
5. Consideration is required on the governance and engagement arrangements surrounding the development and progression of an Implementation Plan, following approval of the 5 year strategy.

22.2. Progress

An Adult Mental Health Strategy Programme Board was established to provide overall coordination with membership from HSCP management, professional leadership, staff partners, and representation from the mental health network on behalf of users / carers. Implementation of the mental health strategies continues to be aligned with the Moving Forward Together transformational plans as set out by NHSGGC.

Multiple work streams have been established under the programme board to progress implementation:

- Prevention, Early Intervention and Health Improvement
- Recovery
- Effective and Efficient Community Services
- Commissioning
- Communications and engagement
- Workforce
- Unscheduled Care
- Digital / eHealth
- Rehabilitation
- Inpatients and bed modelling

Strategies have tended to focus on a single system approach to mental health across the board area but less so across services. The remit and membership of the programme board has been expanded to ensure greater connection across the wider mental health complex, including Older People's Mental Health, Adult Mental Health, Learning Disabilities, Child and Adolescent Services and Addictions which will require closer working across the different governance and strategy delivery structures.

Some HSCP Chief Officers hold responsibility for co-ordinating the strategic planning of mental health services on behalf of other HSCPs within NHSGGC (e.g. Adults, OPMH, LD) and this continues to be recognised. NHSGGC-wide professional leaders are in place and have a strong connection with NHSGGC Board responsibilities for governance and public health. These function alongside the collegiate management responsibility across HSCPs and NHSGGC.

A Learning Disability Programme Board, led by the East Renfrewshire Chief Officer, has been established to plan inpatient redesign and increase the resilience of community teams and commissioned services to improve pathways and sustain community placements for services users. This Learning Disability programme board reports into the Mental Health Strategy board and covers two key work streams: Community and Inpatient redesign and multi-agency collaborative commissioning.

Older People's Mental Health services have a board-wide strategy group to ensure a shared approach.

The governance and engagement arrangements surrounding the development and progression of implementation continues to be considered on an on-going basis.

System-wide clinical governance is co-ordinated e.g. by a Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive.

To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Strategic Lead and Improvement Manager

Heading: Renfrewshire HSCP - Winter Plan 2023/2024

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. Each year Renfrewshire HSCP proactively develops plans to ensure the resilience of critical services over the winter period.
- 1.2. As previously reported, the HSCP has recognised that a range of pressures are no longer only visible in winter but instead are prevalent throughout the year. This winter planning process therefore reflects and builds on the HSCP's increased focus on year-round business continuity activity.
- 1.3. The HSCP's winter planning this year once again focuses on identifying further actions which are required to protect service provision during this period across our internal and hosted services. The HSCP has worked closely with partner organisations to ensure alignment across our respective winter plans, in line with national priorities. The plan also reflects local learning from last winter and the HSCP's current risk and issue context.
- 1.4. The draft Winter Plan 2023/24 is attached as Appendix 1 to this paper and provides a summary of the additional actions being taken to prepare for the winter period in Renfrewshire.

2. Recommendations

It is recommended that the IJB:

- Approve Renfrewshire HSCP's draft Winter Plan 2023/24;
- Note that the Plan aligns to both the NHSGGC Board and Renfrewshire Council Winter Plans and will remain a live document to respond to changing circumstances throughout the winter period; and
- Note that implementation of winter plans will be supported by internal and external communications and engagement strategies, developed in conjunction with NHSGGC and Renfrewshire Council.

3. Background

- 3.1. As part of the IJB's role as a Category One Responder under the Civil Contingencies Act 2004, the IJB has formal duties to assess risk and to maintain Emergency and Business Continuity Plans. Winter planning forms a core part of these duties. In June 2021, the IJB agreed to responsibilities for discharging these duties to the Chief Officer, as its Accountable Officer. An update on our approach to implementing Category One duties was provided in the Chief Officer Report in September 2023.
- 3.2. In undertaking these delegated responsibilities, the HSCP continues to work with partners through existing resilience arrangements regionally and locally. This includes contributing to the development of NHS Greater Glasgow and Clyde's and Renfrewshire Council's Winter Plans and ensuring alignment between these and the HSCP's plans. Early cross-system engagement commenced in May 2023, with the HSCP participating in a range of workshops with NHSGGC colleagues, a national planning workshop hosted by Public Health Scotland, and attendance at the National Winter Planning Summit in September. Engagement with Renfrewshire Council also continues, including presentation and discussion of the HSCP's planning with CMT.
- 3.3. Discussions at the National Winter Planning Summit have subsequently been reflected in the Scottish Government's Health and Social Care Winter Preparedness Plan for 2023/24, published on 25 October 2023. This identifies 8 priorities for the health and social care system over winter which have been reflected in the HSCP's draft Plan:
- Ensure people receive care at home, or as close to home as possible, where clinically appropriate.
 - Consistent messaging to the public and our staff that supports access to the right care, in the right place, at the right time.
 - Focus on recruitment, retention and wellbeing of our health and social care workforce.
 - Maximise capacity to meet demand and maintain integrated health and social care services throughout autumn and winter.
 - Support the delivery of health and social care services that are as safe as possible through the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and flu.
 - Work in partnership across health and social care, and with other partners, to deliver [the Winter] Plan.
 - Protect planned care with a focus on continuing to reduce long waits.
 - Prioritise care for the people in our communities who need it most.

4. Assessment of emerging winter risks

4.1. The HSCP's Winter Plan continues to reflect a range of ongoing risks which have informed the range of actions developed. They include:

- The continued pressures and increased demand facing health and social care services locally, regionally, and nationally and the risk that these could negatively impact on staff health and wellbeing. This continues to be a priority for the HSCP's SMT.
- The potential for disruption to power supplies. National Grid have stated that the likelihood of planned rolling outages to manage the network demand through winter has decreased for the coming winter in comparison to 2022/23, however there also remains a low likelihood of unplanned incidents due to local or national electricity infrastructure faults or severe weather (these remain a large focus of our plan for this winter and ongoing planning with partners).
- The potential for cyber-attacks or technology incidents to impact upon the availability of systems and data to support service management and delivery.
- The potential further impact of the financial climate and the cost-of-living crisis on the needs of local citizens and already vulnerable individuals, which could increase demand on local health and social care services and limit the scale of response available.
- Geopolitical risks, including the war in Ukraine, continue and there remains a potential for these to impact on the availability and cost of supplies, with a consequent impact on available finances.
- The continued potential for, and likelihood of, increased levels of influenza and other viruses, and the impact of new COVID variants (such as Pirola) this winter, which could impact on staff availability and increase pressures within acute services.
- The ongoing risk to the sustainability of providers within the sector, which can reduce availability, flexibility and choice around service provision.

5. Details of the HSCP's Winter Plan and supporting processes

5.1. The Winter Plan 2023/24, attached as Appendix 1, provides a summary of the additional actions being taken to prepare for the winter period to mitigate against the risks identified above. These actions summarise the detailed work undertaken to develop plans in each service area, including hosted services, and reflect work which is undertaken throughout the year to support business continuity.

5.2. Each of the deliverables which form the HSCP's Plan encompass a range of key activities. This includes those actions which are organisation-wide or service specific to ensure that appropriate arrangements are in place to support service provision during the winter period. Similar to previous years, these actions have been captured under the following categories:

- Vaccination programmes

- Operational resilience
- Surveillance and Response - Monitoring and Control (Governance)
- Supporting the public
- Supporting our partner organisations
- Enablers and optimisations of existing infrastructure
- Festive period planning
- Workforce planning / staffing

5.3. Examples of actions within these categories include:

- The HSCP's ongoing involvement, with partners, to address the impacts of the cost-of-living crisis and support delivery of the Fairer Renfrewshire Committee's objectives. The Committee was set up to ensure that no-one in Renfrewshire is left behind, and has responsibility for matters on cost of living, social renewal and tackling poverty. The HSCP has Head of Service participation in the Fairer Renfrewshire Officers Group and is working with colleagues within Renfrewshire Council to deliver the second year of the Winter Connections programme for 2023/2024.
- Working with partners to plan and develop the necessary response to power outages, including a national power outage scenario. The HSCP has completed business cases and undertaken feasibility studies in support of securing backup power sources to support critical services at key sites. Service priorities have also been reviewed to consider how support could be provided to the most vulnerable residents and service users in the event of a widespread outage.
- The HSCP also continues to collaborate with partners to plan the necessary response to a cyber-attack or an incident which results in the HSCP losing access to key systems and or data. Renfrewshire Council have purchased a non-networked cloud-based system that can be used to host back up data for use in the event that any normal channels/networks are compromised. Training has been completed, and work is being undertaken to create the structure and load the required critical data for our social care services. This will be followed by a review of contingencies for critical data within health services, liaising with NHSGCC.
- The HSCP and partners also recognise the critical importance of continuing to support staff to maintain their health and wellbeing, and to complement existing measures and support mechanisms where possible. Additional measures include but are not limited to (i) continued support to access local and national wellbeing support (regularly covered in Chief Officer staff update emails); (ii) creation of a new staff health group to replace the previous Healthy Working Lives group; and (iii) ensuring appropriate uniforms and work wear for winter weather are available.

6. **Related partner planning arrangements**

6.1. As noted in Section 3 above, the NHSGCC winter planning process commenced in May this year and included a series of cross-system workshops/meetings prior to the summer to consider lessons learned, confirm priorities, capture activity occurring in local areas and agree on new initiatives required to support resilience

this winter. The NHSGGC Winter Plan was subsequently considered by the NHSGGC Board on 31 October. In addition to this, the HSCP has also worked closely with colleagues within NHSGGC and other HSCPs within the Board to respond to the Scottish Government's request that Health Boards and HSCPs jointly complete a 'winter readiness checklist'. This was submitted to the Scottish Government in September and captured a summary of winter planning actions ongoing across a range of criteria.

- 6.2. In addition, Renfrewshire Council also undertakes regular planning for winter and is working closely with HSCP colleagues to develop related plans and coordinate communications as part of the annual 'Ready for Winter' communications plan. Key elements of this plan over the coming months will target staff, local businesses and residents and will include enhanced public health messaging in relation to flu and COVID vaccinations, the cost-of-living crisis, and the potential for planned and unplanned energy outages, and cyber security. National communications will also continue to be shared through local channels to raise awareness of key messaging in relation to winter service provision.

7. **HSCP Communications and Monitoring arrangements**

- 7.1. In addition to communications provided to staff through partner organisations, the HSCP's Communications Team incorporates regular winter planning messaging into Chief Officer updates to ensure that staff and teams are aware of necessary preparations and actions that are required and the support that is available to them to maintain their health and wellbeing. In addition, regular discussions will be maintained with service teams to review plans and provide the opportunity for further discussion and refinement. This activity and supporting communications will continue to be iterative and responsive to changing circumstances.
- 7.2. Regular winter planning and general business continuity updates are brought to HSCP Senior Management Team (SMT) meetings. The SMT will continue to oversee the delivery of the Plan and monitor supporting data to ensure the effectiveness of the actions being taken. The IJB will be updated on any emerging requirement to make significant changes to the Plan or the intended response throughout the winter.
- 7.3. To support our ongoing resilience, the HSCP are establishing a resilience network which will encompass representation from all services. This group provide a central forum for monitoring and reviewing winter plans, and wider resilience plans, over coming months and into the future.

Implications of the Report

1. **Financial** – Winter planning requirements are incorporated within ongoing financial planning.
2. **HR & Organisational Development** – No specific impacts from this paper.
3. **Community Planning** – The HSCP continues to work with community partners to ensure a coordinated approach to winter planning on joint issues.
4. **Legal** – This paper reflects the IJB's obligations as a Category One responder under the Civil Contingencies Act 2004.
5. **Property/Assets** – No specific impacts from this paper.

6. **Information Technology** – Appropriate scenario planning for use of digital technology to support service provision has been undertaken. Additional work remains underway to assure access to our critical data when normal access routes are compromised.
 7. **Equality & Human Rights** – No specific impacts from this paper.
 8. **Health & Safety** – Actions within the plan have been specifically identified regards the health, safety and wellbeing of HSCP staff and service users.
 9. **Procurement** – The HSCP's Winter Plan includes actions to hire or purchase additional winter equipment e.g. clothing and 4x4 vehicles. These are procured to agreed routes.
 10. **Risk** – A clear link between the HSCP Risks and Issues log and winter / continuity planning was established in 2021 and has been maintained.
 11. **Privacy Impact** – None
-

Author: Angela McCarthy, Senior Programme and Risk Management Officer

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

Appendix 1: RHSCP Winter Plan

No	Priority	Objective	Related Actions	Owner(s)
1	Vaccination programmes	To ensure we protect our staff and the public by delivering the required seasonal vaccination programmes; Flu and COVID Booster.	<ul style="list-style-type: none"> • HSCP delivery of flu and COVID boosters to care home residents, the housebound and those with weakened immune systems. • NHSGGC responsibility for the delivery of mass flu, boosters and COVID-19 vaccination programmes to staff and the public including child immunisations as appropriate. • Supporting communications and information to staff to encourage uptake. 	Interim Head of Health & Social Care (West Renfrewshire)
2	Operational resilience	<p>To ensure we continue to embed our frameworks, policies and plans to support service resilience and the prioritisation of emergency and critical services, whilst maintaining the delivery of other essential services.</p> <p>This includes a focus this winter on the HSCP's 'Data Resilience' plans and specifically how each service would respond when faced with a loss of systems, network, or power.</p>	<ul style="list-style-type: none"> • Review and update of Business Continuity Plans and specifically data resilience plans. • Promoting and operationalising disruptive weather policies including working with the council regards gritting, securing appropriate transport (such as 4x4 vehicles), creating forecasts, rotas and plans for contingency service arrangements for additional surge / staff deployment capacity especially in Care at Home, Care Homes, and Community Meals. • Logistics and supply chain monitoring for hand sanitiser, PPE, medication, and other key equipment and supplies (particularly due to supply chain impacts arising from geopolitical tensions and conflicts). • Creation of a contingency plan for the supply of community meals and meals in other critical services • Utilisation of technology to add resilience to existing service plans; ability to redirect phone lines to alternative buildings and to add messaging. 	All Operational Heads of Service

3	Surveillance and response - monitoring and control (governance)	To ensure we continue to survey our environment and stay abreast of how our services are performing for our service users, taking note of any lessons learned and amending our policy and practice as required to sustain service levels.	<ul style="list-style-type: none"> • Development of a regular Winter Plan and Business Continuity update which includes relevant operational and strategic risks and issues, aligned to the terms of our Risk Framework. • Twice daily multi-disciplinary delayed discharge meetings within Renfrewshire and two weekly board-wide meetings to provide high level of scrutiny. • Continued focus on Discharge without Delay (DwD). • Continued utilisation of the care home huddle model and monitoring through fortnightly meetings. • Coordination of Partnership planning and management of dependencies between service and organisational plans. 	All Operational Heads of Service
4	Supporting the public	To ensure we support the public to continue to access required services, addressing their critical and essential needs and supporting residents to remain safe and well.	<ul style="list-style-type: none"> • Comprehensive communications and engagement strategies which provides our staff and the public with information to help them prepare for winter. • Sharing partner and national messaging as appropriate to raise awareness of system pressures and preventative actions / alternative routes available to the public. • Working with partners to implement additional measures to support our communities, including close working with the Fairer Renfrewshire Committee and implementation of the Winter Connections programme for the 2nd year 2023/24. 	Communications Team
	Supporting our partner organisations	To ensure we support our partner organisations to take steps to prepare for winter and collaborate on necessary solutions for the benefit of residents.	<ul style="list-style-type: none"> • Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays. • The continued utilisation of interim and intermediate care beds to support swift hospital discharge. 	All Operational Heads of Service Communications Team

5			<ul style="list-style-type: none"> • Spot purchase of interim placements (up to 6 weeks in duration) as required to provide step down support from a hospital setting. • Continued delivery of the Home First Response Service to support redirection from the hospital front door, prevent admissions and support speedy discharge. • Proactive planning with GP Practices, Care Homes, and Nursing Homes, including BCP sessions with independent contractors and providers. • Continued delivery of clinical support through the Renfrewshire Care Home Liaison Team and oversight through the fortnightly Care Home huddle meetings. • Implementation of Call before Convey model for Older People's Care Homes, extending access to Care Home ANP team over 7 days to prevent unnecessary conveyance to ED. • Continued focus on Anticipatory Care Planning (now known as Future Care Planning) through local ACP group, working alongside NHSGGC's ACP group. 	
6	Enablers and optimisation of existing infrastructure	To ensure we deliver, champion, and optimise the use of appropriate infrastructure across the partnership, with our partners, to underpin the successful delivery of our plans.	<ul style="list-style-type: none"> • Scenario planning for potential situations where additional roll out of digital resources may be required (e.g., NHS Near Me, virtual clinics, video calling) and ensuring we are adequately prepared from a technology and ICT perspective. • Optimising the use of Community Pharmacy. • Utilising existing infrastructure to build resilience within services. E.g., telephony infrastructure changes for Care at Home and ADRS. 	<p>All Operational Heads of Service</p> <p>Links with Partners (NHSGGC/Renfrewshire Council)</p>
7	Festive period planning	To ensure we adequately understand the needs of services through the festive period and plan	<ul style="list-style-type: none"> • Continued forecasting of service demand through the festive period and aligning this to the staffing to ensure we have adequate cover. 	All Operational Heads of Service

		<p>appropriately to maintain and manage service levels and any potential disruption.</p> <p>This includes a focus on early confirmation of festive rotas, alongside mitigating actions to address any service staffing issues should these arise.</p>	<ul style="list-style-type: none"> • Signposting staff and the public to the right services at the right time, taking into account the need for redirection to address peaks 	Communications Team
8	Workforce planning / staffing	<p>To ensure we deliver the right balance of annual leave and staffing across services to maintain service levels throughout the winter period.</p> <p>To ensure we support the health and wellbeing of our staff so that they remain well and are able to undertake their roles through potentially challenging winter conditions.</p>	<ul style="list-style-type: none"> • Agreed annual leave policies / volumes and staff flexibility at a service level. • Continued focus on rolling recruitment programme within Care at Home. • Ensuring a comprehensive suite of health and wellbeing support is available to staff including signposting through new bespoke web page and links to advice, support and tools provided by NHSGGC, Renfrewshire Council and nationally. • Contingency staffing arrangements between services • Accommodation planning (e.g., crisis respite) which can be deployed if and when required. • Continued focus on supporting personal safety, winter driving and lone working arrangements. 	<p>All Operational Heads of Service</p> <p>Partner Organisations HR Teams (NHSGGC / Renfrewshire Council)</p>



To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Chief Social Work Officer

Heading: Chief Social Work Officer 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. Summary

- 1.1. The Chief Social Work Officer provides an annual update report to Renfrewshire Council and the Integrated Joint Board (IJB) in the Autumn each year. The requirement for every local authority in Scotland to appoint a professionally qualified Chief Social Work Officer (CSWO) is set out within Section 3 of the Social Work (Scotland) Act 1968. The particular qualifications are set down in regulations and this is one of a number of statutory requirements which local authorities must comply with. In Renfrewshire the role of Chief Social Work Officer is held by the Head of Childcare and Criminal Justice. The Chief Social Work Officer is a non-voting member of the IJB.
- 1.2. The annual reports of all CSWOs are submitted to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report can be produced. The annual report from the Renfrewshire Chief Social Work Officer provides a summary of activity relating to the role of the Chief Social Work Officer during 2022/23 and is attached at appendix 1.
-

2. Recommendation

It is recommended that the IJB:

- Note the key activities outlined in the Chief Social Work Officer Annual Report;

- Acknowledge the commitment of social work staff in the consistent delivery of quality frontline services;
 - Note that that the report was presented to the meeting of Renfrewshire Council on 28 September;
 - Note that the report will be submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and
 - Agree that the next annual report from the Chief Social Work Officer will be presented in Autumn 2024.
-

3. Background

- 3.1. The principal role and purpose of the Social Work Service is contained within the Social Work (Scotland) Act 1968, which gave local authorities the responsibility of “promoting social welfare”. The Social Work Service has a statutory duty to provide care and protection to the most vulnerable people across Renfrewshire, often meaning that many of our service users do not engage with us on a voluntary basis. The role of Chief Social Work Officer (CSWO) is critical in terms of achieving this purpose.
- 3.2. The CSWO is a ‘proper officer’ in relation to social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.
- 3.3. The qualifications of the CSWO are set down in the regulations and stipulate that the postholder must be a qualified social worker registered with the Scottish Social Services Council. The CSWO must be able to demonstrate extensive experience of operational and strategic management at a senior level within social work or social care services.
- 3.4. The overall objective of the CSWO is to provide professional advice on the provision of social work services to elected members and officers; advice which assists authorities understanding of the many complexities which are inherent across social work services. The CSWO should also assist authorities in understanding the key role that social work plays in contributing to the achievement of national and local outcomes, to improving local performance and in terms of management of corporate risks.
- 3.5. The annual report to Council and the IJB, along with CSWO reports from other local authorities, are now being used nationally to create an overview report.
- 3.6. The scope of the CSWO role covers all social work and social care services, whether provided directly by the local authority, or in partnership with others. Where these services are purchased or commissioned from external providers, the CSWO has responsibility to

advise on the specification, quality and standards of service commissioned. Current guidance for the role reflects the strategic nature and the particular function in relation to Integration Joint Boards and Health and Social Care Partnerships.

- 3.7. The CSWO has a range of other strategic responsibilities including oversight of professional standards in social work services, as well as undertaking the leadership of the profession through the Chief Social Work Officer function through promotion of the values and standards.
- 3.8. Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. Access to the majority of services is assessed on the basis of need, and social work staff in partnership with individuals, carers, families and communities to meet the need within the resources available to the service and partner agencies.

4. Local Governance Arrangements

- 4.1. Within Renfrewshire Council the Head of Child Care and Criminal Justice also acts as Chief Social Work Officer. As well as the responsibilities associated within the directorship, as CSWO he retains professional leadership for adult social work and social care services delivery by Health and Social Care Partnership (HSCP).
- 4.2. The CSWO has a number of general and specific duties, including:
- (i) Providing regular reports to Elected Members on the key activities and role of the Chief Social Work Officer.
 - (ii) Leading for Social Work on the Renfrewshire HSCP Executive Governance Group and the Integration Joint Board (IJB).
 - (iii) Reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council.
 - (iv) Member of the Council's Corporate Management Team and Chief Officer's Group and reporting directly to the Chief Executive and senior Elected Members.
 - (v) The CSWO is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership basis. Heads of Service have responsibility for the management of risk within their respective service areas.
 - (vi) Representing Renfrewshire Council at local, regional and national level.
 - (vii) Chairing the bi-annual meeting of all social work managers from both Children's Services and the HSCP.

(viii) Management of risk.

(ix) Specific Duties associated with the position, the CSWO within Renfrewshire Council acts as:

- Final point of appeal in relation to Adoption and Fostering decisions;
- Recipient of all Mental Health and Adults with Incapacity Orders and Guardianship cases; and
- Decision maker in relation to Secure Care application for children.

5. Activities of the Chief Social Work Officer 2022/23

- 5.1. The report attached as Appendix 1 summarises the key activities of the Head of Child Care & Criminal Justice in his capacity as Chief Social Work Officer in Renfrewshire during 2022/23. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken but seeks to provide a broad overview of the CSWO role. The report and its appendices will be submitted to the Office of the Chief Social Work Officer to inform a national overview report.
- 5.2. The next report on the activities of the CSWO will be submitted to Council in Autumn 2024.

6. Overview Social Work services

- 6.1. The CSWO has a range of statutory duties which are detailed in Appendix 1 to this report, this also includes detail of demand and provision in those areas.
- 6.2. The Chief Social Work Officer Annual Report 2022/23 describes services which are performing well with many areas evidencing innovative practice; both inspired by the creativity of teams with the aim of improving service delivery, or in direct response to existing or predicted challenges.
- 6.3. Social work and social care services are delivered by a substantial number of staff from statutory, third and independent sector organisations. Across all sectors involved in the delivery of social work and social care services, workforce remains a key focus, both in terms of recruitment and retention.

Key Priorities in 2023/24

- 6.4. Based on an assessment of internal and external factors the CSWO has identified key priorities for the year ahead:

- Continue to effectively discharge our public protection role and working closely with partners to ensure that vulnerable children and adults live as safely as possible within local communities;
- Strengthen the approach to supporting children and families in the community through the implementation of the Children’s Service Partnership Plan;
- Support the delivery of the Promise in Renfrewshire;
- Supporting the Council to deliver on the corporate and community priorities;
- Continue to ensure strong and positive links between Children’s Services and Renfrewshire Health and Social Care Partnership;
- Ensure the voice of local social work staff influences the development of the National Care Service.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None.
 3. **Strategic Plan and Community Planning** – this report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measure which ensure the workforce is skilled and effective and highlights achievements in relation to support to the communities, customer service and consultation.
 4. **Wider Strategic Alignment** – None.
 5. **Legal** – None.
 6. **Property/Assets** – property remains in the ownership of the parent bodies.
 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 Scotland Duty** – None.
 10. **Health & Safety** – None.
 11. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 12. **Risk** – None.
 13. **Privacy Impact** – None.
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List of Background Papers –

- (a) [The Role of the Chief Social Work Officer](#) – Guidance Issued by Scottish Ministers
- (b) [Chief Social Work Officers Annual Report Summary 2021-2022](#)
- (c) [Annual report of the Fostering and Adoption Service 2021/22 Update on developments for Looked After Children and Fostering Service](#) – Education and Children’s Services Policy Board 19 January 2023

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Any enquiries regarding this paper should be directed to John Trainer, Head of Child Care & Criminal Justice/Chief Social Work Officer (john.trainer@renfrewshire.gov.uk)



Renfrewshire
Council

Annual Report of the Chief Social Work Officer

2022/23

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerments and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central so social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”

Definition of social work agreed by the International Federation of Social Workers, 2014

Chief Social Work Officer – Renfrewshire

Introduction

I'm pleased to present the annual Chief Social Work Officer report for Renfrewshire for the period April 2022 to March 2023. The Chief Social Work Officer is a "proper officer" in relation to the social work function of the local authority. As such, the Chief Social Work Officer is given particular responsibility on behalf of the local authority in respect of social work functions and also the authority to discharge some functions in law on an individual bases.

This report provides an overview of social work and care activity against a backdrop of an increasingly complex and challenging environment e.g., the cost-of-living crisis, recovery from the Covid pandemic and the associated impact on local communities, families, and individuals. In this annual report I hope to demonstrate the commitment of social work and care staff to ensure that those who were most vulnerable were supported and the care they required was delivered.

I want to take the opportunity to express my thanks to social work and care staff for their ongoing commitment to those who required support over the past year.

In discharging my role as Chief Social Work Officer, I'm supported in Children's Services by the Director, the Social Work Children's Services Manager, the Criminal Justice Services Manager, and the Operations Managers in our locality services. Within the Health and Social Care Partnership, I'm supported by the Chief Officer and the Heads of Service. I want to acknowledge their support in helping me address the delivery of social work and care services in Renfrewshire.

This report does not detail all of the social work and care activity within Renfrewshire, but rather serves to provide an overview of services.

John Trainer
Chief Social Work Officer
August 2023

Governance and Accountability

In Renfrewshire, social work services for children and families and criminal justice social work services are delivered by Children's Services. Social work and care services for adults are delegated to and delivered by Renfrewshire Health and Social Care Partnership (RHSCP). Each local authority is required to appoint a Chief Social Work Officer (CSWO), an officer with an appropriate social work qualification, to oversee the functions of social work. As social work and care services for adults are delegated, as Chief Social Work Officer I have oversight of how the delegated functions are delivered and I am active in the Renfrewshire Health and Social Care governance arrangements.

As Chief Social Worker in Renfrewshire, I have operational responsibilities in my post as Head of Child Care and Criminal Justice and am line managed by the Director of Children's Services. In the role of Chief Social Work Officer, I provide professional advice on social work functions to the Chief Executive, the Corporate Management Team and Elected Members. I also provide professional advice on adult social work and care to the Chief Officer and Senior Management Team of Renfrewshire Health and Social Care Partnership and to the Integration Joint Board.

The table below illustrates further the range of structures in which the CWSO participates to inform the delivery of the role.

Structure	Role
Council	<ul style="list-style-type: none"> • Corporate Management Team • Head of Service Meetings • Advice to elected members on social work issues
Children's Services	<ul style="list-style-type: none"> • Children's Services Management Team • Education and Children's Service Policy Board
Integration Joint Board	<ul style="list-style-type: none"> • Executive Governance Group • Standing member of IJB • Clinical and Care Governance Board
Public Protection	<ul style="list-style-type: none"> • Chief Officer Group for Public Protection • Child Protection Committee • Adult Protection Committee • Gender Based Violence Strategy Group • Alcohol and Drug Partnership • Community Justice Partnership
Community Planning	<ul style="list-style-type: none"> • Children's Services Partnership Board
Other Council Policy Boards	<ul style="list-style-type: none"> • Communities and Housing Policy Board (for justice services)

Duty of Candour Statement from 2022/23

All social work and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended, or unexpected, events happen that result in death or harm as defined in Health (Tobacco, Nicotine etc. and Care) (Scotland) Act

2016, the people affected understand what has happened, receive an apology, and that organisations learn from the experience and put in place improvements.

An important part of this duty is the requirements for organisations to provide an annual statement detailing how the duty of candour is implemented across the services. This brief statement describes how Renfrewshire Council has operated the duty of candour during the period 1 April 2022 and 31 March 2023. During this period, there were no incidents where duty of candour applied. (These are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying conditions).

Role of Chief Social Work Officer

The role of CSWO was originally designed to provide professional advice on social work services to Elected Members and council officers, in order to assist local authorities in understanding the complexities inherent in social work and social care services. The growing incidence of strategic partnerships across the public sector, whether legislated for or developed through good local joint working, adds a level of complexity to the role of Chief Social Work Officer.

As CSWO I am a member of the Council's Corporate Management Team and of the Chief Officers Group. I have a key role in multi-agency public protection arrangements and as such I'm a member of the Child and Adult Protection Committees, I co-chair the Gender-Based Violence Strategic Group and a member of the Alcohol and Drugs Partnership.

As Chief Social Work Officer I report to Elected Members, primarily through two Policy Boards and the Integration Joint Board. The Education and Children's Services Policy Board has the remit for matters relating to Children and Families Social Work and the Communities and Housing Policy Board has the remit for Justice Social Work as part of its overall responsibility for community justice in Renfrewshire. All matters pertaining to Adult Social Work and Social Care are dealt with by the Integration Joint Board, which has representation from NHS Greater Glasgow and Clyde's Board as well as Elected Members.

In assessing and supporting the social work and care staff to deliver the best services possible and to make the biggest difference for those who need social work and care support I regularly meet with managers and frontline staff to discuss their work. In addition, regular performance reports are considered at strategic meetings to allow the identification of challenges in delivery and to find solutions to unblocking these for staff and those who need access to services.

In addition to supporting business as usual, a priority for me will be ongoing engagement with the Scottish Government on the National Care Service. Whilst outwith the period covered by this report for social work activity, in July 2023, the Scottish Government announced that, contrary to the original plans, Councils would continue to employ social workers and other social work staff under the new National Care Service. I welcome this announcement and will continue to work constructively with the Scottish Government in this significant national agenda.

I will also be focusing on progress towards our commitment to Keep the Promise, providing additional support for its delivery through collaboration and driving change.

Service Quality and Performance

Many of the social work services are delivered by locality teams in Renfrewshire or by one of the specialist services. In addition to the locality and specialist services the council and Renfrewshire Health and Social Care Partnership operates 23 services registered with the Care Inspectorate – four children’s houses, three care homes for older adults, five day services for older adults, five day services for adults with learning disabilities, one day service for adults with physical disabilities, one residential respite service for adults with learning disabilities, Care at Home Service, Fostering Services, Adoption Services, and a housing support service for care leavers.

The Care Inspectorate undertakes regular inspections of all registered services and indicates a formal assessment of the standard on a graded scale. The Care Inspectorate grades are:

- Unsatisfactory – major weaknesses
- Weak – important weaknesses
- Adequate – strengths just outweigh weaknesses
- Good – important strengths with some areas for improvement
- Very Good – major strengths
- Excellent – sector leading

The Care Inspectorate generally reviews the following quality indicators when undertaking inspections by assessing:

- How well people’s wellbeing is supported?
- How good is the leadership of the service?
- How good is the staff team?
- How good is the environment?
- How well are care and support planned?

During 2022/23, unannounced inspections were undertaken by the Care Inspectorate at Montrose and Renfrew care homes which are operated by RHSCP. The Inspection Teams looked at a selection of the quality indicators which are based on the intelligence they hold about the service, and any risk factors that they may have identified. Both care homes were graded as either very good or good across all quality indicators.

As Chief Social Work Officer I have procedures are in place for reporting to Elected Members should any care service receive an assessment of Weak or Unsatisfactory for any element. Unfortunately, in September 2022 the Care Inspectorate concluded an unannounced inspection of Renfrewshire Care at Home Service and the inspection highlighted some areas of concern which resulted in the grades of Adequate and Weak.

The HSCP immediately established a working group to expedite implementing the necessary requirements and improvements identified within the report. A follow-up visit was undertaken by the Care Inspectorate and resulted in the positive re-evaluation of the grades to Good. Elected Members were updated on the inspection outturn at the Leadership Board in February 2023.

Three of our four children’s houses were inspected by the Care Inspectorate in 2022/23. Arkleston and Brediland received positive inspections. Inspectors found that staff in

Arkleston have an excellent understanding of trauma informed practice and young people are supported to access mental health services appropriately. In Brediland inspectors recognised the quality of relationships between staff and young people as a key strength where young people felt loved with their views listened to and respected.

Barochan was inspected in September 2022 with the inspectors providing a grade of Weak. The report highlighted a need for improvement in the management of the house and staff training. Work has commenced to address the areas for improvement required by the Care Inspectorate for Barochan. Elected Members have been informed of this work at the Education and Children's Services Policy Board and significant improvements have taken place within the children's house.

The Adoption Service and the Fostering Service were the subject of announced inspections by the Care Inspectorate between January and March 2023. The inspection of the Adoption Service focused on two quality indicators: 'How well do we support people's wellbeing?' and 'How well is our care and support planned?'. The Care Inspectorate graded the Adoption Service as good for the first indicator and very good for the second indicator. The inspection of the Fostering Service focused on the same quality indicators and inspectors graded the Fostering Service as good for both indicators.

No recommendations or requirements were made by the Care Inspectorate in relation to the Renfrewshire Adoption Service. Two areas of improvement were identified for the Fostering Service. The first relates to further develop the core training for foster carers. The second is that we ensure that children and young people have timely moves to permanent care, and that this is monitored robustly. The two areas of improvement are being actioned in the Fostering Development Plan for 2023/24.

Given the Care Inspectorate are returning to full operation, it is expected that there will be an increase in the number of Renfrewshire's services being subject to inspection in the next twelve months.

The following pages set out the performance of each of the three main areas of social work practice in Renfrewshire during 2022/23.

Statutory Service Provision: Adult Social Work and Social Care

In Renfrewshire, the delivery of adult social work and social care services is delegated to Renfrewshire Health and Social Care Partnership. Mainstream social work services are delivered on a locality basis by two teams – one covering Paisley and the other covering the rest of the local authority area. As Chief Social Work Officer I provide professional leadership and advice to senior officers in RHSCP and to the wider social work and social care staff in adult services.

Throughout the period covered by this report social work and care staff in RHSCP continued to deliver services to those most in need.

The Institute for Research and Innovation in Social Services (IRISS) was commissioned by the Scottish Government, to design a minimum data set that works both locally and nationally to generate meaningful and comparable data. RHSCP was identified at an early stage to become a learning partner and help develop the new data set that better reflects the whole ASP journey. The new national minimum dataset has been designed, tested and rolled out across Scotland.

The volume of adult protection work in Renfrewshire continues to increase, and in 2022/23 we received 1,314 adult protection referrals, in comparison to 1,298 for 2021/22. There were 98 ASP Investigations completed during the period 2022/23, compared to previous end of year reporting 2021/22 of 91.

The highest number of investigations related to those with Dementia (31); followed by Mental Health (28) and then Learning Disability (21); and the principal types of harm which resulted in an investigation was financial (33); psychological (7); physical (20); sexual harm (5); neglect (9); self-harm (8); and other (14). The location of the principal harm, which resulted in an investigation taking place, remains the adult's own home, with 55 investigations having been carried out.

There has been a steep increase in Adults with Incapacity (AWI) work due to the end of Covid restrictions. This demand is for both private and local authority applications is a significant resource issue in terms of staff needed to complete applications, provide care management for the CSWO guardianships and supervision for private guardianships. The situation in Renfrewshire reflects the national picture for AWI increases. There is an added pressure locally for staff in RHSCP to ensure that the Royal Alexander Hospital meets its discharge targets and keeps its position as one of the most efficient performers in the country. The quality of work to plan for hospital discharges is of a high standard and reflects a rights based approach.

Orders where I, as the Chief Social Work Officer, am appointed Welfare Guardian have risen steeply from the previous year due to the end of Covid restrictions from 15 applications in 2021/22 to 40 in 2022/23. There are currently 138 orders (some still in progress) which requires a qualified social worker/Mental Health Officer (MHO) to act as the "nominated officer" on behalf of the CSWO for day-to-day management of the case. The 176 additional days added to guardianship orders in relation to renewals due to Covid is now ending and there have been 10 CSWO renewals since November 2022 which require MHO and legal input. In addition, the number of private applications has risen significantly from 47 in 2021/22 to 158 in 2022/23. The private guardianships require a minimum of one statutory visit by a guardianship supervisor after being granted but may need to be reviewed up to a year.

The MHO Service continues to deal with a high volume of work under the Mental Health (Care & Treatment) (Scotland) Act 2003. Demands for MHO consent to detention under the Act continues to rise since the pandemic and shows no sign of slowing. The pressures on NHS staffing are affecting the MHO service in terms of time management and monitoring Short Term Detention Certificate's and CTOs and attending meetings, CPAs etc with little notice. Currently there are 164 long term pieces of work (Compulsory Treatment Order CCTO etc) allocated within the MHO team. MHO staff also complete work with restricted patients.

Enhanced clinical and care oversight arrangements for care homes were put in place early in the pandemic to support care home staff to keep residents safe. The guidance required that clinical and care professional at NHS boards and local authorities will have a leading role in the oversight for care homes in their area. There has been considerable learning and examples of excellent partnership working during this time.

On 19 December 2022, the Chief Social Work Advisor and the Chief Nurse set out recommendations, for new arrangements for providing continuing enhanced support to adult and older people's care homes in Scotland. The recommendations have since been adopted in Renfrewshire and a Collaborative Care Home Support Team is in place. Local strategic oversight of these arrangements continues to be provided by the Chief Officer's Group who regularly monitored performance, scrutinised reports and established special meetings of the grouped as and when required.

Although our Care at Home services faced significant challenges, RHSCP were able to continue to support existing vulnerable service users whilst remaining responsive to the safe and timely discharge of patients from hospital. Renfrewshire was once again the highest performing HSCP area in Scotland at March 2023 for standard delays in discharge.

There were no Large-Scale Investigations during the reporting period. Care homes on the cusp of an LSI were managed under a preventative approach, where RHSCP balanced a supportive approach with a statutory duty under Adult Support and Protection legislation. The HSCP was proactive, as soon as issues were identified and deployed the necessary supports, via HSCP clinical teams.

As of 31st March 2023, approximately 1600 individuals had an open involvement with Renfrewshire Alcohol and Drug Recovery Service. The Renfrewshire area has welcomed a reduction in the number of drug related deaths but there has been an increase in the number of alcohol related deaths. As CSWO, I recognise that behind all of these untimely deaths there is a family who experiences grief and distress. Renfrewshire Alcohol and Drug Partnership (ADP) is committed to continuing to work collaboratively to prevent and reduce alcohol and drug-related harms within communities with a number of key actions and developments currently underway.

Statutory Service Provision: Children and Families Social Work

The service operates a locality-based model for mainstream Children and Families Social Work, with four teams based across Paisley, Johnstone, and Renfrew. Focused support is provided by specialist teams in the areas of Fostering and Adoption, Kinship Care, Residential Services, Pre and Post Birth, Throughcare, Unaccompanied Asylum-Seeking Children, Children with Disabilities, and the Whole Systems Team who support children and young people involved in the justice system.

The ongoing cost of living crisis and the longer-term impact of the pandemic have significantly impacted the children and families supported by the service. The service continues to monitor the impact of these and to adapt to the needs of children and families.

With the easing of restrictions, all Social Work offices are now fully operational. While the service continued to see children and families face-to-face throughout the pandemic, the easing of restrictions and improved access to office space has undoubtedly made seeing children and families and also facilitating family time easier for the service to coordinate. Child protection planning meetings (previously known as case conferences) once again take place on a face-to-face basis wherever possible with the option of hybrid attendance to ensure that the appropriate agencies can attend. Children's hearings have now returned to face-to-face.

Work is ongoing to implement the National Guidance for Child Protection 2021. The guidance has a two-year implementation period and changes implemented to date have included changes to terminology (with child protection case conferences now known as child protection planning meetings), changes to timescales and the involvement of education in Inter-agency Referral Discussions. Renfrewshire, in partnership with neighbouring local authorities) has commissioned consultants to update local child protection procedures to reflect the national guidance and these will be launched in September 2023.

An Early Help Service is currently being piloted to provide an alternative to social work intervention for families who are experiencing difficulties which without support, might escalate to require statutory involvement. The aim is, wherever possible, to prevent children and young people from becoming looked after. The service is being delivered in partnership with Barnardo's and is being piloted within the Paisley locality areas.

All referrals for families within this geographical boundary are screened by the duty senior social worker and triaged using a screening tool. Where the initial screening identifies that the family might benefit from a targeted, time-limited package of support, and where it would be safe to do so, the referral is be passed to the Early Help Service for assessment and interventions.

Building on the positive learning from the successful implementation of the Ren10 mental health and wellbeing family support service, progress continues to be made to develop Renfrewshire's approach to early and effective whole family support measures. The aim of the whole family wellbeing approach is to provide appropriate family supports, focussing on early intervention, and providing opportunities for children, young people, parents, and carers to shape the services that impact them. Local insight has presented a strong case that children and young people's needs are best understood and met within the context of their families.

Through the Scottish Government's Whole Family Wellbeing Fund, Children's Services is engaging with partners to develop collaborative proposals to address the needs of Renfrewshire's families in a way that is non-stigmatising, community-based, and underpinned by children's rights. There is recognition of the benefit to have services linked and access to support being in one place.

There is very good evidence of progress in Renfrewshire to #KeepThePromise, with significant developments underway and more planned across the service and throughout the council and it is partners. The delivery of The Promise in Renfrewshire, led by Social Work, is ensuring a strongly committed multi-agency partnership working approach and demonstration of a collective understanding, commitment, and activity in relation to The Promise across all the partners. The Promise is a Priority High-level aim for Renfrewshire's Children's Services Partnership.

Implementation of The Promise in Renfrewshire has been further supported by the recruitment of a Promise Manager in late 2022. The Promise Ambassador, in role since July 2021, is supporting the implementation of The Promise across the local authority and plays an integral part in Renfrewshire's successful Promise Keeper Programme. The active and growing Promise Keeper Network has provided opportunities to incorporate The Promise into service planning and delivery. There are currently 118 Promise Keepers in place across the local authority, HSCP, and partner agencies. The network ensures cognisance is given to the needs and voices of those with care experience. This work is complemented by the development of a Promise Self-Evaluation Tool which, once

completed will enable services to review progress in #KeepingThePromise in key areas such as training and development, trauma-informed practice, and risk management.

In my role as Chief Social Work Officer, I am very well connected to The Promise national delivery mechanisms at COSLA, Promise Scotland and Scottish Government. Working with Renfrewshire's Promise Manager and Promise Ambassador I have hosted visits from COSLA and Promise Scotland to highlight our progress on implementation of The Promise.

A Renfrewshire Language Policy has been developed to ensure words and phrases used to describe care experience are positive and do not further exacerbate stigma. The policy is being disseminated for use across the local authority. A mapping and action plan tool has also been developed to support planning and to enable us to map Renfrewshire's Promise journey and progress.

Renfrewshire Child Protection Committee continues to monitor data in relation to referrals, investigations, child protection planning meetings and registrations. There were 338 Inter-agency Referral Discussions (IRDs) between 1 April 2022 and 31 March 2023, relating to 492 children. Of these, 154 proceeded to a child protection investigation, and 42 to a child protection pre-birth investigation.

There were 78 children on the child protection register on 31 July 2022. There had been 212 new registrations and 14 de-registrations in the year ending 31 July 2022. On 31 March 2023, there were 80 children on the child protection register which was an increase from 61 in March 2022. The increase reflects the trend nationally which saw a decrease in registrations in during the three-year period up to July 2023 when registration then began to increase. Elected members are advised that the relatively small of children on the child protection register can result in significant variances due to the registration or deregistration of larger families.

Children's social work engages in a partnership approach with the police, RHSCP, education and other council services to ensure the protection of children at risk of harm is a priority.

The largest areas of concern pertaining to child protection registration continued to be domestic abuse, parental substance use, neglect, and parental mental health. There were 23 Child Protection Orders granted during the year, slightly higher than the previous year's figure of 21. Renfrewshire Child Protection Committee and its subgroups continue to meet to discuss key trends and emerging areas of focus.

The rate of children in care in Renfrewshire on 31st July 2022 was 1.2%. While it remains higher than the Scottish average, it is a decrease from 1.7% in July 2021.

592 children were looked after on 31 July 2022 which is similar to the figure of 591 in July 2021. Of these:

- 146 were at home with parents
- 230 were with friends/relatives
- 111 were with foster carers provided by the council
- 45 were with foster carers provided by independent agencies
- 9 were in supported accommodation
- 17 were in local authority children's house
- 34 were in independent care houses or residential schools

An initial Quality Improvement Framework for Children's Services social work was introduced in November 2022. The Quality Improvement Framework will be evaluated and further developed to support the re-design of children and justice social work over the next 12 months.

Statutory Service Provision: Justice Social Work

Throughout 2022/23 Justice Social Work has continued to adapt and respond creatively to the challenges stemming from the Covid-19 pandemic. Service delivery has returned to pre-pandemic provision, with staff office based and able to deliver a face-to-face service, as expected by national guidance and required to best support service users. We continue to meet statutory obligations and provide support and interventions for some of the most vulnerable members of our communities.

The volume of work generated by court and tribunal services continued to increase throughout the year. This reflects ongoing measures to address the still significant backlog stemming from the pandemic. Provisional information shows the service completed 706 Criminal Justice Social Work Reports (CJSW reports) 2022/23 compared to 639 in 2021/22. Though this is still not at pre-Covid levels (966 in 2019/20) it demonstrates a significant uplift in year-on-year work. Diversion interventions have doubled from 54 in 2021/22 to 110 in 2022/23. Diversion cases have also increased in complexity on the basis of changes to the Lord Advocate Guidance, particularly in relation to young people. This is currently under review nationally.

This is also evidenced in the number of new Community Payback Orders, which has increased from 369 in 2021/22 to 450 in 2022/23 (provisional figures). This shows ongoing recovery towards pre-Covid figure of 561 recorded in 2019/20.

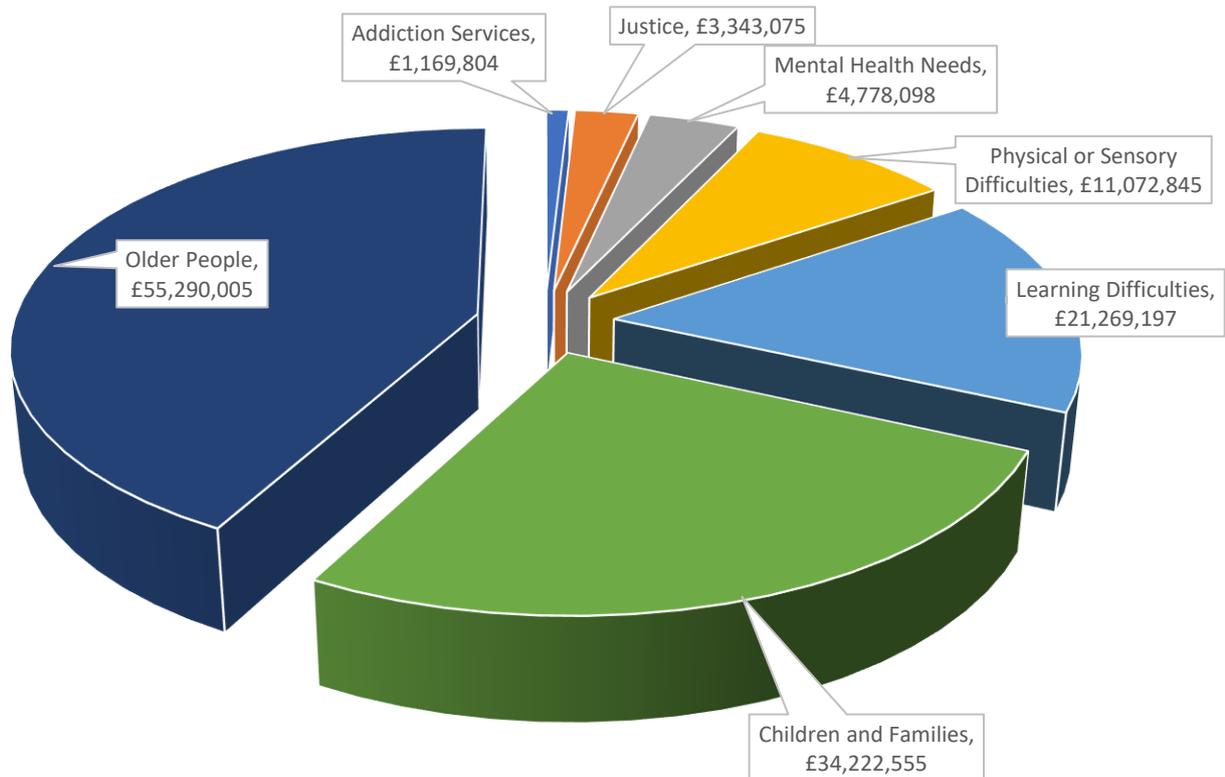
Renfrewshire's Justice Social Work service has worked hard to respond to these increasing demands by reviewing and prioritising workloads to ensure resources are in place to support people with convictions, on community orders and on release from custody. This maintains focus on those with high levels of risk and need. Significant challenges are arising from staffing changes and recruitment difficulties, something that has rarely been a challenge for justice social work in the past.

Working practice has adapted in accordance with safe working requirements to ensure the health and wellbeing of staff and service users. Unpaid work has progressed from home working to community provision. Groupwork continued to be prioritised and has returned to pre pandemic levels.

Within 2023/24 in response to the government vision of reducing remand and engaging with individuals at the earliest point, and limiting their involvement in the justice system, an Early Intervention service is under development to employ additional paraprofessional staff to undertake new services. Electronic Monitoring bail (tagging) commences on 17 May 2023, as will the provision of Structured Deferred Sentences. Additional staff, temporary until 2026 due to funding, will be employed in 2023/24 to enable the creation of a bail supervision service, extend diversion for more complex cases and develop voluntary supervision and post custody supports.

Resources

The chart below shows the breakdown of expenditure on social work by Renfrewshire Council and Renfrewshire in 2022/23. As in previous years, the largest area of expenditure is on services for older people, followed by services for children and families. Funding for Justice Social Work comes directly from the Scottish Government by means of a grant.



A substantial overspend was incurred within Children & Families relating to external residential accommodation placements, due to a significant increase in the number and cost of complex care packages. All external placements are held under continual review by the service to ensure that they continue to meet the needs of the individual children and young people, and options to mitigate cost pressures continue to be examined.

We are currently modelling the coming year financial planning in terms of overall cost/service pressure. In addition, other financial pressures related to inflation, particularly fuel and food prices and also workforce pay inflation will also be factored into this modelling.

Workforce

Social Work Services in Renfrewshire have continued to experience significant challenges during 2022/23 in relation to the workforce as we experienced a high number of vacancies throughout the year. This has been compounded by a national shortage of social workers and social care workers. We are also experiencing staff shortages at the highest level in the past decade. This position is not unique to Renfrewshire and is in fact replicated across Scotland and indeed the United Kingdom. The pandemic made many people consider their future career path with the consequence being that the sector is under extreme pressure and is struggling even to fill gaps with agency social workers. Vacancy levels are being closely monitored and appropriate action taken when necessary to mitigate associated risks.

In addition to a higher number of vacancies than previously, increasingly we have a workforce which is less experienced as candidates applying for posts have only recently left university. New qualified and inexperienced staff require a higher level of support and cannot be allocated the same complexity of work that a more experienced social worker can undertake.

Workload demands are considered on a regular basis and action taken where necessary to align resources to known operational pressure points.

Our approach to induction for our new staff is evolving with initial work underway to reflect the new "first year in practice" assessment for social workers. The learning will be shared across our staff groups to support our staff retention model. Support forums, coaching, mini tailored learning sessions and a focus on the core task supported by self-directed learning ownership.

The new national guidance for children protection and the partner policy for adult protection are being embedded in all of our training materials reflecting the new ways of working and the human rights-based approach. The learning materials reflect the materials in a range of styles as delivery has progressed and learned from Covid delivery innovation.

A partnership approach with Barnardo's which aims to support families on the edge of social work involvement to mitigate the need for subsequent social worker involvement is currently underway. This community-based model of time-limited assessment and intervention is showing positive impact and will be rolled out to other childcare duty teams in the coming months.

Renfrewshire Adult Protection Committee (RAPC) oversees the effectiveness of our adult protection practice. RAPC will be implementing the revisions for the Scottish Government's revised Code of Practice for ASP. A workplan is currently being developed based around what is required to implement to revisions operationally, and then this will expand to consider what is required strategically, and with partner agencies. As part of the phased approach to implementation, a series of briefings are being rolled out to staff and the data management system will be updated.

Our care at home staff group continues to operate in a pressured environment. Ensuing staff are supported and offered learning to meet the demands of their role has had a renewed focus. Our initial learning programme has been updated and reflects the role and

task, coached eLearning modules have been developed and introduced, building on the technology journey that this staff group are on, with more to follow.

In closing this report, I want to acknowledge the commitment of staff across social work services. The Renfrewshire workforce are skilled and knowledgeable, committed to delivering quality support, and to improving outcomes for those who we are working with. My personal and professional thanks to the workforce. I'm proud to work with them and have the opportunity to lead and support them.

“In social services alone, and there,
Not only care but cure: a worker assigned
To be with her throughout school, helping, calming,
A bridge of sympathy between teacher and pupil,
A dedication not far from love.”

From Brothers and Keepers by Edwin Morgan



To: Renfrewshire Integration Joint Board

On: 24 November 2023

Report by: Head of Strategic Planning and Health Improvement

Heading: Climate Change Duties

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 Scottish Government requires Integration Joint Boards (IJB) to prepare an annual report on compliance with climate change duties. This report requires to be submitted to Sustainable Scotland Network by 30 November 2023, Renfrewshire IJB's report is provided in Appendix 1.
- 1.2. The Scottish Government issued specific guidance for IJBs recognising that climate change emissions and service delivery are reported through the relevant NHS Board and Local Authority. However, they are keen to better understand how IJBs interact with their partner bodies on decision-making relating to climate change polices
- 1.3. Renfrewshire HSCP continues to support both Renfrewshire Council and NHS Greater Glasgow and Clyde in tackling the Climate Emergency and environmental challenges locally and across the Glasgow City region.
-

2. Recommendation

It is recommended that the IJB:

- Approve the content of the compliance with climate change report 2022/23, as attached in Appendix 1.
-

3. Background

- 3.1. The Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires significant public bodies to prepare a report on their compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.
- 3.2. Integration Joint Boards (IJBs) are required to submit the report on or before 30 November each year. The Climate Change duties report to a Scottish Government prescribed standard template, so all public bodies such as Local Authorities and NHS Boards, including Renfrewshire Council and NHS Greater Glasgow and Clyde, respond in the same format. As a consequence, the Guidance accompanying the 2015 Order recognised that much of the standard report template related to the policies, procedures and services of the Local Authority and NHS Board, rather than IJBs. As such, it was further recognised in the Guidance that there would be a significant degree of proportionality in completion of the report. Unfortunately, some sections within the template are difficult to read due to the prescribed formatting, particularly if it is printed out. Therefore full details of Appendix 1 are best reviewed electronically which allows the reader to change the size of individual sections for ease of reading.
- 3.3. On 3 November 2022, the Scottish Government issued specific guidance for IJB's. The guidance acknowledges that IJB's set up and structure differs to other public bodies and that since mandatory reporting legislation came into force in 2015, IJB climate change emissions and service delivery are reported through the relevant NHS Board and Local Authority. However, the Scottish Government are keen to better understand how IJB's interact with their partner bodies on decision-making relating to climate change policies.
- 3.4. Renfrewshire HSCP recognises the urgent need to act to address the climate emergency and accelerate our efforts to cut greenhouse gas emissions and become environmentally sustainable. Many of the actions required to respond to the climate emergency crisis have positive health impacts. As a result of this and the intrinsic links to poverty, tackling the climate emergency is a key feature in our Strategic Plan 2022-2027.

4. 2022/23 Progress

- 4.1. The HSCP continues to work with partners to tackle the climate emergency, the following activities were undertaken during 2022/23:

- A Climate Change Action Plan has been developed to reinforce the HSCP’s commitment to supporting Renfrewshire’s Plan for Net Zero.
- Together with our community planning partners we continue to develop a performance framework which includes a commitment to ‘make sure there are local spaces and nature that support health and wellbeing’. This acknowledges our ongoing activities as part of the Plan for Net Zero and commits to monitoring the:
 - Number of community-led projects and initiatives taking local climate action;
 - Area covered by allotments/community growing grounds,
 - Percentage of residents with safe access to nature within 1km of their residence; and
 - Air quality across all areas.
- We continue to support sustainable travel planning to reduce the impact we have on the environment, increase the use of electric vehicles, promote active travel for shorter staff journeys and encourage more efficient ways of travel.
- The HSCP continues to adopt practical solutions to tackle the climate emergency significantly reducing the use of paper by ensuring reports and publication are available online; arranging meetings remotely which reduces the requirement to travel; and continues to use an electronic scheduling system (TotalMobile) which significantly reduced paper based systems and processes.

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – This report ensures that the IJB complies with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual

impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – n/a
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Yvonne Farquhar, Service Planning and Policy Development Manager, Chief Executive's Service, Renfrewshire Council

<p>Any enquiries regarding this paper should be directed to Yvonne Farquhar, Service Planning and Policy Development Manager, Chief Executive's Service, Renfrewshire Council email: yvonne.farquhar@renfrewshire.gov.uk</p>

Public Bodies Climate Change Duties Compliance Reporting Template 2022/23

1. Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by **30th November**. Late submissions will not be accepted for analysis and may be deemed non-compliant with Public Bodies Duties reporting requirements.



2. Guidance

1. The "Profile of Body" tab must be completed before proceeding to add any other data.
2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b.
3. If you need to add more rows in any table please email the file ccreporting@ed.ac.uk
4. More emission factors from the UK Government (DESNZ) release have been included this year. When completing Q3b you can filter by the Emission Type dropdown in column C.
5. Please only use the "Other" emission source rows (130 onwards) when there is no relevant emission source in the dropdown lists or if you have bespoke data/emission factors. Please provide a brief explanation in the comment field.
6. The water supply and sewage emission factors are based on Scottish Water's carbon intensities of service supply, one of the lowest in the UK water industry. If you still wish to use the UK DESNZ (formerly BEIS) factors (which are more than double) you will need to enter consumption data in an "Other" row.
7. Some auto-checks have been added to improve the quality of data entries, e.g. correct emission scopes where only one category ever applies.
8. More detailed reporting guidance is available [on the SSN website.](#)

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Renfrewshire Integration Joint Board

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

0 **THIS MUST BE COMPLETED**

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
£93,579,949	2022/23

1f Report type

Specify the report year type

Report type	Report year comments
Financial	1 April 2022 to 31 March 2023 THIS MUST BE COMPLETED

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 committed Scotland to become net zero by 2045, with the Public Bodies Climate Change Reporting Duties placing a legal requirement on public bodies to set target dates for zero direct emissions and indirect emission reductions; report on how spending and resource will contribute to these targets; and report on the body's contribution to Scotland's Climate Change Adaptation Programme. Renfrewshire Integration Joint Board recognises the importance of leadership in the response to the climate emergency.

Renfrewshire Integration Joint Board is responsible for community health and adult social care services, however all commissioning is undertaken by both parent organisations - NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council. Although the HSCP does not directly employ any staff, own any buildings, it is fully committed to, and actively participates in, tackling the climate emergency in association with its two parent organisations and our community planning partners.

PART 4 Adaptation - please do not include information in this part on measures that solely reduce emissions with no implications for climate adaptation. These are climate mitigation measures which should be reported in the Emissions tab.

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?
If yes, provide a reference or link to any such risk assessment(s).

As stated previously, this is undertaken by both parent organisations - Renfrewshire Council and NHSGSC. Renfrewshire Council Risk Statement: The climate emergency brings a risk to Council and its communities in relation to increased extreme weather as well as food insecurity. We need to focus on mitigation and adaptation, and ensure a just transition so no one is left behind and none is disadvantaged in the transition to net zero. The Council would need to take action and support those most disadvantaged. A key risk is that the Council is not in control of all of the levers, and cannot deliver everything required in isolation, so there is a risk that others do not contribute to meet the 2030 target.

4b What arrangements does the body have in place to manage climate-related risks?
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Renfrewshire Council's Corporate Risk Management Group (includes representation from Renfrewshire HSCP), the group reports to Renfrewshire Council's Audit, Risk and Scrutiny Policy Board and provides updates on the risk profile. In May 2023, the group assessed climate, sustainability and adaptability as a high risk. The risk statement contained within the report is as follows: "The climate emergency brings a risk to Council and its communities in relation to increased extreme weather as well as food insecurity. We need to focus on mitigation and adaptation and ensure a just transition so no one is left behind and none is disadvantaged in the transition to net zero. The Council would need to take action and support those most disadvantaged. A key risk is that the Council is not in control of all of the levers, and cannot deliver everything required in isolation, so there is a risk that others do not contribute towards the 2030 target".

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

The current risk controls that are in place are as follows: (1) Council has used the Climate Change Assessment Tool - helps public sector organisations in Scotland self-evaluate their performance under the public sector duties of the Climate Change (Scotland) Act 2009
(2) Renfrewshire's Plan for Net Zero has specific objectives to reduce emissions, and these are included in other key documents such as the Council Plan
(3) Implementation of the Corporate Asset Management Strategy ensures that property assets are managed effectively and efficiently through the provision of relevant management and performance information
(4) The Energy Management Team: ensure energy management initiatives are aligned to the capital investment programme and corporate asset strategy to optimise use of property estate and reduce overall running costs and energy consumption levels. Promote reductions in energy usage and advise employees and residents about energy efficiency
(5) Through the Procurement Unit, sustainability and community benefits are considered in the development of all contract strategies
(6) Governance through the Planning & Climate Change Policy Board
(7) Launch of the Climate change action fund - to support a range of initiatives/feasibility to test new ways of working and to be ready to lever external funding
(8) Climate Panel / Partnership Forum to support engagement and ensure all voices are heard, including traditionally underrepresented groups
(9) Community Climate Fund - fund for community organisations to enable behaviour change and local green projects to make our communities more resilient
In addition to the above, Renfrewshire HSCP has a Risk Management Framework which sets out our arrangements for recording, managing and reporting all risks which includes climate risks. This framework also indicates how we liaise with our partner organisations regards to the sharing and transfer of risk ownership.

4d Where applicable, what contribution has the body made to helping deliver the Programme?
Provide any other relevant supporting information

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Part of the responsibilities of the Corporate Risk Management Group are to undertake horizon scanning and while not necessarily included on risk registers, there are always matters that the Corporate Risk Management Group will keep a watching brief on. Of particular help in this, is the Global Risks Report - a survey produced annually by the World Economic Forum in partnership with Marsh McLennan and Zurich Insurance Group. The report highlights that the cost-of-living crisis dominates global risks in the next two years, while climate action failure dominates the next decade. Both aspects feature in our local risk reporting.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

A State of the Environment Report for Renfrewshire is also produced on a regular basis by our colleagues in Renfrewshire Council. The State of the Environment Report provides a robust information base for the Strategic Environmental Assessment of the Renfrewshire Local Development. The State of the Environment Report is updated regularly to ensure that data is relevant. The publication of the State of the Environment Report is an important step in the monitoring process as trends can be identified and the indicators show if the status of indicators is improving, deteriorating or if there is no change.

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?
Provide a summary of the areas and activities of focus for the year ahead.

Further information

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate change duties.

Procurement is undertaken by the two parent organisations - Renfrewshire Council and NHS GGC, as contracting authorities they have developed a range of policies and strategies to ensure compliance with the sustainable procurement duty under section 8 (2) of the Procurement Reform (Scotland) Act 2014, the Climate Change (Scotland) Act 2009 and the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

The Council's Corporate Procurement Strategy aligns with our aspiration to contribute to reducing our impact on climate change to make Renfrewshire's economy and communities as sustainable as possible. The need to ensure compliance and commitment is further reinforced in Renfrewshire Council's Standing Orders relating to Contracts. This requires sustainable procurement is considered at the outset as part of the development of every contract strategy for regulated and above EU threshold procurements. The approach adopted supports identifying potential environmental, social and economic aspects requiring to be incorporated within the procurement process through the development of a relevant specification or through the contract Terms and Conditions. This approach also helps to support spending decisions based on sustainable choices.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate change duties.

The range of policies and procedures adopted by Renfrewshire Council and NHS GGC make a significant positive contribution to compliance with climate change duties by actively considering the reduction of greenhouse emissions, energy efficiency and recycling responsibly. Procurement work with key stakeholders to develop strategies which carefully consider the impact of what the Council and NHS purchases and takes account of all opportunities to promote sustainable procurement.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The Council's Corporate Procurement Unit takes a proactive approach towards the legislative and policy requirements which has been developed and embedded within the procurement process. The team have completed the Climate Literacy for Procurers eLearning on the Scottish Government Sustainable Procurement Tools platform and embed this learning, and the use of the tools, into all procurement processes. Additionally, the team have also participated in a number of specialised sustainability training sessions, both internally and with support from Sustainable Procurement Ltd, to build confidence in including climate and sustainability requirements in tenders and challenging the client service on climate considerations. The CPU are also actively engaging with the Council's Climate Emergency Lead Officer to help maximise the impact of procurement, exploring opportunities for procurement to support with the delivery of our climate goals and our community wealth building aspirations for our local economy.

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The information contained within this report has been prepared across a number of HSCP services.

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

The information contained within this report has been provided in consultation with colleagues in Renfrewshire Council and NHS GGC.

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Christine Lavery
Role in the body:	Chief Officer
Date:	01/11/2023

