

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

Date	Time	Venue
Friday, 29 January 2021	10:00	Remotely by MS Teams ,

KENNETH GRAHAM  
Clerk

### Membership

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

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

### Recording of Meeting

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

### Recording

<https://youtu.be/R644KCID1s8>

## Items of business

### Apologies

Apologies from members.

### Declarations of Interest

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

- |           |   |                  |
|-----------|---|------------------|
| <b>1</b>  | <b>Minute</b><br><br>Minute of meeting of the Integration Joint Board held on 20 November 2020.                         | <b>5 - 12</b>    |
| <b>2</b>  | <b>Rolling Action Log</b><br><br>IJB rolling action log.  | <b>13 - 14</b>   |
| <b>3</b>  | <b>Membership Update - Interim Chief Officer of Renfrewshire IJB</b><br><br>Report by Clerk.                            | <b>15 - 16</b>   |
| <b>4</b>  | <b>Chief Officer's Report</b><br><br>Report by Interim Chief Officer.   | <b>17 - 32</b>   |
| <b>5</b>  | <b>Financial Report 1 April to 30 November 2020</b><br><br>Report by Chief Finance Officer.                             | <b>33 - 64</b>   |
| <b>6</b>  | <b>Recovery and Renewal Planning Update</b><br><br>Report by Interim Chief Officer.                                     | <b>65 - 74</b>   |
| <b>7</b>  | <b>Health and Care Experience Survey 2019/20</b><br><br>Report by Interim Chief Officer.                                | <b>75 - 80</b>   |
| <b>8</b>  | <b>Mental Health Strategy</b><br><br>Report by Interim Chief Officer.   | <b>81 - 94</b>   |
| <b>9</b>  | <b>Renfrewshire Alcohol and Drug Partnership Annual Report</b><br><br>Report by Interim Chief Officer.                  | <b>95 - 118</b>  |
| <b>10</b> | <b>Renfrewshire Alcohol and Drug Commission</b><br><br>Report by Interim Chief Officer.                                 | <b>119 - 140</b> |
| <b>11</b> | <b>Consultation- Review of the Model Code of Conduct for Devolved Public Bodies in Scotland</b><br><br>Report by Clerk. | <b>141 - 144</b> |

**12 Proposed Dates of Meetings of the Integration Joint**

**145 - 146**

**Board 2021/22**

Report by Clerk.

**13 Date of Next Meeting**

Note that the next meeting of the IJB will be held at 10.00 am on 26 March 2021.





## Minute of Meeting

### Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Friday, 20 November 2020	10:00	Remotely by MS Teams ,

#### Present

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

#### Chair

Councillor Jacqueline Cameron, Chair, presided.

#### In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Shiona Strachan, Acting Head of Health and Social Care (Paisley), Frances Burns, Head of Strategic Planning and Health Improvement, Jean Still, Head of Administration, James Higgins, Project Officer, David Fogg, Service Improvement Manager, Lorna Finnie, Change and Improvement Officer and John Miller, Communications Officer (all Renfrewshire Health and Social Care Partnership); and John Cornett, Audit Director and Adam Haahr, Audit Manager (both Audit Scotland).

## **Recording of Meeting**

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

## **Apologies**

John Matthews (Greater Glasgow & Clyde Health Board) and Karen Jarvis (Registered Nurse).

## **Declarations of Interest**

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

Prior to the start of the meeting the Chair advised that this would be David Leese's final meeting as Chief Officer and advised that Shiona Strachan would take up the position of Interim Chief Officer on 1 December 2020.

## **Sederunt**

Dr Stuart Sutton joined the meeting during consideration of the following item of business.

### **1 Minute**

The Minute of the meeting of the Integration Joint Board (IJB) held on 2 October 2020 was submitted.

In relation to item 10 – Renfrewshire HSCP Winter Plan 2020/21 - the Chief Officer updated members on this year's flu vaccination programme.

**DECIDED:** That the Minute be approved.

### **2 IJB Rolling Action Log**

The rolling action log for the IJB was submitted.

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

### **3 IJB Audit, Risk and Scrutiny Committee Membership Update**

Under reference to item 3 of the Minute of the meeting of this Joint Board held on 2 October 2020, the Head of Administration submitted a report providing an update on membership of the IJB Audit, Risk and Scrutiny Committee.

The report intimated that, following the IJB meeting on 2 October 2020, it had been suggested that Diane Young replace David Wylie as a non-voting member on the IJB Audit, Risk and Scrutiny Committee.

**DECIDED:** That it be agreed that Diane Young take the role of a non-voting member on the IJB Audit, Risk and Scrutiny Committee.

## **Sederunt**

John Trainer joined the meeting during consideration of the following item of business.

### **4 IJB Audited Annual Accounts 2019/20**

Under reference to item 5 of the Minute of the meeting of the IJB held on 26 June 2020, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2019/20, a copy of which was appended to the report.

The report intimated that Audit Scotland had provided an audit opinion which was free from qualification. It was noted that Audit Scotland had also submitted a report to the IJB Audit, Risk and Scrutiny Committee held on 13 November 2020 which detailed matters arising over the course of the audit.

Margaret Kerr, as Chair of the IJB Audit, Risk and Scrutiny Committee, advised that the Audit, Risk and Scrutiny Committee recommended approval of the audited accounts 2019/20 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014. Margaret also advised that the Audit Director had thanked the Chief Finance Officer and her team, for their help and support throughout the process and had advised that the quality of the working papers provided during the audit process were of a very high standard.

**DECIDED:** That the audited annual accounts 2019/20 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

### **5 Financial Outlook 2021/22**

Under reference to item 6 of the Minute of the meeting of the IJB held on 20 March 2020, the Chief Finance Officer submitted a report providing an update on the financial outlook for 2021/22.

The report set out the Chief Finance Officer's estimated financial outlook for the IJB for 2021/22; outlined the main financial pressures on health and adult social care services; detailed the potential implications of the Chief Finance Officer's current assumptions regarding the anticipated budget pressures for 2021/22; provided detail in relation to the medium-term outlook and the financial sustainability of the IJB's medium-term financial outlook; the delegated health budget 2020/21; and cost pressures and demand.

The report intimated that in line with the approach taken in the Medium-term Financial Plan, a scenario-based approach continued to be adopted to estimate future cost pressures and demand. Current projections for the period 2021/22 to 2025/26 included a wide range of assumptions in respect of key cost pressures and demand, highlighting a potential budget gap within a range of £46.5 million to £69.2 million for this period. This assumed budget gap did not take into account any potential additional funding from either the Scottish Government or partner organisations and was prior to any mitigating action being taken. Appendices 1 to 3 of the report set out the four scenarios to illustrate the potential financial impact assuming minimum, medium, high and worst-case scenario increases.

In relation to Audit Scotland's key recommendation, detailed in section 6.12.3 of the report, it was noted that Audit Scotland were not recommending that the IJB build up general reserves, but were instead focusing the IJB's attention on financial sustainability in the medium-term. The Chief Finance Officer advised that her request would be that the IJB continue to work to create a move towards achieving a target of 2% for general reserves.

It was noted that development sessions would be held in December 2020 and January 2021 for members to discuss the financial planning strategy for 2020/21 including emerging savings proposals.

**DECIDED:**

(a) That the assumptions and context of the financial outlook for 2021/22 and the levels of uncertainty that existed in relation to these assumptions, and the ongoing expectation of the IJB being required to continue to plan for further significant budget gaps going forward, be noted;

(b) That it be noted that the potential financial and economic impact of COVID-19 represented a significant additional risk to the IJB and the wider public sector;

(c) That the significant disruption to the IJB's delivery of its 2020/21 financial plan and transformation changes to bring forward and develop the second tranche of savings for 2021/22 and beyond through the renewal programme due to COVID-19 be noted;

(d) That it be agreed that Audit Scotland's key recommendation from their annual audit report 2019/20, as highlighted in section 6.12 of the report, be taken forward, 'The board should remain focussed on the financial challenges facing the IJB and continue to ensure decisions are taken to support medium and long-term financial sustainability';

(e) That in order to provide further financial resilience, it be agreed that the IJB continue to work towards its agreed strategy to establish its targeted level of general reserves, as detailed in sections 6.3 to 9.6 of the report; and

(f) That, as detailed in paragraph 9.12 of the report, it be agreed to prudently progress 2021/22 financial planning on the basis of a range of funding scenarios from partner organisations from a reduction of 1% to an increase of 2%.

## **6 Financial Report 1 April to 30 September 2020**

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 September 2020 and the projected year-end position for the year ended 31 March 2021.

The report intimated that as highlighted to members, the impact of COVID-19 on services delivered by the HSCP had been unprecedented. It had required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, the extent of which would become clearer as financial year 2020/21 progressed. Additional uncertainty remained over the HSCP's financial position due to the continually changing situation; the potential for future spikes in demand for services which could create additional delivery and financial pressures; and the associated impact of these on the HSCP's transformation and savings plans, which required ongoing review and realignment.



The table in paragraph 3.2 of the report included the consolidated summary members were familiar with plus an added level of detail showing the current estimated cost to the HSCP of the response to COVID-19. This provided clarity of the financial impact of COVID-19 on the delegated 2020/21 IJB budget.

The IJB year-to-date position was an underspend of £20,000 and the projected outturn for 2020/21 was an overspend of £134,000. This position included the net actual and estimated costs in relation to COVID-19 and was prior to the transfer of any ringfenced balances to general and earmarked reserves at the financial year end. The key pressures were highlighted in section 4 of the report.

The revenue budget position of the HSCP and Health for the financial period 1 April to 16 October 2020 and 30 September 2020, respectively, and the year-end position was detailed in Appendices 1 and 2 to the report; the revenue budget position of Adult Social Care and 'other delegated services' for the period 1 April to 16 October 2020 and the year-end position was detailed in Appendices 3 and 4 to the report; 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; Appendix 8 to the report detailed the projected movement in reserves; Appendices 9 and 10 to the report detailed the vacancy position for the HSCP as at 16 October 2020 by client group and job description; and the letter from the Assistant Director of Finance, NHS Greater Glasgow & Clyde formed Appendix 11 to the report.

The report also provided information on Scottish Government funding 2020/21; the delegated health budget update 2020/21; reserves; and a summary of the 2020/21 Scottish Living Wage.

**DECIDED:**

- (a) That the in-year position as at 30 September 2020 be noted;
- (b) That the projected year-end position for 2020/21 be noted; and
- (c) That the current estimated financial assessment of the potential revenue consequences of the COVID-19 pandemic for 2020/21 be noted.

## **7 Recovery and Renewal Planning Update**

The Chief Officer submitted a report providing an update on the HSCP's Recovery and Renewal Programme which was being implemented alongside the ongoing response to COVID-19 and related impacts of the pandemic on the IJB's financial planning processes.

The report provided information on Strand 1 activity which was focussed on the development of a community-led approach to improving health and wellbeing; service operational updates; information on Strand 2 activity, Older People's Services Review; an update in relation to Care at Home; and financial planning for financial year 2021/22 and alignment with recovery and renewal activity.

The final report by Journey Associates 'Renfrewshire Older People's Services Review' was appended to the report.

The report also provided an update of the impact of COVID-19 on the IJB's agreed Medium-term Financial Plan approach, which set out a two-tiered process for delivering savings in financial year 2020/21 prior to a strategic approach to transformation contributing to financial sustainability from financial year 2021/22 onwards. COVID-19 had significantly impacted upon the HSCP's ability to implement savings agreed by the IJB and had delayed opportunities to commence wider transformation activity. The HSCP proposed the extension of the two-tiered approach into financial year 2021/22 to include the identification of targeted savings opportunities and to recognise the continued need to prioritise COVID-19 response and recovery prior to entering a renewal phase.

**DECIDED:**

(a) That the progress made in implementing the Strand 1 community-led approach to improving health and wellbeing in Renfrewshire with partners in the Strategic Planning Group be noted;

(b) That the complex context influencing the HSCP's scoping and progression of Strand 2 renewal activity and the need to maintain flexibility in approach to transformation to enable the ongoing delivery of the HSCP's operational priorities be noted;

(c) That the contents of the Journey Associates final report delivered as part of the engagement phase of the Older People's review be noted;

(d) That the progress made on taking forward change activity with Care at Home be noted; and

(e) That the extension of the Medium-term Financial Plan's two-tiered approach into financial year 2021/22 and the process set out for developing savings options for the next financial year be agreed.

## **8 COVID-19 Response and Recovery Operational Update**

Under reference to item 5 of the Minute of the meeting of this IJB held on 2 October 2020, the Chief Officer submitted a report providing an update on the partnership's operational response to COVID-19 and ongoing recovery activity.

The report provided information on care homes - older people; PPE; the flu vaccination programme; day support and respite provision; visiting arrangements for adult and older people mental health inpatient services; and the Alcohol and Drug Commission.

Members then heard from the Interim Chief Officer and the Head of Mental Health, Addictions and Learning Disability Services who provided updates in relation to their specific service.

**DECIDED:** That the operational service updates provided and the HSCP's continued prioritisation of the response to COVID-19 and associated recovery activity with a fast-changing and fluid context be noted.

## **9 Performance Management Mid-year Report 2020/21**

The Chief Officer submitted a report relative to the Performance Management Mid-year Report 2020/21 covering the period April to September 2020. The full scorecard which updated all performance measures was appended to the report.

There were 68 performance indicators of which 37 had targets set against them. Performance status was assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target. At the midyear point, the scorecard detailed the status of the 37 indicators which had targets set against them. It was noted that 10 had red status, 4 had amber status and 23 had green status.

**DECIDED:** That the Performance Management Mid-year Report 2020/21 for Renfrewshire HSCP be approved.

## **10 Non-financial Governance Arrangements**

The Chief Officer submitted a report providing an update on the non-financial governance arrangements in place from 1 April 2019 to 30 September 2020, as detailed in the appendix to the report.

The report provided performance information regarding Freedom of Information; health and safety; complaints; compliments; civil contingencies and business continuity; insurance and claims; risk management; general data protection; records management plan; and communication.

**DECIDED:** That the content of the report be noted.

## **11 Annual Report of the Chief Social Work Officer**

The Chief Social Work Officer submitted a report relative to the 2019/20 annual report by the Chief Social Work Officer (CSWO). In Renfrewshire this role was held by the Head of Child Care and Criminal Justice, Renfrewshire Council.

The report provided an overview of the role of the CSWO, outlined local arrangements for the discharge of the functions of the post, highlighted key areas of activity of the CSWO locally, detailed the issues and challenges encountered during 2019/20 and provided an overview of activities undertaken by social work services.

A copy of the annual report by the CSWO was appended to the report. The report intimated that the scope of the CSWO role covered all social work and social care services, whether provided directly by the local authority, or in partnership with others, including the health and social care partnership. Where these services were purchased or commissioned from external providers, the CSWO had responsibility to advise on the specification, quality and standards of services commissioned.

**DECIDED:**

(a) That the key activities outlined in the CSWO annual report be noted; and

(b) That it be noted that the annual report would be submitted to the Office of the Chief Social Work Advisor at the Scottish Government.

## **Sederunt**

Dorothy McErlean left the meeting during the following item of business.

## **Valedictory**

The Chair intimated that this would be David Leese's last meeting of the IJB. She made reference to David's various roles in his 30 years' service with the NHS. She thanked David for all his assistance to her since being first elected as a Councillor and being appointed as the Chair of the IJB. On behalf of the IJB she wished David best wishes for the future.

David thanked the Chair, members of the IJB and his staff for their kind comments and work undertaken and wished everyone the best for the future.

## **12 Date of Next Meeting**

**DECIDED:** That it be noted that the next meeting of the IJB would be held remotely by MS teams at 10.00 am on 29 January 2021.

## IJB Rolling Action Log – 29 January 2021

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
31/01/20	Draft Unscheduled Care Commissioning Plan 2020/25	Submit finalised Plan to the IJB later in the year for approval	David Leese	early 2021	<p>Work is underway across NHSGGC to review this Plan within the context of COVID-19 and the resultant changes to some service models.</p> <p>It is expected that an update on this will be brought back to all IJBs within NHSGGC in early 2021 for consideration, rather than late 2020 as originally anticipated.</p>
	Financial Report 1 April to 31 August 2020	Arrange developments session to provide members with further detail in relation to recruitment and vacancies and on COVID-19 spend	David Leese	20/11/20	<p>Information included in the Financial report submitted to meeting on 20 November 2020.</p> <p>Development session will be held in February and March 2021.</p>
20/11/20	Financial Outlook 2021/22	Arrange development sessions in December 2020 and January 2021 to discuss the financial planning strategy for 2020/21 including emerging savings proposals	Sarah Lavers	December 2020/January 2021	These development sessions will now be held in February and March 2021.



**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

**Report by: Clerk**

**Heading: Membership Update – Interim Chief Officer of Renfrewshire IJB**

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

## 1. Purpose

- 1.1. The purpose of this report is to provide an update on the membership of the Integration Joint Board (IJB).

## 2. Membership Changes

- 2.1. IJB members were previously advised that David Leese was leaving his post of Chief Officer of Renfrewshire IJB/Health and Social Care Partnership on Friday, 4 December 2020.
- 2.2. Following an internal recruitment process, interim cover arrangements have been put in place with Shiona Strachan assuming the position of Interim Chief Officer.

## 3. Recommendation

That the report be noted.

## Implications of the Report

- Financial** – None.
- HR & Organisational Development** – None.
- Community Planning** – None.
- Legal** – The membership of the Integration Joint Board is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations.
- Property/Assets** – None.
- Information Technology** – None.

7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – None.
9. **Procurement** – None.
10. **Risk** – None.
11. **Privacy Impact** – None.

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**List of Background Papers** – None.

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**Author:** Ken Graham, Clerk






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**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

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**Report by: Interim Chief Officer**

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**Heading: Chief Officer's Report**

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Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	<b>X</b>
	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 the key operational activity, including the HSCP's operational response to COVID-19 and ongoing recovery activity. The report focuses on activity undertaken since the last IJB on 20 November 2020.
  - 1.2. The continually changing circumstances locally and nationally continue to necessitate the prioritisation of the HSCP's response to the pandemic, including the commencement with partners of the COVID-19 vaccination programme.
  - 1.3. The report also provides the IJB with an update on the regional and national developments for health and social care services.
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## 2. Recommendations

It is recommended that the IJB:

- Note the update on the process for inclusion of Integration Joint Boards as Category One Responders under the Civil Contingencies Act 2004 (section 5);
- Note the progress of the independent review of Adult Social Care (section 6);
- Approve the submission by the Chief Officer of the draft Records Management Plan to the Keeper of the Records of Scotland subject to full IJB approval at the meeting in March 2021 (section 7);
- Note the progress made in rolling out the COVID-19 vaccination programme, delivered collaboratively with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde, and future steps in the programme (section 8);

- Note the completion of the extended Flu vaccination programme in December 2020 (section 9);
- Note the update on care homes and arrangements for staff testing (sections 10 and 11);
- Note the recent changes to testing for care at home, day care and support and Personal Assistants (section 11); and
- Note the COVID-19 operational service updates provided, including the changes which have arisen as a result of the lockdown measures announced by the First Minister on 4 January 2021 (sections 12-15).

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### **3. Background**

- 3.1. On 19 December 2020, the UK and Scottish Governments announced a significant retraction of the flexibility which had been agreed for travel and visiting arrangements over the Christmas period. As part of these announcements, it was confirmed that all mainland authorities within Scotland would move to Tier 4 restrictions on 26<sup>th</sup> December. These measures were stated as preventative interventions due to substantial increases in UK case numbers arising from the identification of a new, more transmissible, variant of the COVID-19 virus in London and the South East of England. At the same time, small numbers of cases had been linked to this new variant in the NHS Greater Glasgow and Clyde area. These restrictions were due to be in place for a minimum period of three weeks to 16 January 2021.
- 3.2. Following the above decisions, infection numbers across Scotland have reached record highs and as of 5 January 2021, the new COVID-19 variant was understood to account for approximately 50% of new cases. In response to this fast moving and challenging situation, a further lockdown for mainland Scotland and Skye was announced on 4 January 2021, including the implementation of stay at home orders for the public, subject to a number of allowances and exceptions. The restrictions were reviewed on 19 January 2021, and it was confirmed that they would be extended to mid-February, with a further review to take place on 2 February 2021.
- 3.3. Despite the above challenges, a positive step forward was taken on 8 December 2020, with the commencement of the COVID vaccination programme, initially taken forward using the Pfizer / BioNTech vaccine (known as 'Courageous'). The vaccination programme continued throughout the period of the festive break and has been further enhanced through the approval of the Oxford-AstraZeneca vaccine by the Medicines and Healthcare products Regulatory Agency (MHRA) on 30 December 2020. The programme itself presents significant logistical challenges and is being taken forward through a joint Council and Health and Social Care Partnership planning team, in support of the NHS GGC approach.
- 3.4. Alongside ongoing winter planning activity and the completion of the Flu vaccination programme in Renfrewshire, there have been substantial operational demands on staff and management within Renfrewshire HSCP. In delivering these priorities, the commitment of staff continues to be exceptional. The following sections of this report set out the operational activity undertaken since the last report to the IJB in November 2020.

#### **4. First Minister's Announcement of additional lockdown measures**

- 4.1. To aid management of the increasing spread of the COVID-19 virus, all local authority areas currently in Tier 4 (mainland Scotland and Skye) are now subject to stay at home restrictions. By law, the public will only be able to leave home for an essential purpose, (examples of this include exercise, work where this cannot be done from home, for education, to access healthcare and other public services, and essential shopping).
- 4.2. As part of the tightened restrictions, the Chief Medical Officer wrote to everyone on the shielding list during the week beginning 4 January 2021 to set out the implications of these restrictions for those who were shielding. These individuals should stay at home as much as possible but are able to leave home for exercise, essential shopping and to collect medicines where necessary.
- 4.3. The guidance also confirms that anyone on the shielding list should work from home wherever possible. If working from home is not an option, these individuals should not go to work, and the letter received from the Chief Medical Officer acts as a fit note for as long as lockdown restrictions are in place. The current position for staff who have received their first dose of the vaccine is that these individuals should continue to shield. The HSCP currently has 49 staff on the shielding list.
- 4.4. The additional lockdown restrictions have also had a wider impact on the delivery of frontline health and social care services by the HSCP. All services have moved to a 'critical' delivery position, more closely reflecting the service models which were in place during the first lockdown in Spring 2020. These impacts are described in further detail in later sections within this report.

#### **5. Inclusion of Integration Joint Boards as Category One Responders under the Civil Contingencies Act 2004**

- 5.1. In October 2020, the Scottish Government launched a consultation seeking views on the equality and Fairer Scotland Duty impacts which would arise from inclusion of Integration Joint Boards as Category One Responders under the Civil Contingencies Act 2004.
- 5.2. The Cabinet Secretary for Health and Sport wrote to all IJB Chief Officers, NHS and Local Authority Chief Executives and other key stakeholders on 15 January 2021 to confirm that there are no clear barriers to progressing the proposal and legislating for these amendments to the Civil Contingencies Act 2004 to be made. The Cabinet Secretary's letter, attached as Appendix 1 to this report, confirmed that these amendments were to be laid before the Scottish Parliament for due consideration on 18 January 2021.
- 5.3. The Senior Management Team will continue to monitor the progress of this legislation and are currently assessing resource implications which may arise from this legislative change. A further update will be brought to the IJB at a future meeting.

## **6. Independent Review of Adult Social Care**

- 6.1. In September 2020, the Scottish Government announced the launch of an independent review of adult social care in Scotland chaired by Derek Feeley, former Director General of Health and Social Care in the Scottish Government. In particular, this review set out to consider and make recommendations on improvements to adult social care in Scotland, including assessment of the option of a national care service.
- 6.2. The review has been undertaken using a human rights-based approach and has included engagement with key stakeholders across the sector, including representative bodies, providers, partnerships and people who use services. The recommendations arising from this work are scheduled to be published by the end of January 2021.
- 6.3. Following publication of the recommendations, the HSCP will undertake an initial assessment of the implications locally and nationally and will bring a further update to the IJB. The Cabinet Secretary for Health and Sport has confirmed that any future changes will be dependent on the outcome of the Holyrood elections scheduled in May 2021.

## **7. IJB Records Management Plan**

- 7.1. The IJB is required to submit and maintain a Records Management Plan (RMP) as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires public authorities to submit an RMP to be agreed by the Keeper of the Records of Scotland.
- 7.2. The RMP must set out proper arrangements for the management of the authority's public records and include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records and the archiving and destruction or other disposal of the authority's public records.
- 7.3. The IJB's Records Management Plan was approved by the IJB in January 2019 and was submitted to the Keeper of the Records of Scotland. A further review of the Records Management Plan has been undertaken in line with the requirement to submit an updated RMP to the Keeper of the Records of Scotland by 29 January 2021. At the time of writing work on the Records Management Plan is nearing completion. The Board is asked to approve the submission by the Chief Officer of the draft Records Management Plan to the Keeper of Records of Scotland subject to full IJB approval at the meeting in March 2021.

## **8. COVID-19 Vaccination Programme**

- 8.1. The COVID-19 vaccination programme commenced on 8 December 2020 across Scotland, with prioritisation set nationally based on clinical risk. Three vaccines have now been approved by the Medicines and Healthcare products Regulation Agency (MHRA); (i) The Pfizer/BioNTech vaccine, referred to as 'Courageous'; (ii) the Oxford-AstraZeneca vaccine; and (iii) the Moderna vaccine (expected to be available in the UK during Spring).

- 8.2. The Courageous (Pfizer) Vaccine requires to be stored at very low temperatures between minus 70 and minus 80 degrees centigrade. This places challenges on the transportation and distribution of the vaccine. The Oxford-AstraZeneca vaccine can be stored in a suitable fridge, enabling easier distribution of the vaccine. Both vaccines require people to have two doses. The Moderna vaccine will also require two doses.
- 8.3. Other vaccines are also at an advanced stage of development and testing, and subject to approval by regulators may be made available on the NHS as part of the wider vaccination programme.

#### *National Approach*

- 8.4. On 24 December 2020 the Chief Medical Officer issued the priority list (detailed below) set by the Joint Committee on Vaccination and Immunisation of the population it anticipates being vaccinated by the end of spring 2021:
1. Residents in a care home for older adults and their carers
  2. All those 80 years of age and over and frontline health and social care workers
  3. All those 75 years of age and over
  4. All those 70 years of age and over and clinically extremely vulnerable individuals
  5. All those 65 years of age and over
  6. All individuals aged 16 to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
  7. All those 60 years of age and over
  8. All those 55 years of age and over
  9. All those 50 years of age and over
- 8.5. The Chief Medical Officer's letter also provided additional detail on the health and social care staff who should now be prioritised for vaccination:
- Patient facing, frontline healthcare workers.
  - Non-clinical but patient facing staff in secondary or primary care / community healthcare settings.
  - Laboratory and pathology staff.
  - Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients / clients are at increased risk of exposure.

- 8.6. Furthermore, on 30 December 2020 a significant change was announced to the planned process for issuing the vaccine. The Joint Committee on Vaccination and Immunisation (JCVI) has now recommended that as many people on the priority list as possible should be offered a first vaccine dose as the initial priority before administering second doses. They have advised that the second dose of the Pfizer/BioNTech vaccine may be given between 3 and 12 weeks following the first dose, and that the second dose of the AstraZeneca (Oxford) vaccine may be given between 4 and 12 weeks following the first dose.

#### *Renfrewshire Vaccination Programme*

- 8.7. Renfrewshire has established a joint Council and Health and Social Care Partnership planning team to support NHS Greater Glasgow and Clyde Vaccination Programme.

- 8.8. Given the national changes, with an extended period between vaccine doses and the expectations regarding the priority groups to be vaccinated by spring, the Council and Health and Social Care Partnership are working closely with NHS Greater Glasgow and Clyde to ensure appropriate arrangements and resources are in place to support this. All plans will continue to be subject to the availability and flow of vaccine stocks.
- 8.9. To date, steady progress has been made to vaccinate the initial priority groups in Renfrewshire, and the pace of rollout in Renfrewshire compares positively against current national averages, where available. This is testament to the commitment of staff across the HSCP, Renfrewshire Council and NHS GGC. An update on current figures is provided below, however these figures continue to increase on a daily basis.

*Care Home Residents and Staff*

- 8.10. The First Minister noted on 20 January 2021 that 90% of care home residents have been vaccinated nationally. As at 21 January 2021, the HSCP mobile vaccine team has vaccinated 100% of eligible residents across all of Renfrewshire's internal and external care home estate. There are a small number of residents have not yet been able to receive their vaccination due to positive COVID tests or outstanding consent. These residents will be vaccinated in the second tranche of care home vaccinations. In line with national direction, residents will receive their 2<sup>nd</sup> dose within 12 weeks.
- 8.11. In addition to care home residents, over 62% of staff across Renfrewshire care homes have received their first vaccine dose at the time of writing. The HSCP mobile team continues to vaccinate the outstanding, consenting staff alongside any remaining residents at each care home in addition to the hospital-based vaccination centres in order to accelerate delivery.

*Health and Social Care Staff (in line with national prioritisation)*

- 8.12. Staff vaccinations have been taking place at the Louisa Jordan Hospital and other hospital-based vaccination centres including the Royal Alexandra Hospital. Initially, these centres focused on vaccinating care home staff and frontline NHS staff working in red zones i.e. intensive care units, high dependency care. Following the Chief Medical Officer's letter on 24 December 2020, as outlined in paragraph 8.4, this has been extended to identified priority staff. Communications continue to be issued regularly to all eligible HSCP, Council and external provider staff, with a link to the booking website and instructions, enabling them to book a vaccination appointment as soon as they become available.

*People over the age of 75, including housebound and those Shielding*

- 8.13. The vaccination rollout for the 80 years and over age group is underway. Over 2000 Renfrewshire residents in this group have already received their first dose of the vaccine from their GP. This covers approximately 25% of the over-80s population in Renfrewshire accounting for those over-80s who will be vaccinated through housebound provision. The national average for over-80s provision was approximately 20% on 20 January 2021. Delivery of vaccines to GP practices has been planned in a phased manner over the coming weeks

to reflect initial issues in supply and people over 80 will be contacted by their practice directly as soon as the vaccine becomes available. The initial vaccine supply is limited and will be prioritised to the oldest patients first. The flow of vaccine stocks is anticipated to improve in the coming weeks.

- 8.14. Preparations are also underway to vaccinate people aged over 80 who are housebound and therefore cannot attend a GP Practice. People who are considered housebound by their GP practice will be offered the vaccine in their own home. This group will be contacted directly as soon as the vaccine becomes available.
- 8.15. The housebound programme will begin shortly for those aged 80 years and above. This includes people who will turn 80 between now and the 31 March 2021 inclusive.
- 8.16. On completion of those aged 80 and over, the HSCP's mobile vaccination team will move on to other age groups, following the agreed prioritisation list.
- 8.17. More widely, the over 75s and those that are Shielding (across all age groups) will be vaccinated by GPs at local practices. The HSCP is currently confirming which practices will do so.

#### *Future Waves – Mass Vaccination Planning*

- 8.18. Planning continues through a partnership team including the Council; the Health and Social Care Partnership; Renfrewshire Leisure; NHS GGC; and the national NHS / Scottish Government planning team, to ensure robust vaccination procedures, protocols and infrastructure are established to support the roll out of mass vaccination and to meet anticipated demand.
- 8.19. National planning includes the establishment of mass vaccination clinics to support the optimal delivery of COVID vaccines to the wider population in a consistent way across Scotland.
- 8.20. In Renfrewshire, planning arrangements are being made to set up the mass vaccination clinics to support the delivery of the national programme in a way that ensures local residents can access a vaccination in line with national direction and priorities around the cohorts set out above with ease, should they chose to do so. Three locations have been identified to host mass vaccination clinics within the Renfrewshire area, in (i) the Lagoon Leisure Centre in Paisley; (ii) Renfrew Leisure Centre; and (iii) Johnstone Town Hall.
- 8.21. The mass vaccination centres will commence on 1 February 2021. These centres will start with the over 70s age group, and appointment letters will be issued to this group from Monday 25 January 2021. HSCP clinical leads are supporting the setup of these centres, following which responsibility for delivery will be taken forward by Renfrewshire Council and NHS GGC.

### **9. Conclusion of the Flu Vaccination Programme**

- 9.1. The 2020/21 Flu vaccination programme was significantly larger and more complex than in previous years with an increase in the number of people to be vaccinated in eligible groups and a need to deliver the programme in ways that managed the impact of the COVID-19 pandemic.

- 9.2. Phase One of the programme ended on 20 November 2020 and focussed on those people aged 65 and over. More than 28,000 people in this age group – representing 84% of the total cohort number – were vaccinated via our community vaccination centre at St Mirren Park, community pharmacies, in care homes or in their own homes, comfortably exceeding the Scottish Government uptake target of 75% of this age group.
- 9.3. Phase two of the programme was completed on 18 December 2020. By this date, more than 30,000 Renfrewshire residents aged 60 and over had received their flu vaccination. This second phase was initially expected to focus on those aged 55-64, however this was subject to policy change due to limited vaccine supply. On advice from the Scottish Government, the phase was amended to focus on those people aged 60-64 and delivered from 1 to 18 December 2020. More than 2,200 people aged 60-64 (around 19%) took up the opportunity to receive their vaccination in this phase, through a drop-in clinic at St Mirren Park. Uptake in this cohort was expected to be low given that many people would already have received a vaccination through workplace schemes, paid for them privately, or have received a vaccination as part of the 18-64 years 'at risk' cohort. Those in the 60-64 cohort still wishing to receive a free vaccination may, from 5 January 2021, now attend participating community pharmacies. Information is pending from the Scottish Government regarding plans for the 55-59 age group.
- 9.4. The establishment of the community vaccination centre at St Mirren Park was a new and innovative approach for the HSCP. As such we were keen to capture the views of those attending for their vaccinations, to learn from their experiences and to inform future similar programmes. 1015 responses - equating to 4% of patients attending the flu centre - were collected over the course of the two phases of delivery, with 98% of responses being positive. Comments primarily focussed on:
- the friendly, professional and welcoming staff;
  - the speed, ease and efficiency of the appointment; and
  - particular praise for the drive-through option.
- 9.5. Very few negative comments were received. Those that were largely focussed on:
- the requirement to travel during the pandemic;
  - issues with receipt/timing of appointment letters; and
  - the temperature of the venue, which was a challenge for both patients and staff alike.
- 9.6. Overall, patient feedback was overwhelmingly positive across both delivery phases of the programme and the HSCP will take forward several key learning points to future similar programmes.
- 10. Care Homes**
- 10.1. As the impact of COVID-19 increases across communities, the Health and Social Care Partnership (HSCP) is continuing to see the effect within care homes. Of the 23 care homes for older people across Renfrewshire, 3 are



operated by the HSCP - Montrose, Hunterhill and Renfrew. The use of a range of testing and the activity of Test and Protect within the wider community means that the HSCP can identify a wider range and higher number of both residents and staff who are positive. The vast majority of residents are asymptomatic, are stable and the HSCP are seeing people recover.

- 10.2. The situation, however, remains fluid and the range of enhanced support and oversight delivered through the Daily Huddle and enhanced clinical and care governance arrangements remains in place. The HSCP continues to work closely with both Public Health and the Care Inspectorate. At the time of writing, 3 care homes for older People in Renfrewshire are currently reporting outbreaks with 27 COVID-19 positive residents reported.

#### *Care Home Visiting*

- 10.3. On 22 December 2020, the Scottish Government wrote to care home managers to recommend that care home visiting should be reduced from 26 December 2020 for preventative and protective purposes to align with Level 4 visiting guidelines. In parallel, national prioritisation of care home residents and staff for the COVID-19 vaccine remains in place. The focus on vaccinating everyone living and working in adult care homes as soon as possible means that the Scottish Government are aiming for these additional restrictions to be as time limited as possible.

- 10.4. Under Level 4, care home visiting is advised as follows, at a frequency agreed between the care home and visitors:

- indoors: essential visits only
- outdoors: visits to the care home to see loved ones via garden or window visits, arranged with the care home in advance. As a result of the additional risk posed by the new variant, garden visits should now be limited to one visitor and visits by children and young people should be suspended.

- 10.5. Essential visits continue to be supported and include circumstances where it is clear that the person's health and wellbeing is changing for the worse, where visiting may help with communication difficulties, to ease significant personal stress or other pressing circumstances, including approaching end of life.

- 10.6. Since routine visiting was suspended in Level 4 areas from 26 December 2020, use of the Lateral Flow Test kits distributed to adult care homes, and originally planned for use with designated indoor visitors will now be used to test essential visitors. From 4 January 2021 the Lateral Flow Test kits are being used in the following situations:

- professional visitors to care homes who are not covered by arrangements in place through the NHS / their employer
- care home staff (enhanced testing) twice weekly alongside PCR testing
- outbreak management

- 10.7. It is recognised that testing can reduce the risk of COVID-19 transmission, but it does not completely remove the risk. When used alongside robust infection

prevention and control measures such as personal protective equipment it can however, support care homes to safely balance infection control and the vital benefits of visiting to residents' health and wellbeing.

## **11. Staff Testing**

11.1. Renfrewshire's Care Home Testing Team was established on 1st May 2020, with staff mobilised from across HSCP services. The purpose was the early identification of COVID-19 cases within adult and older adult care homes and the subsequent establishment of the spread of COVID-19 amongst residents and staff.

11.2. PCR testing involves a nasal/throat swab being taken with the person's consent and the tests processed through NHS labs. This has been available to all older adult care nursing and residential homes since May 2020. Further to this, PCR testing has rolled out to adult care homes, sheltered housing, very sheltered housing and Extra Care Housing complexes.

- Since the establishment of the Care Home Testing Team, the role of the team has continued to expand. At present the role of the team is:
- To undertake COVID-19 testing of symptomatic care/nursing home residents
- To undertake weekly surveillance testing in two older adult care or nursing homes on a rotational basis (10% of residents).
- To undertake mass testing in care/nursing homes following a positive COVID-19 test in a resident or staff member
- To provide COVID-19 testing kits to the local Community Nursing Team for pre-admission care/nursing home tests and for symptomatic housebound patients in Renfrewshire who are unable to complete a home test.

11.3. The team review and monitor the results when they are available and are in regular communication with Public Health. The results of the tests are made available to the Care Home Managers, which is used to inform the need for residents to self-isolate and potential outbreaks. The results are shared with the Daily Huddle and the weekly enhanced clinical and care governance meeting.

### *Care Home Staff Testing*

11.4. Staff in Adults and Older Adult Care home staff are offered weekly PCR testing which is co-ordinated by the Care Home Managers. The tests are undertaken by the individual members of staff on a set day each week, have been analysed by the Lighthouse Labs and are in the process of transferring over to NHS regional labs. The staff compliance with the PCR testing is exceptionally good, despite it being an unpleasant process.

11.5. If a staff on-shift member returns a positive result they are immediately sent home to self-isolate for 10 days and mass testing of the residents is arranged. For staff who experience COVID symptoms they should not attend their workplace and should access a testing centre for a test. They should not wait for the weekly test to be completed.

- 11.6. In addition to the weekly testing the Scottish Government published further guidance in December 2020 requesting Adult and Older Adult Care Home staff undertake twice weekly Lateral Flow Tests (LFT) and, if there is an outbreak, daily LFTs. This is currently being rolled out across all the adult and older adult care homes.

#### *Lateral Flow Tests*

- 11.7. At the end of December 2020 into January 2021, the Scottish Government published a range of guidance on the use of Lateral Flow Testing for wider groups of staff. This approach is intended to provide an additional layer of protection and support early identification of infection, allowing staff members to self-isolate.

- 11.8. Lateral Flow testing involves taking a swab of the nose or nose and throat to collect a sample, which is then inserted into a tube of liquid for a short time. Drops of liquid are added to the test strip and after about half an hour a result will be shown. Staff are requested to undertake this twice a week and they can be self-administered at home or in the workplace. PCR swab tests need samples to be sent to a lab for analysis so take at least a day to get a result. Staff are provided with Lateral flow tests kits which includes 25 tests and a unique serial number. Staff are required to register the kit with the serial number, and record the twice weekly test results, online. Should any Lateral Flow Test return a positive result, they are then confirmed using the more sensitive PCR test.

- 11.9. The groups included in this expanded testing regime include:

- Acute service inpatient staff and ward support staff;
- Community healthcare staff including those in Care Home liaison teams;
- Professional visitors to Care Homes
- Care Home staff (as part of an enhanced testing regime in addition to continued PCR testing and as part of outbreak management staff testing); and
- Care at Home (using Lateral Flow or PCR testing. Lateral Flow tests where used should be carried out twice weekly, with follow up by a PCR test if the lateral flow test is positive. PCR tests should be carried out once a week)
- Adult day centres / adult day care services
- Personal Assistants

- 11.10. At the time of writing the HSCP has started to receive the delivery of the test kits into the HSCP and are establishing implementation plans across the range of services, building in a range of supports for staff to encourage compliance with the LFT testing.

## **12. Personal Protective Equipment (PPE)**

- 12.1. Renfrewshire HSCP has set up a single point of contact and coordination for all PPE requirements across health and care services from our Hub in Paisley, in conjunction with colleagues from Renfrewshire Council's Building Services

team. The Hub oversees the ordering, distribution and collection arrangements for all PPE for HSCP internal services and commissioned services. Regular inflows of stock continue to be received via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues. On average our weekly incoming stock is in excess of 500k items of PPE and we support the timely allocation of this for delivery and collection by a range of services.

12.2. The local Carers Centre provide support to unpaid carers to access PPE through stocks that are being made available by NSS. Our Community Neighbourhood Hubs are also overseeing the distribution of PPE to local Personal Assistants, again through stocks being made available by NSS.

12.3. The HSCP continues to hold contingency stocks to support any unforeseen demand pressures and changes in policy position.

### **13. Renfrewshire COVID Assessment Centre**

13.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to operate and was open over the festive period, making sure residents who required to access the service a local service was available. There continues to be demand for the service from patients who experiencing COVID respiratory symptoms.

13.2. Staff who have been mobilised to work in the centre were in the priority group of staff to receive the COVID vaccine and commenced twice weekly lateral flow testing on 14<sup>th</sup> December 2020.

### **14. Day Support and Respite Provision**

14.1. Previous reports to the IJB on the response to and recovery from COVID-19 have provided regular updates on the HSCP's approach to increasing day support and respite provision where this is possible and reflects current guidance and restrictions in place.

14.2. Following the announcement of increased restrictions within Tier 4 areas and 'stay at home' messaging on 4 January 2021, the reopening of a building as part of a hub and spoke model of day support for older adults and adults with a physical disability remains paused. Support continues to be provided in line with the eligibility criteria for people with the most critical level of needs, and service users continue to be contacted on a weekly basis to provide ongoing support and advice. A further update on the work being undertaken to develop the hub and spoke model is provided in the Recovery and Renewal paper to this IJB.

14.3. The four-tier model of support continues to be utilised by Renfrewshire Learning Disability Services (RLDS) to provide essential support to the most vulnerable adults with learning disabilities and their families. This model incorporates day support and respite services, working closely with the Integrated Community Team. The day respite tier of the model was necessarily paused when Renfrewshire moved into Tier 4 restrictions. However, following updated communications from Scottish Government,

approval has been received from the Corporate Management Team to restart this provision at the Anchor Centre and Spinner's Gate.

- 14.4. RLDS continues to utilise the above approach in advance of the safe re-opening of wider building-based services being possible. The Learning Disability Planning Group continues to meet every three weeks, providing the opportunity for engagement with a range of stakeholders including carers and service user representatives, and this group will continue to be integral to decision making within the ongoing response to and recovery from the pandemic.

## **15. Adult and Older People Mental Health Inpatient services**

- 15.1. Mental Health inpatient services across Renfrewshire and NHS Greater Glasgow and Clyde are currently experiencing very high demand. The impact of this increased demand on the current staffing model continues to be monitored and guidance is in place to support any changes to service delivery and staffing to ensure the continued safe and effective provision of inpatient services.
- 15.2. The inpatient wards continue to implement 'cohorted' arrangements to provide care for patients based on whether they have confirmed or suspected COVID-19. Many patients in older people mental health wards have dementia. This can make adherence to social distancing requirements a challenge, as patients have a limited understanding of COVID-19, the associated risks and guidance which can limit infection.
- 15.3. The higher levels of infection circulating in the community continues to provide challenges, and an outbreak of COVID-19 infection is currently being managed in an older people mental health ward. This situation is being managed through daily contact with infection control and public health. An outbreak in a separate ward in December 2020 was managed well and the ward is now in a significantly improved position. A number of wards across the NHSGGC area have also been experiencing similar challenges.
- 15.4. In the previous update in November 2020 visiting to Mental Health inpatient services was on an essential basis only (as Renfrewshire was in Tier 4 restrictions at that time). An essential visit is one where it is imperative that a relative or friend is allowed to see their loved one in a number of exceptional circumstances. These include at end-of-life, for patients with a mental health issue such as dementia, autism or learning disabilities where the absence of a visitor would cause distress, to accompany a child in hospital, or any other situation where clinical staff assess that it is essential to involve family or carers for ethical or patient safety reasons. Due to the lockdown restrictions announced on 4 January 2021, visiting remains on an essential basis only. Such visits continue to be facilitated and supported by Mental Health Inpatient Services only.

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## **Implications of the Report**

1. **Financial** – Financial implications resulting from the operational response to COVID-19 are described further in a separate report to the IJB

2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – No implications from this report.
4. **Legal** – This report outlines the legislative changes resulting from the inclusion of IJBs as Category One Responders under the Civil Contingencies Act 2004. The implications of these changes will continue to be monitored.
5. **Property/Assets** – Procedures in place to support the management and security of the authority's public information assets have been reviewed through the Records Management Plan. Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising during the COVID response are tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

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**List of Background Papers** – None.

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**Author:** David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Shiona Strachan, Interim Chief Officer ( <a href="mailto:shiona.strachan@renfrewshire.gov.uk">shiona.strachan@renfrewshire.gov.uk</a> )
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NHS Board Chief Executives  
Local Authority Chief Executives  
Integration Joint Board Chief Officers  
Third Sector Collaborative  
Consultation Respondents

By Email

January 2021

Dear Colleagues,

I am writing to outline the next steps in the inclusion of Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004. As you may recall, we wrote to you in October to announce the consultation on the equality and Fairer Scotland Duty impacts of the above. I would like to thank all who took the opportunity to respond to the consultation. The consultation concluded on the 22 November and today we have published an analysis of the responses, the official Government Response to the consultation, the Equalities Impact Assessment and the Fairer Scotland Duty. These are available at:

<https://consult.gov.scot/health-and-social-care-integration/consultation-to-amend-the-civil-contingencies-act/>

As you will see from the consultation analysis, of the 42 valid responses received, 16 made no comment about potential equalities impacts. Of the 28 responses which did comment on equalities impacts, the vast majority felt that there were no potential equalities impacts and no responses mentioned any specific protected characteristics.

Although the consultation asked only about equalities impacts, 33 respondents took the opportunity to provide their views on the proposal itself. Ten responses were broadly supportive of the proposal, 14 responses stated that they did not support the proposal. Objections were generally associated with views that the proposal is potentially burdensome/unnecessary; detrimental to existing systems; likely to create complexity; and not compatible with IJBs' constitution. These concerns are addressed within the Government Response.

It is worth reiterating that the proposal to legislate emerged from evidence during the pandemic, referenced by the Health and Sport Committee on the 17 June 2020, that in some areas IJBs were not included in local response activity by the Health Board and/or Local Authority. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal, coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

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

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I note concerns expressed by some partners that this proposal is potentially burdensome. However, given local partners are already working within an integrated health and social care model there should be limited additional resourcing implications associated with the requirement. Officers engaged via partnership arrangements in the Health Board and Local Authority would be expected to ensure the IJB is briefed and included in discussions and planning.

In considering the responses to the consultation, I have therefore concluded that there are neither clear equality, operational nor strategic planning barriers to progressing the proposal and legislating for the IJB inclusion within the Civil Contingencies Act 2004 as Category 1 responders. Therefore, the amendments to the Civil Contingencies Act 2004 will be laid before the Scottish Parliament on Monday 18 January for due consideration.

I would like to again thank all who took the time to respond to the consultation.

Kind regards,



**JEANE FREEMAN**



**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

**Report by: Chief Finance Officer**

**Heading: Financial Report 1 April 2020 to 30 November 2020**

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

## 1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 November 2020 and the projected year end position for the year ending 31 March 2021.
- 1.2. As previously highlighted to members, the impact of COVID-19 on services delivered by the HSCP has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, the extent of which will become clearer as financial year 2020/21 progresses. These impacts are likely to continue over the medium term and at least over the next few financial years. The continually changing situation, potential for future spikes in demand for services will create additional delivery and financial pressures as well as impacting the HSCP's transformation and savings plans, which will require ongoing review and realignment.
- 1.3. The table in paragraph 3.1, includes the consolidated summary members are familiar with, plus an added level of detail showing the current estimated cost to the HSCP of our response to COVID-19. This is to provide clarity of the financial impact of COVID-19 on the Delegated 2020/21 IJB Budget.

## 2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 November 2020;
- Note the projected year-end position for 2020/21;
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2020/21; and
- Approve an increase to the earmarked prescribing reserve detailed in paragraph 9.5.

### 3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £745k and the projected outturn for 2020/21 is an underspend of £1,067k. This position includes the net actual and estimated costs in relation to COVID-19, and, is prior to the transfer of any ring-fenced balances to General and Ear Marked Reserves at the financial year end.

Division	Year to Date Position	Projected Year End Outturn
<b>Total Renfrewshire HSCP</b> (excluding COVID-19)	<b>Underspend £2,896k</b>	<b>Underspend £4,258k</b>
<b>Net COVID -19 Actual and Projected Costs</b>	<b>Overspend (£2,151k)</b>	<b>Overspend (£3,191k)</b>
<b>Total Renfrewshire HSCP</b> (inclusive of COVID-19)	<b>Underspend £745k</b>	<b>Underspend £1,067k</b>

The key pressures are highlighted in section 4.

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

### 4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	<b>Underspend £2,896k</b>	<b>Underspend £4,258k</b>

- 4.1. The overall net underspend for the HSCP at 30 November 2020 is an underspend of £2,896k, with an anticipated year-end underspend of £4,258k, assuming that the current trajectory of spend continues throughout this financial year. Members should note this does not include the net costs associated with COVID-19.
- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP) and Alcohol and Drug Partnership (ADP) are based on the current funding received to date.
- 4.3. The current and projected underspend includes a drawdown of £959k to date, from ear marked reserves as detailed in the following table and in Appendix 8.

### **Movement in Reserves**

<b>Earmarked Reserves</b>	<b>Amounts Drawn Down in 2020/21</b>
	<b>£000's</b>
PCTF Monies Allocated for Tests of Change and GP Support	-91
Primary Care Improvement Program (19/20) (20/21)	-264
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	-37
District Nurse Rolling Recruitment Programme	-8
ADP Funding	-187
Mental Health Action 15 (19/20) (20/21)	-130
Mental Health Strategy Interim Support Pending Completion of Psychology Review	-85
Information Communication Funding - Care @ Home Scheduling System	-131
Renfrewshire Wide Prevention and Early Intervention Programme	-25
<b>TOTAL EARMARKED RESERVES</b>	<b>-959</b>

- 4.4. The main broad themes of the current and projected outturn are in line with those previously reported to members and include:

<b>Adults and Older People</b>	<b>Year to Date Position</b>	<b>Year End Outturn</b>
	<b>Underspend £1,129k</b>	<b>Underspend £1,635k</b>

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

- *Continued pressures within the Care at Home service* – spend within care at home has continued to increase year on year as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget.
- *Care Homes* – Currently, the Care Home budget is projecting an underspend which is offsetting the above pressures within the Care at Home service. This position reflects the impact of COVID-19 on the ability of care homes to take new admissions. In addition, greater numbers of clients are choosing to remain at home for longer which is in turn placing a significant pressure on our care at home services.
- *Employee costs - Adult Social Care*  
Underspends in employee costs reflecting recruitment delays due to COVID-19 restrictions and ongoing difficulties recruiting to specialist posts.
- *Adult Community Services*  
Underspend, reflecting ongoing turnover and recruitment and retention issues across services including Rehabilitation and District Nursing services, which are also contributing to an underspend on the associated supplies budgets which is reflective of services operating at a reduced capacity during the pandemic.

<b>Mental Health Services</b>	<b>Year to Date Position</b>	<b>Year End Outturn</b>
	<b>Underspend £453k</b>	<b>Underspend £659k</b>

- 4.4.2. The underspend within Mental Health Services reflects vacancies due to recruitment issues throughout all mental health service areas which offset pressures in relation to costs associated with bank and agency staff required to maintain the recommended safe staffing and skill mix for registered nurse to bed ratios (enhanced observations).

In addition, these underspends are also currently offsetting an overspend in relation to the Mental Health Action 15 programme. The full year forecasted pressure for Action 15 is an overspend of £223k. As soon as clarification of the remaining 2020/21 funding is received, the year end outturn position will be amended as appropriate.

Learning Disabilities	Year to Date Position	Year End Outturn
	Underspend £221k	Underspend £324k

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

Children's Services	Year to Date Position	Year End Outturn
	Underspend £277k	Underspend £415k

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

Resources	Year to Date Position	Year End Outturn
	Overspend (£642k)	Overspend (£964k)

- 4.4.5. The overspend within Resources is mainly in relation to the Primary Care Improvement Programme (PCIP). As at the 30<sup>th</sup> November the HSCP has received £1.867m of its 2020/21 allocation compared to the current full year expenditure forecast of £2.940m. As soon as clarification of further funding is confirmed, the year end outturn position will be amended as appropriate.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £311k	Underspend £622k

- 4.4.6. The underspend in Hosted Services is as previously reported mainly due to vacancies within the Primary Care service, and, vacancies within the Podiatry Service. In addition, the reduction in activity due to the impact of COVID-19 and the requirement to temporary cease some services over the past few months has reduced spend on single use instruments within the Podiatry service.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £1,041k	Underspend £1,561k

- 4.4.7. To assist in mitigating risks associated with prescribing cost volatility, the IJB, as part of its financial planning for 2020/21, agreed a net increase of £1.1m to the prescribing budget. This was based on a number of assumptions, including the delivery of prescribing efficiencies and initiatives across NHS GGC, and the potential impact of tariff reductions. In addition, at its meeting of 26 June 2020, the IJB approved an increase to the Prescribing earmarked reserve to provide further resilience over 2020/21.

- 4.4.8. Based on the current data available, the prescribing budget is projecting an underspend of £1.561m for 2020/21 which is summarised in the table below.

Spend Type	Variance	
	£'000	
<b>Schedule 4 GIC</b> (Gross Ingredient Cost - Main GP Prescribing Budget)	65.70	underspend
<b>Invest to Save</b>	0.00	breakeven
<b>Prescribing Contingency</b> (does not include Earmarked Reserves)	1,373.36	underspend
<b>Gross Expenditure</b>	<b>1,439.06</b>	<b>underspend</b>
Recovery of Discounts and Rebates	<b>121.00</b>	underspend
<b>Net Position</b>	<b>1,560.06</b>	<b>underspend</b>

4.4.9. Current indications are that prescribing volumes will remain lower this year than in previous years, (approximately 2.1% reduction on the same period last year). This has helped to negate the impact of higher prices due to short supply; in addition, there are one-off windfalls from discount rebates and the tariff swap reduction.

4.4.10. At this stage in the financial year, given that we are currently projecting an underspend and there is an earmarked reserve of £1m for Prescribing, it is anticipated that any move to an overspend can be met from the reserve balance. However, the full extent of the ongoing impact of COVID-19, and BREXIT on the prescribing budget are currently unknown.

## 5. Responding to the COVID-19 Pandemic

5.1. As previously highlighted to members, in addition to the areas of pressure described in Section 4 of this report, the most significant challenge faced by Renfrewshire HSCP (since March 2020) and its partner organisations (and all HSCPs across Scotland) has been responding to the COVID-19 pandemic. The uncertainty and challenges arising from this situation are unprecedented, and, will continue to impact beyond this financial year.

5.2. The CFO regularly provides estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. This feeds into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflect regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.

5.3. The following table summarises the main areas of expenditure which the HSCP has incurred, and, is projected to incur as a result of the current emergency arrangements – these include: provider sustainability payments; loss of income; and, the cost of savings which have been delayed in their implementation. To date £9.3m has been spent responding to COVID-19, of which £2.636m relates to health services excluding hospices, and, £6.664m relates to adult social care services.

<b>Total Estimated Costs at 15/12/20</b>							
Description of Cost Type	Health			Adult Social Care			TOTAL
	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	
	£000's	£000's	£000's	£000's	£000's	£000's	
Additional Staff Costs	820	180	1,000	834	351	1,185	2,185
Provider Sustainability Costs	-	-	-	3,188	2,440	5,628	5,628
PPE	26	11	37	737	-	737	774
Delayed Discharge & Care at Home	-	-	-	588	216	804	804
Community Hubs	556	1,111	1,667	-	-	-	1,667
Hospices Loss of Income	-	693	693	-	-	-	693
Unachieved Savings	155	-	155	383	123	506	661
Loss of Income	-	-	-	585	-	585	585
FHS costs	818	49	868	-	-	-	868
Other Costs	261	1,252	1,513	349	561	910	2,423
<b>TOTAL</b>	<b>2,636</b>	<b>3,296</b>	<b>5,933</b>	<b>6,664</b>	<b>3,692</b>	<b>10,356</b>	<b>16,288</b>

- 5.4. The actual impact may however be higher or lower than currently estimated, depending upon a wide range of influencing factors including: the time taken to move through the route map of recovery; the impact of Test, Trace, Isolate and Support (TTIS) on our internal services as well as our externally contracted services; in addition costs associated with provider sustainability payments are wholly dependent on Scottish Government decisions in relation to the level and duration of support providers are to receive.
- 5.5. Currently, the projections only extend until the 31 March 2020/21. However, it is likely that some expenditure commitments will extend well into 2021/22, in particular, the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting the virus.
- 5.6. Funding of costs associated with COVID-19, for services delegated to the IJB, is being routed through NHS GGC and passed through to the IJB. To date the IJB has received a total of £13.098m to meet the costs of responding to COVID-19. This equates to £9.419m for adult social care services; £2.986m for Health services and £0.693m for hospices.
- 5.7. The table below shows that in total, funding of £13.098m has been confirmed (including Hospices), leaving a current estimated funding gap of £3.190m.

<b>Confirmed Funding Sources to Support the HSCP's COVID-19 Response</b>	<b>£000's</b>
Allocation of funding for Adult Services	9.419
Allocation of funding for Health	2.986
Hospice Funding Allocation (Accord and St Vincent's)	0.693
<b>Total Confirmed Funding to date</b>	<b>13.098</b>
<b>Less: Estimated Costs @ 15/12/2020</b>	<b>16.288</b>
<b>= Current Funding Gap</b>	<b>-3.190</b>

- 5.8. Discussions with the Scottish Government in relation to future funding allocations are ongoing. The Scottish Government, who are themselves working with the unprecedented uncertainty of COVID-19, appreciate the position of the IJB and the additional spend incurred and projected. However, whilst these discussions are on-going, the actual and projected financial position of the IJB remains uncertain with the risk that the IJB will be required to partially fund any remaining gap.

## 6. Current Vacancy Position

- 6.1. As highlighted throughout section 4, and Appendices 1 to 3 of this report, Employee Costs are projecting a significant underspend throughout all services.
- 6.2. Recruitment has been delayed due to COVID-19 restrictions but continues to be progressed for vacant posts in all services.
- 6.3. Appendices 9 and 10 provide a summary of the number and type of vacancies and the areas/ posts where these vacancies arose.

## 7. Scottish Government Funding 2020/21

- 7.1. The 2020/21 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) are summarised in Appendix 7. The table details the amounts still held by the Scottish Government which relate to previous years allocations and which will be released at the discretion of the government subject to qualifying spend being incurred.
- 7.2. In line with Scottish Government requirements, regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce and delivery of stated outcomes.

## 8. Other Delegated Services

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

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

## 9. Reserves

- 9.1. As detailed in Appendix 8, the opening IJB reserves position for 2020/21 was £9.517m. This figure comprised £8.116m of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £1.401m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with

unforeseen events or emergencies. This equates to 0.63% of the IJB's net budget (not including set aside).

- 9.2. As detailed in Appendix 8 and paragraph 4.3, based on current projections for 2020/21 a total of £0.959m of ear marked reserves have been drawn down to date.
- 9.3. The table in Appendix 8 provides further details on the remaining balances held in reserves by the IJB.
- 9.4. In November 2020 the IJB approved the CFO's Financial Outlook 2021/22. This report described the CFO's estimated financial outlook for Renfrewshire IJB for 2021/22, taking into account the impact of COVID-19, and, recommending key actions with regards the IJB's medium term financial strategy.
- 9.5. As part of the CFO's financial strategy for 2021/22 and in line with the IJB's Reserves Policy, members are therefore asked to approve an increase of £1m to the Prescribing Ear Marked reserve. This increase will help to fund (on a non-recurring basis) the significant anticipated pressure on the prescribing budget for 2021/22.

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

- 10.1. For 2020/21, the new Living Wage rate has been set at £9.30, an increase of 30p from the 2019/20 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a 3.3% increase will be applied as per communication issued by the Scottish Government.
- 10.2. All contracted providers of care at home services and supported living services have been offered an increase to allow the payment of the new Living Wage rate. All Care at Homes providers have accepted the increase. For supported living services, all 10 providers have now also accepted the increase.
- 10.3. The 4 Contracted providers of adult residential services within Renfrewshire have been offered an increase of 3.3% for the payment of the new Scottish Living Wage.
- 10.4. All Scottish Living Wage uplifts will be from the 6<sup>th</sup> April 2020, as per the Guidance for Commissioned Services issued by COSLA in consultation with the Scottish Government on the 17th April 2020.
- 10.5. The Scottish Living Wage for 2021/22 has been confirmed as £9.50 an increase of £0.20, on confirmation of funding from the Scottish Government Renfrewshire will offer all contracted providers an increase for the payment of this new Scottish Living Wage for 2021/22.

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## **Implications of the Report**

- 1. **Financial** – Financial implications are discussed in full in the report above.
- 2. **HR & Organisational Development** – none
- 3. **Community Planning** - none
- 4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
- 5. **Property/Assets** – none.
- 6. **Information Technology** – none
- 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights.



No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – none.
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
11. **Privacy Impact** – none.

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**List of Background Papers** – None.

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Direction from the Integration Joint Board		
1.	Reference Number	290121-04
2.	Date Direction issued by IJB	29 January 2021
3.	Date from which Direction takes effect	29 January 2021
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, 021120-04
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2019-22), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	March 2021.



## Appendix 1

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### HSCP Revenue Budget Position 1st April 2020 to 11th December 2020

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	54,070	4,635		455		59,160	59,628	(468)	-1%	overspend
Property Costs	269	20		-		289	426	(137)	-47%	overspend
Supplies and Services	13,135	6,940	(14,636)	146		5,586	6,192	(606)	-11%	overspend
Third Party Payments	39,504	3,525		-		43,029	46,520	(3,491)	-8%	overspend
Purchase Of Healthcare	1,850	702		41		2,592	2,803	(211)	-8%	overspend
Transport	556	27		-		583	447	136	23%	underspend
Family Health Services	57,253	2,181		-		59,434	58,982	452	1%	underspend
Support Services	49	-		-		49	41	8	17%	underspend
Transfer Payments (PTOB)	4,980	(2,647)		-		2,332	3,158	(825)	-35%	overspend
Resource Transfer	13,517	881	(14,397)	-		(0)	-	(0)	0%	overspend
Set Aside	37,665	1,130		-		38,795	38,795	-	0%	breakeven
<b>Gross Expenditure</b>	<b>222,847</b>	<b>17,393</b>	<b>(29,033)</b>	<b>642</b>	<b>-</b>	<b>211,850</b>	<b>216,991</b>	<b>(5,141)</b>	<b>-2%</b>	<b>overspend</b>
Income	(20,099)	151			(642)	(20,590)	(26,476)	5,886	-29%	underspend
<b>NET EXPENDITURE</b>	<b>202,748</b>	<b>17,544</b>	<b>(29,033)</b>	<b>642</b>	<b>(642)</b>	<b>191,260</b>	<b>190,515</b>	<b>745</b>	<b>0%</b>	<b>underspend</b>

Care Group	YTD Budget	In year adjustments	Adjustment in line with	Drawdown From	Reserves Budget	Revised Budget	Actual Spend YTD	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	47,050	(1,801)		235	(235)	45,250	44,121	1,129	2%	underspend
Mental Health	14,998	1,095		143	(143)	16,093	15,640	453	3%	underspend
Learning Disabilities	10,764	1,143		-	-	11,907	11,686	221	2%	underspend
Children's Services	3,893	332		-	-	4,226	3,949	277	7%	underspend
Prescribing	24,946	(329)		-	-	24,617	23,577	1,041	4%	underspend
Health Improvement & Inequalities	574	69		17	(17)	643	643	0	0%	overspend
FHS	30,658	4,354		-	-	35,012	35,012	-	0%	breakeven
Resources	2,395	1,843	(187)	247	(247)	4,051	4,694	(642)	-16%	overspend
Hosted Services	7,381	95		-	-	7,476	7,058	419	6%	underspend
Resource Transfer	13,517	881	(14,397)	-	-	(0)	-	(0)	0%	overspend
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0%	breakeven
Set Aside	37,665	1,130		-	-	38,795	38,795	-	0%	breakeven
Other Delegated Services	738					738	738	-	0%	breakeven
COVID 19	-	8,732	(6,279)	-	-	2,453	4,604	(2,151)	0%	overspend
<b>NET EXPENDITURE</b>	<b>202,748</b>	<b>17,544</b>	<b>(29,033)</b>	<b>642</b>	<b>(642)</b>	<b>191,260</b>	<b>190,515</b>	<b>745</b>	<b>0%</b>	<b>underspend</b>

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

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with £000's	Drawdown From £000's	Reserves Budget £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	79,870	6,937		682		87,489	88,181	(692)	-1%	overspend
Property Costs	390	31		-		421	619	(198)	-47%	overspend
Supplies and Services	19,636	10,411	(21,954)	215		8,308	9,188	(880)	-11%	overspend
Third Party Payments	57,062	5,091		-		62,153	67,195	(5,042)	-8%	overspend
Purchase Of Healthcare	2,774	1,053		61		3,888	4,204	(316)	-8%	overspend
Transport	803	39		-		842	646	196	23%	underspend
Family Health Services	85,879	3,272		-		89,151	88,473	678	1%	underspend
Support Services	71	-		-		71	59	12	17%	underspend
Transfer Payments (PTOB)	7,193	(3,824)		-		3,369	4,561	(1,192)	-35%	overspend
Resource Transfer	20,275	1,321	(21,596)	-		-	-	-	0%	breakeven
Set Aside	56,497	1,695		-		58,192	58,192	-	0%	breakeven
<b>Gross Expenditure</b>	<b>330,450</b>	<b>26,025</b>	<b>(43,550)</b>	<b>959</b>	<b>-</b>	<b>313,884</b>	<b>321,318</b>	<b>(7,435)</b>	<b>-2%</b>	<b>overspend</b>
Income	(29,157)	301			(959)	(29,814)	(38,316)	8,502	-29%	underspend
<b>NET EXPENDITURE</b>	<b>301,293</b>	<b>26,326</b>	<b>(43,550)</b>	<b>959</b>	<b>(959)</b>	<b>284,069</b>	<b>283,002</b>	<b>1,067</b>	<b>0%</b>	<b>underspend</b>

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with £000's	Drawdown From £000's	Reserves Budget £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Adults & Older People	68,436	(2,613)		348	(348)	65,822	64,187	1,635	2%	underspend
Mental Health	22,403	1,626		215	(215)	24,028	23,369	659	3%	underspend
Learning Disabilities	15,592	1,653		-	-	17,244	16,921	324	2%	underspend
Children's Services	5,840	499		-	-	6,339	5,924	415	7%	underspend
Prescribing	37,419	(493)		-	-	36,926	35,365	1,561	4%	underspend
Health Improvement & Inequalities	861	104		25	(25)	965	965	-	0%	breakeven
FHS	45,987	6,531		-	-	52,518	52,518	-	0%	breakeven
Resources	3,593	2,764	(281)	371	(371)	6,077	7,040	(964)	-16%	overspend
Hosted Services	11,071	143		-	-	11,214	10,586	628	6%	underspend
Resource Transfer	20,275	1,321	(21,596)	-	-	-	-	-	0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0%	breakeven
Set Aside	56,497	1,695	-	-	-	58,192	58,192	-	0%	breakeven
Other Delegated Services	1,066	-				1,066	1,066	-	0%	breakeven
COVID 19	-	13,098	(9,419)	-	-	3,679	6,870	(3,191)	-87%	overspend
<b>NET EXPENDITURE</b>	<b>301,293</b>	<b>26,326</b>	<b>(43,550)</b>	<b>959</b>	<b>(959)</b>	<b>284,069</b>	<b>283,002</b>	<b>1,067</b>	<b>0%</b>	<b>underspend</b>

**Funded by:**

Renfrewshire Council	73,456
NHS Greater Glasgow & Clyde	211,572
Drawdown of Earmarked Reserves	(959)
<b>TOTAL</b>	<b>284,069</b>

## Appendix 2

### Health Revenue Budget Position 1st April 2020 to 30th November 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Employee Costs	31,845	4,361	-	439	-	36,645	36,944	(298)	-1%	Overspend
Property Costs	24	20	-	-	-	44	63	(18)	-41%	Overspend
Supplies and Services	11,924	6,940	(14,636)	72	-	4,300	4,387	(87)	-2%	Overspend
Purchase Of Healthcare	1,850	702	-	41	-	2,592	2,803	(211)	-8%	Underspend
Family Health Services	57,253	2,181	-	-	-	59,434	58,982	452	1%	Underspend
Set Aside	37,665	1,130	-	-	-	38,795	38,795	-	0%	Break-even
Resource Transfer	13,517	881	(14,397)	-	-	-	-	-	-	
<b>Gross Expenditure</b>	<b>154,077</b>	<b>16,215</b>	<b>(29,033)</b>	<b>552</b>	<b>-</b>	<b>141,810</b>	<b>141,973</b>	<b>(163)</b>	<b>0%</b>	<b>overspend</b>
Income	(2,261)	1,499	-	-	(552)	(1,314)	(1,314)	-	0%	
<b>NET EXPENDITURE</b>	<b>151,815</b>	<b>17,714</b>	<b>(29,033)</b>	<b>552</b>	<b>(552)</b>	<b>140,496</b>	<b>140,659</b>	<b>(163)</b>	<b>0%</b>	<b>overspend</b>

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
								£000's	%	
Addiction Services	319	38	-	-	-	357	369	(12)	-3%	Overspent
Addiction Services - ADP	1,489	335	-	125	(125)	1,154	1,154	-	0%	Break-even
Adult Community Services	6,722	78	-	19	(19)	6,800	6,705	94	1%	underspend
Children's Services	3,893	332	-	-	-	4,226	3,949	277	7%	underspend
Learning Disabilities	783	30	-	-	-	813	732	81	10%	underspend
Mental Health	13,305	501	-	56	(56)	13,806	13,574	231	2%	underspend
Mental Health - Action 15	-	294	-	87	(87)	294	442	(149)	-51%	Overspent
Hosted Services	7,381	95	-	-	-	7,476	7,058	419	6%	underspend
Prescribing	24,946	329	-	-	-	24,617	23,577	1,041	4%	underspend
Gms	15,913	1,166	-	-	-	17,079	17,079	-	0%	Break-even
FHS Other	14,745	3,188	-	-	-	17,933	17,933	-	0%	Break-even
Planning & Health Improvement	574	69	-	17	(17)	643	643	-	0%	Break-even
Primary Care Improvement Prog	-	1,245	-	176	(176)	1,245	1,960	(715)	-57%	Overspent
Resources	2,395	598	(187)	72	(72)	2,806	2,734	73	3%	underspend
Set Aside	37,665	1,130	-	-	-	38,795	38,795	-	0%	Break-even
Resource Transfer	13,517	881	(14,397)	-	-	-	-	-	-	
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	-	
COVID 19	-	8,732	(6,279)	-	-	2,453	3,955	(1,503)		
<b>NET EXPENDITURE</b>	<b>151,815</b>	<b>17,714</b>	<b>(29,033)</b>	<b>552</b>	<b>(552)</b>	<b>140,496</b>	<b>140,659</b>	<b>(163)</b>	<b>0%</b>	<b>overspend</b>

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

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Employee Costs	47,768	6,541		659		54,968	55,415	(447)	-1%	Underspend
Property Costs	36	31				67	94	(27)	-41%	Overspend
Supplies and Services	17,886	10,411	(21,954)	107		6,450	6,581	(131)	-2%	Overspend
Purchase Of Healthcare	2,774	1,053		61		3,888	4,204	(316)	-8%	Underspend
Family Health Services	85,879	3,272				89,151	88,473	678	1%	Underspend
Set Aside	56,497	1,695				58,192	58,192	-	0%	Break-even
Resource Transfer	20,275	1,321	(21,596)			-	-	-		
<b>Gross Expenditure</b>	<b>231,115</b>	<b>24,323</b>	<b>(43,550)</b>	<b>828</b>	<b>-</b>	<b>212,716</b>	<b>212,959</b>	<b>(244)</b>	<b>0%</b>	<b>overspend</b>
Income	(3,392)	2,248			(828)	(1,971)	(1,971)	-		
<b>NET EXPENDITURE</b>	<b>227,723</b>	<b>26,571</b>	<b>(43,550)</b>	<b>828</b>	<b>(828)</b>	<b>210,744</b>	<b>210,988</b>	<b>(244)</b>	<b>0%</b>	<b>overspend</b>

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
								£000's	%	
Addiction Services	478	57				535	553	(18)	-3%	Overspent
Addictions Services - ADP	2,233	(502)		187	(187)	1,731	1,731	-	0%	Break-even
Adult Community Services	10,083	117		29	(29)	10,200	10,058	142	1%	underspend
Children's Services	5,840	499				6,339	5,924	415	7%	underspend
Learning Disabilities	1,175	46				1,220	1,099	122	10%	underspend
Mental Health	19,958	751		85	(85)	20,709	20,362	347	2%	underspend
Mental Health - Action 15	-	441		130	(130)	441	664	(223)	-51%	Overspent
Hosted Services	11,071	143				11,214	10,586	628	6%	underspend
Prescribing	37,419	(493)				36,926	35,365	1,561	4%	underspend
Gms	23,870	1,749				25,619	25,619	-	0%	Break-even
FHS Other	22,117	4,782				26,899	26,899	-	0%	Break-even
Planning & Health Improvement	861	104		25	(25)	965	965	-	0%	Break-even
Primary Care Improvement Prog	-	1,867		264	(264)	1,867	2,940	(1,073)	-57%	Overspent
Resources	3,593	897	(281)	107	(107)	4,210	4,100	109	3%	underspend
Set Aside	56,497	1,695				58,192	58,192	-	0%	Break-even
Resource Transfer	20,275	1,321	(21,596)			-	-	-		
Social Care Fund	12,254		(12,254)			-	-	-		
COVID 19	-	13,098	(9,419)			3,679	5,933	(2,254)	-61%	Overspent
<b>NET EXPENDITURE</b>	<b>227,723</b>	<b>26,571</b>	<b>(43,550)</b>	<b>828</b>	<b>(828)</b>	<b>210,744</b>	<b>210,988</b>	<b>(244)</b>	<b>0%</b>	<b>overspend</b>



## Appendix 3

### Adult Social Care Revenue Budget Position 1st April 2020 to 11th December 2020

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Employee Costs	22,044	274	16		22,335	22,504	(170)	-0.8%	overspend
Property Costs	244	-	-		244	363	(118)	-48.4%	overspend
Supplies and Services	1,201	-	75		1,276	1,794	(519)	-40.6%	overspend
Third Party Payments	39,504	3,525	-		43,029	46,520	(3,491)	-8.1%	overspend
Transport	554	27	-		581	445	136	23.4%	underspend
Support Services	48	-	-		48	40	8	17.1%	underspend
Transfer Payments (PTOB)	4,322	(2,647)	-		1,675	2,500	(825)	-49.3%	overspend
<b>Gross Expenditure</b>	<b>67,919</b>	<b>1,178</b>	<b>91</b>	<b>-</b>	<b>69,188</b>	<b>74,166</b>	<b>(4,978)</b>	<b>-7.2%</b>	<b>overspend</b>
Income	(17,724)	(1,348)		(91)	(19,162)	(25,048)	5,886	-30.7%	underspend
<b>NET EXPENDITURE</b>	<b>50,195</b>	<b>(170)</b>	<b>91</b>	<b>(91)</b>	<b>50,025</b>	<b>49,118</b>	<b>908</b>	<b>1.8%</b>	<b>underspend</b>

Care Group	YTD Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Actual Spend YTD £000's	Variance		
							£000's	%	
Older People	33,789	(1,866)	91	(91)	31,923	30,725	1,198	3.8%	underspend
Physical or Sensory Difficulties	4,274	271	-	-	4,545	4,737	(192)	-4.2%	overspend
Learning Difficulties	9,981	1,113	-	-	11,094	10,954	140	1.3%	underspend
Mental Health Needs	1,693	300	-	-	1,993	1,623	370	18.6%	underspend
Addiction Services	458	12	-	-	471	431	40	8.5%	underspend
COVID 19	-	-	-	-	-	649	(649)		overspend
<b>NET EXPENDITURE</b>	<b>50,195</b>	<b>(170)</b>	<b>91</b>	<b>(91)</b>	<b>50,025</b>	<b>49,118</b>	<b>908</b>	<b>1.8%</b>	<b>underspend</b>

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

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Employee Costs	31,842	396	23		32,261	32,506	(245)	-0.8%	overspend
Property Costs	353				353	524	(171)	-48.4%	overspend
Supplies and Services	1,735		108		1,843	2,592	(749)	-40.6%	overspend
Third Party Payments	57,062	5,091			62,153	67,195	(5,042)	-8.1%	overspend
Transport	800	39			839	643	196	23.4%	underspend
Support Services	70				70	58	12	17.1%	underspend
Transfer Payments (PTOB)	6,243	(3,824)			2,419	3,611	(1,192)	-49.3%	overspend
<b>Gross Expenditure</b>	<b>98,105</b>	<b>1,702</b>	<b>131</b>	<b>-</b>	<b>99,938</b>	<b>107,129</b>	<b>(7,191)</b>	<b>-7.2%</b>	<b>overspend</b>
Income	(25,601)	(1,947)		(131)	(27,679)	(36,181)	8,502	-30.7%	underspend
<b>NET EXPENDITURE</b>	<b>72,504</b>	<b>(245)</b>	<b>131</b>	<b>(131)</b>	<b>72,259</b>	<b>70,948</b>	<b>1,311</b>	<b>1.8%</b>	<b>underspend</b>

Care Group	Annual Budget £000's	In year adjustments £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End £000's	Variance		
							£000's	%	
Older People	48,806	(2,695)	131	(131)	46,111	44,381	1,730	3.8%	underspend
Physical or Sensory Difficulties	6,174	391			6,565	6,842	(277)	-4.2%	overspend
Learning Difficulties	14,417	1,607		-	16,024	15,822	202	1.3%	underspend
Mental Health Needs	2,445	434			2,879	2,344	535	18.6%	underspend
Addiction Services	662	18			680	622	58	8.5%	underspend
COVID 19					-	937	(937)		overspend
<b>NET EXPENDITURE</b>	<b>72,504</b>	<b>(245)</b>	<b>131</b>	<b>(131)</b>	<b>72,259</b>	<b>70,948</b>	<b>1,311</b>	<b>1.8%</b>	<b>underspend</b>

**Renfrewshire Council 'Other Delegated Services'**  
**1st April 2020 to 11th December 2020**

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	180	180	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	10	10	-	0%	breakeven
Transport	2	2	-	0%	breakeven
Support Services	1	1	-	0%	breakeven
Transfer Payments (PTOB)	658	658	-	0%	breakeven
<b>Gross Expenditure</b>	<b>852</b>	<b>852</b>	<b>-</b>	<b>0%</b>	<b>breakeven</b>
Income	(114)	(114)	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>738</b>	<b>738</b>	<b>-</b>	<b>0%</b>	<b>breakeven</b>

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	574	574	-	0%	breakeven
Women's Aid	164	164	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>738</b>	<b>738</b>	<b>-</b>	<b>0%</b>	<b>breakeven</b>

**1st April 2020 to 31st March 2021**

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	260	260	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	15	15	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Support Services	1	1	-	0%	breakeven
Transfer Payments (PTOB)	950	950	-	0%	breakeven
<b>Gross Expenditure</b>	<b>1,230</b>	<b>1,230</b>	<b>-</b>	<b>0%</b>	<b>breakeven</b>
Income	(164)	(164)	-	0%	breakeven
<b>NET EXPENDITURE</b>	<b>1,066</b>	<b>1,066</b>	<b>-</b>	<b>0%</b>	<b>breakeven</b>

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



<b>2020/21 Adult Social Care Base Budget and In-Year Adjustments</b>	
	<b>£k</b>
2020/21 Renfrewshire HSCP Opening Budget:	72,504
<b><u>Reductions:</u></b>	
Transfer to ICT Budget for Care @ Home Scheduling and Monitoring Tool	-245
<b>Adult Social Care Budget as reported @ 16th October 2020</b>	<b>72,259</b>



<b>2020/21 Health Financial Allocation to Renfrewshire HSCP</b>	<b>£k</b>
2020-21 Renfrewshire HSCP Financial Allocation	172,169
Add: Set Aside	57,605
<b>less:</b> Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-20,618
= base budget rolled over	<b>196,903</b>
Budget Uplift - 3.00%	3,752
Podiatry Staff Transfer from Acute	116
Family Health Services - Adjustment	2,558
EMIS Funding - Primary Care Screening	19
Transfer of PCIP Pharmacy Budget Delayed	-288
Transfer of Historical Pharmacy Budget Delayed	-654
<b>Non-Recurring:</b>	
Cognitive Behavioural Therapist Posts - Psychology review	35
EMIS Funding - Primary Care Screening	71
GMS COVID Funding	620
Local Authority COVID Allocation	1,667
Transfer to Social Care Local Authority COVID Allocation	-1,667
<b>Budget allocated as per 2020-21 Financial Allocation 31st May 2020</b>	<b>203,132</b>
<b>Budget Adjustments posted in month 3</b>	
Adjustment to Resource Transfer	-978
Transfer of MH Liaison Service to Glasgow	-212
Scottish Living Wage Uplift	281
Transfer to Scottish Living Wage to Social Care	-281
HOSPICES - LOSS OF INCOME	693
<b>Budget allocated as per 2020-21 Financial Allocation 30th June 2020</b>	<b>202,634</b>
<b>Budget Adjustments posted in month 4</b>	
<b>Non-Recurring:</b>	
SESP Funding 20-21	305
Podiatry Transfer	-2
<b>Budget allocated as per 2020-21 Financial Allocation 31st July 2020</b>	<b>202,937</b>
<b>Budget Adjustments posted in month 5</b>	
<b>Non-Recurring:</b>	
Tranche 1 - Primary Care Improvement Funding	1,603
GMS COVID Funding	129
GMS Non Cash Limited Adjustment	2,081
<b>Budget allocated as per 2020-21 Financial Allocation 31st August 2020</b>	<b>206,750</b>
<b>Budget Adjustments posted in month 6</b>	
Transfer of GOS Contractor Payments to Central GMS	-385
<b>Non-Recurring:</b>	
GMS Covid Funding	10
Mental health Action 15 Funding - Tranche 1	441
Scottish Government Funding Covid	8,722
Transfer to Social Care Local Authority Covid Allocation	-6,518
<b>Budget allocated as per 2020-21 Financial Allocation 30th September 2020</b>	<b>209,020</b>
<b>Budget Adjustments posted in month 7</b>	
<b>Additions:</b>	
Set Aside Adjustment in line with Allocation Letter	587
Outcomes Frameworks Funding Reduction	-21
Global Tariff Swap Reduction - Prescribing	-1,574
<b>Non-Recurring:</b>	
GP Premises Improvement Fund	51
Transfer of Primary Care Baseline funding	302
GMS COVID Funding	4
Mental Health Bundle	291
Drug Death Monies	141
<b>Budget allocated as per 2020-21 Financial Allocation 31st October 2020</b>	<b>208,800</b>
<b>Budget Adjustments posted in month 8</b>	
FHS Adjustment - Anticipated Pharmacy Ncl 2020	1,339
FHS Adjustment - Reduce Dent Inc	-225
<b>Non-Recurring:</b>	
Tobacco Prevention Funding from Scottish Government	34
Scottish Government Funding COVID	782
GMS COVID Funding	14
<b>Budget allocated as per 2020-21 Financial Allocation 30th November 2020</b>	<b>210,744</b>





## Appendix 7

### Scottish Government Funding Streams

Funding Description	2018/19				2019/20					2020/21					Total	
	Per Allocation Letter	Received 1 <sup>st</sup> /2 <sup>nd</sup> Tranche	Balance held by SG (Variance)	Transfer to Earmarked Reserves	Per Allocation Letter	Received @ 31st March	Balance held by SG (Variance)	Drawdown from Reserves	Transfer to Earmarked Reserves	Per Allocation Letter	Received @ 30th November 2020	Balance held by SG (Variance)	Drawdown from Reserves	Transfer to Earmarked Reserves	Balance held by SG (Variance)	Balance Earmarked Reserves as at 30th November 2020
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
PCIF	1.554	1.465	0.089	-0.792	1.861	0.931	0.930	0.792	-0.264	3.735	1.867	1.868	0.264	0.000	2.887	0.000
Action 15	0.374	0.333	0.041	-0.306	0.575	0.097	0.478	0.306	-0.130	0.814	0.441	0.373	0.130	0.000	0.892	0.000
ADP	2.139	2.139	0.000	-0.321	2.229	2.229	0.000	0.066	-0.453	2.308	1.731	0.577	0.187	0.000	0.577	0.521
<b>TOTAL</b>	<b>4.067</b>	<b>3.937</b>	<b>0.130</b>	<b>-1.419</b>	<b>4.665</b>	<b>3.257</b>	<b>1.408</b>	<b>1.164</b>	<b>-0.847</b>	<b>6.857</b>	<b>4.039</b>	<b>2.818</b>	<b>0.581</b>	<b>0.000</b>	<b>4.356</b>	<b>0.521</b>

Allocation held by Scottish Government relating to previous years will be released at the discretion of the government and if additional qualifying spend incurred.



## Appendix 8

### Movement in Reserves

Earmarked Reserves	Opening Position 2020/21	Amounts Drawn Down in 2020/21	New Reserves	Closing Position 2020/21	Movement in Reserves 2020/21	To be Drawn Down 2020/21 c.£000's	To be Drawn Down 2021/22	To be Drawn Down 2022/23	Ongoing
	£000's	£000's	£000's	£000's	£000's				
PCTF Monies Allocated for Tests of Change and GP Support	380	-91		289	-91	21	✓		
Primary Care Improvement Program (19/20)_(20/21)	264	-264		0	-264	264			
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	277	-37		239	-37		✓		
District Nurse Rolling Recruitment Programme	202	-8		194	-8				✓
Prescribing	1,000			1,000	0		✓	✓	
ADP Funding	708	-187		521	-187		✓		
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49			49	0		✓		
Tec Grant	20			20	0		✓		
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080			1,080	0		✓		
Health Visiting	32			32	0		✓		
Mental Health Improvement Works	150			150	0		✓		
Mental Health Action 15 (19/20)_(20/21)	130	-130		0	-130	130			
Mental Health Strategy Interim Support Pending Completion of Psychology Review	115	-85		30	-85	45	✓		
HSCP Transformation Programme Funding for Temp Staff in Post	500			500	0		✓	✓	
HSCP Transformation Programme Funding 20/21_23/24	1,329			1,329	0				✓
ICT Swift Update Costs	27			27	0		✓		
Information Communcation Funding - Care @ Home Scheduling System	882	-131		752	-131		✓	✓	
Training for Mental Health Officers in HSCP	288			288	0		✓	✓	
Mile End Refurbishment	89			89	0		✓		
LA Care Home Refurbishment	300			300	0		✓		
Eclipse Support Costs (2 Year)	156			156	0		✓	✓	
Care @ Home Refurbishment and Uniform Replacement	24			24	0		✓		
Renfrewshire Wide Prevention and Early Intervention Programme	100	-25		75	-25		✓	✓	
Henry Programme - Pre 5 Obesity Training	15			15	0		✓		
<b>TOTAL EARMARKED RESERVES</b>	<b>8,116</b>	<b>-959</b>	<b>0</b>	<b>7,158</b>	<b>-958</b>	<b>460</b>			

General Reserves	Opening Position 2019/20	Amounts Drawn Down in 2019/20	New Reserves	Closing Position 2019/20	Movement in Reserves 2019/20
	£000's	£000's	£000's	£000's	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	1,401			1,401	0
<b>TOTAL GENERAL RESERVES</b>	<b>1,401</b>	<b>0</b>	<b>0</b>	<b>1,401</b>	<b>0</b>
<b>OVERALL RESERVES POSITION</b>	<b>9,517</b>	<b>-959</b>	<b>0</b>	<b>8,559</b>	<b>-958</b>



**HSCP Vacancy Position at 13 November 2020**  
**Per Client Group**

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	4.53	85.26	89.79
Mental Health	35.16	5.71	40.87
Learning Disabilities	1.30	9.86	11.16
Children's Services	6.91		6.91
Health Improvement & Inequalities			-
Resources	1.80		1.80
Hosted Services	5.30		5.30
<b>TOTAL</b>	<b>55.00</b>	<b>100.83</b>	<b>155.83</b>



**HSCP Vacancy Position at 13 November 2020**  
**Per Job Description**

Job Description	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	1.80		1.80
Adult Services Co-ordinator		4.50	4.50
Care Assistant		0.54	0.54
Care at Home Team Manager		1.00	1.00
Caretaker		1.19	1.19
Change & Improvement Officer		1.00	1.00
Community Alarm Responder		5.68	5.68
Community Alarm Responder (Night)		0.81	0.81
Community Meals Driver		2.33	2.33
Data Quality Assistant		2.00	2.00
Day Care Officer		1.24	1.24
Day Service Assistant		4.08	4.08
Day Service Officer		0.59	0.59
Depute Manager		1.00	1.00
Dietetics	0.40		0.40
Escort/ Attendant		0.57	0.57
Finance, Planning & Improvement Manager		1.00	1.00
Home Care Team Leader		3.79	3.79
Home Care Worker		42.16	42.16
Medical & Dental			-
Mental Health Support Worker		0.19	0.19
Nursing Staff - Trained	24.55		24.55
Nursing Staff - Untrained	12.99		12.99
Occupational Therapist	2.60		2.60
Occupational Therapist Assistant	1.10		1.10
Operations Manager		1.00	1.00
Physiotherapist - Assistant	0.50		0.50
Podiatrist	5.30		5.30
Practical Support Team Member		1.03	1.03
Programme Management Officer		1.00	1.00
Psychology	4.60		4.60
Rehabilitation Officer		0.50	0.50
Senior Day Care Officer		0.50	0.50
Senior Social Worker		1.00	1.00
Service Co-ordinator		1.00	1.00
Service Delivery Scheduler		3.05	3.05
Social Care Assistant		5.93	5.93
Social Care Assistant (Nights)		1.25	1.25
Social Care Worker		1.75	1.75
Social Care Worker (Nights)		0.88	0.88
Social Work Assistant		1.00	1.00
Social Work Team Leader		1.00	1.00
Social Worker		2.89	2.89
Speech & Language Therapist	0.66		0.66
Team Leader		1.00	1.00
Team Manager		2.38	2.38
Technical Instrutor	0.5		0.50
<b>TOTAL</b>	<b>55.00</b>	<b>100.83</b>	<b>155.83</b>







**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

**Report by: Interim Chief Officer**

**Heading: Recovery and Renewal Planning Update**

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

## **1. Summary**

- 1.1. This report provides an update to the IJB on the HSCP's Recovery and Renewal Programme being implemented alongside the ongoing response to the COVID-19.
- 1.2. As the Recovery and Renewal update to the IJB in November 2020 set out, the HSCP continues to prioritise the operational response to the pandemic and maintains a flexible approach to Recovery and Renewal activity. In particular, with the announcement of a new lockdown on 4 January 2021 covering mainland Scotland and Skye, the HSCP's focus remains on the safe and effective delivery of health and social care services within infection control guidelines, and the continued roll out of the COVID vaccination programme.
- 1.3. An update to the IJB on the HSCP's operational response to COVID-19, including the delivery of the COVID vaccination programme is provided in a separate paper.
- 1.4. The scale of the ongoing operational response has placed significant demands on HSCP resources and therefore Recovery and Renewal activity undertaken since the last update has focused on core areas of activity. It is expected that future work on renewal activity will continue to be limited while additional restrictions are in place and the response to the pandemic continues. This report provides an update on progress which has been made in the following aspects:
  - Strand 1 activity within the Recovery and Renewal programme, which is focused on the development of a community-led approach to improving health and wellbeing. The application process for funding to support projects which deliver on the health and wellbeing priorities agreed by the Strategic Planning Group has now been completed and funding has been agreed for a number of successful projects.

- The development of a workforce plan for 2021/22 and engagement with the HSCP's senior managers to develop a baseline of current challenges and initial objectives for further development within an action plan by April 2021.
- The continued development of a hub and spoke model for Older People's day support in line with current restrictions and limitations on the provision of building-based services.
- The ongoing development of a Renfrewshire Recovery Hub, providing a shared resource for supporting recovery in both mental health and addictions.

1.5. Recognising the continued demands of the response to and recovery (where possible) from the pandemic, the HSCP's Senior Management Team has undertaken a review of all ongoing activity to determine recovery priorities to the end of the current financial year. This paper also provides an overview of the process undertaken.

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## 2. **Recommendations**

It is recommended that the IJB note:

- The progress made in implementing the Strand 1 community-led approach to improving health and wellbeing in Renfrewshire with partners in the Strategic Planning Group;
- The work undertaken to date in preparation for the development of a one-year workforce action plan by the end of March 2021; and
- The update provided on the development of a hub and spoke model within Older People's day services;
- Progress made in developing the Renfrewshire Recovery Hub;
- The approach taken by the HSCP to prioritise existing change activity over the remainder of the financial year; and
- That, reflecting the HSCP's continued prioritisation of the pandemic response and vaccination programme, further Recovery and Renewal updates will be brought to every second meeting of the IJB, with more frequent updates provided should this be necessary.

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## 3. **Background**

3.1. On the 19 December 2020, the UK and Scottish Governments announced a significant retraction of the flexibility which had been agreed for travel and visiting arrangements over the Christmas period. As part of these announcements, it was confirmed that all mainland authorities within Scotland would move to Tier 4 restrictions on 26<sup>th</sup> December. These measures were stated as preventative interventions due to substantial increases in UK case numbers arising from the identification of a new, more transmissible, variant of the COVID-19 virus in London and the South East of England. At the same time, small numbers of cases had been linked to this new variant in the NHS Greater Glasgow and Clyde area. These restrictions were due to be in place for a minimum period of three weeks to 16 January 2021.

- 3.2. Following the above decisions, infection numbers across Scotland have reached record highs and as of 5 January 2021, the new COVID-19 variant was understood to account for approximately 50% of new cases. In response to this fast moving and challenging situation, a further lockdown for mainland Scotland and Skye was announced on 4 January 2021, including the implementation of stay at home orders for the public, subject to a number of allowances and exceptions. The restrictions were reviewed on 19 January 2021, and it was confirmed that they would be extended to mid-February, with a further review to take place on 2 February 2021.
- 3.3. Despite the above challenges, a positive step forward was taken on 8 December 2020, with the commencement of the COVID vaccination programme, initially taken forward using the Pfizer / BioNTech vaccine (known as 'Courageous'). The vaccination programme continued throughout the period of the festive break and has been further enhanced through the approval of the Oxford-AstraZeneca vaccine by the Medicines and Healthcare products Regulatory Agency (MHRA) on 30 December 2020. The programme itself presents significant logistical challenges and is being taken forward through a joint Council and Health and Social Care Partnership planning team, in support of the NHSGGC approach.
- 3.4. Alongside the COVID vaccination programme, ongoing operational and winter planning activity and the completion of the Flu vaccination programme in Renfrewshire, have placed substantial demands on staff and management within Renfrewshire HSCP. In delivering these priorities, the commitment of staff continues to be exceptional. However, as noted in paragraph 1.2 above, it has been necessary to flex the scale of recovery and renewal activity being undertaken during this period to enable ongoing operational activities to be delivered effectively and safely. The following sections of this report outline on the key elements of recovery and renewal which have continued.
- 4. Recovery and Renewal: Implementing a community-led approach to improving health and wellbeing through Strand 1**
- 4.1. The previous update to the IJB on Strand 1 activity focused on the launch of the competitive application process for funding to support collaborative community-led projects which deliver upon the Strategic Planning Group's six agreed priority areas:
- Loneliness and social isolation
  - Lower-level mental health and wellbeing
  - Housing as a health issue
  - Inequalities
  - Early years and vulnerable families
  - Healthy and active living.
- 4.2. In total, £250k non-recurring funding has been made available to support successful projects. The window for bids closed on 25 November 2020 and a total of 12 applications were received.
- 4.3. These applications have since been subject to a two-stage evaluation process by the evaluation panel, which consisted of the IJB Vice Chair, Head of Policy

and Commissioning from Renfrewshire Council, the Chief Executive of Engage Renfrewshire, and Health Improvement and Equalities Manager from NHS Greater Glasgow and Clyde. The evaluation panel assessed each application separately, before convening for further discussion and agreement of funding decisions.

4.4. The HSCP is delighted to confirm that following this evaluation process, the projects successful in obtaining funding are:

Priority Area	Successful Project(s)	Organisation(s) involved
Healthy and Active Living	<p>Upon review the panel proposed that two projects be funded jointly to enable linkages to be effectively progressed:</p> <ul style="list-style-type: none"> <li>• Training, Education and Active Mentoring (TEAM): providing increased knowledge, awareness and training about healthy eating, healthy lifestyles, and active lifestyles through the provision of local volunteering opportunities, training, support, and resources which build community resilience</li> <li>• Reducing Inactivity Supporting Engagement (RISE): aiming to increase physical activity levels and target those at moderate - high risk from COVID 19 and those rehabilitating from the virus <b>(£54,229 awarded in total)</b></li> </ul> <p>The panel also provided funding to Passport to Walkaboutabit, a project aimed at improving access to free, fun, and sustainable activities / challenges which engage and motivate people to live healthy and active lives <b>(£10,000 awarded)</b></p>	<p>Active Communities</p> <p>Renfrewshire Leisure</p> <p>Linstone Housing Association</p> <p>RAMH</p>
Mental Health and Wellbeing	<p>The panel agreed to provide funding to proposing organisations to consider how to jointly progress three individual proposals:</p>	<p>RAMH</p> <p>Engage Renfrewshire</p>

and Inequalities	<ul style="list-style-type: none"> <li>• The development of inclusive, multi-lingual information for those most at risk and isolated in BAME communities</li> <li>• A Health Improvement Officer role to support BAME communities alongside the existing Buddies Network Officer</li> <li>• Development of a Health Equity Charter for Renfrewshire</li> </ul> <p><b>(£30,000 awarded in total)</b></p>	RHSCP
Loneliness and Social Isolation	<p>Reducing Loneliness and Social Isolation through Strengthening Local Partnerships: this project will work with the Local Partnerships already in existence to connect local groups with new approaches, information and each other on tackling loneliness and isolation. It will assist local groups to explore possible tools to help address loneliness and isolation.</p> <p><b>(£23,586 awarded)</b></p>	<p>ROAR</p> <p>Local Partnerships</p> <p>Carers Centre</p>
Children and Vulnerable Families	<p>Renfrewshire Families Together: this project will deliver structured workshops supporting communication and positive relationships between caregivers and children transitioning into primary school. Support for adults will encourage reflection on their current identity as caregivers whilst free play for the children will increase confidence and resilience.</p> <p><b>(£63,515 awarded)</b></p>	<p>Home Start</p> <p>KLAS Care</p> <p>Renfrew YMCA</p> <p>Renfrewshire Leisure</p> <p>STAR Project</p>
Housing as a Health Issues	<p>The panel did not agree to fund specific projects in this area. However, it was agreed to provide funding to organisations working within this priority to undertake further scoping on gaps in existing provision and to work with the Strategic Housing Group to jointly take this scoping activity forward.</p> <p><b>(£10,000 awarded)</b></p>	<p>Federation of Local Housing Associations In Renfrewshire (FLAIR)</p> <p>Engage Renfrewshire</p>

Inequalities	<p>The panel agreed to fund two projects in this priority area:</p> <ul style="list-style-type: none"> <li>Renfrewshire Bereavement Network: a project aimed at building on a pilot to provide a dedicated network of support for people having difficulties with grief and loss during COVID-19 and beyond <b>(£20,400 awarded)</b></li> <li>Health Access Buddies: a project which will support key groups to attend appointments for their diagnostic or outpatient consultation and treatment, reducing cancellations and DNA rates. <b>(£27,000 awarded)</b></li> </ul>	<p>Accord Hospice</p> <p>RAMH</p> <p>Engage</p> <p>RHSCP</p> <p>Disability Resource Centre</p>
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4.5. In addition to the above projects, a small amount of funding has been allocated to support the development of consistent communications and branding for the Strand 1 activity and agreed projects.

4.6. The HSCP is now in the process of confirming grant agreements with the successful project leads, and each project will be required to report in line with their agreements as they progress. The Strategic Planning Group will also provide the key forum for monitoring progress of projects against the six agreed health and wellbeing priorities, with each project providing updates to planning group members on a rolling basis.

4.7. The HSCP and SPG members are also focused on learning from this process to inform future opportunities, should they arise, to provide additional funding. A survey has been circulated to organisations involved in the bidding process and a further review will be held at the SPG meeting in February 2021. This will help ensure that elements of the approach which have worked well are understood, and areas which can be refined and improved are identified and reflected in future.

## 5. **Progressing internally focused renewal activity through Strand 2 of the Recovery and Renewal Programme**

5.1. The HSCP has sought, where possible, to continue to progress activity under Strand 2 of the Recovery and Renewal Programme. However, the HSCP has continued to use flexibility in the degree of activity undertaken over the winter period, reflecting the increased operational demands from maintaining our winter response and commencing delivery of the COVID vaccination programme alongside our partner organisations. The key progress made is set out in this section.

### *Workforce Planning*

- 5.2. Ensuring the HSCP has the capability and capacity within our staff to deliver future service delivery models and to work differently with our communities and partners will be a key enabler of transformational activity taken forward through Strand 2. This needs to include both workforce planning and a focus on organisational development.
- 5.3. Previous reports to this IJB have outlined the Scottish Government's approach to workforce planning, which has been updated to reflect the impact of the COVID-19 pandemic. This has been split into two phases, which require interim workforce planning actions to be in place by the end of March 2021 for the 2021/22 financial year, with a detailed three-year workforce plan in place by April 2022. These plans will build on the HSCP's previous Organisational Development and Service Improvement Plan.
- 5.4. The HSCP has undertaken planning workshops with our Leadership Network of senior managers to inform the development of the interim workforce planning actions by March 2021. These sessions have considered the demographics of the HSCP's existing workforce within the context of recognised local and national workforce challenges, and alignment with the objectives set out in the HSCP's transformation guiding principles.
- 5.5. Reflecting the importance of workforce plans and actions being based on the views and needs of our staff, participants were asked to consider what the objectives are for developing the workforce in their service areas, and actions that are required to meet those objectives from the current position.
- 5.6. The feedback received from these sessions is now being assessed alongside feedback obtained through the Everyone Matters Survey in September 2020 and additional surveys undertaken to understand the views of staff on the impact of and response to COVID. This includes consideration of key actions to continue support the mental health and wellbeing of our staff. This will enable the identification of workforce planning actions by March and will feed into more detailed workforce engagement and planning activity during 2021/22 as part of the development of a more detailed workforce plan.

### *Day Support for Older People*

- 5.7. Renfrewshire IJB approved an update paper in March 2020 which summarised progress made in the Older People Services Review during 2019 and early 2020, in particular the findings of a process of engagement facilitated by Journey Associates, the full report of which was shared with the IJB in November 2020. In progressing the Older People Services Review, it is acknowledged that there is a need to change how services are delivered to older people, in order to support individuals to achieve person-centred outcomes, and to be more connected within their communities. This aligns with both the principles of self-directed support and the Scottish Government's 'A Fairer Scotland for Older People: framework for action', published in 2019.
- 5.8. Since day care provision for older people was suspended in March 2020, service users have been contacted on a weekly basis by day care staff to provide ongoing support and advice in relation to Covid-19, support with social

isolation, promotion of health & wellbeing and signposting to other services/supports where available. Additionally, an increase of Care at Home support to ensure Community Meals and medicine provision was put in place over this period.

- 5.9. Work has continued in recent months to develop an interim hub and spoke model for day support for older people and adults with a physical disability, in recognition that it will not be possible to reopen all day care buildings immediately. The day care buildings at Johnstone, Montrose and Renfrew continue to be utilised as drop-down facilities for care at home staff, who currently have no access to the network of staff facilities within extra care, sheltered housing and the care homes. This hub and spoke model would focus on the reopening of a further building with limited building-based service provision (subject to infection control requirements), supported by outreach services to people in their homes and communities.
- 5.10. The HSCP has engaged with other partnerships and service providers to inform the approach to the delivery of day support through the interim hub and spoke model and beyond the COVID-19 pandemic. This will ensure that day support services offer choice and flexibility for individuals in response to their bespoke needs. It will also ensure that future service provision aligns with the National SDS Framework in development by the Scottish Government and Social Work Scotland. This framework is due to be finalised and published by March 2021. It is the HSCP's intention to assess the impact of the hub and spoke model to inform the further development of day support for older people and adults with physical disabilities in Renfrewshire.
- 5.11. However, due to the extended restrictions currently in place, and described in paragraphs 3.1 to 3.4, the reopening of a limited building-based day support provision has been put on hold. While this is the case, the HSCP continues to engage with the Health and Safety and Facilities Management teams within Renfrewshire Council to determine the most appropriate and safe way to implement building-based provision for staff and people who wish to use the service. The specific timescales for this reopening will continue to remain in flux due to the ongoing lockdown and infection risk, and will be dependent on the release of staff from key areas where there is significant ongoing pressure due to COVID-19 and where their ongoing support continues to be required.

#### *Implementation of a Renfrewshire Recovery Hub*

- 5.12. A key recommendation from the whole system review of Renfrewshire Addictions Services completed in 2018 was to further embed and encourage a recovery culture in Renfrewshire, supported by the development of a recovery hub.
- 5.13. Works on the recovery hub have continued to progress despite COVID restrictions, and work is expected to be completed in the period late January to early February 2021. The hub itself is the first of its kind in Scotland, providing a shared resource to support recovery in both Mental Health and Addictions.
- 5.14. The development of the hub is a significant achievement, and it has been made possible by partnership working throughout. As part of this approach



the Recovery Taskforce has met with a range of partner agencies to begin developing a programme of recovery activity within the hub and across Renfrewshire. This recognises that recovery will not only take place in the hub, but that this location can act as a key enabler for a range of recovery-focused supports across the area.

5.15. Crucially, the development of the hub has involved people with lived experience throughout the development process, which is underpinned by a commitment that those who will work in and use the hub have a sense of ownership over how support is developed and delivered. This will ensure that people with lived and living experience continue to be at the core of service design and delivery and the planning of future services in Renfrewshire.

5.16. Further updates on Addictions and Drug Recovery Services (ADRS) are provided in additional papers to this IJB. This includes an update on a self-assessment undertaken by the Alcohol and Drug Partnership (ADP) against the recommendations of the Alcohol and Drug Commission Final Report.

## 6. **Prioritising HSCP activity for the remainder of the financial year**

6.1. As this report outlines in paragraphs 1.2 and 5.1, the HSCP continues to face significant demand from operational services to support the ongoing response to COVID-19 and to deliver the range of additional services required within this response. This includes but is not limited to the Renfrewshire COVID Assessment Centre, the now completed Flu vaccination programme, and the COVID vaccination programme which commenced in December 2020. These requirements combined represent an unprecedented public health response both locally and nationally. More widely, existing change commitments have continued to be delivered.

6.2. In recognition of these challenges, the HSCP's Senior Management Team have reviewed all ongoing projects and prioritised this activity to mitigate against the demand pressures noted above and ensure delivery of essential change activity in the period to the end of March 2021. This process will enable the HSCP to continue to:

- Manage operational risks and maintain operational delivery
- Deliver financial balance through financial planning processes
- Maintain a robust COVID and Winter response
- Maintain statutory adherence and compliance
- Deliver on contractual commitments

6.3. Reflecting on the above priorities, the HSCP's ongoing projects have been classified both in terms of the effort required to deliver and whether they **Must** continue in the period to March, **Should** continue (where there are compelling reasons to however flexibility is available within delivery timescales) or **Could** continue (where there is benefit in continuing however there is lower imperative to deliver in the short term).

6.4. The outputs from this exercise will guide the focus of service teams in the short term and will enable prioritised and active management of any emerging challenges. The delivery of these ongoing projects will continue to be subject to the operational demands of the pandemic response and the HSCP will

maintain flexibility in the approach to delivery to ensure the continued safe and effective delivery of frontline health and social care.

- 6.5. As noted above, Financial Planning will continue to be a core area of focus in the period to the end of March 2021. The timescales for developing Tier 1 (annual) savings within this process has been extended to March to reflect the timing of the Scottish Government's budget, published on 28 January 2021. This will ensure that the most up-to-date financial position can be considered in the determination of savings required in FY 2021/22. Consequently, final savings proposals to deliver financial balance in the next financial year will be brought to the IJB at the March 2021 meeting.
- 6.6. Further proposals for transformation, such as those which may be identified through the HSCP's financial planning processes, will continue to be assessed in terms of benefits which can be achieved against the implementation requirements. This approach will also consider how resources are currently allocated across change activity, and the HSCP's capacity to deliver.
- 6.7. Reflecting this position, and the HSCP's ongoing prioritisation of the pandemic response and delivery of the COVID vaccination programme, future updates on Recovery and Renewal activity will be brought to every second IJB meeting, with more frequent updates provided should this be necessary.

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### Implications of the Report

1. **Financial** – Financial planning activity continues as a priority. The current financial position is provided in a separate report to the IJB.
2. **HR & Organisational Development** – No immediate implications from this report. The development of workforce plans will determine organisational development requirements for the HSCP over future years.
3. **Community Planning** – Recovery and renewal planning, and in particular activity under Strand 1 of the programme, will involve consideration of the role of communities and community planning partners in future service delivery. Community planning governance and processes will be followed throughout.
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of recovery and renewal activity.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – Strand 1 of the Recovery and Renewal Programme has identified inequalities as a key priority. Projects which have been identified under this priority have been developed to promote equality and reduce inequalities.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report. Risks and issues arising from the programme are tracked and managed on an ongoing basis.
11. **Privacy Impact** – No implications from this report.

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### List of Background Papers – None

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**Author:** David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement ( <a href="mailto:Frances.Burns@renfrewshire.gov.uk">Frances.Burns@renfrewshire.gov.uk</a> / 0141 618 7621)
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**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

**Report by: Interim Chief Officer**

**Subject: Health and Care Experience Survey 2019/20**

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

## 1. Summary

- 1.1 Performance information is presented at all Renfrewshire IJB meetings. The purpose of this report is to update on Renfrewshire's performance in the biennial Health and Care Experience Survey 2019/20.

## 2. Recommendations

It is recommended that the IJB note:

- Renfrewshire's performance in the Health and Care Experience Survey 2019/20; and
- The Partnership's commitment to improve results in targeted areas, and the actions being undertaken to do so.

## 3. Background

- 3.1 The Health and Care Experience Survey has been commissioned by the Scottish Government every two years since 2009 as part of the Scottish Care Experience Survey Programme. The survey was widened in 2013/14 to include aspects of care, support and caring responsibilities, to support the principles underpinning the integration of health and care in Scotland, outlined in the Public Bodies (Joint Working) (Scotland) Act 2014. The Survey covers five areas of health and care experience:

- The GP practice
- Treatment or advice from the GP practice
- Out of hours healthcare
- Care, support and help with everyday living
- Caring responsibilities

- 3.2. It asks people about their experiences of health and care services so we can learn from those experiences and use them to inform service improvement. The survey was managed by the Scottish Government in partnership with the Information Services Division (ISD) of NHS National Services Scotland. You can view the full Survey Results via the Public Health Scotland Dashboard at the following link:  
<https://beta.isdscotland.org/find-publications-and-data/health-services/primary-care/health-and-care-experience-survey/>
- 

#### 4. Survey Results

- 4.1 This survey is for the period 2019/2020, but unfortunately due to re-wording of the questions asked, only two questions are comparable with the previous surveys carried out in 2013/14, 2015/16 and 2017/18.
- 4.2 The sample size for the Renfrewshire HSCP 2019/20 survey was 21,234 with 4,984 responses, which equates to a 23% response rate and a 3% increase on the 2017/18 response.
- 4.3 The sample size for the 2019/20 Scotland survey was 605,426 with 160,372 responses, which equates to a 26% response rate and a 4% increase on the 2017/18 response.
- 

#### 5. Survey Results' Tables

- 5.1 In Table 5.2 below, we have highlighted the two comparable Survey questions showing the trend from 2013/14 to 2019/20. In Table 6.1, we have listed the new Survey questions and compared Renfrewshire's 2019/20 results with Scotland. The questions asked in each table align with the nine National Health and Wellbeing Indicators.

#### 5.2 Comparable Indicators

The 2019/20 survey results for Renfrewshire show a slight decline in positive responses in the two comparable survey questions ('rating of overall care provided by GP practice' and 'carers supported to continue caring'), while the rest of the results are similar to the national average.

**Table 5.2: Survey Questions Comparison - 2013/14 to 2019/20**

H&SC Survey questions aligned to National Health and Wellbeing Outcome Indicators	2019/20	2017/18	2015/16	2013/14
Rating of overall care provided by your GP practice	82%	84%	88%	85%
Carers feel supported to continue caring	33%	36%	39%	40%

### 5.3

#### **GP Practice Care**

Survey results are shared with all GP practices in Renfrewshire and the HSCP is committed to provide any additional support required. This has been an exceptionally challenging year for GP practices due to the pandemic and will remain so for the near future.

The General Medical Services contract includes plans to expand the multi-disciplinary workforce in primary care so they can work alongside GPs to share the delivery of care made up of roles including pharmacists, pharmacy technicians, physiotherapists, advanced nurse practitioners and link workers. Also, there are Community Link Workers in each of our local GP Practices can offer appointments to support patients link with activities and resources in the community, including advice on money, benefits, housing, mental health and wellbeing, volunteering and employability.

### 5.4

#### **Supporting Carers**

The Partnership is committed to improving on the above areas, particularly focusing on carers feeling supported to continue caring. Numbers have declined in line with national figures which have seen a 6% decrease over the four surveys, with Renfrewshire experiencing a 7% decrease. However a large proportion of respondents gave a neutral response to this question (45% in Renfrewshire and 42% in Scotland), with 22% responding negatively in Renfrewshire (23% in Scotland), which is a 1% decrease on the 2017/18 result of 23%. It should also be noted that 67% of Renfrewshire respondents stated that 'I have a good balance between caring and other things in my life' compared to 64% in Scotland.

The Renfrewshire Adult Carers' Strategy was approved by the IJB on 20 March 2020. It was developed in consultation with carers and sets out several key priorities for the HSCP, including the identification of carers. Improved identification by health and social care staff, third sector organisations and in communities, will ensure a greater number of carers receive the support they need to continue to care. National and local surveys carried out during the COVID-19 pandemic have also highlighted the importance of identifying and supporting carers.

In response, the HSCP has identified non-recurring one-off Carers' Act funding of £200,000. The funding will be used to develop new support for carers and is available due to lower than expected demand for respite due to the COVID-19 pandemic. This funding will be used to support carers in line with the Strategy to develop a sustainable Carers' Partnership and respond to the challenges of continuing to care during the COVID-19 pandemic.

These developments will be in addition to the current support for carers, including targeted support during the COVID-19 pandemic:

- Developing a triage system for carers who are providing personal care to access PPE. As of November 2020, the Carers' Centre has made 339 PPE deliveries to 130 carers
- Completing Adult Carer Support Plans remotely

- Regular check-in calls to find out if support needs have changed
- Moving training and one-to-one and group support online (Alzheimer and Dementia, Parent Carer, Male Carer, Mental Health Carer)
- Providing COVID-19 specific training courses including: Autism Quarantine Anxiety, Energy Booster During COVID-19, and Helping Carers Cope During Lockdown
- Providing opportunities for online peer support and social interaction, including Stroke Café (with Stroke Scotland) and Family Bingo.

## 6. New Survey Questions

### 6.1 Renfrewshire and Scotland Comparison

In Table 6.1 we show the rest of the questions aligned to the National Outcome Indicators. Renfrewshire HSCP results are similar to the Scotland average.

**Table 6.1: Survey Comparison 2019/20 – Renfrewshire & Scotland Average**

H&SC Survey questions aligned to National Outcome Indicators	Renfrewshire	Scotland
In general, how well do you feel that you are able to look after your own health (very well/quite well)	91%	92%
I was supported to live as independently as possible	67%	70%
I had a say in how my help, care or support was provided	62%	63%
My health, support and care services seemed to be well coordinated	60%	62%
Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family	68%	69%
Overall, how would you rate the overall care provided by your GP practice?	82%	79%
The help, care or support improved or maintained my quality of life	65%	67%
I feel supported to continue caring	33%	34%
I felt safe	70%	73%

### 6.2 Annual Performance Report

The recent Annual Performance Report published in October 2020, illustrated the work we are progressing to improve our performance across these areas. We have highlighted some recent examples below and you can find the full Report at [http://www.renfrewshire.hscp.scot/media/12672/Annual-Performance-Report-201920/pdf/Renfrewshire\\_HSCP\\_Annual\\_Report\\_2019-20.pdf?m=1602257870200](http://www.renfrewshire.hscp.scot/media/12672/Annual-Performance-Report-201920/pdf/Renfrewshire_HSCP_Annual_Report_2019-20.pdf?m=1602257870200)

### 6.3 **Meeting the needs of Service Users**

Our help, care and support services are subject to an ongoing process of review to ensure they are relevant to the changing needs of our service users. In addition, care plans are developed by service users with the support of an allocated worker. Self-Directed support also offers choice and control on how services and supports are provided. We are introducing a Scheduling and Monitoring System for Care at Home Services, which will provide more accurate management information and improve how we schedule our care workers' visits, enabling us to better manage our resources and offer a more responsive service. The system will provide information to support, review and monitor care provision, in turn enabling people to live as independently as possible.

6.4 Our Learning Disabilities Service also operate a system of continual assessment and review, working closely with day and respite services and third sector partners to ensure service users are appropriately supported using their Four Tier model of support. The aim is to minimise the risk of family placement breakdown, carers' stress and anxiety, isolation, and poor mental health. To help them do this they use digital technology such as laptops and social media to help reduce social isolation and communicate with service users. In addition, activity packs have been rolled out, designed by Occupational Therapy colleagues, with the aim of increasing and maintaining independence, motivation, skills and positive mental health. A Risk Register is also in place to help identify and reduce the risk of placement breakdown and admissions to hospital.

### 6.5 **Improving Health and Wellbeing**

In terms of the statement 'the help, care or support improved or maintained my quality of life', we are working closely with third sector and community partners to focus on key priority areas identified by the Strategic Planning Group to improve health and wellbeing. Funding of more than £250k is being allocated to a variety of projects across Renfrewshire which will address a wide range of issues in partnership with local groups and people, encouraging individuals and communities to take more control of their health and wellbeing. In addition, we continue to fund and support the Community Connectors' Project, enabling people to receive more focused support via Link Workers in their GP practice.

### 6.6 **Keeping People Safe**

The last question in Table 6.1 is the statement 'I felt safe'. Renfrewshire's performance of 70% is slightly lower than the Scottish average of 73%. Community and Public Protection remains a high priority for Renfrewshire Council and the Partnership, and we continue to work with partners to achieve five key priorities:

- Protecting vulnerable adults and children, ensuring they can live safely and independently
- Tackling domestic abuse and gender based violence
- Managing risk of harm and offending behaviour

- Supporting prison leavers within the Community Justice arrangements
- Making sure we are ready to respond to major threats and crisis.

6.7 The Community Safety Partnership Daily Tasking also continues on a daily basis with the Police and the Council triaging incidents and ensuring they are passed to the relevant agencies for action. The CCTV Hub also continues to be staffed with cameras fully operational and supported by targeted Warden Patrols in mobile CCTV vehicles.

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## Implications of the Report

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

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**List of Background Papers** – None.

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**Author** Clare Walker, Planning and Performance Manager

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**To:** Renfrewshire Integration Joint Board

**On:** 29 January 2021

**Report by:** Interim Chief Officer

**Heading:** Mental Health Strategy

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

## 1. Summary

- 1.1 Renfrewshire IJB have previously been updated on the NHS Greater Glasgow & Clyde (NHSGGC) Mental Health Strategy 2018-23. This 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.
- 1.2 NHSGGC Chief Officers and the Chair of the Mental Health Strategy Programme Board have commissioned a refresh of the Mental Health Strategy to ensure the focus of the Strategy and the implementation plan reflect progress and the impact of COVID-19.
- 1.3 As part of the national Mental Health Strategy 2017-27, the Scottish Government made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings. This funding is referred to as Action 15.
- 1.4 National Records Scotland (NRS) publish an annual report of the probable suicide deaths in Scotland. There were 833 deaths by probable suicide in Scotland in 2019, representing a 6% increase on 2018. In Renfrewshire there were 16 deaths by probable suicide in 2019, which was an increase from 13 in 2018. Deaths in Renfrewshire in 2018 saw a significant drop from the previous year. In 2017 there were 23 deaths.
- 1.5 A significant priority of the Strategy and the day-to-day work of Mental Health Services in Renfrewshire is suicide prevention. Renfrewshire have utilised some of the Action 15 monies to strengthen our suicide prevention work.

## 2. Recommendation

It is recommended that the IJB:

- Note the refresh of the Mental Health Strategy is underway and that a further update will be provided to the Board as this work is progressed;

- Note the progress of Action 15;
- Note that the Head of Mental Health, Addictions & Learning Disability Services will continue to work in partnership with the other 5 GGC HSCPs in progressing the board-wide proposals, and lead our Renfrewshire only proposals; and
- Note the suicide prevention work that is underway in Renfrewshire and the commitment from the HSCP to prevent these tragedies.

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### **3. NHSGGC Mental Health Strategy 2018-23 Refresh**

- 3.1 Work on the Mental Health Strategy was commenced in 2017 as a key part of the NHSGGC Moving Forward Together programme. The Adult Mental Health Programme Board was set up that year by HSCP Chief Officers led by Glasgow City HSCP. The Programme Board includes clinical, managerial and staff representatives from across the mental health system from all six HSCPs, with specific workstreams focusing on:
- Bed modelling and site impact;
  - Recovery planning;
  - Workforce planning;
  - Capacity, effectiveness and efficiency of community services;
  - Unscheduled care;
  - Financial framework; and,
  - Engagement & involvement.
- 3.2 Regular progress reports have been made available to Chief Officers. In recent months a specific focus has been reviewing and refreshing the strategy in the light of our response to the COVID-19 pandemic and the lessons learnt. A key assumption on our recovery planning is that demand for mental health services and support will increase post the pandemic and the scale of this is difficult to quantify at this juncture.
- 3.3 A number of new ways of working were adopted during the pandemic and the refresh of the Strategy will allow for these to be considered as we move forward.
- 3.4 A Refresh Steering Group has been established and is being led by Glasgow City HSCP as the host HSCP for Mental Health planning responsibilities. Renfrewshire HSCP's Head of Mental Health is a member of this steering group. It aims to refocus the strategic principles, goals and outcomes of the Mental Health system across HSCPs. It will consider what structures are required to ensure transformation, provision and delivery of mental health services can best be delivered in light of current demands and constraints.
- 3.5 The refresh will be concluded in the Spring before a period of stakeholder engagement. Older People Mental Health Strategy is being progressed separately and an update of this will be provided to the IJB in due course.

### **4. Action 15**

- 4.1 Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017–27. The Scottish Government provided funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal was to 'Increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.' This has since been redefined to

employ additional mental health workers that will impact/re-direct demand away from these key settings.

- 4.2 Renfrewshire was allocated a share of these monies with a target of establishing an addition 27.2 mental health workers by the end of the 4 year period. Appendix 1 provides details of posts and progress. The pandemic has delayed some of this recruitment as the nature of the Action 15 criteria means that most posts are newly developed roles, as such they require new job descriptions which need to be submitted to the Job Evaluation Panel to establish banding. This panel was paused during the pandemic which has delayed recruitment to a small number of posts within Renfrewshire. Many of the Mental Health Strategy developments are being delivered on a board-wide basis with Renfrewshire contributing. These are detailed in Appendix 1, alongside the Renfrewshire only developments.

The Action 15 financial allocations for Renfrewshire over the coming years are outlined in the table below:

Allocation by HSCP	Renfrewshire HSCP NRAC Share %	Renfrewshire NRAC Share £
2018 – 2019 share of 11 million total	3.40%	£373,503
2019 – 2020 share of 17 million total	3.40%	£577,233
2020 – 2021 share of 24 million total	3.40%	£814,917
2021 – 2022 share of 32 million total	3.40%	£1,086,555

## 5. Probable Suicide Deaths in Scotland 2019 Report

- 5.1 NRS publish an annual report of the probable suicide deaths in Scotland (Appendix 2). There were 833 deaths by probable suicide in Scotland in 2019, representing a 6% increase on 2018. In Renfrewshire there were 16 deaths by probable suicide in 2019 which was an increase from 13 in 2018. Deaths in Renfrewshire in 2018 saw a significant drop from the previous year. In 2017 there were 23 deaths.

### 5.2 Scotland

- There were 833 probable suicides registered in Scotland in 2019, 6% more than in 2018 and the highest annual total since 2011 (889).
- The increases in 2018 and 2019 followed a generally downward trend since the early 2000s.
- Men accounted for nearly three quarters (74%) of probable suicides in 2019, a similar proportion to every year since the late 1980s.
- Nearly a third (32%) of all probable suicides were of people aged between 45 and 59. Over the latest five years, the proportion of probable suicides was largest in the 45-49 age group (12% on average). This is a shift in age group from the late 1990s when the largest proportions were for people in their late 20s and early 30s.

### 5.3 Renfrewshire

- There were 16 (12 male/4 female) probable suicides registered in Renfrewshire in 2019 in comparison to 13 (11 male/2 female) in 2018.
- The 5-year rolling average continues to show a downward trend.

- 5.4 The following table shows figures for comparison across the 6 Local Authority areas making up Greater Glasgow & Clyde Health Board area:

<b>Annual Registered deaths by Probable Suicide: Number of Persons</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
East Dunbartonshire	11	14	5	12	5	15
East Renfrewshire	5	7	7	6	12	5
Glasgow City	85	69	91	88	99	106
Inverclyde	13	10	8	12	7	16
<b>Renfrewshire</b>	<b>24</b>	<b>21</b>	<b>16</b>	<b>23</b>	<b>13</b>	<b>16</b>
West Dunbartonshire	14	14	12	6	12	15
Greater Glasgow & Clyde Totals	152	136	140	147	148	173

<b>5 Year Moving Averages</b>	<b>2011-2015</b>	<b>2012-2016</b>	<b>2013-2017</b>	<b>2014-2018</b>	<b>2015-2019</b>
East Dunbartonshire	12	11	11	9	10
East Renfrewshire	9	8	8	8	8
Glasgow City	88	86	83	86	90
Inverclyde	15	12	11	10	11
<b>Renfrewshire</b>	<b>25</b>	<b>22</b>	<b>22</b>	<b>19</b>	<b>18</b>
West Dunbartonshire	14	12	12	12	12

## 6. Suicide Prevention

- 6.1 Renfrewshire HSCP continues to prioritise the prevention of suicides and the wide range of treatment and care offered provides support to individuals who have suicidal ideation. Every death by suicide is a tragedy. All suicides are investigated fully and any learning is shared. Families are invited to be involved in this process and the Head of Service and Lead Investigator meet with the family to share findings and hear any suggestions they may have about how to improve our service.
- 6.2 Renfrewshire has recently invested in delivering a broad reaching suite of Suicide Prevention Training Courses and Awareness raising activities e.g. Applied Suicide Intervention Skills Training (ASIST), Scotland's Mental Health First Aid, What's the Harm (self-harm awareness) and a range of bespoke courses responding to requests from teams and services. The training is available to anyone who lives and/or works within Renfrewshire and its free of charge. This approach has ensured a broad reach within Renfrewshire to statutory and third sector services, alongside community groups, DWP, and interested individuals. It should be noted that some of this training is delivered by Public Health Scotland and has been paused during the pandemic, with some having been able to switch to virtual training.
- 6.3 Other activity include working with colleagues within Education and Children's Services providing training and awareness raising. Working with colleagues in the third sector to raise awareness through community events e.g. No Substitute for Life: 5 a side football tournament held in Ferguslie. Working in partnership with SOBS (Survivors of Bereavement by Suicide) support group and holding an annual memorial service each year to remember those lost to suicide.
- 6.4 Community Safety Nurses are a new development in Renfrewshire utilising Action 15 monies, based within our Mental Health Crisis Service – Intensive Home Treatment Team (IHTT) within the whole system of Community Mental Health Services. The Community Safety Nurses form part of the Community Safety Partnership and work in partnership with Police Scotland, Gender Base

Violence, MARAC (Multi-Agency Risk Assessment Conference for Domestic Violence) and link in with School Community Link Support Workers to facilitate multi agency working in providing an early intervention service for individuals with mental health issues, physical and social care needs and help manage the clinical risks related to suicide, self-harm and harm to others within the community of Renfrewshire. Partnership working is a key component to helping those vulnerable individuals early, and by utilising effective interventions, to prevent those individuals from regularly presenting at Daily Tasking and Emergency Department services, minimising subsequent resources being utilised from other partners who are not best placed to fulfil the needs of the individual.

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## Implications of the Report

1. **Financial** – Action 15 allocation is being fully utilised
2. **HR & Organisational Development** – None.
3. **Community Planning** – The wellbeing of communities is core to the aims and success of Community Planning. Action 15 will contribute to support this wellbeing agenda. Ongoing engagement with people with lived experience and their carers will help to shape future services
4. **Legal** – There are no legal issues with this report
5. **Property/Assets** – property remains in the ownership of the parent bodies
6. **Information Technology** – The HSCP will require to routinely report back to the Scottish Government on progress made against our plans and in particular in relation to Action 15
7. **Equality & Human Rights** – None.
8. **Health & Safety** – None.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – There are no risks identified as this funding is recurring and implementation of the new posts is governed by a Mental Health Strategy Planning Group.
11. **Privacy Impact** – N/A

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**List of Background Papers** – Mental Health Strategy 2017-2027 Action 15 Plan (September 2018)

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**Authors:** **Natalia Hedo, Clinical Governance Facilitator**  
**Christine Laverty, Head of Mental Health, Alcohol and Drugs Recovery and Learning Disability Services**

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[Christine.Laverty@renfrewshire.gov.uk](mailto:Christine.Laverty@renfrewshire.gov.uk)



Action 15 -Renfrewshire Projects	Contract	WTE IN POST	WTE VACANT	Fixed Term end date	FY Allocation
<b>Recovery Hub</b>					
Peer Support - Band 3	Permanent	1.00	0.00		£29,200
Peer Support - Band 4	Permanent	2.00	0.00		£78,600
Ops Manager for recovery - Band 8a	Permanent	1.00	0.00		£30,200
Total - Recovery Hub		4.00	0.00		£138,000
<b>Borderline Personality Disorder</b>					
Borderline Personality Nurse - Band 6	Permanent	2.00	0.00		£58,000
Total - Borderline Personality		2.00	0.00		£58,000
<b>Mental Health Wellbeing- Inpatients</b>					
Band 3 Occupational Ther Serv	Permanent	2.00	0.00		£68,200
Band 3 Occupational Ther Serv	Fixed Term	2.00	0.00	May-21	£53,400
Band 3 Occupational Ther Serv	Fixed Term	2.00	0.00	Aug-21	£34,100
Total Mental Health Wellbeing - Inpatients		6.00	0.00		£155,700
<b>Community Safety Nurses (Jointly with Police)</b>					
Band 6	Permanent	0.00	2.00		£26,000
Total Community Safety Nurses		0.00	2.00		£26,000
<b>Inreach Posts</b>					
Band 6	Fixed Term	0.00	2.00	Jan-23	£34,000
Total Inreach		0.00	2.00		£34,000
<b>Community Wellbeing</b>					
Band 6	Fixed Term	0.00	2.00	Jan-23	£34,000
Total Community Wellbeing		0.00	2.00		£34,000
Contribution to Boardwide Workstreams	Fixed Term	5.40	3.73	Various	£333,000
Training					£15,000
Social Isolation - Committed 19.20					£0
		29.40	15.73		£793,700

Current Budget

£570,824

Variance - Per IJB

-£222,876

Allocation with SG - Requested for release awaiting confirmation

£222,876

### **Test of Change**

Request for funding has been made to Scottish Government and Tests of change will on commence when funding if funding is confirmed

Action 15 - Proposed Tests of Change	Contract	WTE IN POST	WTE VACANT	Duration	Total Cost
Awaiting Confirmation Funding from SG					
Recovery Hub -	Fixed Term	0.00	1.00		
Borderline Personality Disorder - Adolescent Post	Fixed Term	0.00	1.00	2 years	£95,000
Community Wellbeing Nurses (GP)	Fixed Term	0.00	2.00	2 years	£190,000
Peer Support Worker (Adolescent MH)	Fixed Term	0.00	1.00	2 years	£60,000
RAMH - Mental Health Helpline				1 year	£61,000
		<b>0.00</b>	<b>5.00</b>		<b>£406,000</b>

Allocation with SG - Requested for release awaiting confirmation

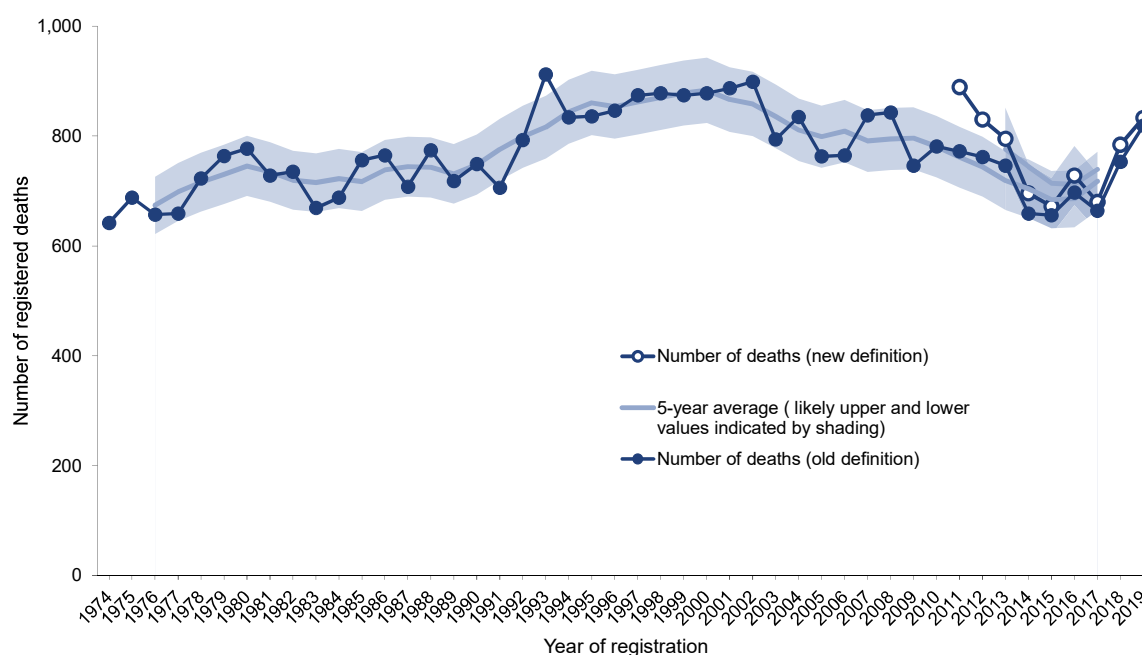
£406,000



## Vital Events – Deaths - Suicides – 2019

**Probable Suicides: main points**

- There were 833 probable suicides registered in Scotland in 2019, 6% more than in 2018 and the highest annual total since 2011 (889).
- The increases in 2018 and 2019 followed a generally downward trend since the early 2000s.
- Men accounted for nearly three quarters (74%) of probable suicides in 2019, a similar proportion to every year since the late 1980s.
- Nearly a third (32%) of all probable suicides were of people aged between 45 and 59. Over the latest five years, the proportion of probable suicides was largest in the 45-49 age group (12% on average). This is a shift in age group from the late 1990s when the largest proportions were for people in their late 20s and early 30s.

**Chart 1: Probable Suicides registered in Scotland, 1974 to 2019**

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1.	Overall number, and trends.....	2
2.	Sex and age.....	3
3.	Area of residence.....	4
4.	Method of suicide.....	4
5.	Nature of death.....	4

### 1. Overall number, and trends

There were 833 probable suicides registered in Scotland in 2019, 49 (6 per cent) more than in the previous year. These figures are based on the new coding rules that apply in Scotland with effect from 2011 (see the [Methodology paper](#)). It is estimated that only 819 of these deaths would have been counted as probable suicides under the old coding rules: 66 (9 per cent) more than the corresponding estimate for 2018. Further information can be found in [Table 1](#).

[Chart 1](#) shows the number of probable suicides in each year from 1974, using the old and new coding rules. From 2014 onwards the figures based on the old and new definitions have been very similar. The reason for the differences between the two definitions in earlier years is given in the [Methodology paper](#) (sections 2.2 and 3)

It is clear that there have been many year-to-year fluctuations. From time to time, there have been big changes, some of which have been followed by a large change in the opposite direction. However, some clear trends can be observed. Broadly speaking, the annual number of probable suicides (using the old coding rules) was roughly 650 in the mid-1970s, rose during the rest of the decade, was around 700-750 during the 1980s, increased in the 1990s to almost 900 at the start of the new century, then fell: it was about 750-800 between 2009 and 2013, then dropped to just over 650 in 2014, 2015 and 2017 (and a slightly higher figure in 2016). However, large rises in 2018 and 2019 appear to mark the end of the generally downward trend over the previous 15-or-so years. A single year's figure could be fluctuation but two consecutive large rises suggest that the trend has changed. On the basis of the old coding rules, the number of probable suicides registered in 2019 (819) was the highest since 2008 (843); using the new coding rules, the 2019 figure (833) was the highest since 2011 (889, although only slightly more than the 830 in 2012).

Because the number of probable suicides may fluctuate from year to year, the chart also shows the 5-year moving annual average, as an indication of any overall trend, and the likely range of statistical variability around it (which is explained in the [Methodology paper](#)). The 5-year moving annual average shows the trends more clearly: it rose briefly, then remained between 715 and 750 (from the period centred on 1978 to the period centred on 1990), then increased fairly steadily to a peak of slightly under 900 (in the period centred on 2000), then fell back to a level that was last seen in the early 1980s: the value of 684 (for the period centred on 2015) was

the lowest since that seen for the period centred on 1976 (which was 674). However, the latest value of the 5-year moving average (718, centred on 2017) is about 5 per cent higher, which also suggests that the downward trend has ended.

The figures for a period of a few years may not reflect the overall trend around that time because there may be large percentage fluctuations in individual years' numbers. For example, although there had been a general downward trend since around the start of the new century, year to year fluctuations during much of the first decade led to little change in the 5-year moving annual averages centred on the years from 2004 to 2009 (all were between 791 and 811). More recently, there was a clearer downward trend with the 5-year moving average (using the old coding rules for 2011 onwards) falling from 796 for the period centred on 2009 to 684 for the period centred on 2015. However, there was not much difference between the numbers of probable suicides in three of what were, at that time, the latest five years: the figures for 2014, 2015 and 2017 were, using the old coding rules, 659, 656 and 664 and the number in 2016 was only a few percent above that level (697 on the old basis). In retrospect, those figures indicate that the downward trend was ending, even though the values of moving average that were available at the time were still falling fairly steadily. Further information can be found in Table 1.

In 2009, how National Records of Scotland (NRS) obtains information about the nature of death changed. Since then, there has been a large increase in the percentage of poisoning deaths described as accidental, and a fall in those described as being due to events of undetermined intent. This caused part of the fall in the number of probable suicides after 2010: more information is available in the [Methodology paper](#).

## **2. Sex and age**

Roughly three-quarters of all probable suicides are men: 74 per cent in 2019 and between 70 and 77 per cent in every year from 1986 (further information can be found in Table 1).

The likelihood of suicide varies with age. In 2019, using the figures on the basis of the new coding rules, the 45-49 year old age-group had the largest number of probable suicides (96, or 12 per cent), followed by 50-54 year olds (91 or 11 per cent), and then by six age-groups which had fairly similar numbers: people aged 55-59 (81, or 10 per cent); the 35-39 age-group (79, or 9 per cent); 25-29 year olds (77, or 9 per cent); people aged 20-24 (76, or 9 per cent); the 30-34 age-group (74, or 9 per cent); and 40-44 year olds (71, or 9 per cent).

However, the number of suicides by age may fluctuate from year to year: for example, between 2018 and 2019 (on the basis of the new coding rules), there was a small fall (from 39 to 34) for 15-19 year olds and a large rise (from 57 to 76) in the 20-24 age-group. Using the figures based on the old coding rules, the largest numbers of suicides over the latest five years have been in the following age-groups: 45-49 (87 per year, on average); 50-54 (82 per year, on average); 40-44 (73 per year, on average); 35-39 (67 per year, on average); 55-59 (66 per year, on average); 25-29 (63 per year, on average); and 30-34 (62 per year, on average). The pattern has changed over the years. In the second half of the 1990s the largest numbers

were in the following age-groups: 25-29, 30-34 and 35-39, for which the annual averages (over the period from 1995 to 1999) were 108, 106 and 93, respectively. The corresponding figure for 45-49 year olds was only 78 (further information can be found in [Table 3](#)). The equivalent figures for males and females are given in [Table 3M](#) and [Table 3F](#).

### 3. Area of residence

Only a couple of per cent of the probable suicides in Scotland each year are people whose usual residence was outwith Scotland (further information can be found in [Table 2](#)).

[Table 4](#) and [Table 5](#) give figures for each Health Board and council area, which can fluctuate markedly from year to year, so the tables include 5-year moving annual averages, which should indicate better any overall trend.

### 4. Method of suicide

In 2019, using the figures based on the new coding rules, the most common method of suicide was 'hanging, strangulation and suffocation' (57 per cent) followed by 'poison' (22 per cent). In addition, 7 per cent died by jumping or falling from a high place, 5 per cent by drowning or submersion, and 1 per cent used firearms or explosives. Nine per cent used another method, or an undetermined method. However, the figures for 2019 using the old coding rules have a slightly wider gap between the percentages for 'hanging, strangulation and suffocation' (58 per cent) and 'poison' (20 per cent), because fewer deaths were counted as 'poisoning' under the old rules.

Methods of suicide have changed over the years: in the 1970s, over half took poison, on average only about 13% hanged themselves, and almost a fifth drowned (further information can be found in [Table 2](#)).

### 5. Nature of death

As explained in the [Methodology paper](#), 'probable suicides' are deaths which are believed to be due either to intentional self-harm or to events of undetermined intent. [Chart 2](#) shows how the numbers for each of these 'natures of death' have changed: for example, the years from 2003 to 2017 each had between about 520 and around 610 deaths from intentional self-harm plus a number of deaths from events of undetermined intent which has fluctuated greatly in percentage terms (for example, the 'undetermined intent' figures for 2011 and 2016, respectively, were 245 and 94 based on the old coding rules, and were 362 and 125 based on the new coding rules). [Table 2b](#) shows the numbers for each nature of death broken down by the method of death. In the latest ten-or-so years, 'hanging, strangulation and suffocation' was the cause of most of the deaths from intentional self-harm, whereas 'poison' has usually been the main cause of deaths from events of undetermined intent. The right hand side of [Table 2b](#) shows that the main reason for the fluctuations in the figures for undetermined intent deaths over the years since 1974 is large rises and falls in the number which were due to poisoning: in comparison,

there are usually relatively few undetermined intent deaths by other methods, and their numbers have not changed as much.



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**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

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**Report by: Interim Chief Officer**

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**Subject: Renfrewshire Alcohol & Drug Partnership (ADP) Annual Report**

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**1. Summary**

- 1.1 Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Framework and driving forward local action to reduce the use of and harm from alcohol and drugs.
- 1.2 In accordance with governance and accountability arrangements all ADPs in Scotland are expected to produce an Annual Report and submit to Scottish Government. To ensure consistency the Scottish Government has developed a standard template to aid this process. The template was designed to allow consistent reporting on how ADPs are meeting national and local priorities.
- 1.3 The ADP Annual Report (Appendix 1) sets out the financial framework which is used to deliver our local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which continue to be recovery and outcome focused.
- 1.4 In December 2020, the National Records of Scotland published the drug related deaths figures for 2019. There were 1,264 drug-related deaths in Scotland, 77 (6%) more than in 2018. This is the highest number ever recorded in Scotland. The previous year's figures (2018) saw a rise of 253 (27%) from 2017. Just under one-third (33.2%) of these deaths were within NHSGGC (394). This represents an increase of 40.7% on 2017, which is again the highest figure ever recorded for NHS Greater Glasgow and Clyde since figures began in 1996.
- 1.5 In Renfrewshire there were 45 drug-related deaths in 2019. This represents a decrease of 10% compared to the previous year of 50 drug-related deaths in 2018, but higher compared to 2017 where there were 38 drug related deaths. A more in-depth analysis will be provided by Dr Tony Martin, Drug Deaths Research Associate, NHS Greater Glasgow & Clyde at an extraordinary meeting of the ADP which will be scheduled to take place February/March 2021.
- 1.6 The national trend shows a 6% increase overall in the number of drug related deaths which is in contrast to Renfrewshire which shows a 10% decrease. While this reduction is welcomed in Renfrewshire there is no room for complacency as early indications shows that the rate for 2020 has increased. This increase is partially attributed to the impact of COVID-19.

## **2. Recommendations**

It is recommended that the IJB:

- Note the breadth of activity in addressing alcohol and drug issues detailed in the ADP Annual Report 2019/20; and
- Note the work currently underway and the future actions to prevent and reduce the number of drug related deaths in Renfrewshire.

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## **3. ADP Annual Report 2019/20**

- 3.1 The template was designed by the Scottish Government to enable ADPs to capture progress against the national frameworks for alcohol and Drugs – Rights, Respect and Recovery Strategy (2018) including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018.
- 3.2 The Scottish Government has reformatted the template and has opted for a tick box approach for this annual review for ease of completion. The report is structured around the following key sections:
- Finance
    - The total income - £3,021,802
    - The total expenditure - £3,021,802
  - Education and Prevention
  - Treatment and Recovery – Eight Point Plan
  - Involving individuals with lived experience in the design and delivery of services
  - Getting it right for children, young people and families
  - Public Health approach to justice
  - Equalities
- 3.3 Renfrewshire ADP Annual Report was submitted to the Scottish Government on 14<sup>th</sup> October 2020 to comply with the deadline. Feedback from the Scottish Government is anticipated January 2021.

## **4. Drug Related Deaths in Renfrewshire**

- 4.1 In December 2020 the National Records of Scotland published the drug related death figures for 2019. There were 1,264 drug-related deaths in Scotland, 77 (6%) more than in 2018. This is the highest number ever recorded in Scotland.



## 4.2

In Renfrewshire there were 45 drug-related deaths in 2019. This represents a decrease of 10% compared to the previous year of 50 drug-related deaths in 2018, but higher compared to 2017 where there were 38 drug related deaths.

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland>

**Table One:**

Area	2017	2018	2019
E DUN	8	9	7
E REN	4	11	8
GLA	192	280	279
INV	23	24	33
<b>REN</b>	<b>38</b>	<b>50</b>	<b>45</b>
W DUN	15	20	32
NHS GG&C	280	394	404
SCO	934	1187	1264

- Table one shows that of the 1,264 deaths occurring in Scotland in 2019, 404 (32%) were in the Greater Glasgow & Clyde area;
- Most local authority areas have shown a slight reduction since 2017 with the exception of Inverclyde and West Dunbartonshire;
- Greater Glasgow and Clyde has shown an increase since 2017 which is comparable with Scotland's figures.

**Table Two: Greater Glasgow and Clyde - Drug Related Deaths (per 1,000 population) 2017-2019**

Area	2017	2018	2019
East Renfrewshire	0.05	0.07	0.07
East Dunbartonshire	0.05	0.07	0.08
Glasgow City	0.24	0.30	0.35
Inverclyde	0.22	0.25	0.29
<b>Renfrewshire</b>	<b>0.16</b>	<b>0.20</b>	<b>0.22</b>
West Dunbartonshire	0.15	0.18	0.21

- Table two shows that across all local authority areas the rate per 1,000 population has increased over the last three years within Greater Glasgow and Clyde.
- Glasgow City has seen the largest increase since 2017 followed by Inverclyde, Renfrewshire and West Dunbartonshire.

## 4.4

Renfrewshire Alcohol and Drug Partnership (ADP) has identified a number of core actions that will be enhanced:

- The provision of timely, evidence based treatment and support to individuals attending Renfrewshire Alcohol and Drug Recovery

Service (ADRS) including the Recovery Hub and the wider partnership;

- Naloxone supply;
- Drug Related Deaths Review and Monitoring;
- Drug Trend Monitoring.

- 4.4 Building on our key actions detailed within the Annual Report the ADP was successful in applying for funding from the National Drug Deaths Taskforce. This was set up by Scottish Government to develop evidence based strategies for preventing drug related deaths in Scotland. A total of £141,287 per year for two years was secured for Renfrewshire and will result in a number of developments including the recruitment of a dedicated Drug Deaths Prevention Co-ordinator, a Peer Support Worker to engage proactively with individuals who use drugs and to increase the distribution of Naloxone and a specific post who will be part of a skill mix of medical/prescribing/ psychosocial provision within the Alcohol and Drug Recovery Service who will proactively support high risk individuals.
- 4.5 An application was made to the Drug Deaths Task Force Innovation Funding resulting in a further £87,600 being awarded for a period of 18 months to develop a test of change. This will result in recruiting two Recovery Support Navigator Posts who will engage with individuals within an acute setting/Emergency Department to increase the likelihood of accessing local treatment and care services.
- 4.6 All drug related deaths are tragedies. Renfrewshire ADP is committed to continuing to work in partnership to reduce the harm caused by alcohol and drugs, to stop drug related deaths and support more people to recover in Renfrewshire.

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**Author:**

- Donna Reid, Lead Officer, Renfrewshire ADP
- Christine Laverty, Head of Mental Health, Addiction & Learning Disability

Any enquiries regarding this paper should be directed to Christine Laverty, Head of Mental Health, Alcohol and Drugs Recovery and Learning Disability Services, <a href="mailto:Christine.Laverty@renfrewshire.gov.uk">Christine.Laverty@renfrewshire.gov.uk</a>
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**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 Renfrewshire ADP**

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2019/20** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all **sections in yellow** are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the [monitoring and evaluation of rights, respect and recovery](#) (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: [alcoholanddrugdelivery@gov.scot](mailto:alcoholanddrugdelivery@gov.scot)



**NAME OF ADP:** Renfrewshire ADP

**Key contact:**

**Name:** Donna Reid

**Job title:** ADP Lead Officer

**Contact email:** [Donna.reid@ggc.scot.nhs.uk](mailto:Donna.reid@ggc.scot.nhs.uk)

**I. DELIVERY PROGRESS REPORT**

**1. Representation**

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership ☒

Children's Partnership ☒

Integration Authority ☒

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair (*Name, Job title, Organisation*): David Leese, Chief Officer, Renfrewshire Health and Social Care Partnership

**Representation**

*The public sector:*

Police Scotland ☒

Public Health Scotland ☐

Alcohol and drug services ☒

NHS Board strategic planning ☐

Integration Authority ☒

Scottish Prison Service (where there is a prison within the geographical area) ☒

Children's services ☒

Children and families social work ☒

Housing ☒

Employability ☒

Community justice ☒

Mental health services ☒

Elected members ☐

Other ☐ Please provide details.....

*The third sector:*

Commissioned alcohol and drug services ☐

Third sector representative organisation ☒

Other third sector organisations ☐ Please provide details.....

People with lived/ living experience ☐

Other community representatives ☐ Please provide details.....



Other

☐ Please provide details.....

1.3 Are the following details about the ADP publicly available (e.g. on a website)?

Membership ☐  
Papers and minutes of meetings ☐  
Annual reports/reviews ☒  
Strategic plan ☒ <https://www.renfrewshire.hscp.scot/>

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?

Three times – May 2019, September 2019 and January 2020

## 2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please tick those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information ☒  
Posters ☒  
Website/ social media ☒  
Information is provided via the Renfrewshire Health and Social Care Partnership Website and Twitter  
Accessible formats (e.g. in different languages) ☐  
Please provide details.....  
Other ☐  
Please provide details.....

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Resources relating Scottish Government campaigns are sent out to all key partners including pharmacies, GP practices, Dentists, local libraries and community centres.



2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

The Prevention and Education Subgroup has been in place to facilitate a strategic, cohesive and planned approach to prevention and education across Renfrewshire. The aim of the Group is to share best practice based on the principles of the Greater Glasgow and Clyde Alcohol and Drug Prevention Model and to deliver specific prevention and education activity and act in an advisory capacity to local organisations

The young person's service (RADAR) participated in the annual 'Safe Kids' event which enabled them to deliver early education/prevention messages to all Primary 6 children in Renfrewshire. RADAR also developed closer working links with all the Renfrewshire Secondary schools in order to promote the use of the Drug & Alcohol Toolkit.

Third sector partners (RCA Trust) provides education, prevention and awareness raising to those affected by alcohol related harms. This is undertaken through training, educational events, awareness raising sessions with different groups and a variety of organisations.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes ☒  
No ☐

Please provide details (max 300 words)

The ADP Lead Officer is a member of the Local Licensing Forum. It also has a number of partners who are members on the Forum including Renfrewshire HSCP (Strategic Planning & Health Improvement) Renfrewshire Council (Education), and Police Scotland. This has allowed for constructive discussions on cross-cutting issues for the ADP and Forum such as children and young person's access and the use of occasional licenses. Due to the limited membership on the Forum there have been difficulties in obtaining quorum to allow for any actions to be agreed and taken forward. The Forum had been looking to address this but has been limited due to coronavirus restrictions.

2.5 Do Public Health review and advise the Board on license applications?

All ☐  
Most ☐  
Some ☐  
None ☒

Please provide details (max 300 words)

Public Health colleagues have had an active role where each application was reviewed and responded to (where appropriate). Unfortunately, this process is no longer in place which means full responsibility is placed on Renfrewshire HSCP.

The Health Improvement Lead Alcohol Licensing reviews applications in which public health are notified (new premises, provisional premises and major variations). During 2019 – 2020 a total of 36 applications were received, 11 for new licensed premises and 25 to vary an existing licence. 10 responses (28% of



total applications received) were submitted with evidence for the Licensing Board to consider in determining the applications. Off-sales accounted for 50% of the responses (5 applications), mostly for new convenience stores. Access for children and young people was a concern relating to 5 of the applications. By 31st March 2020 all 10 applications had been before the Licensing Board with 5 (50%) having positive outcomes. This included the refusal of an application for a newsagent to provide off-sales on the grounds of overprovision not public health despite alcohol harms being significantly above the Scottish rate.

There has been closer working with Police Scotland in considering the responses to the applications which have flagged as concerning, particularly around the topic of Protecting Children and Young Persons from Harm. The Divisional Commander is keen to continue this partnership approach looking at all aspects which can inform licensing agenda. This includes the Health Improvement Lead being involved in the Your Home, Your Streets, Our Community initiative.



### 3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☐

No ☒

In development ☐

Please give details of developments (max 300 words)

Emergency Department presentations discussed at Multi-Disciplinary Team. DATIX completed for non-fatal overdose as well as briefing notes to encourage reflective practice within the team. Introduced 'opt out' for Naloxone/IEP. Refresher training for staff via Virtual Team Meetings, Review of case closures to ensure assertive outreach applied and rapid restart if relapse. DNA protocol implemented. Review of sub-therapeutic dosing, introduction of RAG Tool, distribution of mobile devices to assist engagement with services, distribution of COVID-19 packs to coincide with Naloxone November Campaign. Standing operating procedure (SOP) prison release implemented. Buprenorphine treatment option currently being considered.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

1. Referral accepted and allocated for screening 2. Detailed screening via telephone 3. Discussion re options for ORT 4. COVID-19 triage completed. 5. If appropriate service user is asked to attend the service on the same day (depending on level of risk) for assessment of ORT prescribing. 6. ADRS Worker arranges dispensing pharmacy. 8. Nursing staff manage patient through process. Patient arrives, staff request to sanitise hands and put on face mask. PPE including Disposable visor/face shield and Medical mask. Escorted to Treatment room (adrenaline available as per guidelines). 9. Service user assessed by prescriber 10. Takes brief history to ascertain opiate dependence / risks / appropriate treatment 11. Drug screen/ naloxone and IEP provided. 11. BBV testing completed. 12. Follow up appointment & contact details provided.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

Same day prescribing of OST ☒

Methadone ☒

Buprenorphine and naloxone combined (Suboxone) ☒

Buprenorphine sublingual ☒

Buprenorphine depot ☐

Diamorphine ☐

Other non-opioid based treatment options

Other ☒ Psychotropic Medications





3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).  
Single Access Point introduced; Daily Screening of Referrals; Introduction of New Patient Clinic; Move towards commencement of same day ORT; Transfer to Espranor and widely used; Assertive outreach.

All services-maintained contact with service users by phone and online applications when direct contact was much reduced during the pandemic.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- |   |  |
|---|--|
| Fibro scanning  | <input type="checkbox"/>                             |
| Alcohol related cognitive screening (e.g. for ARBD)                                   | <input type="checkbox"/>                             |
| Community alcohol detox   | <input type="checkbox"/>                             |
| Inpatient alcohol detox   | <input checked="" type="checkbox"/>                  |
| Alcohol hospital liaison  | <input checked="" type="checkbox"/>                  |
| Access to alcohol medication (Antabuse, Acamprase etc.)                               | <input checked="" type="checkbox"/>                  |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input checked="" type="checkbox"/>                  |
| Arrangements of the delivery of ABIs in non-priority settings                         | <input checked="" type="checkbox"/>                  |
| Other   | <input type="checkbox"/> Please provide details..... |

*People engage in effective high-quality treatment and recovery services*

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

3.6 Please give details on how services were Quality Assured including any external validation e.g. though care inspectorate or other organisations? (max 300 words)

ASP Joint Inspection Activity 2020 – Review of Case Files and Protection Plans, Data Quality, Inspection of Planning Meetings with recommendations made. Third sector partner (RCA Trust Housing Support Service) is inspected on a bi-annual basis by the Care Inspectorate as part of their commitment to quality assurance and governance framework. They work in partnership with the Care Inspectorate to develop and improve the service across a range of different areas including quality assurance, internal and external review systems and improved access to the service.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

- Yes ☐  
No ☒

Please give details below (including referral and assessment process) (max 300 words)



Residential rehabilitation was not widely utilised within Renfrewshire in 2019/2020. This has been strengthened as a treatment option by the establishment of a MDT and Screening Group to review suitability of Service Users.

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)

One male.

*People with lived and living experience will be involved in service design, development and delivery*

3.9 Please indicate which of the following approaches services used to involve lived / living experience (mark all that apply).

*For people with lived experience (PWLE):*

- |                                      |                                     |  |
|--------------------------------------|-------------------------------------|--|
| Feedback/ complaints process         | <input checked="" type="checkbox"/> |  |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/> |  |
| Focus groups                         | <input checked="" type="checkbox"/> |  |
| Lived/living experience group/ forum | <input checked="" type="checkbox"/> |  |
| Board Representation within services | <input checked="" type="checkbox"/> |  |
| Board Representation at ADP          | <input type="checkbox"/>            |  |
| Other                                | <input checked="" type="checkbox"/> | PWLE included in recruitment of ADRS Management Team |

Please provide additional information (optional)

PWLE are members of the Recovery Task Force and were actively involved in the work of the Renfrewshire Alcohol and Drug Commission. PWLE are regularly involved in the recruitment process within ADRS.

*For family members:*

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| Feedback/ complaints process         | <input type="checkbox"/>            |   |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/> |   |
| Focus groups                         | <input checked="" type="checkbox"/> |   |
| Lived/living experience group/ forum | <input type="checkbox"/>            |   |
| Board Representation within services | <input checked="" type="checkbox"/> |   |
| Board Representation at ADP          | <input type="checkbox"/>            |   |
| Other                                | <input checked="" type="checkbox"/> | Family members were actively involved in the work of the Renfrewshire Alcohol and Drug Commission |

Please provide additional information (optional)

Members of the family support group were actively involved in the review of alcohol and drug services and their thoughts and views informed some of the recommendations made. More recently some members were invited to the new premises where the Recovery Hub will be, and their views were sought to inform the refurbishment of the building.



3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

Improved ☐  
Stayed the same ☐  
Scaled back ☒  
No longer in place ☐

Please give details of any changes (max 300 words)  
Due to COVID-19 and organisational challenges.

3.11 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

Yes ☒  
No ☐

Please give details below (max 300 words)

There is a paid peer support worker employed within the Alcohol and Drug Recovery Service who actively promote the benefits and value of peer engagement in order to support individuals to sustain their recovery. The ADP has been successful in accessing funding which means that an additional three posts will be recruited to in 2020/21. Within the third sector (RCA Trust) there are individuals who have been volunteering with the service during the period of 2019/20 who have had lived experience with alcohol, drugs, and trauma. They have been able to work extensively throughout the project both in the counselling team as a volunteer and throughout the housing support service as a salaried worker. As a result, this has enabled some individuals moving into paid employment within other local authority areas.

*People access interventions to reduce drug related harm*

3.12 Which of these settings offered the following to the public during 2019/20? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click or tap here to enter text.

*A person-centred approach is developed*

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☐  
Partially embedded ☒  
Not embedded ☐

Please provide details (max 300 words)

Recruitment of Mental Health and Addiction Recovery Operational Manager and Team Leader will be responsible for strengthening the ROSC within ADRS as well as the wider partnership. This will include the implementation of the Recovery Task Force which includes partners from the third sector, PWLE, Department of Work and Pensions, HSCP and the local Advocacy Service. The ADP and HSCP is currently working in partnership with Council colleagues to develop a Recovery Hub which will enhance the ROSC in Renfrewshire and provide a clear exit pathway from treatment services. The ADP recognises the importance of involving PWLE and this has led to their involvement in service redesign as well as advising members of the Renfrewshire Alcohol and Drug Commission. The ADP has supported the Sunshine Recovery Cafe by providing funding and in-kind support to ensure the effective operation of the service. Additional funding will also lead to the recruitment of a further three peer workers in Renfrewshire who will be key in strengthening our ROSC. Third sector partners also continue to utilise recovery-oriented systems of care through providing a holistic approach recognising the need for service users to feel empowered within their own recovery capital as well as being supported to choose their own recovery pathway.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

Yes ☒  
No ☐

Please provide details (max 300 words)

Mental Health and Addiction Interface Protocol is in place. This also means that there are regular Interface meetings with relevant partners. The HSCP has just recruited a brand-new operational manager post which will focus on mental and addictions as well as a new team lead post specifically focusing on recovery. Currently progressing the Recovery Hub which will be available to individuals affected by mental health and addictions. Co-morbidity Team in place within ADRS. Prescribing of psychotropic



Medication is in place. Community Psychiatric Nurses within ADRS. Progression of CBT therapist training for ADRS staff member. The RADAR team has developed working relationships with the local CAMHS service in order to promote dialogue at an early stage for children and young people where dual diagnosis looks to be a present, in order to agree on whether a joint assessment is the most appropriate approach.

*The recovery community achieves its potential*

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes ☒

No ☐

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒

No ☐

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

The Sunshine Recovery Café has been supported by the ADP which has allowed the Café to remain sustainable in a local church which meets on a weekly basis. The volunteers have taken part in the Scottish Recovery College which was also supported by the ADP. Since the outbreak of Covid 19 the Café has continued to survive and thrive in a virtual online setting. The volunteers are providing online meetings and activities which include arts and craft workshops and online quizzes. The Recovery Development Worker funded by the ADP has supported the volunteers build and grow their virtual Recovery Café.

Until the enforced lockdown the Café volunteers were also able to provide successful guitar and drama groups which the ADP helped support through the Café funding and by peer worker facilitation. The Recovery Café patrons have engaged with the Renfrewshire Alcohol and Drug Commission, taking part in a Conversation day with the commission members passing on their experiences of active addiction and recovery. Individual café volunteers have also provided their own personal experiences of alcohol and drug services and recovery to inform findings and conclusions of the Commission. Members of the recovery community are also involved in the Recovery Task Force who is responsible for taking forward the new Recovery Hub for Mental Health and Addictions for Renfrewshire and for future developments. A Peer worker is also in post at ADRS and this will increase to three as a result of successful application being made to the Corra Foundation and the Drug Deaths Task force with two posts supporting the Recovery Hub.

One of our third sector partners - Youth Connections was successful in accessing funding from the Corra Foundation resulting in a dedicated Young Person's Recovery & Development post which will be responsible for the delivery and development of the Young Person's Recovery Service. This will involve delivering a three-tiered service model which comprises of Prevention and Education as well as One to One Recovery sessions across the locality of Renfrewshire.

Route 66, a voluntary group, is also in place who supports women into recovery by providing them with a meeting space which occurs on a weekly basis where they have the opportunity to take part in arts and crafts work, and provide support to women affected by alcohol related harm.



*A trauma-informed approach is developed*

3.18 During 2019/20 have services adopted a [trauma-informed approach](#)?

- All services ☐  
The majority of services ☐  
Some services ☒  
No services ☐

Please provide a summary of progress (max 300 words)

Psychological services in place. The provision of safety and stabilisation training for staff. Psychological input into redesign of ADRS premises and the development of the Recovery Hub.

*An intelligence-led approach future-proofs delivery*

3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group ☐  
Drug death review group ☒  
Drug trend monitoring group ☒  
Other ☐ Drug Action Partnership Group led by Police Scotland

3.20 Please provide a summary of arrangements which were in place to carry out reviews on [alcohol related deaths](#) and how lessons learned are built into practice (max 300 words)

There is a clear process to review alcohol related deaths which involves completing a Datix, briefing notes, carrying out significant case investigations and holding Multi-Disciplinary Team meetings. The ADP has also shared their experience of carrying out an alcohol related deaths audit which took place a few years ago with Alcohol Focus Scotland partners. The ADP plans to set up an Alcohol Harms Group which will incorporate the new guidance from Alcohol Focus Scotland in relation to carrying out an alcohol related deaths audit.

3.21 Please provide a summary of arrangements which were in place to carry out [reviews on drug related deaths](#) and how lessons learned are built into practice (max 300 words)

There is a clear process to review alcohol related deaths which involves completing a Datix, briefing notes, carrying out significant case investigations and holding Multi-Disciplinary Team meetings. In addition to this Renfrewshire ADP part funds the Drug Deaths Research post which covers Greater Glasgow and Clyde. This post provides information on each drug related death, whether they were in service or not, and where appropriate, applies learning to prevent further deaths in the future. All details captured are submitted to the National Drug Deaths Database and each death is discussed as part of the remit of the Drug Deaths Action Group. On an annual basis details are presented to the ADP and the Chief Officer's Group for Public Protection.



#### 4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

The young person's service (RADAR) provides support to all young people under the age of 21 in Renfrewshire. This support was primarily delivered on an individual outreach-based model, using a harm reduction approach based around their individual needs. Workers use motivational and cognitive techniques to help promote change, considering issues such as trauma and loss. RADAR does not run any clinic work from the same resource as adult drug users. Some young people are supported intensively with several contacts per week, and a small minority have required treatment. Some targeted group work was also delivered for particularly vulnerable young people that were identified to benefit from a weekly yoga/mindfulness group facilitated by an external practitioner. RADAR also runs a weekly lunch club for young people in order to promote contact with some very marginalised young people and to encourage healthier lifestyles.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

The RADAR team also supported young people in this situation (although a very small number were referred on this basis).

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☐

No ☒

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words) This process will be strengthened in the coming year.





4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

- Improved ☐  
Stayed the same ☒  
Scaled back ☒  
No longer in place ☐

Please provide additional information (max 300 words)

Service provision stayed the same throughout 2019/20 but was scaled back from March 2020 due to Covid-19 where regular telephone contact has been maintained.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

- Improved ☐  
Stayed the same ☒  
Scaled back ☒  
No longer in place ☐

Please provide additional information (max 300 words)

Service provision stayed the same throughout 2019/20 but was scaled back from March 2020 due to Covid-19 where regular has been maintained via telephone and where possible, virtually.

4.6 Did the ADP have specific support services for adult family members?

- Yes ☒  
No ☐

Please provide details (max 300 words) There are four Children and Families Addiction Workers (AWs) who provide services to adults who have the care of their children. Most service users are in receipt of ORT and there is close liaison with ADRS. The focus of intervention is ORT script management (where in place), harm minimisation, recovery and social support for all in receipt of a service. The AWs attend Social Work meetings and contribute to assessments for those families with an allocated social worker. Support is provided to family members and concerned significant others by the third sector through the provision of the one to one counselling programme. This allows for those indirectly affected by drugs or alcohol to gain support in a safe recovery-oriented environment to enable them to express their views.





4.7 Did services for adult family members change in the 2019/20 financial year?

- Improved ☐  
Stayed the same ☒  
Scaled back ☒  
No longer in place ☐

Please provide additional information (max 300 words) The service was affected by Covid19 from March 2020 onwards. Direct contact with service users was reduced drastically in Spring 2020. There is much more direct contact now (October 2020) but visits continue to be outdoors whenever possible and are at a necessary minimum.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? (mark all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health, Carers Centre, Housing

Please provide additional information (max 300 words)

ADRS offers support and advice to empower carers to prioritise their own needs while continuing to support their loved one (s) who are affected by drugs and alcohol.



## 5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes ☐

No ☒

No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)

[Click or tap here to enter text.](#)

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☒

Joint funding of activities ☐

Other ☐ [Please provide details](#)

Please provide details (max 300 words)

Third sector partners work in partnership with Renfrewshire Council Criminal Justice teams to provide support to individuals and their family members who have been affected by alcohol related offending behaviours through one to one counselling. The main objective of this programme is to reduce alcohol related offending through providing support to offenders where alcohol has been a contributory factor in their offending behaviour by providing a range of different interventions focusing on motivational enhancement techniques and relapse prevention strategies. A joint ADP approved bid to the CORA Foundation for a Community Justice Development Worker, seeks to explore and develop the relationship between criminal justice and addiction services in Renfrewshire, for all stages of the individual's journey through the system. This post was created in March 2020 but has been delayed as a result of COVID 19.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing ☒

Providing advice/ guidance ☒

Coordinating activities ☐

Joint funding of activities ☒

Other ☐ [Please provide details](#)

Please provide details (max 300 words)

As above, the development worker post relates to health and wellbeing, one of the Renfrewshire Community Justice local priorities, and will consider all stages of justice i.e. diversion, statutory orders, deferred sentences, statutory and voluntary throughcare.



5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

Where individuals appear from custody in court, the court based Social Work Arrest Referral process is available for onward referral, and if guilt is accepted at that stage then there can also be consideration of a Drug Treatment and Testing Assessment (for relevant individuals) to inform sentence.

b) Upon release from prison

Our third sector provider provides one to one counselling to individuals who have been released from prison and if they meet the appropriate criteria are able to access supported accommodation where they are able to be housed in one of 9 flats located across Renfrewshire. A Pathway is in place for prisoners on release from custody subject to Opiate Replacement Therapy, with a direct referral from prison healthcare to ADRS to ensure service user contact on the day of release. A local pathway ensures that those released on licence/or subject to MAPPA arrangements are referred to a higher tier service for initial assessment. This will be revisited when the Corra funded development worker post is established.



## 6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:

### 6.1 Older people (*please note that C&YP is asked separately in section 4 above*)

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups.

### 6.2 People with physical disabilities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Within ADRS there is disability access.

### 6.3 People with sensory impairments

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Loop system is available.

### 6.4 People with learning difficulties / cognitive impairments.

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Within ADRS we invite joint assessment and joint working and every case is assessed on individual circumstances.

### 6.5 LGBTQ+ communities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups.

### 6.6 Minority ethnic communities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups. Translation service is available and ADRS has a polish speaking social care worker.

### 6.7 Religious communities

While there is no specific service provided the ADP and associated services adopts a non-exclusion criterion. Services provide barrier free access for all equality groups.

### 6.8 Women and girls (including pregnancy and maternity)

Special needs in pregnancy service (SNIPs) which provides interventions and support to pregnant women who also have drug and alcohol problems; children and families team in place; Women and Children First; sexual health service and women's aid.



## II. FINANCIAL FRAMEWORK 2019/20

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	2,229,161
2019/20 Programme for Government Funding	
Additional funding from Integration Authority	
Funding from Local Authority	556,641
Funding from NHS Board	
Total funding from other sources not detailed above	170,000
Carry forwards	66,000
Other	
<b>Total</b>	<b>3,021,802</b>

### B) Total Expenditure from sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	96,585
Community based treatment and recovery services for adults	2,178,367
Inpatient detox services	
Residential rehabilitation services	
Recovery community initiatives	
Advocacy Services	293,850
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	
Community treatment and support services specifically for people in the justice system	
Other reserves	453,000
<b>Total</b>	<b>3,021,802</b>



7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29<sup>th</sup> May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes ☒

No ☐

Please provide details (max 300 words)

[Click or tap here to enter text.](#)

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☒

No ☐

Please provide details (max 300 words)

[Click or tap here to enter text.](#)

Any investments in alcohol and drug services are discussed and agreed at the ADP and approved by the HSCP Senior Management Team and IJB.

**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

**Report by: Interim Chief Officer**

**Subject: Renfrewshire Alcohol and Drug Commission**

## **1. Summary**

1.1 The HSCP welcomes the final report from the Alcohol and Drug Commission outlining their intentions to improve the life chances of individuals impacted by alcohol and drugs. The actions that are planned build on the extensive work currently being undertaken as part of the implementation phase of the Whole Systems Review of Alcohol and Drug Services in Renfrewshire and the wider key priority areas of the Alcohol and Drug Partnership's (ADP) strategic framework.

1.2 The Alcohol and Drug Commission remit was to establish a true picture of drug and alcohol use in Renfrewshire and to make recommendations on what partners can do together to support local people and communities adversely affected by drug and alcohol use to improve life outcomes.

1.3 The HSCP and Alcohol and Drug Partnership (ADP) have undertaken a self assessment against the recommendations of the Alcohol and Drug Commission Final Report (Appendix 1). As a result of the challenges caused by COVID-19, some of the actions identified as part of the implementation phase of the Whole System Review have been paused. However, most actions are now moving forward at pace and includes the following priority areas:

- Development of the Recovery Hub has progressed and is expected to be completed in early 2021. The Recovery Taskforce is currently developing a programme of recovery activity within Renfrewshire in collaboration with partners and individuals with lived experience; Strengthening the governance arrangements and support to GPs through enhancing shared care;
- Currently increasing Peer Support Worker capacity across Renfrewshire Alcohol & Drug Recovery Service (ADRS) and developing a peer support development pathway;
- A more robust management structure is now in place following recruitment of senior members of staff – Mental Health/Addiction Operations Manager, ADRS Operations Manager & Team Leads;
- A single point of referral and assertive outreach approach has been developed and adopted;
- Minor improvements have been made to the building within Back Sneddon Street to improve the experience of the building for both individuals who use the service and staff. A scoping exercise for more extensive refurbishment works is currently underway. ADRS

is currently reviewing its accommodation portfolio in line with the recommendations of the Whole Systems Review and Alcohol and Drug Commission;

- Due to COVID-19, a move to a more flexible, agile way of working was accelerated with staff now able to work remotely and provide service users and patients with varied methods of care including telephone triage, video calling and essential face to face for those who need it most; and
- The service re-design and move to a truly integrated service with access, core and shared care teams will re-commence in January 2021. This will include staff selecting their preferences in which area of the service they would like to work in.

- 1.4 To support the implementation of the Commission's recommendations £2 million has been allocated which was approved by Renfrewshire Council on 9<sup>th</sup> March 2020 with £1.34 million already agreed to support an number of actions detailed in Appendix 2. It is anticipated that the majority of these initiatives will be supported over an 18-24-month programme.

## 2. Recommendations

It is recommended that the IJB:

- Note the HSCP's actions to support the implementation of the Alcohol and Drug Commission's recommendations;
- Note the contents of the ADP Self-Assessment (Appendix 1) and funding allocation (Appendix 2); and
- Note that following the Council's Leadership Board in February, a further update will be provided to the IJB if any implications for the HSCP are identified.

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## 3. Background

- 3.1 In 2018, Renfrewshire Community Planning Partnership Executive Group agreed to establish an independent Commission to consider the true impact of alcohol and drugs across Renfrewshire's communities. This was the first Commission of its kind, in that community planning partners wanted the focus to be on **both** alcohol and drugs. The Commission remit was to establish a true picture of drug and alcohol use in Renfrewshire and to make recommendations on what partners can do together to support local people and communities adversely affected by drug and alcohol use to improve life outcomes.
- 3.2 The Commission acknowledged in the Report that a review of alcohol and drug services in Renfrewshire had recently been completed as part of an independent review. This process resulted in a clear direction of travel moving to a new service model which enhanced recovery. This meant that the Commission could focus on gathering evidence to ensure that the impact of alcohol and drug use was considered as broadly as possible, rather



than focusing solely on services which support treatment. Over 330 people were involved in the engagement programme to inform the recommendations. This included visits to organisations and services by small groups of Commission members as well as a large-scale event in partnership with the Sunshine Recovery Café and the Scottish Recovery Consortium.

- 3.3 In addition to the information gathered through the engagement programme, Commission members were also provided with a range of opportunities to hear presentations and to receive briefings from local partner organisations, service providers and innovative projects that have been delivered elsewhere in Scotland and more widely. The Commission also considered the emerging findings of the National Drug Deaths Taskforce and the Dundee Drug Death Commission to explore learning for Renfrewshire.

#### **4. Priority Actions**

- 4.1 The Commission makes 27 recommendations (Appendix 1) which provides clear direction to community planning partners on the action that must be taken to fundamentally address the impact of alcohol and drug use in Renfrewshire. The recommendations are bold and ambitious and focus on what needs to change to support:

- People who use alcohol and drugs;
- Families impacted by alcohol and drug use;
- Young people experiencing issues in relation to alcohol & drug use and mental health issues and;
- Communities that are impacted by alcohol and drug use within their local areas

- 4.2 Priority actions are identified in relation to:

- Urgently addressing issues in relation to mental health service provision, including provision for young people.
- Considering trauma as part of everything that partners do in Renfrewshire – this is fundamental to reducing or preventing problems with alcohol and drug use and supporting recovery.
- Introducing a whole system approach to supporting people with their alcohol and drug use.
- Increasing the reach and capacity across the whole system of support for people using alcohol and drugs.
- Making urgent changes to the buildings from which services are provided.
- Reviewing the support that is available to families impacted by drug and alcohol use – at all stages of life.
- Partners providing leadership around alcohol supply, promotion and availability.
- Valuing lived experience as part of the approach to recover in Renfrewshire: - developing meaningful relationships with recovery organisations and building strong partnership peer support models.
- Tackling stigma around alcohol and drug use and supporting opportunities for social connection across Renfrewshire to support recovery.

## **5. Funding**

- 5.1 The Council proposes that £1.34 million is allocated initially to support the developments (Appendix 2). It is anticipated that the majority of these initiatives will be supported over an 18-24-month programme, and work will be undertaken to lever external funding to support the implementation of the Commission's recommendations wherever possible. A key focus of these initiatives will be to ensure that any resulting changes to services are financially sustainable for the Council and partners, and there will be a clear link between the implementation and ongoing evaluation of these initiatives and the Right for Renfrewshire programme.

## **6. Next Steps**

- 6.1 A detailed action plan will be developed which will set out the Council and its' partners response to the Commission's report and recommendations will be prepared and submitted for consideration by elected members at the next meeting of the Leadership Board in February 2021. It is unclear at this stage whether there will be any implications for the HSCP. If there are, a further update will be provided to the IJB.
- 6.2 Proposals in relation to the remaining £0.66m of Alcohol and Drug Commission funding set aside by Renfrewshire Council in March 2020 will also be brought forward for consideration and approval in February 2021.
- 6.3 The delivery of the action plan and the resulting programme of work will be driven by a Programme Board chaired by the Renfrewshire Council's Chief Executive. Operational delivery of the Alcohol and Drug Commission programme will be led by the Head of Policy and Commissioning, with a co-ordinator post put into place to support the implementation, delivery and evaluation of all new initiatives.

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### **Authors:**

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Renfrewshire Alcohol and Drug Partnership		
Self-Assessment – Renfrewshire Alcohol & Drug Commission – Final Report		
Risk of Harm		
Recommendation 1:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p>The Commission acknowledges the current work being undertaken to improve drug and alcohol services; however, <b>changes must be made at greater pace and involve local service users and family members to a greater extent.</b> The opportunity to take the review further and implement recommendations from both this Commission and the National Drugs Death Taskforce <b>must not be missed.</b></p> <p><b>Renfrewshire Health &amp; Social Care Partnership</b></p>	<ul style="list-style-type: none"> <li>Renfrewshire Alcohol and Drug Recovery Service (ADRS) has continued to progress with implementing changes based on the recommendations from the Whole-Systems Review, despite the COVID-19 pandemic.</li> <li>People with lived and living experience, including current service users have been included in various aspects of the implementation phase of the review including recruitment, re-design of services and the development of Renfrewshire Recovery Hub.</li> <li>After a successful recruitment drive there will be a network of peer support workers, who have lived experience, in place by early next year to support the work of the Recovery Hub. This builds on the existing peer support workers in ADRS.</li> <li>A successful funding application was made to the Drug Deaths Task Force which means there will be dedicated staff in place working to prevent the number of drug related deaths in Renfrewshire. This also includes a Test of Change focusing</li> </ul>	<ul style="list-style-type: none"> <li>A key priority of ADRS and the ADP is to continue to progress with the identified improvements to service provision and delivery as timely and efficiently as possible. This will take into account all findings from the Whole-Systems Review, the Alcohol &amp; Drug Commission and the National Drug Deaths Taskforce.</li> <li>Communication channels will be enhanced with individuals with lived and living experience and their families with the production of a Communications Strategy.</li> <li>Lessons learned from COVID-19 will provide opportunities to do things differently, specifically around communications.</li> </ul>

	on the Navigator Model within the Royal Alexandra Hospital.	
<b>Recommendation 2:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Humans are complex and the issues they face are not in isolation. Partners in Renfrewshire must respond to the views of local services users and their families and frontline staff, and <b>adopt a whole system approach whereby support is wrapped around those that need it</b>. This includes mental health, housing, employability, and criminal justice services.</p> <p><b>Renfrewshire Health and Social Care Partnership</b></p>	<ul style="list-style-type: none"> <li>• The Recovery Hub, which is due to open in early 2021, will be key in providing a support model for individuals affected by both mental health and alcohol and/or drugs. Access to the Hub will provide a programme of activities involving a number of key stakeholders including colleagues from housing support, criminal justice, Department of Work and Pensions and third sector partners to support individuals to sustain their recovery.</li> <li>• A successful funding application was made to the Corra Foundation which means there will be a (fixed term) dedicated post to enhance pathways between drug and alcohol services and criminal justice colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>• Continuation of working with key partners and services.</li> </ul>
<b>Recommendation 3:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p><b>Support should move away from a focus on a buildings-based model to one that is rooted within communities.</b> Where services and support are accessed within a building – these must be provided in modern, safe, accessible and trauma informed facilities which support front line staff and service users to work together in the most person-centred way. Existing buildings such as those at Back Sneddon Street are not fit for purpose and must be improved urgently.</p>	<ul style="list-style-type: none"> <li>• A part of the Recovery Hub structure a hub and spoke model will be introduced that will create visible recovery while actively engaging with and supporting recovery communities. This will be a key feature within the remit of the Peer Support Workers.</li> <li>• ADRS is currently reviewing its accommodation portfolio in order to identify the best way forward for delivering its services.</li> </ul>	<ul style="list-style-type: none"> <li>• A meeting is scheduled for early January 2021 to discuss alternative accommodation options.</li> </ul>

<b>Renfrewshire Health and Social Care Partnership</b>	<ul style="list-style-type: none"> <li>• A community-based model is being looked at, alongside potential improvements to existing buildings, including Back Sneddon St, and any potential alternative locations that may be more conducive to the level of service required.</li> <li>• During COVID-19, alternative methods of engagement with service users and patients have been introduced including an emergency triage system and video calling using Near Me.</li> <li>• A key recommendation of the Whole Systems Review (WSR), was to implement an assertive outreach approach and has been progressed as a result of the recruitment of two specialist outreach nurse posts for two years. Both nurses took up post Jan 2021.</li> </ul>	
<b>Recommendation 4:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>The <b>reach of local alcohol and drugs services needs to significantly increase</b>, and partners must ensure that there is capacity across the whole system to support people experiencing all different levels of harm from their use of alcohol and drugs. Assertive outreach to those experiencing the highest level of harm should be a high priority for services.</p> <p><b>Renfrewshire Alcohol and Drug Partnership</b></p>	<ul style="list-style-type: none"> <li>• In addition to having a number of peer support workers the ADP has provided funding to recruit two specialist outreach nurse posts who will be based at the RAH. These posts will connect with individuals within their own homes and communities to provide relevant treatment and support. These posts will also be complemented by the recruitment of two Navigator posts which will also be funded by the Drug Deaths Task Force. These posts will also aim to connect with individuals affected by alcohol/drugs and engage them with treatment and support services.</li> </ul>	

Recommendation 5:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p><b>Specific gaps in provision identified by service users, family members and frontline staff need to be addressed locally.</b> Access to residential rehabilitation services and the availability of 24/7 crisis services were viewed as significant gaps in Renfrewshire, and with enhanced community provision, will ensure a continuum of support is available in Renfrewshire.</p> <p><b>Renfrewshire Alcohol and Drugs Partnership</b></p>	<ul style="list-style-type: none"> <li>There is a limited budget in place for residential rehab and no access to 24/7 crisis in Renfrewshire.</li> </ul>	<ul style="list-style-type: none"> <li>This gap was highlighted within the Whole Systems Review. Various methods of care are currently being explored and progressed within Renfrewshire including residential rehab and alcohol home detox. This will require additional funding.</li> <li>Mental health crisis support (out of hours) is available in Renfrewshire and we will look at expanding this to support individuals affected by alcohol and/or drugs.</li> </ul>
Recommendation 6:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p><b>Local service providers must involve people with lived experience in the ongoing development of alcohol and drug and mental health services locally and listen to their views.</b> There was a clear disconnect between what supports service users and families thought were available in Renfrewshire, and the views of services themselves. It was clear services do exist but that communication and signposting to these is not working.</p> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>The ADP and HSCP have always been committed to involving people with lived experience in the planning and delivery of services and there are individuals already embedded within services.</li> <li>There are already existing Peer Support Workers in ADRS with lived experience. These posts have been in place for several years. All additional peer support workers who were successful in the recent recruitment process have lived experience of drugs/alcohol and or mental health and will enhance the process of connecting and providing assertive links with the wider community.</li> <li>The views of individuals with lived experience were captured as part of the Whole Systems Review to inform the recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Moving forward, a Communications Strategy will be developed to ensure key messaging continues to be communicated to all individuals who use our services, partners and other stakeholders.</li> <li>The ADP will explore the possibility of recruiting a Communications Officer to enhance the current process.</li> </ul>

	<ul style="list-style-type: none"> <li>Individuals with lived experience have and will continue to be significantly involved in shaping changes to services. In recent months including recruitment of staff at various levels within ADRS, and throughout the development of Renfrewshire Recovery Hub.</li> </ul>	
<b>Recommendation 7:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>There are potentially high numbers of people experiencing hidden harm from alcohol and drug use in Renfrewshire. <b>Partners should undertake a robust joint assessment of the level and nature of harm and how this is changing over time.</b> This should be undertaken on an annual basis in order to inform the development of services at a local level.</p> <p><b>Renfrewshire Community Planning Partnership (led by Renfrewshire Alcohol and Drugs Partnership)</b></p>		<ul style="list-style-type: none"> <li>The ADP commits to ensure that this action will be carried out on an annual basis.</li> <li>The ADP will consider the need for a dedicated Research/Information Post to take this forward.</li> </ul>
<b>Recommendation 8:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p><b>Partners need to address gaps in the local data available on alcohol related harm.</b> This should be prioritised, and it is recommended that partners introduce an annual review of alcohol related deaths now, rather than waiting for this to become a national reporting requirement in the future.</p> <p>Renfrewshire Alcohol and Drugs Partnership</p>	<ul style="list-style-type: none"> <li>The ADP currently provides part funding for the Greater Glasgow and Clyde Drug Deaths Research Associate to assist in reviewing and monitoring drug related deaths in Renfrewshire. There are discussions underway to replicate this process for alcohol related deaths subject to accessing funding.</li> </ul>	<ul style="list-style-type: none"> <li>The ADP will identify potential sources of funding to progress this recommendation.</li> <li>Refer to recommendation 7.</li> </ul>

<b>Recommendation 9:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Partners must provide leadership and <b>introduce a programme of naloxone training across partners agencies</b>, to ensure that local responders, service providers and communities are able to deliver life-saving interventions within local communities.</p> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>• ADRS is currently working to expand the methods of treatment available in Renfrewshire including the expansion of the Naloxone programme</li> <li>• A Naloxone November campaign was launched last year to increase awareness and use of Naloxone in Renfrewshire.</li> <li>• A key aspect of the new Criminal Justice post funded by Corra will be training and distribution of Naloxone.</li> <li>• Building on the current actions already underway and as part of the successful funding application to the national Drug Deaths Task Force a specific peer support worker will be recruited to increase the distribution of Naloxone across relevant partner organisations. Anyone who is likely to witness an opioid overdose in their community can access brief overdose awareness training and a supply of naloxone to hold for use in an emergency. The training aims to build confidence, knowledge and skills around overdose prevention and response. Once training is complete individuals are issued with a Naloxone kit.</li> </ul>	<ul style="list-style-type: none"> <li>• This is already underway in Renfrewshire.</li> </ul>
<b>Recommendation 10:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p><b>Services must strengthen work being done to protect those at highest risk of</b></p>	<ul style="list-style-type: none"> <li>• The HSCP continues to have a real focus on BBV testing, aiming to ensure that all</li> </ul>	<ul style="list-style-type: none"> <li>• Services will continue to build on progress already made.</li> </ul>



<p><b>harm from blood borne viruses through drug use.</b> This includes offering rapid testing for HIV and Hepatitis C and supporting those who receive a positive diagnosis to attend appointments and to sustain and follow medical guidance.</p> <p><b>NHS Greater Glasgow and Clyde / Renfrewshire HSCP</b></p>	<p>individuals are tested at the point of accessing services.</p> <ul style="list-style-type: none"> <li>• ADRS has been selected to participate in a dry blood spot self-testing pilot, aiming to educate and normalise frequent testing across Renfrewshire.</li> <li>• Testing has continued despite COVID restrictions and this proactive approach was commended by Public Health Scotland.</li> </ul>	
<b>Recommendation 11:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p><b>Partners should support the work of the National Drug Deaths Taskforce</b> and maximise all opportunities to pilot or implement new and innovative approaches recommended by the Taskforce in Renfrewshire to reduce drug related harm.</p> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>• The ADP already supports the work of the National Drug Deaths Taskforce and was successful in applying for funding to implement a suite of actions to reduce and prevent the number of drug related deaths in Renfrewshire. This includes the recruitment of a dedicated Drug Deaths Prevention Co-ordinator, a Peer Support Worker and enhanced treatment options. In addition to this, the ADP was also successful in receiving funding to implement a Test of Change. This will involve recruiting two Navigator posts who will be based at the RAH to connect and provide assertive outreach with individuals who are not in contact with treatment and care services.</li> </ul>	
<b>Mental Health</b>		
<b>Recommendation 12:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>

<p><b>Partners should go further and be more ambitious in terms of establishing the local approach to trauma informed practice.</b> Leaders must champion greater understanding on the impact of trauma and ensure that this is reflected in the way that staff work across all frontline services.</p> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>• The ADRS Clinical Psychologist is supporting services to ensure practices are trauma informed and that any future changes to services are also underpinned by this philosophy. Training within this discipline is available and this will enable a member of staff to become a qualified CBT therapist.</li> </ul>	<ul style="list-style-type: none"> <li>• We will commit to delivering training to the wider partnership on trauma informed practice.</li> </ul>
<b>Recommendation 13:</b>	<b>Renfrewshire HSCP Response:</b>	<b>Renfrewshire HSCP Actions Required:</b>
<p><b>Services must take action to improve access to and information about the services and supports which are available to people experiencing mental health issues in Renfrewshire.</b> This must extend beyond formal health care services, with investment made in lower level support services that people can access informally at a community level when they need them.</p> <p><b>Renfrewshire Health and Social Care Partnership</b></p>	<ul style="list-style-type: none"> <li>• A key priority of the HSCP is mental health and wellbeing, and specifically early prevention and intervention. Sub-groups of the Strategic Planning Group have been formed to focus on low-level community driven support across Renfrewshire.</li> <li>• A wide-range of these support services are already in place, but the focus is to understand how awareness can be improved and how individuals can access relevant services.</li> <li>• Currently scoping delivery of various levels of mental health training to be available to lower level services across Renfrewshire which will help to provide informal support at a point which best suits those who need it.</li> <li>• As part of the work of the Recovery Task Force a directory is in production to raise awareness of current treatment options and availability of services.</li> </ul>	<ul style="list-style-type: none"> <li>• The interface between mental health and addictions has been strengthened with the appointment of the new Operations Manager for Mental Health and Recovery in November 2020.</li> </ul>

	<ul style="list-style-type: none"> <li>• In terms of recovery Renfrewshire is the first local authority in Scotland to bring together mental health and alcohol/drugs as a result of the development of the Recovery Hub.</li> <li>• The HSCP has recruited an Operations Manager for Mental Health, Addiction and Recovery.</li> <li>• The HSCP is aware of the national shortage of psychologists.</li> </ul>	
<b>Prevention &amp; Early Intervention</b>		
<b>Recommendation 14:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Community Planning Partners must <b>demonstrate leadership in terms of alcohol provision and availability</b>. This should include but is not limited to:</p> <ul style="list-style-type: none"> <li>A. Creating safe spaces within buildings by removing the sale or provision of alcohol</li> <li>B. Promoting alcohol free policies and culture within the workplace, including in school and leisure facilities.</li> <li>C. Supporting staff impacted by the use of alcohol</li> <li>D. Promoting awareness of alcohol harm across the workforce</li> <li>E. Committing to end alcohol related advertising on or within partner buildings or sites</li> </ul> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>• Workplace alcohol and drugs policy in place within HSCP and Renfrewshire Council.</li> <li>• ADRS and third sector partners can provide rapid access to treatment referred via Occupational Health.</li> </ul>	

<b>Recommendation 15:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Renfrewshire Licensing Board should continue to use all of its available powers to limit alcohol related harm in Renfrewshire, and Renfrewshire Council should lobby Scottish Government to ensure that the licensing board can further strengthen its role in terms of improving health and wellbeing.</p> <p><b>Renfrewshire Licensing Board</b></p>	<ul style="list-style-type: none"> <li>To assist the Licensing Board and Forum the ADP provided funding to recruit a post in partnership with Glasgow City HSCP. However, this post has moved to Glasgow City on a full time basis.</li> </ul>	<ul style="list-style-type: none"> <li>Discussions are underway within the ADP to identify potential funding sources to recruit a full time post specifically for Renfrewshire to provide capacity to respond to applications made to the Licensing Board and to support the work of the Licensing Forum.</li> </ul>
<b>Recommendation 16:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Statutory services must continue to <b>ensure that Sheriffs are aware of the range of drug, alcohol and mental health services available in Renfrewshire</b>, eligibility for these and how these can be best utilised to provide support and interventions within sentencing.</p> <p><b>Renfrewshire Council</b></p>	<ul style="list-style-type: none"> <li>A robust interface already exists with Criminal Justice. Interface will be strengthened by the new Criminal Justice post funded by Corra.</li> </ul>	<ul style="list-style-type: none"> <li>ADRS staff and peer recovery workers will meet with local sheriffs to keep them informed of services available and provide relevant input.</li> </ul>
<b>Recommendation 17:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Review local level data on, and approaches to, addressing Foetal Alcohol Spectrum Disorder (FASD) in Renfrewshire to consider how best to reduce the number of children impacted by alcohol prior to birth.</p> <p><b>Renfrewshire Health and Social Care Partnership/Renfrewshire Council</b></p> <p><b>Young People &amp; Families</b></p>	<ul style="list-style-type: none"> <li>The ADP will support the HSCP and Renfrewshire Council Children's Services to review current support provided to families.</li> </ul>	

Recommendation 18:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p>The work that young people in Renfrewshire are leading to <b>improve personal social education in schools on issues such as drugs and alcohol and mental health</b>, needs to be implemented as a priority by Renfrewshire Council.</p> <p><b>Renfrewshire Council</b></p>		<ul style="list-style-type: none"> <li>ADP partners would welcome this development and an update on the progression of this recommendation.</li> </ul>
Recommendation 19:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p><b>Young people should not be anxious about transferring from their existing service into an adult focused alcohol and drug service.</b> Targeted consultation should be undertaken on this issue and should focus on the beneficial relationships that young people need to address their needs, rather than what age they are.</p> <p><b>Renfrewshire Council / Renfrewshire Health and Social Care Partnership</b></p>		<ul style="list-style-type: none"> <li>ADP welcomes this recommendation. A better understanding is required from RADAR (Children's Services) in relation to the transition from young person services to adult services. A retrospective audit to track RADAR caseload would aid this process to find out how many individuals are in recovery or are using drugs/problematic alcohol use.</li> <li>The HSCP will take this forward with colleagues in Children's Services.</li> </ul>
Recommendation 20:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p>Recognising the at times distressing evidence that the Commission heard on the impact of alcohol and drug use for families, partners should undertake a <b>review of existing family support provision</b>. Particular focus must be on the support that is available to children and young people who are impacted by parental drug or alcohol use. In addition, as Renfrewshire considers its response to the Independent Care Review it should explore how the family support model</p>	<ul style="list-style-type: none"> <li>It has already been agreed with Children's Services to carry out a joint, objective review of support available for children and young people and their families. The review would aim to look at the current model and its strengths and areas for improvement, ensuring appropriate governance arrangement are in place. The aim would be to ensure a robust interface between ADRS and partner agencies within Renfrewshire</li> </ul>	<ul style="list-style-type: none"> <li>Benchmarking will be completed, to learn from established Parent &amp; Children Team models in place in neighbouring HSCPs.</li> </ul>

<p>developed reflects fully the principles of The Promise.</p> <p><b>Renfrewshire Health and Social Care Partnership/Renfrewshire Council</b></p>	<p>Council's Children's Services, with a timeous approach to treatment and care.</p> <ul style="list-style-type: none"> <li>• An established Children and Families team is in place along with a pre and post birth team who have dedicated drug and alcohol workers to support new parents and families.</li> <li>• ADRS has a dedicated family support worker who offers support to parents who may have a family member who is affected by drugs/alcohol.</li> </ul>	
<b>Recommendation 21:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Children and young people need to be able to access the right type of support for any mental health issues including lower levels anxiety and stress. <b>Partners should review current mental health provision for young people and ensure that this meets all levels of need.</b></p> <p><b>Renfrewshire Council / Renfrewshire Health and Social Care Partnership.</b></p>		<ul style="list-style-type: none"> <li>• ADP welcomes this recommendation and will provide any support required.</li> </ul>
<b>Recommendation 22:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Partners should work with local retailers and communities to effectively <b>target proxy purchase of alcohol in communities.</b></p> <p>Renfrewshire Council / Police Scotland</p>		<ul style="list-style-type: none"> <li>• The HSCP has a dedicated Health Improvement Post who will be remitted to re-establish the Prevention and Education Sub Group and this recommendation will be a key feature within the Group's work-plan.</li> </ul>

<b>Recovery</b>		
<b>Recommendation 23:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Lived experience needs to be the beating heart of the approach to recovery in Renfrewshire. This needs to be a strong and meaningful partnership for all, with <b>lived experience being fully embedded into everything that happens</b> – from employment to training to service development and design.</p> <p><b>Renfrewshire Health and Social Care Partnership</b></p>	<ul style="list-style-type: none"> <li>• HSCP continues to be fully committed to involving individuals with lived experience and this is already embedded within services.</li> <li>• Individuals with lived experience have and will continue to play a major part in expanding and embedding a recovery culture in Renfrewshire.</li> <li>• Lived experience is represented within the Recovery Task Force, which is currently developing a programme of recovery activity within Renfrewshire, in collaboration with partner support providers</li> <li>• All key decisions in the development of the Recovery Hub have involved individuals with lived experience which included the theme, design, layout and activity.</li> </ul>	
<b>Recommendation 24:</b>	<b>Renfrewshire ADP Response:</b>	<b>Renfrewshire ADP Actions Required:</b>
<p>Alcohol and Drug Services should pilot Recovery Advocacy / Rights in Recovery in partnership with the Scottish Recovery Consortium and Reach Advocacy to</p>	<ul style="list-style-type: none"> <li>• A representative from the local Advocacy Service is an active member of the Recovery Task Force in Renfrewshire. Discussions have been held with our local representative and the Scottish Recovery Consortium to discuss the</li> </ul>	<ul style="list-style-type: none"> <li>• The ADP is keen to develop this approach and will become central to the work of the Recovery Hub.</li> <li>• This has been under consideration but was postponed due to COVID-19. The</li> </ul>

<p><b>strengthen Renfrewshire's rights-based approach to recovery.</b></p> <p><b>Renfrewshire Health and Social Care Partnership</b></p>	<p>possibility of developing a pilot in Renfrewshire.</p>	<p>ADP will move this forward at pace in 2021.</p>
<p><b>Relationships &amp; Connections</b></p>		
<p><b>Recommendation 25:</b></p> <p>Recognising the value of lived experience and social connections, local alcohol and drug services should <b>employ link workers and develop a peer support network</b> to assist individuals and families to navigate services, support and activities. Investment must also be made to support the development of local groups and organisations which provide social connection and support recovery</p> <p><b>Renfrewshire Health and Social Care Partnership</b></p>	<p><b>Renfrewshire ADP Response:</b></p> <ul style="list-style-type: none"> <li>• We will continue to build on what is already in place. In addition to having a number of peer support workers the ADP and HSCP have provided funding to recruit two specialist outreach nurse posts who will be based at the RAH. These posts will connect with individuals within their own homes and communities to provide relevant treatment and support. These posts will also be complemented by the recruitment of two Navigator posts which will also be funded by the Drug Deaths Task Force. These posts will also aim to connect with individuals affected by alcohol/drugs and engage them with treatment and support services.</li> <li>• The ADP provides funding to the long established and successful Sunshine Recovery Café that is a valuable resource in Renfrewshire to connect with individuals affected by alcohol/drugs and or mental health</li> </ul>	<p><b>Renfrewshire ADP Actions Required:</b></p>



Recommendation 26:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p>It is more critical than ever given COVID-19, that barriers to recovery such as loneliness and isolation and stigma are prioritised by partners. <b>Partners should designate 2021 as Renfrewshire's year of connection, and plan a year of action with all partners and communities involved in some way.</b></p> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>• As part of the HSCP's Strategic Planning Group (SPG) loneliness and isolation has been identified as a key priority and their work-plan will inform the ADP's future efforts.</li> <li>• A student from the University of the West of Scotland is a member of the Recovery Task Force and their PHD will focus on arts and cultural activities and how these can contribute to health and wellbeing. The research will contribute to academic and local knowledge including strategy, programme and project development.</li> </ul>	<ul style="list-style-type: none"> <li>• The ADP welcomes this recommendation. Consideration should be given to implementing 'A year of Recovery' in 2021 with a calendar of monthly events specifically focusing on recovery activity. Consideration should also be given to working in partnership with the host organisation's Communications Teams to progress including developing logos/straplines etc. Potential for Renfrewshire to be known as the first local authority of recovery for alcohol/drugs and mental health.</li> </ul>
Recommendation 27:	Renfrewshire ADP Response:	Renfrewshire ADP Actions Required:
<p>Partners must act robustly to <b>eradicate stigma and have positive recovery conversations with communities and the workforce, including through engagement with local media.</b> People with lived experience in Renfrewshire must play a leading role in the planning, development and delivery of this work.</p> <p><b>Renfrewshire Community Planning Partnership</b></p>	<ul style="list-style-type: none"> <li>• The peer support workers will be key in breaking down barriers and promoting positive language in Renfrewshire.</li> <li>• A Communication Strategy is currently being developed and with the support and assistance of the HSCP Communications Team. Engagement with the local media will also be part of this process.</li> <li>• The ADP will work in partnership with the Scottish Recovery Consortium to implement the Communication Strategy and marketing around recovery.</li> </ul>	



## Funding to support the recommendations from the Alcohol and Drug Commission

Priority Area	Action	Funding Allocated
Risk of Harm	To implement an outreach model to engage with people who are not in contact with local drug and alcohol services	£200,000
	To fund a research study into levels of hidden drug and alcohol use in Renfrewshire	£10,000
Mental Health	To pilot a crisis mental health service to support individuals and families when they need this most	£160,000
	To support the Trauma Informed Renfrewshire programme, ensuring that all partners, services and frontline staff respond effectively to the impact of trauma on local people and communities.	£100,000
Children and Families	To pilot an intensive mental health support programme for children and young people who may be experiencing difficulties in relation to alcohol and drug use and mental health, led by Children's Services.	£250,000
	To provide enhanced education and training in relation to alcohol and drugs issues across Renfrewshire's learning establishments. This will closely align to the work young people have been leading in terms of personal and social education on these issues.	£100,000
	To fund a review of family support services locally in	£20,000

	relation to alcohol and drugs services locally.	
<b>Recovery</b>	To establish a Recovery Change Fund in Renfrewshire, providing an opportunity for community and voluntary sector organisations to access funding to support tests of change in relation to mental health, recovery, stigma and social isolation in particular.	£150,000
	To support the development of a peer support model in Renfrewshire. This will recognise the value of lived experience and the importance of positive relationships to support local people in their recovery journey.	£200,000
<b>Early Intervention and Prevention</b>	To support health improvement activities in relation to alcohol, with a particular focus on working with partners and across communities to drive changes in behaviour and culture in relation to alcohol consumption.	£50,000
<b>Implementation</b>	To support the implementation of the Commission's recommendations and to ensure that all funded projects and initiatives are delivered.	£100,000
<b>Total: £1.34 Million</b>		

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**To:** Renfrewshire Integration Joint Board

**On:** 29 January 2021

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**Report by:** The Clerk

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**Heading:** Consultation - Review of the Model Code of Conduct for Devolved Public Bodies in Scotland

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**1. Summary**

- 1.1. Renfrewshire Integration Joint Board is a “devolved public body” for the purposes of the Ethical Standards in Public Life etc (Scotland) Act 2000, which means that the IJB is required to adopt the Model Code of Conduct for Devolved Public Bodies and the IJB’s members are required to comply with the terms of the Code.
- 1.2. The Scottish Government has now started a consultation in relation to a review of the Model Code. The deadline for responding to the consultation is 8 February 2021.
- 1.3. The Model Code hasn’t been reviewed since 2014 and the Scottish Government have expressed the view that they want to make the Code easier to understand. The revised Code is also to take into account developments in society such as the role of social media and to make it clear that bullying and harassment is completely unacceptable and should not be tolerated. The revised code is to be fit for purpose and ensure that the highest standards of conduct are maintained.
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**2. Recommendation**

- 2.1. It is recommended that the IJB:
- Notes the terms of the consultation by the Scottish Government on the review of the Model Code of Conduct for Devolved Public Bodies,
  - Agrees to support the terms of the revised Model Code included in the consultation document.
-

### **3. Background**

- 3.1. Every devolved public body in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 is required to produce a Code of Conduct governing the conduct of its members and how that conduct is regulated.
- 3.2. Renfrewshire IJB adopted the Model Code at its meeting on 24 June 2016 and all members of the IJB are required to comply with the Code.
- 3.3. The main areas covered by the Code are: a) General Conduct including such matters as conduct at meetings and regarding relationships with other IJB members and officers, b) declaring offers of gifts and hospitality and use of facilities provided by the IJB and its constituent authorities, c) Registration of Interests, d) declaration of Interests; and e) Lobbying.
- 3.4. The Scottish Government has now issued a consultation in relation to a review of the Model Code. This review is considered necessary because the Code has not been reviewed since 2014.
- 3.5. A link to the consultation document is attached.
- <https://www.gov.scot/publications/consultation-paper-ethical-standards-public-life-proposals-amendments-made-model-code-conduct-members-devolved-public-bodies/>
- 3.6. The consultation includes a revised version of the Code for comment.
- The main changes that have been made are:
- A general rewrite in first person to encourage Board Members to take ownership of their behaviour.
  - Raising awareness of the need for careful consideration when a Board Member uses social media.
  - Removing unnecessary information.
  - Rewriting in plain English to make the Model Code easier to understand.
  - Increased emphasis on addressing discrimination and unacceptable behaviour.
  - Strengthening obligations regarding bullying and harassment.
  - Strengthening rules around accepting gifts, both to protect Board Members and to build confidence in their impartiality.
  - Section 5 has been redrafted to make it easier to follow and to apply the “objective” test.
  - Section 6 has been amended to make the rules around access and lobbying clearer.

- Annexe A has been amended to outline how complaints about potential breaches of the Code are investigated and adjudicated upon. It contains information about the sanctions available to the Standards Commission following a breach of the Code.

3.7 It is recommended that the IJB responds to the consultation to support the revisions made to the Code of Conduct.

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## Implications of the Report

1. **Financial** – none
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – This report relates to a consultation which may result in a revised Code of Conduct for the IJB
5. **Property/Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.
12. **Climate Risk** - none

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**List of Background Papers** – none

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**Author:** Ken Graham, Clerk,





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**To: Renfrewshire Integration Joint Board**

**On: 29 January 2021**

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**Report by: Clerk**

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**Heading: Proposed Dates of Meetings of the Integration Joint Board 2021/22**

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## **1. Summary**

- 1.1 At the meeting of the Joint Board held on 31 January 2020 the IJB approved its timetable of future meetings to June 2021. It is proposed that the IJB consider its timetable of meeting dates in 2021/22.
- 1.2 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-
- 5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.
- 1.3 Meetings of the IJB are scheduled to be held at 10.00 am on 26 March and 25 June 2021.
- 1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:
- 17 September 2021  
19 November 2021  
28 January 2022  
25 March 2022  
24 June 2022
- 1.5 A further report will be presented to the IJB in due course to agree meetings post June 2022.
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## **2. Recommendations**

- 2.1 That it be noted that meetings of the IJB will be held at 10.00 am on 26 March and 25 June 2021;
- 2.2 That the IJB approve the dates and times of meetings for 2021/22 as detailed in section 1.4 of the report; and

2.3 That members be advised of the venue for future meetings.

### **Implications of the Report**

1. **Financial** - none.
  2. **HR & Organisational Development** - none.
  3. **Community Planning** - none.
  4. **Legal** - none.
  5. **Property/Assets** - none.
  6. **Information Technology** - none.
  7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the website.
  8. **Health & Safety** - none.
  9. **Procurement** - none.
  10. **Risk** - none.
  11. **Privacy Impact** - none.
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**List of Background Papers** – none.

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