

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

Date	Time	Venue
Friday, 19 November 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 McErlan: John Matthews: Frank Shennan: Karen Jarvis: Dr Shilpa Shivaprasad: Louise McKenzie: Diane Young: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Lavery: Sarah Lavers: John Trainer.

John Matthews (Chair); and Councillor Jacqueline Cameron (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/6ev_7QKkvKo

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.

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|-----------|--|------------------|
| 1 | Minutes

Minute of meeting of the Integration Joint Board (IJB) held on 17 September 2021 and Minute of the special meeting of the IJB held on 28 October 2021. | 5 - 18 |
| 2 | Rolling Action Log

IJB rolling action log. | 19 - 20 |
| 3 | Timetable for Expiry and Renewal of IJB Memberships

Report by Clerk. | 21 - 24 |
| 4 | Chief Officer's Report

Report by Interim Chief Officer. | 25 - 34 |
| 5 | Financial Report 1 April to 30 September 2021

Report by Cheif Finance Officer. | 35 - 64 |
| 6 | IJB Audited Annual Accounts 2020/21

Report by Chief Finance Officer. (not available - copy to follow) | |
| 7 | Strategic Plan 2022/25: Update on Approach and Progress

Report by Head of Strategic Planning & Health Improvement. (not available - copy to follow) | |
| 8 | Performance Management Mid-year Report 2021/22

Report by Head of Strategic Planning & Health Improvement. | 65 - 80 |
| 9 | Annual Report of the Chief Social Work Officer 2020/21

Report by Chief Social Work Officer. | 81 - 102 |
| 10 | Renfrewshire Children's Services Partnership Plan 2021/24

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11 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 28 January 2022.



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

Date	Time	Venue
Friday, 17 September 2021	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Michelle Campbell (substitute for Councillor Jennifer Adam-McGregor), Councillor Lisa-Marie Hughes and Councillor James MacLaren (all Renfrewshire Council); Margaret Kerr, Dorothy McErlean, John Matthews and Frank Shennan (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); 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); John Boylan (Trade Union representative for Council); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Interim 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).

In Attendance

Ken Graham, Head of Corporate Governance (Clerk), Tom Irvine, Homeless & Housing Support Services Manager, Elaine Currie and Robert Devine, both Senior Committee Services officer (all Renfrewshire Council); Laura Howat, Interim Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Interim Administration Manager, David Fogg, Service Improvement Manager, John Miller, Communications Manager (all Renfrewshire Health and Social Care Partnership); and Mark Ferris, Audit Manager (Audit Scotland).

Recording of Meeting

Prior to the start of the meeting, the Clerk 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.

The Clerk provided background to the appointments of John Matthews as Chair and Councillor Jacqueline Cameron as Vice Chair of the IJB effective from 15 September 2021. The Clerk then invited John to chair the meeting.

Chair

Councillor John Matthews, Chair, presided.

The Chair thanked Councillor Cameron for chairing the IJB since her appointment as Chair on 15 September 2019 and welcomed Christine Lavery to her first IJB meeting as Interim Chief Officer and Laura Howat to her first IJB as Interim Head of Mental Health, Addictions and Learning Disability Services.

Apologies

Councillor Jennifer Adam-McGregor (Renfrewshire Council); Stephen Cruickshank (service user residing in Renfrewshire); Annie Hair (Trade Union representative for Health Board); and Dr Stuart Sutton (for lateness).

Declarations of Interest

Councillor Campbell declared an interest as she was an employee of NHS Greater Glasgow & Clyde but not in the Renfrewshire IJB area. However, as she considered the interest to be insignificant in terms of the Code of Conduct and that she was not conflicted by any items on the agenda, she did not consider it necessary to leave the meeting.

Additional Item

The Chair intimated that there was an additional item of business in relation to an update on the Unscheduled Care Commissioning Plan which had not been included in the notice calling the meeting. The Chair, being of the opinion that the item, which is dealt with at item 11 below, was urgent in view of the need to advise members of the position, authorised its consideration.

1 Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee and Membership Update

The Clerk submitted a report relative to the appointment of the Chair and Vice Chair of both the IJB and the IJB Audit, Risk and Scrutiny Committee and the Trade Union representative for the Health Board.

The report intimated that in accordance with the Integration Scheme and the IJB procedural standing orders, John Matthews had been appointed as Chair of the IJB from 15 September 2021 for a period of two years with Councillor Cameron being appointed as Vice Chair of the IJB from 15 September 2021 until the next Local

Government Elections on 5 May 2022.

It was noted that Annie Hair had been appointed as the Trade Union representation for the Health Board as of 1 September 2021.

The report advised that the IJB Audit, Risk and Scrutiny Committee terms of reference stated that the Chair must not be the Chair of the IJB or be a representative of the same constituent authority as the Chair of the IJB. The report proposed that the IJB consider the arrangements for the Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021.

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

DECIDED:

(a) That it be noted that John Matthews had been appointed as Chair of the IJB from 15 September 2021 for a period of two years with Councillor Cameron being appointed as Vice Chair of the IJB from 15 September 2021 until the date of the next Local Government Election on 5 May 2022;

(b) That it be noted that Annie Hair had been appointed as a non-voting member of the IJB as the Trade Union representative for the Health Board; and

(c) That Councillor Hughes be appointed as Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021 until the date of the next Local Government Election on 5 May 2022 and that Margaret Kerr be appointed as Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021 for a period of two years.

2 Minute

The Minute of the meeting of the IJB held on 25 June 2021 was submitted.

DECIDED: That the Minute be approved.

3 Rolling Action Log

The rolling action log for the IJB was submitted.

It was noted that the first action required to be amended to note that the update in relation to the Unscheduled Care Commissioning Plan was being considered at this meeting and not the November 2021 meeting as stated.

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

Sederunt

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

4 Chief Officer's Report

The Interim Chief Officer submitted a report providing an update on key operational activity, including the HSCP's operational response to COVID-19, since the last meeting of the IJB held on 25 June 2021.

The report intimated that the continually changing circumstances locally and nationally continued to necessitate the prioritisation of the HSCP's response to the pandemic, including the continued delivery with partners of the COVID-19 vaccination programme. The report also provided an update on the regional and national developments for health and social care services.

The report provided detail in relation to the vaccination programmes; care homes; the COVID assessment centre; the Scottish Government update on isolation exemptions and for physical distancing; operational services; HSCP strategic and operational updates; the review of administration and business support; addressing the demand services; the independent review of adult social care; the new legal duties under the Carers (Scotland) Act 2016; and the report by the Mental Health Commission on the findings of their assessment of the impact of COVID-19 on people who had needed to be treated against their will using compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003.

In relation to the National Records of Scotland's recent publication on probable suicide figures, it was with deep regret that the IJB noted that there were 22 probable suicides in Renfrewshire in 2020. One life lost to suicide was one too many and the significant impact the suicide had on families, friends, loved ones and communities was recognised.

DECIDED:

(a) That the updates on the Renfrewshire vaccination programmes and ongoing operational response to the COVID pandemic, as detailed in sections 4 to 8 of the report, be noted;

(b) That the update on the findings of the National Records of Scotland publication of alcohol, drug and probable suicide related death figures and the ongoing work of the HSCP, ADP and Alcohol and Drugs Commission in Renfrewshire to support those with addictions, as detailed in section 10 of the report, be noted;

(c) That the work now underway to progress the review of Administration and Business services, as detailed in section 11 of the report, be noted;

(d) That the work being undertaken by the HSCP to identify resourcing requirements to meet short-term demand and the associated funding arrangements to do so, as detailed in section 12 of the report, be noted; and

(e) That the national policy updates, covering the independent review of adult social care, new legal duties under the Carers (Scotland) Act 2016 and the report by the Mental Welfare Commission for Scotland on the use of the Mental Health Act in Scotland during COVID-19, as detailed in sections 13 to 15 of the report, be noted.

5 Financial Report 1 April to 31 July 2021

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 July 2021 and the projected year-end position for the year ended 31 March 2022.

The report intimated that the impact of COVID-19 on services delivered by the HSCP had been unprecedented and continued to create additional delivery and financial pressures for the HSCP as well as impacting on the HSCP's transformation and savings plans, which were subject to ongoing review and realignment.

The IJB year-to-date position, including the impact of COVID-19 funding, was an underspend of £928,000 and the projected outturn for 2021/22 was an underspend of £2,853,000. It was noted that the current projections assumed that once all COVID-19 related earmarked reserves had been fully utilised, any remaining balances would be fully funded by the Scottish Government.

The report advised that the financial outlook for the IJB would be extremely challenging. The IJB's transformation programme, paused due to the pandemic, would be central to the IJB achieving financial sustainability in the medium-term. Any underspend in 2021/22 would be used to offset expected financial pressures in 2022/23 and beyond while the IJB developed its transformation programme. The key pressures were highlighted in section 4 of the report.

The report provided information on responding to the COVID-19 pandemic; the current vacancy position; Scottish Government funding 2020/21; other delegated services; reserves; proposed increases to earmarked reserves; a summary of the 2020/21 Scottish Living Wage; and the National Care Home Contract 2021/22.

Appendices 1 to 5 of the report detailed the revenue budget position of the HSCP, Adult Social Care, Health and Renfrewshire Council other delegated services; Appendices 6 and 7 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 8 to the report detailed the Scottish Government funding streams; Appendix 9 to the report detailed the movement in reserves; and Appendix 10 to the report detailed the vacancy position for the HSCP as at 23 July 2021.

In relation to the proposed creation of an earmarked reserve to fund the critical posts in forthcoming financial years, as detailed in section 9.5 of the report, it was proposed that the sum of £2.7 million be transferred for this purpose. This was agreed.

DECIDED:

- (a) That the in-year position as at 31 July 2021 be noted;
- (b) That the projected year-end position for 2020/21 be noted;
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2020/21 be noted; and
- (d) That the proposed creation of an earmarked reserve of £2.7 million and the potential draw down of general reserves, as detailed in section 9.5 of the report, to fund fixed-term posts to help alleviate projected demand across services both from those currently engaged with services and from new patients and service users where needs had arisen during the pandemic.

Sederunt

Louise McKenzie joined the meeting prior to consideration of the following item of business.

6 **Strategic Plan 2022/25: Update on Approach and Progress**

Under reference to item 8 of the Minute of the meeting of this Joint Board held on 25 June 2021, the Head of Strategic Planning and Health Improvement submitted a report providing an update on the progress made by the HSCP in developing the IJB's Strategic Plan 2022/25.

The report also provided an update on the development of a framework for the Strategic Plan, which had been informed through engagement with a range of internal and external stakeholders including the Strategic Planning Group and had provided the basis for ongoing discussions with the Care Planning Groups.

It was noted that a first consultation draft of the Strategic Plan would be submitted to the IJB for review and comment and the feedback received, alongside further engagement and consultation with partners, would inform the development of a final draft of the Strategic Plan which would be submitted to the IJB in March 2022.

DECIDED:

(a) That the progress made in developing the approach and framework for the IJB's Strategic Plan 2022/25, and the initial feedback received through ongoing engagement, be noted; and

(b) That the next steps to be undertaken in progressing the development of the plan be noted.

7 **Performance Framework Report 2021/22**

The Head of Strategic Planning and Health Improvement submitted a report relative to the HSCP's proposed Performance Framework and Performance Scorecard 2021/22, a copy of which was appended to the report.

The report intimated that performance would continue to be presented to all IJB meetings in 2021/22 with the full scorecard updating all performance measures being presented twice-yearly. At meetings where the scorecard was not submitted, performance on other key areas would be reported with performance benchmarked on the national indicators against other HSCPs across Scotland.

The report advised that the format of the performance report had changed. Previously performance indicators had been aligned to the nine national health and wellbeing outcomes and presented in outcome order 1 to 9. In the draft Scorecard for 2021/22, performance indicators would still be cross-referenced with the nine outcomes, however, the data would be presented and categorised under those indicators which had red, amber and green status.

It was noted that there were 68 indicators within the Scorecard for 2020/21 and that these had been reduced to 57 in the Scorecard for 2021/22 and table 1 in the report detailed the reasons for this.

The report also included a web link to the HSCP's Annual Performance Report 2020/21 and the Annual Performance Report Summary published on the HSCP's website on 30 July 2021.

DECIDED:

- (a) That the HSCP's draft Performance Framework 2021/22 be approved;
- (b) That the draft Performance Scorecard 2021/22, a copy of which was appended to the report, be approved; and
- (c) That it be noted that the Annual Performance Report 2020/21 and the Annual Performance Summary were published on the HSCP's website on 30 July 2021.

8 Quality, Care and Professional Governance Annual Report 2020/21

The Head of Health and Social Care submitted a report relative to the HSCP's Quality, Care and Professional Governance Annual Report 2020/21, a copy of which was appended to the report.

The report intimated that the HSCP's Quality, Care and Professional Governance Annual Report provided a variety of evidence to demonstrate the continued delivery of the governance core components within the HSCP and the Clinical and Care governance principles specified by the Scottish Government.

It was noted that at the beginning of the COVID-19 pandemic, some of the HSCP governance arrangements had been suspended and alternative arrangements put in place. These had now been fully reinstated using virtual methods and work had also been taken forward to strengthen local governance arrangements within Mental Health, Addictions and Learning Disabilities. Throughout the pandemic, the HSCP had sought to continue services wherever possible, adapting to reflect the most effective way of working with patients and service users.

On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide granular scrutiny and oversight of care home and care at home services. This guidance required that from 18 May 2020, clinical and care professionals at NHS Boards and local authorities had a leading role in the oversight for care homes in their area.

DECIDED:

- (a) That the content of the report, attached as Appendix 1, provided on HSCP governance to provide the necessary assurance to the IJB that services continued to operate safely and effectively be noted; and
- (b) That it be noted that a number of examples were included within the report.

9 Renfrewshire HSCP Winter Plan 2021/22

The Head of Strategic Planning and Health Improvement submitted a report relative to Renfrewshire HSCP's draft Winter Plan 2021/22, a copy of which was appended to the report.

The report intimated that the draft Winter Plan described additional items being taken to prepare for the winter period in Renfrewshire and should be read in conjunction with the final NHSGGC Unscheduled Care Commissioning Plan.

The report advised that there was a recognition going into the second pandemic winter that peaks and troughs in service levels normally seen pre-pandemic had not been experienced with service levels and demand experiencing greater degrees of

fluctuation over a prolonged period of time. To reflect this context, the HSCP would undertake a review of the overarching business continuity planning process and would seek to ensure that relevant actions, such as those relating to disruptive weather, were reviewed regularly, thereby minimising the need for the onerous annual winter planning exercise in future years.

The draft Winter Plan 2021/22 focussed around nine key priorities and objectives which were underpinned by a suite of 29 key deliverables. It was noted that this Winter Plan would inform and support a wider review of business continuity planning arrangements in place within the HSCP. Updates on this review, and any relevant developments to business continuity procedures would be brought to the IJB Audit, Risk and Scrutiny Committee.

DECIDED:

- (a) That Renfrewshire HSCP's draft Winter Plan 2021/22 be approved;
- (b) That it be noted that the Winter Plan would be aligned to both the NHSGGC Board Winter Plan and the Renfrewshire Council Winter Plan and would remain a live document to respond to changing circumstances surrounding the pandemic and other external factors;
- (c) That it be noted that the updates on the revision of the HSCP's Business Continuity Plan would be submitted to the IJB Audit, Risk and Scrutiny Committee;
- (d) That the proposal to streamline the winter planning process through alignment of current winter planning activity with ongoing business continuity planning be noted; and
- (e) That the requirement to update HSCP internal and external communications and engagement strategies required to deliver the plan be noted.

10 Renfrewshire Rapid Re-housing Transition Plan and Homelessness Update

The Head of Strategic Planning and Health Improvement submitted a report relative to the review of Renfrewshire's five-year Rapid Re-housing Transition Plan (RRTP) and homelessness update.

The report intimated that the Scottish Government had established a Homelessness & Rough-sleeping Action Group (HARSAG) in October 2017. A key recommendation from the HARSAG, accepted by the Scottish Government, was that all local authorities would consult on and produce a five-year RRTP covering the period 2019/24. The purpose of RRTPs was to avert rough-sleeping and to minimise the time spent by homeless applicants in homelessness temporary accommodation prior to being rehoused in permanent accommodation or other stable accommodation.

The report considered by Renfrewshire Council's Communities, Housing & Planning Policy Board on 17 August 2021 formed Appendix 1 to the report and the review paper summarising the progress over the first two-years of the RRTP and challenges for the remainder of the five-year period formed Appendix 2 to the report.

It was noted that Renfrewshire Council and partners still faced future challenges in terms of continuing a stepped increase in social rented lets, both Council and housing association, to homeless applicants and in meeting applicants' support needs, particularly during the recovery from COVID-19. Strengthened pathways between the

homelessness service and the health service would be required and plans were currently underway to create a steering group to take this forward and to look at individual applicants' needs.

DECIDED: That the content of the report be noted.

Sederunt

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

11 **Unscheduled Care Commissioning Plan Update**

The Interim Chief Officer submitted a report relative to the updated Unscheduled Care Programme.

The report intimated that the Board-wide draft Unscheduled Care Plan was agreed by all HSCPs in NHSGGC in 2020. Since then, unscheduled care services had changed in response to the coronavirus pandemic, including a national redesign of urgent care. A programme of engagement had taken place and further work undertaken on the financial and performance frameworks to support delivery of the strategy.

It was noted that development work on the updated draft of the Plan was being led by Glasgow City HSCP. The draft Design & Delivery Plan for the period 2021/22 to 2023/24 with identified actions and costs formed appendices 1 and 2 to the report and the Delivery Plan Annexes formed Appendix 3 to the report.

The draft Plan included a financial framework, as detailed in Annex F to the Plan, which had been developed in partnership with all six IJBs and NHSCCG to support the implementation of the draft Design & Delivery Plan and details of the phases were provided.

DECIDED:

(a) That the content of the draft Design & Delivery Plan 2021/22 to 2023/24, attached to the report as the updated and refreshed Board-wide unscheduled care improvement programme, be noted;

(b) That the financial framework, outlined in section 7 of the Plan, be noted, specifically that the funding shortfall identified would require to be addressed to support full implementation of phase 1;

(c) That the performance management arrangements to report on and monitor progress towards delivery of the Plan, including KPIs and projections for emergency admissions for 2022/23, outlined in section 8 of the report, be noted;

(d) That the governance arrangements, outlined in section 9 of the Plan, to ensure appropriate oversight of delivery be noted;

(e) That the ongoing engagement work with clinicians, staff and key stakeholders be noted;

(f) That it be noted that the Plan would be reported to all six IJBs and the Health Board Finance, Planning and Performance Committee during the next meeting cycle; and

(g) That it be noted that a further update on the draft Design & Delivery Plan including the financial framework would be submitted towards the end of 2021/22.

12 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 19 November 2021.

Minute of Meeting

Renfrewshire Health and Social Care Integration Joint Board.

Date	Time	Venue
Thursday, 28 October 2021	09:00	Remotely by MS teams,

Present

Councillor Jacqueline Cameron, Councillor Lisa-Marie Hughes and Councillor James MacLaren (all Renfrewshire Council); Margaret Kerr, Dorothy McErlan, John Matthews and Frank Shennan (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); Christine Laverty, Interim Chief Officer (Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

In Attendance

Ken Graham, Head of Corporate Governance (Clerk), Elaine Currie, Senior Committee Services officer and K O'Neill, Assistant Democratic Services Officer (all Renfrewshire Council); Laura Howat, Interim Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, John Miller, Communications Manager (all Renfrewshire Health and Social Care Partnership); and Mark Ferris, Audit Manager (Audit Scotland).

Chair

Councillor John Matthews, Chair, presided.

Recording of Meeting

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

Apologies

Dr Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership).

Declarations of Interest

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

1 National Care Service Consultation

The Interim Chief Officer submitted a report relative to the IJB's response to the Scottish Government consultation on the National Care Service.

The report intimated that on 9 August 2021, the Scottish Government published 'A National Care Service for Scotland: Consultation' which set out proposals for improving the delivery of social care following the recommendations of the independent review of adult social care.

The report advised that the independent review of adult social care took a human-rights based approach with the final report being published in February 2021. It concluded that whilst there were strengths of Scotland's social care system, it needed revision and redesign to enable a step change in the outcomes for the people in receipt of care. The Scottish Government consultation focussed on exploring the suggestions for significant structural and system change that would require to be supported by primary legislation and new laws and had now extended the scope of the review to other service areas including children and families, community justice, alcohol and drug services and social work.

It was noted that members of the IJB attended a facilitated workshop to review the key elements of the consultation's proposals and the views raised had been summarised in the IJB's proposed consultation, a copy of which formed Appendix 1 to the report.

The report further advised that the consultation closed on 2 November 2021 and all feedback would be analysed and the conclusions would be used to shape and develop new legislation. A Bill was expected to be introduced in the Scottish Parliament in summer 2022 and was likely to be extensive and complex and take at least a year to be scrutinised by Parliament. The Scottish Government intended the National Care Service to be fully functioning by the end of the parliamentary term in 2026.

DECIDED: That the consultation response to the National Care Service Consultation, attached as Appendix 1 to the report, be approved for submission to the Scottish Government prior to the consultation deadline of 2 November 2021.

Valedictory

The Chair intimated that this would be Dorothy McErlean's last meeting of the IJB as she retired from NHSGGC on 31 December 2021 and had intimated an apology for the next meeting of the IJB scheduled to be held on 19 November. He thanked Dorothy for the contribution she had made to the work of the IJB since her appointment and for the support provided to members and officers. On behalf of the IJB he wished Dorothy best

wishes for the future.

Dorothy thanked the Chair, members of the IJB and HSCP staff and wished everyone the best for the future.

IJB Rolling Action Log – 19 November 2021

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
25/06/21	Development of an Interim Workforce Plan 2021/22	Submit updates on progress in delivering actions to future meetings	Interim Chief Officer	March 2022	
		Submit draft workforce plan for 2022/25 for approval	Interim Chief Officer		
17/09/21	Unscheduled Care Commissioning Plan Update	Submit further update on the draft Design & Delivery Plan including the financial framework		end of 21/22	

To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Clerk

Heading: Timetable for Expiry and Renewal of Integration Joint Board Memberships

1. Summary

- 1.1 At the meeting on 20 March 2020 the Integration Joint Board considered a report regarding the expiry of the period of membership of a number of its members.
- 1.2 The Schedule to this report sets out when the appointment of each of the current members of the Integration Joint Board is due to expire.
- 1.3 The membership of the IJB is split between voting members and non-voting members and the group of non-voting members is further divided into different categories to which different rules on periods of membership apply.
- 1.4 The majority of the non-voting members in category 3 were appointed by the IJB on 23 November 2018, therefore their membership requires to be renewed prior to 22 November 2021. The appointing bodies of those non-voting members have expressed an interest for future representation for their organisation on the IJB for the next three years and it is for the IJB to confirm the reappointment of those non-voting members.

2. Recommendation

- 2.1 That the dates for expiry of membership of each of the current IJB members as set out in the Schedule to this report be noted;
 - 2.2 That the IJB confirm that those non-voting members appointed by the IJB who fall to be reappointed by 22 November 2021 be reappointed for a period of three years; and
 - 2.3 That it be noted that Dorothy McErlean will retire from NHSGGC on 31 December 2021 and that the NHS Board will confirm the appointment of a RIJB non-executive member.
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3. Background

- 3.1 Renfrewshire Integration Joint Board was established by an Order of the Scottish Parliament on 27 June 2015 and the first meeting of the IJB took place on 18 September 2015.
 - 3.2 The membership categories of non-voting members and the individual representatives within each category are shown in the attached Schedule.
 - 3.3 Dorothy McErlean will retire from NHSGGC on 31 December 2021 and the NHS Board will consider the appointment of a RIJB non-executive member.
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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 NHS GC&C website.
 - 8. **Health & Safety** - none.
 - 9. **Procurement** - none.
 - 10. **Risk** - none.
 - 11. **Privacy Impact** - none.
-

List of Background Papers – none.

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Schedule

Membership of Renfrewshire Integration Joint Board

Voting Membership

Four voting members appointed by the Council

Cllr Jaqueline Cameron	5 May 2022
Cllr Lisa-Marie Hughes	5 May 2022
Cllr James MacLaren	5 May 2022
Cllr Jennifer Adam-McGregor	5 May 2022

Four substitute voting members appointed by the Council

Cllr Cathy McEwan	5 May 2022
Cllr Jim Paterson	5 May 2022
Cllr Bill Binks	5 May 2022
Cllr Michelle Campbell	5 May 2022

Four voting members appointed by the Health Board

John Matthews	30 June 2023
Margaret Kerr	31 March 2022
Dorothy McErlean <i>retiring from NHSGGC on 31 December 2021</i>	30 June 2023
Frank Shennan	30 June 2023

Non- voting membership

Category One

Interim Chief Officer	Christine Lavery	No expiry
Chief Finance officer	Sarah Lavers	No expiry
Chief Social Work Officer	John Trainer	No expiry

Category Two

Registered Nurse	Karen Jarvis	17 September 2024
General Practitioner	Stuart Sutton	19 January 2023
Other Medical Practitioner (non-GP)	Shilpa Shivaprasad	28 February 2022

Category Three

Council Staff Member	Louise McKenzie	22 November 2021
Health Board Staff Member	Diane Young	30 October 2023
Third Sector Representative	Alan McNiven	22 November 2021
Unpaid Carer	Fiona Milne	22 November 2021
Service User	Stephen Cruikshank	22 November 2021
Trade Union - Council staff	John Boylan	22 November 2021
Trade Union – Health Board Staff	Annie Hair	31 August 2024



To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Interim Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity, including the HSCP's operational response to COVID-19. The report focuses on developments and activity since the last IJB on 17 September 2021.
- 1.2. The report also provides the IJB with an update on the regional and national developments for health and social care services.

2. Recommendations

It is recommended that the IJB note:

- The COVID updates provided, and in particular the continued progress in rolling out the COVID booster and Winter Flu vaccination programmes (Sections 3 to 6);
- The operational service updates provided, including awaited decision from Renfrewshire Council CMT on the reopening of Falcon Day Centre and the Disability Resource Centre on a limited capacity basis in early November (Section 7);
- An update on the delivery of agreed savings and the process being developed by the HSCP to support financial planning for 2022/23 and future years (Section 8);
- Further strategic updates provided by the HSCP describing ongoing actions undertaken by the Partnership to address resource constraints arising through current vacancies; further development of Winter Plans, including guidance received from the Scottish Government; and progress on the review of administration and business support (Sections 9 to 12);
- Confirmation of the IJB's submission of a response to the consultation on proposals for a National Care Service (Section 13).

3. Background

- 3.1. The previous Chief Officer report to the IJB in September 2021 set out the changes made by the Scottish Government to reduce COVID restrictions. At the time of writing, some protective measures continue to be in place, include the use of face covering and the collection of contact details as part of Test and Protect. In addition, from 18 October, proof of vaccination is now required for access to certain events and venues such as nightclubs.
- 3.2. The September update also noted that by early September COVID case rates had reached approximately 1,093 cases per 100,000 in Renfrewshire over a seven-day period, against a Scottish average of 774 cases. The local and national position has since improved and at the time of writing, there are approximately 241 cases per 100,000, which is below the Scottish average of 326 cases. The level of infection in the community does however continue to be of concern and the HSCP maintains flexibility in service provision to respond to this fluid situation.
- 3.3. HSCP services continue to operate under significant pressure, as do our partners within Renfrewshire Council and NHS GGC and in the independent and third sectors. This is a result of increasing demand for services as restrictions have been reduced whilst services continue to reflect public health guidance and infection control measures in delivery. Services are also observing increased absence due to sickness, COVID isolation and annual leave which has been carried over from the previous year. In addition, recruitment and retention challenges across the sector have been exacerbated by the pandemic. The HSCP's ongoing response to these challenges is described further in sections 9 and 10.

4. COVID and Winter Flu Vaccination Programmes

- 4.1. In mid-September the JCVI recommended a booster COVID vaccination for people over 50 years of age and for those in the clinically vulnerable group. They also recommended a third vaccination dose for people who are immunosuppressed.
- 4.2. The order in which these vaccinations are being delivered is in line with the priority groups set out in the first COVID vaccination programme, starting with older adult care home residents, frontline health and social care staff, people over 80 years old and subsequent lower age cohorts. In addition, it was agreed that the COVID booster vaccination could be administered at the same time as the winter flu vaccination.
- 4.3. NHS Greater Glasgow and Clyde are taking the lead on delivering mass vaccination clinics which commenced at the end of September 2021, initially with those over 80 years old.
- 4.4. The delivery of COVID and flu vaccinations commenced in older adult care homes on 28 September 2021 and was offered to every resident who was eligible (those 24 weeks since second vaccination dose and who had not tested positive for COVID in the last 28 days), and staff on shift.

The programme completed on 10 October 2021 with all eligible residents receiving vaccinations. Mop up sessions will continue to capture residents who were not eligible or in hospital when the mobile team visited the care homes.

- 4.5. The vaccination programme for people considered housebound by their GP commenced on 23 September 2021. This is delivered by a mobile vaccination team staffed by a range of disciplines including retired nurses, administrative staff, Health Visitors and Podiatrists and at the time of writing almost two thirds of housebound residents have been vaccinated for flu and COVID Booster (62.4% and 63.9% respectively).
- 4.6. The programme to deliver booster doses to older adult care home and housebound residents is progressing exceptionally well, with many compliments received from people, families, carers and GP practices. This is down to the commitment and hard work of the staff planning for and delivering the programmes.
- 4.7. First and second dose clinics remain available to those 18 and over and single dose vaccinations for those aged 12 to 17 through mass vaccination clinics.

5. Care Homes

- 5.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. The positive impact of the COVID vaccination programme continues to be visible across all Care Homes. As noted above, the Flu and COVID booster vaccination programmes for Care Home residents have now been completed with mop up sessions planned for November.
- 5.2. The HSCP has continued, and will continue, to work closely with both Public Health and the Care Inspectorate. The range of enhanced oversight delivered through the regular Huddle arrangements and enhanced clinical and care governance also remains in place. Surveillance and mass testing of staff and residents also continues to be undertaken to proactively identify any COVID-19 infections and manage any potential outbreaks.

6. COVID Assessment Centre

- 6.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to provide a service for patients who are experiencing COVID respiratory symptoms. Although infection numbers have decreased from the recent peak levels, the demand for the service continues to vary, especially as we head into winter where respiratory conditions can be exacerbated and uncertainly on whether related symptoms are COVID related. The demand for this service continues to be monitored on a daily basis by the Head of Service and Clinical Director, to make sure there is adequate appointments available and to predict potential spikes in demand.

Operational Services COVID Update

7. Day Support and respite

Older People and Disability Resource Centre Day Services

- 7.1. The HSCP has continued to provide outreach support from the Falcon Centre to support people within the community and promote mental wellbeing through purposeful activity. In addition, the HSCP continues to deliver online and virtual activities for service users and, for those who do not partake in any of these, we provide as a minimum weekly welfare calls to service users, their families, and carers.
- 7.2. As part of ongoing service recovery planning, plans for the reopening of Falcon Day Centre and the Disability Resource Centre, on a limited capacity basis, have been progressed. HAZID reports and risk assessments have been undertaken to ensure that the buildings can reopen safely whilst maintaining social distancing and infection control requirements.
- 7.3. A proposal for reopening the centres was approved by Renfrewshire Council CMT in early November. At the time of writing, preparations for reopening Falcon and the DRC have continued in line with a reopening date of 15 November.
- 7.4. Following the reopening of these centres, the HSCP continues to assess opportunities to reopen additional day centres in the coming months. This will be subject to the necessary level of support levels being available, including cleaning and transport. Reflecting the maintenance of two metre social distancing and in the context of the levels of infection within the community, these buildings will also be operated on a limited capacity basis.

Learning Disability Services

- 7.5. Renfrewshire Learning Disability Services (RLDS) re-opened all building bases from 26 April 2021, inclusive of Mirin and Milldale Day Opportunities based within Renfrewshire Leisure's Lagoon and On-X centres respectively. Due to two-metre social distancing remaining in place and applied Public Health / Care Inspectorate guidance, building based capacities remain limited.
- 7.6. However, RLDS have been able to increase capacities for both Mirin and Milldale Day Opportunities, supported by the additional use of Beechwood Community Centre. All required risk assessments have been undertaken, and all current COVID protocols and prevention measures applied within Mirin and Milldale Day Opportunities also apply within Beechwood Community Centre. Given the larger area and layout of the space, social distancing measures can be safely maintained.
- 7.7. RLDS also continues to utilise the implemented 4-Tier model, with priority given to family and/or unpaid carers. This is inclusive of community outreach and virtual/digital activities.

- 7.8. In providing the above support, the service continues to assess family/carer and supported person need and are seeking to address wherever possible ongoing challenges in meeting service demand within the current available building capacities.

Mental Health Inpatient Services

- 7.9. Patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.
- 7.10. The Covid-19 booster programme has commenced for Mental Health In-Patients and staff with first and second doses also offered, where necessary.
- 7.11. Renfrewshire Mental Health Wards have implemented NHS GGC guidance for level 0 easing of restrictions to ensure that patients are able to have visits from family supports.
- 7.12. There continues to be a significant demand on Mental Health Services, in particular inpatient services. Adult Mental Health admission wards are regularly full, resulting in a need to transfer patients out of sector or to Older People's Mental Health wards. This is reflected across NHS GGC and Scotland. Renfrewshire are working closely with colleagues across the board area to ensure effective and efficient use of the whole system of Mental Health beds across NHS GGC.
- 7.13. There has been a significant amount of work undertaken to address the continued nursing recruitment challenges across NHS GGC. 12 newly qualified nurses took up post at the beginning of October, with a further 5 registered nurse posts being filled through local recruitment. Further recruitment is required to fill the seven remaining vacant posts.

HSCP Strategic and Operational Updates

8. Update on HSCP Savings Programme

- 8.1. In March 2021 the IJB approved a suite of savings proposals with a total value of approximately £885k. These proposals were a continuation of the Tier One savings approach as set out in the Medium-Term Financial Plan 2020/21 to 2025/26. These savings are summarised below:

Savings Theme	Proposed Saving 2021/22
Contract Management	£10,000
Service Redesign	£163,119
General Efficiencies	£527,650
Vacancy Management	£183,839
TOTAL	£884,608

- 8.2. In addition to the savings agreed for delivery in 2021/22, there were additional Tier One savings of approximately £170k, focussed on general efficiencies, to be delivered from 2020/21.
- 8.3. By the midpoint of this financial year, steady progress has been made in the achievement of the overall savings target.

Savings Fully Delivered

- 8.4. **Contract Management (£10k)** – through renegotiation and renewal of the Community Connectors Programme contract, efficiency savings of £10k have been delivered with no direct impact on service provision.
- 8.5. **Vacancy Management (£183.8k)** – due to increasing uptake of Self-directed Support, the ongoing impact of COVID-19 and the consequent change in service engagement and delivery, a number of vacant posts were identified as no longer required and subsequently deleted from the establishment.

Savings Partially Delivered

- 8.6. **Service Redesign (£163.1k)** – to date a saving of circa £153k has been declared against the target, achieved through: the redesign of the Social Work services team at the Royal Alexandra Hospital, without a reduction in staffing numbers; a review of the structure of the Health Improvement Service team and associated vacancy management; and through the development of existing Alcohol Day Support provision in line with the recommendations of the whole system review of Addiction Services.
- 8.7. **General Efficiencies (£528k + £170k outstanding from 2020/21)** – to date a saving of circa £328k has been declared against this target, achieved through efficiencies resulting from new blended ways of working implemented in response to COVID-19 and which are expected to remain in place.
- 8.8. Still to be delivered against this target is the combined saving of £370k to be achieved through the rolling review of care packages to ensure support provided best meets the needs of individuals and adopts a strengths-based focus rather than a deficit model. A revised approach is currently being implemented to deliver this saving

9. Financial Planning Process for 2022/23 and future years

- 9.1. In August the SMT agreed a refreshed financial planning process for savings to be delivered in 2022/23 and beyond, building on improvement opportunities identified from previous years. The updated process includes extended timescales for proposal development, continued rigorous oversight from SMT supported by coordinated tracking of agreed savings through a financial benefits management tracker, and increased support for Heads of Service to enable early course correction or risk management, where required.
- 9.2. The process for development of 2022/23 and 2023/24 savings commences this month, with a shortlist of proposals to be agreed by SMT in December 2021 and a suite of fully developed proposals to be brought to the IJB for decision in June 2022. It is proposed that savings for 2022/23 are delivered by September 2022 and savings for 2023/24 are delivered by 1 April 2023.

10. Staffing pressures: HSCP activity to fill vacant posts

9.1. Previous updates to the IJB have noted ongoing challenges faced by the HSCP in filling vacant posts across a range of services.

9.2. These challenges have been exacerbated by the pandemic and are similarly faced by other HSCPs and by our partners within NHS GGC, Renfrewshire Council and the third sector. This has also been identified as a live 'issue' in regular risk framework updates to the Audit, Risk and Scrutiny Committee.

9.3. The HSCP continues to implement service-level recruitment strategies which prioritise actions to fill vacancies at accelerated pace wherever possible. These include, but are not limited to:

- Participating in and supporting board-wide recruitment activity for key posts such as Nurses within Mental Health Inpatients, complemented by local recruitment activity for all vacant posts.
- Broadening presence beyond My Job Scotland for frontline Care at Home posts to additional recruitment sites, supported by promotions through local media and billboard advertising within Renfrewshire communities.
- Running single day application and interview recruitment at job fairs to support interested candidates to move through the recruitment process at speed.
- Utilising Scottish Government funding to extend establishment within District Nursing and to recruit Advanced Nursing Practitioners and Band 3 and Band 5 posts. Staff turnover does however continue to contribute to pressures within the District Nursing service.
- Linking with Renfrewshire Employability Services to engage with care sector training courses, and to assess opportunities for apprenticeships and use of the UK Government's Kickstart scheme.
- Providing additional resources to complement the existing establishment to enhance support for the management of complaints, enquiries, FOIs and Subject Access Requests (SARs).
- Identifying new fixed term posts to recruit to which are separate from existing vacancies but can support and complement service provision.

10. Business Continuity: Winter Planning and COP26

10.1. A report was provided to the IJB in September 2021 setting out the HSCP's Winter Planning framework to ensure the safe and effective provision of services over the winter period. This report recognised that the peaks in demand and associated challenges in delivering frontline services are no longer only visible over winter but have in fact been observed throughout the last 20 months of the pandemic.

10.2. The HSCP is currently reviewing its Business Continuity processes to respond to this changing environment and will seek to undertake 'winter' planning activities throughout the year. To ensure that the HSCP's services are fully

prepared for this winter period, the Change and Improvement team has been running a number of scenario-planning workshops with services to assess high risk scenarios and ensure that all necessary actions have been identified. Services involved include but are not limited to Care at Home, Care Homes, Mental Health and District Nursing and the scenarios considered include (i) internal and external staffing challenges which are currently being managed and could increase over winter, impacting on service provision and the management of delayed discharges; and (ii) supply chain issues. A range of supporting actions have been captured within service action plans. A further update on delayed discharges is also provided in the performance update to this IJB meeting.

- 10.3. In addition to winter planning, the HSCP has also worked with Renfrewshire Council and NHS GGC to ensure that contingency plans were developed and enacted as required during the COP26 event held in Glasgow, between 31 October and 12 November 2021. This has included service level plans to adapt service provision as required to mitigate against expected road closures, protests and rail and bus strikes during the event period. In addition, at the time of writing, the HSCP continues to support daily reporting across the Board area to ensure a centrally coordinated view of any issues arising.

11. Scottish Government Letter on Winter Planning: 8 October 2021

- 11.1. The Scottish Government wrote to NHS and Local Authority Chief Executives and HSCP Chief Officers on 8 October 2021 to confirm measures and investment (over £300m on a recurring basis) being put in place nationally with the aim of supporting health and social care services over the winter.
- 11.2. These measures are in line with the principles of (i) maximising capacity; (ii) ensuring staff wellbeing; (iii) ensuring system flow; and (iv) improving outcomes.
- 11.3. The letter reiterates that the NHS in Scotland will remain on an emergency footing until 31 March 2022 and is currently experiencing significant demand pressures. As such, the Scottish Government is currently examining the volume of work connected with staff governance, staff experience and ongoing programmes and may choose to temporarily slow or suspend some programmes to help alleviate resource pressures.
- 11.4. In addition, the Scottish Government has set out the following measures:
- The provision of funding to strengthen multi-disciplinary working to support discharge from hospital and support people to be cared for as close to home as possible. This includes £15m for recruitment of support staff and £20m to enhance multi-disciplinary teams.
 - Territorial Health Boards are asked to immediately recruit 1,000 new health care support workers at Bands 3 and 4 to provide additional capacity in the community and in hospital settings. This equates to 222 staff within NHS GGC and 34 within Renfrewshire. The Scottish Government recognises that this may inadvertently move staff from one part of the system to another, which is a critical dependency that will need to be managed.

- Additional funding to enable patients in hospital to move into care homes and other community settings on an interim basis to help them complete their recovery (where Care at Home packages cannot be provided or first choice care home places are not available).
- Funding to expand existing Care at Home services and approaches which prevent care needs from escalating, and for the application of Technology-Enabled Care (TEC).
- The provision of £48m funding to enable employers to update the hourly rate for adult social care staff providing direct care to at least £10.02 with effect from 1 December 2021.
- Continued funding to social care providers for additional COVID-19 costs relating to public health measures and remobilisation, and the Social Care Staff Support fund until 31 March 2022. From 1 November, financial support for non-delivery of care and under-occupancy is only available in exceptional circumstances.
- A continued focus on recruitment, including nationally coordinated recruitment in specialist areas of need, an aim to increase international recruitment, and the deployment of healthcare students (apart from dental students) in appropriate part-time roles.
- Continuing to support measures to maintain the health and wellbeing of the health and social care workforce.

11.5. Further guidance was also set received on 22 October setting out the evidence that will have to be provided by HSCPs in applications for funding to accelerate multi-disciplinary team recruitment. Funding will be provided to those HSCPs that are on track with utilisation of their recurring 2021/22 PCIF allocation and can demonstrate reasonable confidence that the additional funding can be spent on MDT staff in financial year 2021/22. At the time of writing the HSCP are working with partners to assess application options.

12. Administration and Business Support Review

12.1. The previous Chief Officer report to the IJB set out a brief update on the commencement of the HSCP's review of the existing Administration and Business Support service within the partnership.

12.2. The scoping phase of the review has continued to progress well, with ten workshops held to provide all staff with the opportunity to provide feedback, should they choose to do so. These workshops have had high levels of engagement within the current context of pressures across the Partnership's services, with approximately two thirds of staff attending.

12.3. A final report setting out the findings of the scoping phase, aligned with common themes identified in the feedback received, was submitted to the project's Steering Group in early November. This report identifies opportunities which can be acted upon quickly and sets out a proposed scope for the next, more detailed phase of the review. These steps are currently

being considered by the Steering Group. Regular communications continue to be provided to the staff group to ensure they are kept up to date on progress.

13. IJB Response to the National Care Service Consultation

- 13.1. The IJB undertook a facilitated workshop with officers on 8 October 2021 to enable IJB members to review the key elements of the Scottish Government's consultation on proposals for a National Care Service.
- 13.2. The views raised in this session were collated by officers and summarised within a proposed response to the consultation from Renfrewshire IJB. The final version of this response was agreed by the IJB at a special meeting on 28 October 2021, following which a submission was made to the Scottish Government prior to the consultation deadline of 2 November 2021.
- 13.3. The breadth of submissions received by the Scottish Government will now be analysed and assessed to shape and develop new legislation. A Bill is expected to be introduced in the Scottish parliament in summer 2022. The legislation is likely to be extensive and complex and is likely to take at least a year to be scrutinised by Parliament. The Scottish Government intend the National Care Service to be fully functioning by the end of the parliamentary term in 2026.

Implications of the Report

- 1. **Financial** – No implications from this report.
- 2. **HR & Organisational Development** – No implications from this report.
- 3. **Community Planning** – No implications from this report.
- 4. **Legal** – No implications from this report.
- 5. **Property/Assets** – 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 and the Partnership's operational delivery are tracked and managed on an ongoing basis.
- 11. **Privacy Impact** – None from this report.

List of Background Papers: None

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Any enquiries regarding this paper should be directed to Christine Laverty, Interim Chief Officer (christine.laverty@renfrewshire.gov.uk)
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To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2021 to 30 September 2021

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 30 September 2021, and, the projected year end position for the year ending 31 March 2022.
- 1.2. The impact of COVID-19 on services delivered by the HSCP has been unprecedented and continues to create additional delivery and financial pressures for the HSCP as well as impacting on the HSCP's transformation and savings plans, which as previously reported are subject to ongoing review and realignment.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 September 2021;
- Note the projected year-end position for 2021/22;
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2021/22;

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £606k and the projected outturn for 2021/22 is an underspend of £1,187k (these figures include the impact of COVID-19). Members should note that the current projections assume that once all COVID-19 related earmarked reserves have been fully utilised, any remaining balances will be fully funded by the Scottish Government.

3.2.

Division	Year to Date Position	Projected Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £606k	Underspend £1,187k
Total Net COVID -19	Breakeven	Breakeven
Total Renfrewshire HSCP (inclusive of COVID-19)	Underspend £606k	Underspend £1,187k

3.3. The following provides a high-level summary of the main reasons why the IJB is currently projecting an underspend against its budget this year:

- **Employee costs net underspend of £438k:** reflecting ongoing challenges in terms of recruitment and retention issues across all service areas. For a wide range of posts, we have tried to recruit on a number of occasions but have been unsuccessful due to availability of the skills mix required within the workforce market, especially in the current pandemic. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **Care Home Placements: underspend £1,382k:** the Care Home budget is currently projected to deliver a significant underspend in 2021/22 reflecting the impact of COVID-19 on the ability of care homes to take new admissions. As a result of outbreaks and infection control issues within the care homes, along with greater numbers of clients choosing to remain at home for longer.
- **Transport: underspend £365k:** this underspend is reflective of services currently operating at a reduced capacity.
- **Prescribing: underspend £1,087k:** Prescribing volumes remain volatile this year and prices have also been subject to fluctuation due to short supply; in addition, there are one-off windfalls from discount rebates and tariff swap reduction.
- **Care at Home: overspend of (£1,194k):** spend within care at home continues to increase 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.

As previously highlighted to members, looking ahead, the financial outlook for the IJB will be extremely challenging. The IJB's transformation programme will be central to us achieving financial sustainability in the medium term. Therefore, as previously agreed by the IJB, in order to allow time for the IJB to develop and implement its transformation programme any underspend in 2021/22 will be used to offset expected financial pressures in 2022/23 and beyond (where and when possible).

3.4. The key pressures are highlighted in section 4.

3.5. 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 6 and 7 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

Delegated Health and Social Care Services (HSCP)	Year to Date Position	Year End Outturn
	Underspend £633k	Underspend £1,238k

- 4.1. The overall net underspend for the HSCP at 31 July 2021 is an underspend of £633k, with an anticipated year-end underspend of £1,238k, assuming that the current trajectory of spend continues throughout this financial year.
- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume any underspends are transferred to earmarked reserves at the year-end in line with Scottish Government funding arrangements.
- 4.3. The current and projected underspend includes a drawdown of £10,45k to date, from earmarked reserves as detailed in the following table and in Appendix 9.

Movement in Reserves

HSCP Funded Earmarked Reserves	Amounts Drawn Down in 2021/22
	£000's
Mental Health Improvement Works	-5
Premises Related:	-5
PCTF Monies Allocated for Tests of Change and GP Support	-83
District Nurse Rolling Recruitment Programme	-24
Renfrewshire Wide Prevention and Early Intervention Programme	-159
Other:	-266
TOTAL HSCP FUNDED EARMARKED RESERVES	-271
Primary Care Improvement Program (19/20)_(20/21)	-2,458
ADP Funding	-79
Mental Health Action 15 (19/20)_(20/21)	-763
DN Workforce Allocation 20/21	-69
Adult Support and Protection Grant	-6
Covid - Winter Planning	-1,649
Covid - Integration Authority Support	-5,155
Scottish Government Ring Fenced Monies	-10,179
TOTAL EARMARKED RESERVES	-10,450

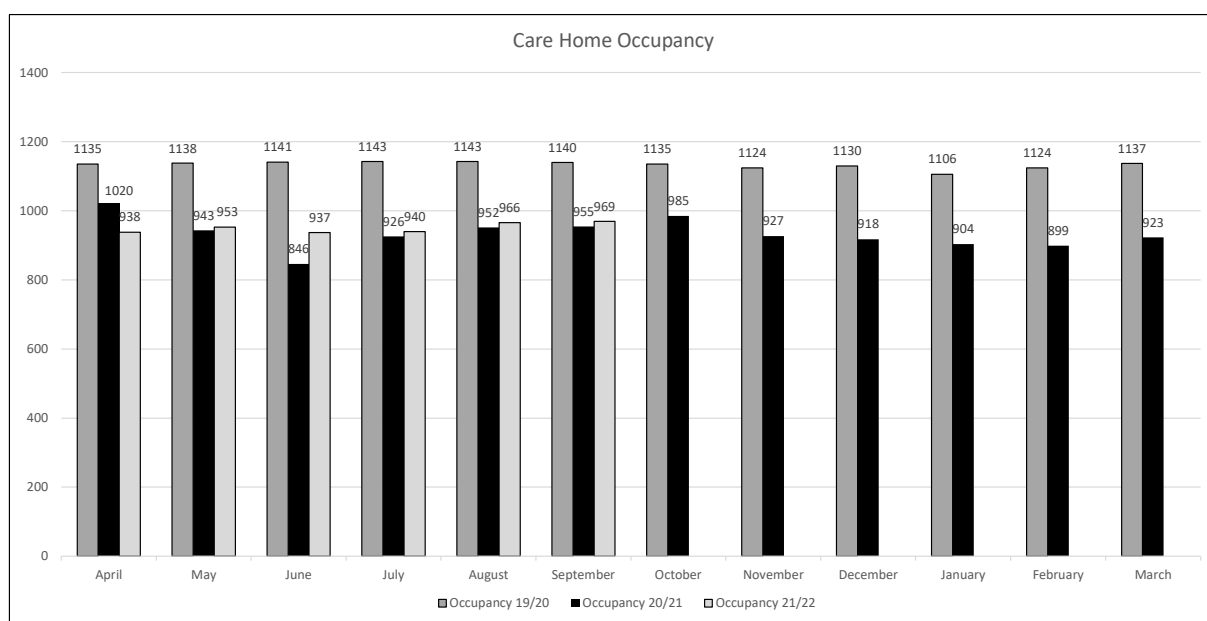
4.4. The main broad themes of the current and projected outturn include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £144k	Underspend £262k

4.5. The main pressures within Adults and Older People remain in line with previous reports and mainly relate to:

- *Continued pressures within the Care at Home service* – spend continues to increase as the service responds to both the need to support delayed discharges and unprecedented increasing levels of demand. Members should note this level of demand is being experienced by IJBs across Scotland.
- *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.

The following graph compares the movement in occupancy between September 20/21 to September 21/22 which is a 1.47% increase and September 19/20 to September 21/22 which is a 15% decrease.



Mental Health Services	Year to Date Position	Year End Outturn
	Overspend (£326k)	Overspend (£651k)

4.6. The overspend within Mental Health Services reflects both agency and bank usage which has increased significantly due to recruitment issues throughout all mental health service areas. In order to maintain the recommended safe staffing and skill mix required across these services, this position is likely to continue.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £166k	Underspend £333k

- 4.7. The underspend in Hosted Services is mainly due to vacancies within the Primary Care and Podiatry Services. In addition, the reduction in activity due to the impact of COVID-19 and the requirement to temporarily cease some services early in the financial year led to a reduction in spend on single use instruments within the Podiatry service, however this is not expected to continue as the service remobilises.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £544k	Underspend £1,087k

- 4.8. Prescribing volumes remain volatile this year and prices have also been subject to fluctuation due to short supply. The year-end projected outturn position is due to a combination of factors which are summarised in the following table.

Spend Type	Variance	
	£'000	
Schedule 4 GIC (Gross Ingredient Cost - Main GP Prescribing Budget)	448	underspend
Invest to Save	-15	overspend
Prescribing Contingency (does not include Earmarked Reserves) Budget held centrally by HSCP moved as required to fund overspends against Schedule 4 and central GIC costs, and/or other investment areas	654	underspend
Gross Expenditure	1,087	underspend
Recovery of Discounts and Rebates	0	breakeven
Net Position	1,087	underspend

5. Responding to the COVID-19 Pandemic

- 5.1. The CFO regularly provides estimated costs of the partnerships response to the COVID-19 Pandemic to the Scottish Government through our Local Mobilisation Plan (LMP) 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.
- 5.2. The LMP financial tracker is now only required to be submitted to the Scottish Government on a quarterly basis. The second financial tracker for 2021/22 was submitted on 26 October 2021.
- 5.3. The following table summarises the main areas of expenditure which the HSCP has incurred to date and is projected to incur as a result of the current emergency arrangements. To date (in 2021/22) £3,597k has been spent responding to COVID-19, of which £1,192k relates to health services and, £2,405k relates to adult social care services.

Total Estimated Costs at 15/10/21							
Description of Cost Type	Health			Adult Social Care			TOTAL
	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	
Additional Staff Costs	610	616	1,226	771	869	1,640	2,866
Provider Sustainability Costs			-	943	1,053	1,996	1,996
PPE	22	6	28			-	28
Community Hubs	453	522	976			-	976
Loss of Income			-	308	334	642	642
FHS costs	38	25	63			-	63
Other Costs	70	160	229	383	430	814	1,043
TOTAL	1,192	1,329	2,521	2,405	2,687	5,091	7,613

- 5.4. Members should be aware that similar to the position in 2020/21, the actual impact may be higher or lower than currently estimated, depending upon a wide range of influencing factors including: 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 costs are projected to continue until the end of 2021/22, with the exception of care home occupancy payments, which have been projected to the end of October 2021, in line with the latest COSLA guidance.
- 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. The following table shows that in line with the flexible funding approach agreed with the Scottish Government £7,593k was carried forward from 2020/21 to fund costs in relation to 2021/22. Additional government funding will be required to cover the estimated cost of COVID-19 in 2021/22 and will be requested based on our second quarterly return submitted to Scottish Government on 26 October 2021.
- 5.7. Members should note the funding in respect of the Community Living Change Fund is ringfenced and is not to be used for the wider COVID-19 response.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	Funding c/f from 2020/21 held in Ear Marked Reserves £000's	Anticipated Funding Required 2021/22 £000's	Estimated Costs @ 15/10/21 £000's	Remaining Balance £000's
Covid - Winter Planning	1,649	0	1,649	0
Covid - Integration Authority Support	5,247	809	5,964	92
Covid - Community Living Change	697	0	0	697
Total	7,593	809	7,613	789

6. Current Vacancy Position

- 6.1. As highlighted throughout section 4, and Appendices 1 to 4 of this report, Employee Costs are projecting a significant underspend throughout all services. Recruitment continues to be progressed for vacant posts in all services.

- 6.2. Appendix 10 provides 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 8. In addition, the following table provides members with the projected expenditure for each funding stream which would be transferred to earmarked reserves at the year-end (based on current projections) in line with Scottish Government requirements.

Funding Stream	Current Budget £m	Projected Expenditure 2021/22 £m	Balance to be Transferred to Reserves £m
PCIF	5.091	4.506	0.585
Action 15	1.307	1.238	0.069
ADP	1.729	1.729	0.000
TOTAL	8.127	7.473	0.654

- 7.2. Regular returns are submitted to the relevant Scottish Government policy team on our progress of delivering on these programmes. These include updates on our spending profile, workforce, and delivery of stated outcomes.

8. Other Delegated Services

- 8.1. The following table shows the costs of other Renfrewshire Council services delegated to the IJB. Under the 2014 Act, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. Renfrewshire HSCP monitors the delivery of these services on behalf of the IJB.

- 8.2. The Projected outturn position to 31 March 2021 is an overspend of £51k for Housing Adaptations.

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	880	(51)	-6%	overspend
Women's Aid	237	237	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,066	1,117	(51)	-6%	overspend

9. Reserves

- 9.1. It is important for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.

- 9.2. As detailed in Appendix 9, the opening IJB reserves position for 2021/22 was £27,007k. This figure comprised £21,226k 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 £5,781k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.

- 9.3. As detailed in Appendix 9 and paragraph 4.3, based on current projections for 2020/21 a total of £10,450k of earmarked reserves have been drawn down to date. A new earmarked reserve totalling £2.7m has been created to fund the fixed term posts approved by the IJB on 17 September 2021.
- 9.4. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This includes Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.

10. Summary of 2021/22 Scottish Living Wage (SLW)

- 10.1. For 2021/22, the new Living Wage rate was set at £9.50, an increase of 20p from the 2020/21 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, an increase of 2.2% will be applied from the 1st April 2021 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 and Supported Living providers have accepted the increase.
- 10.3. The 3 Contracted providers of adult residential services within Renfrewshire have been offered an increase of 2.2% for the payment of the new Scottish Living Wage.

11. National Care Home Contract 2021/22

- 11.1. The terms of the contract for 2021/22 were negotiated by COSLA and Scotland Excel, with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 2.8% for Residential Care and 4% for Nursing Care (which includes the NHS Pay Uplift) was agreed which includes an allowance to support delivery of the Living Wage for 2021/22 of £9.50 per hour to all care staff from 12th April 2021. A Minute of Variation (MOV) has been issued to providers of care homes for older adults in Renfrewshire for their acceptance of the payment of the new Living Wage rate for 2021/22.

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	191121-05
2.	Date Direction issued by IJB	19 November 2021
3.	Date from which Direction takes effect	19 November 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, 170921-05
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (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	January 2022.

HSPC Position not including COVID 19

HSCP Revenue Budget Position

1st April 2021 to 15th October 2021

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	41,796	5,234	-	1,661	-	48,691	48,461	231	0.5%	underspend
Property Costs	207	88	-	-	-	295	331	(36)	-12.4%	overspend
Supplies and Services	10,021	(111)	(6,127)	144	-	3,927	4,067	(140)	-3.6%	overspend
Third Party Payments	32,545	2,570	-	-	-	35,115	35,272	(157)	-0.4%	overspend
Purchase Of Healthcare	1,426	147	-	15	-	1,588	1,586	2	0.1%	underspend
Transport	455	-	-	-	-	455	258	197	43.2%	underspend
Family Health Services	44,518	864	-	-	-	45,382	44,837	545	1.2%	underspend
Support Services	38	1	(1)	-	-	38	33	4	11.4%	underspend
Transfer Payments (PTOB)	3,604	(841)	-	-	-	2,763	2,792	(29)	-1.0%	overspend
Resource Transfer	10,798	461	(11,259)	-	-	-	-	-	0.0%	breakeven
Set Aside	32,369	-	-	-	-	32,369	32,369	-	0.0%	breakeven
Gross Expenditure	177,778	8,412	(17,387)	1,820	-	170,623	170,006	617	0.4%	underspend
Income	(16,189)	(3,189)	-	-	(1,820)	(21,198)	(21,187)	(11)	0.1%	overspend
NET EXPENDITURE	161,588	5,223	(17,387)	1,820	(1,820)	149,425	148,819	606	0.4%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	36,031	(297)	(1)	86	(86)	35,732	35,589	144	0.4%	underspend
Mental Health	11,852	737	-	384	(384)	12,589	12,915	(326)	-2.6%	overspend
Learning Disabilities	9,230	587	-	-	-	9,817	9,773	44	0.4%	underspend
Children's Services	3,023	414	-	-	-	3,437	3,403	33	1.0%	underspend
Prescribing	18,381	443	-	-	-	18,824	18,281	544	2.9%	underspend
Health Improvement & Inequalities	408	137	-	80	(80)	545	540	5	0.9%	underspend
FHS	25,172	1,002	-	-	-	26,174	26,174	-	0.0%	breakeven
Resources	2,150	1,394	-	1,270	(1,270)	3,544	3,520	24	0.7%	underspend
Hosted Services	5,475	347	-	-	-	5,822	5,655	166	2.9%	underspend
Resource Transfer	10,798	461	(11,259)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	breakeven
Set Aside	32,369	-	-	-	-	32,369	32,369	-	0.0%	breakeven
NET EXPENDITURE (before)	161,014	5,223	(17,387)	1,820	(1,820)	148,851	148,218	633	0.4%	underspend
Other Delegated Services	574	-	-	-	-	574	601	(27)	-4.8%	overspend
NET EXPENDITURE	161,588	5,223	(17,387)	1,820	(1,820)	149,425	148,819	606	0.4%	underspend

HSCP Revenue Budget Position

1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	81,093	10,310	-	3,322	-	94,725	94,287	438	0.5%	underspend
Property Costs	387	167	-	-	-	554	624	(70)	-12.6%	overspend
Supplies and Services	19,908	(222)	(12,254)	288	-	7,720	8,003	(283)	-3.7%	overspend
Third Party Payments	60,441	4,773	-	-	-	65,214	65,505	(291)	-0.4%	overspend
Purchase Of Healthcare	2,852	294	-	30	-	3,176	3,172	4	0.1%	underspend
Transport	845	-	-	-	-	845	480	365	43.2%	underspend
Family Health Services	89,036	1,727	-	-	-	90,763	89,673	1,090	1.2%	underspend
Support Services	70	2	(2)	-	-	70	62	8	11.4%	underspend
Transfer Payments (PTOB)	6,693	(1,561)	-	-	-	5,132	5,185	(53)	-1.0%	overspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
Gross Expenditure	347,659	16,411	(34,773)	3,640	-	332,937	331,729	1,208	0.4%	underspend
Income	(30,284)	(5,965)	-	-	(3,640)	(39,889)	(39,868)	(21)	0.1%	overspend
NET EXPENDITURE	317,375	10,446	(34,773)	3,640	(3,640)	293,048	291,861	1,187	0.4%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Adults & Older People	67,794	(507)	(2)	172	(172)	67,285	67,023	262	0.4%	underspend
Mental Health	23,482	1,470	-	768	(768)	24,952	25,603	(651)	-2.6%	overspend
Learning Disabilities	17,228	1,091	-	-	-	18,319	18,235	85	0.5%	underspend
Children's Services	6,046	827	-	-	-	6,873	6,807	66	1.0%	underspend
Prescribing	36,762	886	-	-	-	37,648	36,561	1,087	2.9%	underspend
Health Improvement & Inequalities	815	274	-	159	(159)	1,089	1,079	10	0.9%	underspend
FHS	50,344	2,004	-	-	-	52,348	52,348	-	0.0%	breakeven
Resources	4,300	2,787	-	2,541	(2,541)	7,087	7,039	48	0.7%	underspend
Hosted Services	10,950	693	-	-	-	11,643	11,311	333	2.9%	underspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
NET EXPENDITURE (before)	316,309	10,446	(34,773)	3,640	(3,640)	291,982	290,744	1,238	0.4%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,117	(51)	-4.8%	overspend
NET EXPENDITURE	317,375	10,446	(34,773)	3,640	(3,640)	293,048	291,861	1,187	0.4%	underspend

HSCP Position including COVID 19

HSCP Revenue Budget Position
1st April 2021 to 15th October 2021

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	41,796	5,290	-	3,449	-	50,536	52,270	(1,734)	-3.4%	overspend
Property Costs	207	88	-	79	-	374	489	(115)	-30.9%	overspend
Supplies and Services	10,021	224	(6,421)	217	-	4,041	4,311	(269)	-6.7%	overspend
Third Party Payments	32,545	2,570	-	904	-	36,019	37,251	(1,231)	-3.4%	overspend
Purchase Of Healthcare	1,426	147	-	15	-	1,588	1,586	2	0.1%	underspend
Transport	455	-	-	-	-	455	258	197	43.2%	underspend
Family Health Services	44,518	876	-	-	-	45,394	44,881	514	1.1%	underspend
Support Services	38	1	(1)	-	-	38	33	4	11.4%	underspend
Transfer Payments (PTOB)	3,604	(841)	-	386	-	3,149	3,555	(406)	-12.9%	overspend
Resource Transfer	10,798	461	(11,259)	-	-	-	-	-	0.0%	breakeven
Set Aside	32,369	-	-	-	-	32,369	32,369	-	0.0%	breakeven
Gross Expenditure	177,778	8,816	(17,680)	5,050	-	173,963	177,003	(3,040)	-1.7%	overspend
Income	(16,189)	(3,189)	-	346	(5,395)	(24,428)	(28,073)	3,645	-14.9%	underspend
NET EXPENDITURE	161,588	5,627	(17,680)	5,395	(5,395)	149,535	148,930	606	0.4%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	36,031	(297)	(1)	86	(86)	35,732	35,589	144	0.4%	underspend
Mental Health	11,852	737	-	384	(384)	12,589	12,915	(326)	-2.6%	overspend
Learning Disabilities	9,230	587	-	-	-	9,817	9,773	44	0.4%	underspend
Children's Services	3,023	414	-	-	-	3,437	3,403	33	1.0%	underspend
Prescribing	18,381	443	-	-	-	18,824	18,281	544	2.9%	underspend
Health Improvement & Inequalities	408	137	-	80	(80)	545	540	5	0.9%	underspend
FHS	25,172	1,002	-	-	-	26,174	26,174	-	0.0%	breakeven
Resources	2,150	1,394	-	1,270	(1,270)	3,544	3,520	24	0.7%	underspend
Hosted Services	5,475	347	-	-	-	5,822	5,656	166	2.9%	underspend
Resource Transfer	10,798	461	(11,259)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	breakeven
Set Aside	32,369	-	-	-	-	32,369	32,369	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	161,014	5,223	(17,387)	1,820	(1,820)	148,851	148,218	633	0.4%	underspend
Other Delegated Services	574	-	-	-	-	574	601	(27)	-4.8%	overspend
NET EXPENDITURE before COVID	161,588	5,223	(17,387)	1,820	(1,820)	149,425	148,819	606	0.4%	underspend
COVID 19	-	404	(294)	3,575	(3,575)	111	111	-	0.0%	breakeven
NET EXPENDITURE	161,588	5,627	(17,680)	5,395	(5,395)	149,535	148,930	606	0.4%	underspend

HSCP Revenue Budget Position
1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	81,093	10,423	-	6,794	-	98,310	101,675	(3,365)	-3.4%	overspend
Property Costs	387	167	-	150	-	704	923	(219)	-31.2%	overspend
Supplies and Services	19,908	448	(12,841)	433	-	7,948	8,490	(542)	-6.8%	overspend
Third Party Payments	60,441	4,773	-	1,679	-	66,893	69,180	(2,287)	-3.4%	overspend
Purchase Of Healthcare	2,852	294	-	30	-	3,176	3,172	4	0.1%	underspend
Transport	845	-	-	-	-	845	480	365	43.2%	underspend
Family Health Services	89,036	1,752	-	-	-	90,788	89,761	1,027	1.1%	underspend
Support Services	70	2	(2)	-	-	70	62	8	11.4%	underspend
Transfer Payments (PTOB)	6,693	(1,561)	-	716	-	5,848	6,602	(754)	-12.9%	overspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
Gross Expenditure	347,659	17,219	(35,360)	9,802	-	339,320	345,083	(5,763)	-1.7%	overspend
Income	(30,284)	(5,965)	-	642	(10,444)	(46,051)	(53,001)	6,950	-15.1%	underspend
NET EXPENDITURE	317,375	11,254	(35,360)	10,444	(10,444)	293,269	292,082	1,187	0.4%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	67,794	(507)	(2)	172	(172)	67,285	67,023	262	0.4%	underspend
Mental Health	23,482	1,470	-	768	(768)	24,952	25,603	(651)	-2.6%	overspend
Learning Disabilities	17,228	1,091	-	-	-	18,319	18,234	85	0.5%	underspend
Children's Services	6,046	827	-	-	-	6,873	6,807	66	1.0%	underspend
Prescribing	36,762	886	-	-	-	37,648	36,561	1,087	2.9%	underspend
Health Improvement & Inequalities	815	274	-	159	(159)	1,089	1,079	10	0.9%	underspend
FHS	50,344	2,004	-	-	-	52,348	52,348	-	0.0%	breakeven
Resources	4,300	2,787	-	2,541	(2,541)	7,087	7,039	48	0.7%	underspend
Hosted Services	10,950	693	-	-	-	11,643	11,311	332	2.9%	underspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	316,309	10,446	(34,773)	3,640	(3,640)	291,982	290,744	1,238	0.4%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,117	(51)	-4.8%	overspend
NET EXPENDITURE before COVID	317,375	10,446	(34,773)	3,640	(3,640)	293,048	291,861	1,187	0.4%	underspend
COVID 19	-	808	(587)	6,804	(6,804)	221	221	-	0.0%	breakeven
NET EXPENDITURE	317,375	11,254	(35,360)	10,444	(10,444)	293,269	292,082	1,187	0.4%	underspend

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2021 to 15th October 2021

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	17,359	1,103	-	-	-	18,462	18,298	164	0.9%	underspend
Property Costs	190	59	-	-	-	249	270	(22)	-8.7%	overspend
Supplies and Services	933	-	-	-	-	933	909	23	2.5%	underspend
Third Party Payments	32,545	2,570	-	-	-	35,115	35,272	(157)	-0.4%	overspend
Transport	452	-	-	-	-	452	256	197	43.5%	underspend
Support Services	38	1	(1)	-	-	38	33	4	11.4%	underspend
Transfer Payments (PTOB)	3,094	(841)	-	-	-	2,253	2,255	(1)	0.0%	overspend
Gross Expenditure	54,611	2,893	(1)	-	-	57,502	57,293	209	0.4%	underspend
Income	(14,571)	(2,893)	-	-	-	(17,464)	(17,453)	(11)	0.1%	overspend
NET EXPENDITURE	40,039	-	(1)	-	-	40,038	39,841	198	0.5%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Older People	26,113	(690)	(1)	-	-	25,421	25,189	233	0.9%	underspend
Physical or Sensory Difficulties	3,391	101	-	-	-	3,491	3,583	(92)	-2.6%	overspend
Learning Difficulties	8,620	581	-	-	-	9,201	9,183	18	0.2%	underspend
Mental Health Needs	1,550	32	-	-	-	1,583	1,581	2	0.1%	underspend
Addiction Services	366	(24)	-	-	-	342	305	37	10.8%	underspend
NET EXPENDITURE	40,039	0	(1)	-	-	40,038	39,841	198	0.5%	underspend

Adult Social Care Revenue Budget Year End Position
1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	32,239	2,048				34,287	33,982	305	0.9%	underspend
Property Costs	352	110				462	502	(40)	-8.7%	overspend
Supplies and Services	1,732					1,732	1,689	43	2.5%	underspend
Third Party Payments	60,441	4,773				65,214	65,505	(291)	-0.4%	overspend
Transport	840					840	475	365	43.5%	underspend
Support Services	70	2	(2)			70	62	8	11.4%	underspend
Transfer Payments (PTOB)	5,746	(1,561)				4,185	4,187	(2)	0.0%	overspend
Gross Expenditure	101,420	5,372	(2)	-	-	106,790	106,402	388	0.4%	underspend
Income	(27,061)	(5,372)				(32,433)	(32,412)	(21)	0.1%	overspend
NET EXPENDITURE	74,359	-	(2)	-	-	74,357	73,990	367	0.5%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Older People	48,495	-1282	(2)			47,211	46,779	432	0.9%	underspend
Physical or Sensory Difficulties	6,297	187				6,484	6,654	(170)	-2.6%	overspend
Learning Difficulties	16,008	1079				17,087	17,054	33	0.2%	underspend
Mental Health Needs	2,879	60				2,939	2,936	3	0.1%	underspend
Addiction Services	680	-44				636	567	69	10.8%	underspend
NET EXPENDITURE	74,359	-	(2)	-	-	74,357	73,990	367	0.5%	underspend

Appendix 4

Health Revenue Budget Position
1st April 2021 to 30th September 2021

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	24,297	4,131	-	1,661	-	30,089	30,023	66	0.2%	underspend
Property Costs	17	29	-	-	-	46	60	(15)	-32.7%	overspend
Supplies and Services	9,081	(111)	(6,127)	144	-	2,988	3,149	(163)	-5.5%	overspend
Purchase Of Healthcare	1,428	147	-	15	-	1,588	1,588	2	0.1%	underspend
Family Health Services	44,518	864	-	-	-	45,382	44,837	545	1.2%	underspend
Set Aside	32,369	-	-	-	-	32,369	32,369	-	0.0%	breakeven
Resource Transfer	10,798	461	(11,259)	-	-	-	-	-	0.0%	
Gross Expenditure	122,506	5,520	(17,386)	1,820	-	112,460	112,024	436	0.4%	underspend
Income	(1,531)	(297)	-	-	(1,820)	(3,647)	(3,647)	-	0.0%	breakeven
NET EXPENDITURE	120,975	5,223	(17,386)	1,820	(1,820)	108,813	108,377	436	0.4%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Addiction Services	243	206	-	-	-	449	472	(23)	-5.1%	overspend
Addiction Services - ADP	820	-	-	40	(40)	820	820	-	0.0%	breakeven
Adult Community Services	5,099	110	-	47	(47)	5,209	5,220	(12)	-0.2%	overspend
Children's Services	3,023	414	-	-	-	3,437	3,403	33	1.0%	underspend
Learning Disabilities	610	6	-	-	-	616	590	26	4.2%	underspend
Mental Health	10,302	431	-	3	(3)	10,732	11,059	(327)	-3.0%	overspend
Mental Health - Action 15	-	275	-	382	(382)	275	275	-	0.0%	breakeven
Hosted Services	5,475	347	-	-	-	5,822	5,855	166	2.9%	underspend
Prescribing	18,381	443	-	-	-	18,824	18,281	544	2.9%	underspend
Gms	12,843	-	-	-	-	12,843	12,843	-	0.0%	breakeven
FHS Other	12,329	1,002	-	-	-	13,331	13,331	-	0.0%	breakeven
Planning & Health Improvement	408	137	-	80	(80)	545	540	5	0.9%	underspend
Primary Care Improvement Prog	-	1,317	-	1,229	(1,229)	1,317	1,317	-	0.0%	breakeven
Resources	2,150	77	-	41	(41)	2,227	2,203	24	1.1%	underspend
Set Aside	32,369	-	-	-	-	32,369	32,369	-	0.0%	breakeven
Resource Transfer	10,798	461	(11,259)	-	-	-	-	-	0.0%	
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	
NET EXPENDITURE	120,975	5,223	(17,386)	1,820	(1,820)	108,813	108,377	436	0.4%	underspend

Health Budget Year End Position
1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	48,594	8,262		3,322		60,178	60,045	133	0.2%	underspend
Property Costs	34	57				91	121	(30)	-32.7%	overspend
Supplies and Services	18,161	(222)	(12,254)	288		5,973	6,299	(326)	-5.5%	overspend
Purchase Of Healthcare	2,852	294		30		3,176	3,172	4	0.1%	underspend
Family Health Services	89,036	1,727				90,763	89,673	1,090	1.2%	underspend
Set Aside	64,738					64,738	64,738		0.0%	breakeven
Resource Transfer	21,596	921	(22,517)			-	-	-	0.0%	
Gross Expenditure	245,011	11,039	(34,771)	3,640	-	224,919	224,048	871	0.4%	underspend
Income	(3,061)	(593)			(3,640)	(7,294)	(7,294)		0.0%	breakeven
NET EXPENDITURE	241,950	10,446	(34,771)	3,640	(3,640)	217,625	216,754	871	0.4%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	485	412				897	943	(46)	-5.1%	overspend
Addiction Services - ADP	1,640			79	(79)	1,640	1,640	-	0.0%	breakeven
Adult Community Services	10,197	220		93	(93)	10,417	10,440	(23)	-0.2%	overspend
Children's Services	6,046	827				6,873	6,807	66	1.0%	underspend
Learning Disabilities	1,220	12				1,232	1,181	52	4.2%	underspend
Mental Health	20,603	861		5	(5)	21,464	22,118	(654)	-3.0%	overspend
Mental Health - Action 15	-	549		763	(763)	549	549	-	0.0%	breakeven
Hosted Services	10,950	693				11,643	11,311	333	2.9%	underspend
Prescribing	36,762	886				37,648	36,561	1,087	2.9%	underspend
Gms	25,686					25,686	25,686	-	0.0%	breakeven
FHS Other	24,658	2,004				26,662	26,662	-	0.0%	breakeven
Planning & Health Improvement	815	274		159	(159)	1,089	1,079	10	0.9%	underspend
Primary Care Improvement Prog	-	2,633		2,458	(2,458)	2,633	2,633	-	0.0%	breakeven
Resources	4,300	154		83	(83)	4,454	4,406	48	1.1%	underspend
Set Aside	64,738					64,738	64,738	-	0.0%	breakeven
Resource Transfer	21,596	921	(22,517)			-	-		0.0%	
Social Care Fund	12,254		(12,254)			-	-		0.0%	
NET EXPENDITURE	241,950	10,446	(34,771)	3,640	(3,640)	217,625	216,754	871	0.4%	underspend

Renfrewshire Council 'Other Delegated Services'
1st April 2021 to 15th October 2021

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	140	140	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	8	8	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Transfer Payments (PTOB)	510	537	(27)	-5%	overspend
Gross Expenditure	661	689	(27)	-5%	overspend
Income	(87)	(87)	-	0%	breakeven
NET EXPENDITURE	574	601	(27)	-5%	overspend

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	446	474	(27)	-6%	overspend
Women's Aid	128	128	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	574	601	(27)	-6%	overspend

1st April 2021 to 31st March 2022

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	5	5	-	0%	breakeven
Transfer Payments (PTOB)	947	998	(51)	-5%	overspend
Gross Expenditure	1,228	1,279	(51)	-5%	overspend
Income	(162)	(162)	-	0%	breakeven
NET EXPENDITURE	1,066	1,117	(51)	-5%	overspend

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	880	(51)	-6%	overspend
Women's Aid	237	237	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,066	1,117	(51)	-6%	overspend

Appendix 6

2021/22 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2021/22 Renfrewshire HSCP Opening Budget:	74,359
<u>Reductions:</u>	
Transfer to ICT for Intune Licenses	-2
Adult Social Care Budget as reported @ 28th May 2021	74,357

Appendix 7

2021/22 Health Financial Allocation to Renfrewshire HSCP	£k
2021/22 Renfrewshire HSCP Financial Allocation	177,212
Add: Set Aside	64,738
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-21,596
= base budget rolled over	208,100
RT Adjustments	-474
Non-Recurring:	
Emis Staff PC Screen	72
GMS X Charge HSCP Covid	8
Budget allocated as per 2021/22 Financial Allocation 31st May 2021	207,706
<u>Budget Adjustments posted in month 3</u>	
Additions	
Fhs Other To Hscp's Budget	873
Non-Recurring:	
Action 15 Tranche 1	544
Primary Care Improvement Funding Tranche 1	2,371
Acute Funding - Navigator Posts	21
FHS COVID	10
Funding for OT post	-7
Budget allocated as per 2020-21 Financial Allocation 30th June 2021	211,518
<u>Budget Adjustments posted in month 4</u>	
Additions	
Additions Prevention - Uplift for Hep C and BBV posts	7
Partnership Uplift - 1.5% SG uplift	1,900
FHS Adjustment - Hscp Ncl Adjust	477
Reductions	
Contribution to West of Scotland Sexual Assault and Rape Service	-85
RT Adjustment	-447
FHS Adjustment - Hscp Ncl 2021-reduce Dent Inc	1,149
Non-Recurring:	
FHS COVID	14
PCIP Baseline - Initial Pharmacy Recruitment	310
National Drug Mission 21-22	451
SG District Nursing Funding	150
Budget allocated as per 2020-21 Financial Allocation 31st July 2021	215,444
<u>Budget Adjustments posted in month 5</u>	
Additions	
Additional uplift to fund AFC Increase	1,201
Non-Recurring:	
FHS Covid Payments	6
Transfer of Drugs Budget from Acute	54
Budget allocated as per 2020-21 Financial Allocation 31st August 2021	216,705
<u>Budget Adjustments posted in month 6</u>	
Additions	
FHS Adjustment	379
Reductions	
FHS COVID payments adjustment	-38
Non-Recurring:	
CAMHS Waiting List Initiative	211
Open University - Back fill funding	10
National Drugs Mission	8
SESP Funding	288
Tobacco Monies	35
Transfer of Drugs Budget from Acute	27
Budget allocated as per 2020-21 Financial Allocation 30th September 2021	217,625

Scottish Government Funding Streams

Funding Description	2018/19				2019/20				
	Per Allocation Letter £m	Received 1 st /2 nd Tranche £m	Balance held by SG (Variance) £m	Transfer to Earmarked Reserves £m	Per Allocation Letter £m	Received @ 31st March £m	Balance held by SG (Variance) £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m
PCIF	1.554	1.465	0.089	-0.792	1.861	0.931	0.930	0.792	-0.264
Action 15	0.374	0.333	0.041	-0.306	0.575	0.097	0.478	0.306	-0.130
ADP	2.139	2.139	0.000	-0.321	2.229	2.229	0.000	0.066	-0.453
TOTAL	4.067	3.937	0.130	-1.419	4.665	3.257	1.408	1.164	-0.847

Funding Description	2020/21					2021/22				
	Per Allocation Letter £m	Received @ 31st March £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m	Balance held by SG (Variance) £m	Per Allocation Letter £m	Received @ 31st July £m	Balance held by SG (Variance) £m	Drawdown from Reserves £m	Balance Earmarked Reserves £m
PCIF	3.735	4.754	0.264	-2.458	0.000	5.265	2.633	2.632	2.458	0.000
Action 15	0.815	1.333	0.130	-0.763	0.000	1.088	0.544	0.544	0.763	0.000
ADP	2.308	2.308	0.344	-0.577	0.000	2.227	1.650	0.577	0.079	-0.862
TOTAL	6.858	8.395	0.738	-3.798	0.000	8.580	4.827	3.753	3.300	-0.862

Appendix 9

Movement in Reserves

HSCP Funded Earmarked Reserves	Opening Position 2021/22	Amounts Drawn Down in 2021/22	New Reserves		Closing Position 2021/22	Movement in Reserves 2021/22	To be Drawn Down 2021/22	To be Drawn Down 2022/23	Ongoing
			IJB Approved	Awaiting IJB Approval					
	£000's	£000's	£000's	£000's	£000's	£000's			
Tec Grant	98				98	0	✓		
Information Communication Funding - Care @ Home Scheduling System	732				732	0	✓	✓	
Analogue to Digital contribution to programme	434				434	0	✓	✓	✓
Eclipse Support Costs (2 Year)	156				156	0	✓	✓	
ICT / Systems Related:	1,420	0	0	0	1,420	0			
Mental Health Improvement Works	395	-5			390	-5	✓		
Mile End Refurbishment	89				89	0	✓		
LA Care Home Refurbishment	300				300	0	✓		
Primary Care Support Building Works	30				30	0			
Premises Related:	814	-5	0	0	809	-5			
PCTF Monies Allocated for Tests of Change and GP Support	299	-83			216	-83			
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49				49	0	✓		
District Nurse Rolling Recruitment Programme	219	-24			195	-24			✓
Training for Mental Health Officers in HSCP	288				288	0	✓	✓	
Prescribing	2,000				2,000	0	✓	✓	
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080				1,080	0	✓		
Care @ Home Senior Lead (2 Year Funding)	206				206	0			
HSCP Respiratory Nursing	421				421	0			
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			✓
HSCP Fixed Term Posts Funding				2,700	2,700	2,700	✓		
Renfrewshire Wide Prevention and Early Intervention Programme	193	-159			34	-159	✓	✓	
Other:	6,584	-266	0	2,700	9,018	2,434			
TOTAL HSCP FUNDED EARMARKED RESERVES	8,818	-271	0	2,700	11,247	2,429			
Primary Care Improvement Program (19/20_20/21)	2,458	-2,458			0	-2,458	✓		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	224				224	0	✓		
ADP Funding	941	-79			862	-79	✓		
Reduce Drug Death Funding	104				104	0			
Drug Death Task Force	141				141	0			
Mental Health Action 15 (19/20_20/21)	763	-763			0	-763			
DN Workforce Allocation 20/21	69	-69			0	-69			
Henry Programme - Pre 5 Obesity Training	15				15	0	✓		
Health Visiting	32				32	0	✓		
Adult Support and Protection Grant	68	-6			62	-6			
Covid - Winter Planning	1,649	-1,649			0	-1,649			
Covid - Integration Authority Support	5,247	-5,155			92	-5,155			
Covid - Community Living Change	697				697	0			
Scottish Government Ring Fenced Monies	12,408	-10,179	0	0	2,229	-10,179			
TOTAL EARMARKED RESERVES	21,226	-10,450	0	2,700	13,476	-7,750			

General Reserves	Opening Position 2021/22	Amounts Drawn Down in 2021/22	New Reserves		Closing Position 2021/22	Movement in Reserves 2021/22
	£000's	£000's	£000's	£000's	£000's	£000's
Renfrewshire HSCP - Health delegated budget under spend carried forward	5,781				5,781	0
TOTAL GENERAL RESERVES	5,781	0	0	0	5,781	0

OVERALL RESERVES POSITION	27,007	-10,450	0	2,700	19,257	-7,750
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HSCP Vacancy Position at 15 October 2021 Per Client Group

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	20.60	87.84	108.44
Mental Health	44.95	6.50	51.45
Learning Disabilities	0.92	11.13	12.05
Children's Services	7.35		7.35
Health Improvement & Inequalities	1.00		1.00
Resources	8.29		8.29
Hosted Services	13.97		13.97
TOTAL	97.08	105.47	202.55

Job Description	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	10.29		10.29
ADRS Worker		1.50	1.50
Adult Services Co-ordinator		0.80	0.80
Bus Escort		0.68	0.68
Care at Home Team Manager		1.00	1.00
Change & Improvement Assistant		1.00	1.00
Change & Improvement Officer		1.00	1.00
Commissioning Officer		1.00	1.00
Community Alarm Responder		8.11	8.11
Community Alarm Responder (Night)		0.81	0.81
Community Link Team Manager		1.00	1.00
Community Meals Driver		1.65	1.65
Data Quality Assistant		2.00	2.00
Day Care Officer		1.50	1.50
Day Centre Officer		0.91	0.91
Day Service Assistant		3.75	3.75
Day Service Officer		2.88	2.88
Escort/ Attendant		0.54	0.54
Financial Systems Support Administrator		1.00	1.00
Home Care Worker		39.90	39.90
Home Care Worker (Night)		0.81	0.81
Medical & Dental	2.78		2.78
Mental Health Officer		0.50	0.50
Nursing Staff - Trained	49.99		49.99
Nursing Staff - Untrained	4.46		4.46
Occupational Therapist	1.32	0.10	1.42
Occupational Therapist Assistant	2.10		2.10
Performance Officer		1.00	1.00
Physiotherapist	2.20		2.20
Podiatrist	13.97		13.97
Psychology	5.35		5.35
Rehabilitation Officer		0.50	0.50
Senior Day Service Officer		0.50	0.50
Senior Social Care Worker		1.00	1.00
Senior Home Support Worker		3.79	3.79
Senior Social Worker		1.00	1.00
Service Delivery Scheduler		2.24	2.24
Service Manager		1.00	1.00
Social Care Assistant		6.00	6.00
Social Care Assistant (Nights)		2.25	2.25
Social Care Worker		2.81	2.81
Social Work Assistant		2.50	2.50
Social Worker		4.00	4.00
Speech & Language Therapist	2.62		2.62
Team Leader	0.50	2.00	2.50
Team Manager		1.50	1.50
Technical Instrutor	1.50		1.50
Telecare Technician		0.95	0.95
TOTAL	97.08	105.47	202.55

To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Management Mid-Year Report 2021/22

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

1. Summary

- 1.1 The purpose of this report is to update the IJB on mid-year performance for the financial year 2021/22 and covers the period April to September 2021. The full Scorecard updating all performance measures is attached as Appendix 1.
- 1.2 While this report is for the period April to September 2021, data is not yet available for all performance measures to September 2021. As such, the information provided in the report is the most up to date available at this point.
- 1.3 The new ECLIPSE Care Management system that data is extracted from for the social care indicators was not fully developed as at 30 September 2021, therefore data provided in the scorecard was extracted on 27 October 2021. Over the next few months we will review the social care information to ensure data improvements derived from the introduction of ECLIPSE are reflected in future reporting.
- 1.4 Our report provides an update on indicators from the updated Performance Scorecard 2021/22 that was agreed at the IJB meeting on 17.09.21. There are 57 indicators of which 39 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target.
- 1.5 At the mid-year point for 2021/22 the Scorecard shows the status of the 39 indicators that have targets set against them as:
 - 12 red indicators (31%)
 - 7 amber indicators (18%)
 - 20 green indicators (51%)

2. Recommendation

It is recommended the IJB:





- Approves the Performance Management Mid-Year Report 2021/22 for Renfrewshire HSCP.

3. Performance for the period April to September 2021

- 3.1 The Performance Scorecard is included as Appendix 1. Section 5 of this paper shows improvement for 8 performance indicators and section 6 shows deterioration for 5 performance indicators. Section 8 gives an update on our unscheduled care indicators.

4. Performance Indicators that have changed RAG (red, amber, green) Status

- 4.1 The following table shows a more favourable performance position at 30.09.21. compared to 31.03.21. Our performance indicators with red status have reduced from 14 to 12; amber has reduced from 9 to 7 and those with green status have increased from 16 to 20.

Performance Indicator Status	31.03.21	30.09.21
	Alert: 14	Alert: 12
	Warning: 9	Warning: 7
	Target achieved: 16	Target achieved: 20
	No targets: 18	No targets: 18

5. Improvements in Performance

- 5.1 In the period April to September 2021 there has been a further decrease in **Emergency admissions from care homes** (Outcome 4). 201 care home residents were admitted within this period compared to 220 for the same period in 2020. Our Senior Information Analyst in the Local Intelligence Support Team is leading on work to capture the impact of the support provided by our Advanced Nurse Practitioners with Renfrewshire Care Homes to reduce avoidable emergency hospital admissions.
- 5.2 There has been an overall improvement in the **uptake rate of child health 30-month assessments** (Outcome 4). Performance at September 2021 was 94% which is an improvement on year end performance of 83%.

- 5.3 The **% of children vaccinated against MMR at 5 years** (Outcome 4) has increased from 96.8% at March 2021 to 97.8% at June 2021; performance remains above the 95% target.
- 5.4 The **% of patients who started treatment within 18 weeks of referral to Psychological Therapies** (Outcome 3) has seen an increase in performance since March 2021 (86.8%) with 90.9% of patients being seen within the timescale at September 2021. The sustained improvement in performance is reflected in the improvements in Psychological Therapy waiting times in the Community Mental Health Teams and may partly be attributable to the remobilisation of staff in Doing Well posts in the first 6 months of the pandemic. This indicator has moved from amber to green status.
- 5.5 There has been a further improvement in **reducing the percentage of babies with a low birth weight (<2500g)** (Outcome 4) with performance for the rolling year July 2020 to June 2021 recorded as 5.3%. This is the first time performance has been achieved below the 6% target for at least 3 years. This indicator has moved from amber to green status.
- 5.6 The **% of health staff with completed TURAS profile/PDP** (Outcome 8) has increased to 47.5% at September 2021 from 41.7% at March 2021. Performance does however remain considerably below the target of 80% and this indicator has been prioritised with service managers for improvement over the next 6 months.
- 5.7 The **percentage of routine Occupational Therapy referrals allocated within 9 weeks** (Outcome 2) – has increased to 100% at October 2021 from 41% at March 2021. This improvement was achieved by auto-allocating the referrals to the right team upon receiving the OT request. As a result, and to provide more meaningful performance data, we will consider including a new local indicator that monitors the allocation to **the actual commencement of services** before the next reporting period. The impact of this change has also reduced the number of clients on the Occupational Therapy waiting list. See 5.8 below.
- 5.8 The **number of clients on the Occupational Therapy waiting list** (Outcome 2) has reduced to 14 at October 2021 from 159 at March 2021. As detailed in section 5.7, social work case recording changes provide an opportunity to provide more meaningful performance data. Therefore, we will consider including a new local indicator that monitors **time spent on the waiting list** and **the waiting list outcome** before the next reporting period.

6. Areas for Improvement

- 6.1 There has been a reduction in the **percentage of patients seen within the 18-week target for the Child and Adolescent Mental Health Service (CAMHS)** (Outcome 3) from 70.1% at March 2021 to 50.4% at September 2021. This has been as a result of increased demand for CAMH services and an increase in the urgency of care required.

A major impact on this performance has been the steady increase in referrals. In 2019 and 2020 referrals averaged 30 per month. In 2021, this increased to 76 per month. The number of referrals received in March 2021 was 51 and this has more than doubled at September 2021 to 108.

The continued impact of social distancing has also restricted the number of face to face appointments available. The nature of this work requires good acoustics and visuals, and technology does not always lend itself to this. In addition, some families do not have access to the technology required to access remote assessments.

There has also been considerable staffing pressures on the service with two vacancies and two staff on maternity leave.

- 6.2 There has been a reduction in the **percentage of patients seen within the 18-week target for the Child and Adolescent Mental Health Service (CAMHS)** (Outcome 3) from 70.1% at March 2021 to 50.4% at September 2021. This has been as a result of increased demand for CAMH services and an increase in the urgency of care required.

The CAMH Service has developed an improvement plan to ensure an improved and enhanced service. This will focus on improving patient pathways and increasing service capacity through the recruitment of additional staff. The recruitment of additional fixed term staff is underway, funded by the HSCP and through the Scottish Government's Mental Health Recovery and Renewal Fund. With this increased capacity in the service, we expect a positive impact on performance from early 2022. This also links with the Council's Children's Services Plan to provide mental health and wellbeing support to Renfrewshire's children and young people.

- 6.3 There has been a decline in performance on the **percentage of new referrals to the Podiatry Service seen within 4 weeks** in Renfrewshire (Outcome 9) from 67% at March 2021 to 50.4% at September 2021. Performance across NHSGGC has also dropped from 62% at March 2021 to 47.9% at September 2021.

The impact of COVID-19 has reduced face to face clinical capacity due to the on-going need to maintain social distancing in health care buildings.

There were 1,010 referrals to the service in the period April to September 2020; this has now increased to 3,381 for April to September 2021.

Recruitment has been challenging with insufficient suitable candidates applying for vacancies within the service. This is further impacted by staff seconded to front line COVID work; long term sickness absence rates including long COVID absence; and maternity leave. As the service was unable to recruit for suitable backfill, this has also impacted on front line clinical staffing levels. Taking this all into account the staffing levels are currently reduced by 22.9%.

- 6.4 There has been a decline in **A&E waits less than 4 hours** (Outcome 3). At July 2021, 81.2% of patients were seen within 4 hours which has reduced from 88% at March 2021. This indicator has moved from amber to red status.

Compliance with the 4 hour target during the last few months has been challenging with reductions in compliance seen across most of the main hospital sites in Greater Glasgow and Clyde. There has also been a notable increase in A&E attendances experienced during the past few months in addition to increasing acuity of patients, additional patient testing and bed challenges due to delayed discharge.

NHSGGC's compliance with the A&E 4 hour waiting standard is in line with national trends and monthly performance continues to exceed the national position. It was anticipated that public behaviours would change again as the pandemic eased with expected increased pressure on Emergency Departments. NHSGGC continues to remain committed to achieving the monthly target of 95%. More detail on A&E pressures is covered at section 8.4.

- 6.5 The **Number of Alcohol Brief Interventions (ABIs)** (Outcome 1) undertaken between April – June 2021 was recorded as 7. ABIs are traditionally carried out face to face and COVID 19 has had a considerable impact on our ability to do this. We are currently recruiting to an ABI post for a period of two years to improve and embed delivery across all settings.

7. Sensitive Routine Enquiry Indicators

- 7.1 Data is not yet available for the sensitive routine enquiry indicators. There are a number of challenges in recording and reporting the data across the NHSGGC area. This has been raised with NHSGGC e-health and also at a national level.

8. **Unscheduled Care Indicators**

- 8.1 NHSGGC has not set HSCP level targets/projections for 2021/22 for the Ministerial Scottish Government (MSG) Indicators. Performance against these indicators will continue to be closely monitored in line with the NHSGGC Unscheduled Care Commissioning Plan.
- 8.2 As expected all MSG unscheduled care indicators have seen a decline in performance relative to year end 2020/2021 as service demand has now increased beyond pre pandemic levels. This mirrors a national trend as public behaviours change again as the pandemic eases.
- 8.3 Should performance levels remain similar to quarter 1 (April to June 2021) we expect an approximate 20% increase on emergency admissions and unscheduled bed days in 2021/22 compared to 2019/20 and a 32% increase compared to 2020/21.
- 8.4 A&E attendances have increased substantially and again should performance levels remain similar to quarter 1 (April to June 2021) we expect an approximate 23% increase compared to 2019/20 and a 48% increase compared to 2020/21. NHSGGC is urging people to only attend A&E if their condition is life-threatening. Recent figures show that approximately 32% of the people attending A&E Departments did so with minor injuries and issues including sprained ankles, lower back pain, cut fingers and bruising. Attending A&E with these minor conditions not only adds to the pressures staff are facing but also impacts on waiting times.
- 8.5 The number of delayed discharge bed days was 2,661 from April to June 2021. Should performance levels remain similar to quarter 1, this is an approximate 15% increase on 2019/20 levels and 18% increase in 2020/21 levels.

9. **Reducing Delayed Discharges**

- 9.1 Several actions are currently being undertaken to improve performance on the unscheduled care indicators. The HSCP has its own Local Unscheduled Care Group chaired by the Head of Health and Social Care (Paisley) to progress on the delivery of the commitments in the NHSGGC Unscheduled Care Joint Commissioning Plan. A local Unscheduled Care Action Plan is being implemented and an update on this work programme will be submitted to the IJB meeting in March 2022.
- 9.2 A new sub-group of the Local Unscheduled Care Group has been established, chaired by the Adult Services Manager, which is currently developing a Delayed Discharge Improvement Plan and specifically looking at our Delayed Discharge Pathway. The pathway will focus on the following areas:

- Prevention of admission including the Care at Home response and the management of hospital attendance to treat, send home and avoid admission
 - Planning for hospital discharge on admission; the early allocation to Social Work Services and good communication with family, guardians and carers. Discharge Planning will be multi agency and prioritised by all.
- 9.3 In line with the NHSGGC Discharge to Assess Policy, the hospital team continues to work up stream in partnership with acute colleagues to ensure referrals come timeously and discharge can be facilitated as smoothly as possible. The policy works towards patients having their needs assessed and reviewed in their usual place of residence or own home rather than in hospital, as soon as they are medically fit and safe to be discharged.
- 9.4 To ensure the HSCP's services are fully prepared for this winter period, the Change and Improvement Team has been running a number of scenario-planning workshops with services to assess high risk scenarios and ensure that all necessary actions are identified and underway. Services involved include Care at Home, Care Homes, Mental Health and District Nursing and the scenarios considered include: internal and external staffing challenges which are currently being managed and could increase over winter, impacting on service provision and the management of delayed discharges; and supply chain issues.
- 9.5 Care at Home Services continue to support discharge from hospital. The service is reviewing current care planning schedules to create capacity to support this area throughout winter through increased staffing resources from recruitment activity. The central review team continues to work and review discharge cases to ensure appropriate levels of care are in place following discharge from hospital.
- 9.6 As part of the Scottish Government's winter planning measures, health boards are being funded to recruit 1,000 new health care support workers at Bands 3 and 4 to provide additional capacity in the community and in hospital settings. This equates to 222 staff within NHSGGC and 34 staff for Renfrewshire. The HSCP is exploring how this additional capacity can help alleviate demand pressures and in particular support timely hospital discharge. The Scottish Government recognises that this may inadvertently move staff from one part of the system to another, which is a critical dependency that will need to be managed.

10. Impact of COVID-19

- 10.1 As previously reported the full impact of COVID-19 on changes to demand across health and social care services remain unquantified. Where patients have avoided or delayed attendance for symptoms and conditions that would typically require treatment, it is possible that these may be exacerbated, leading to more serious health conditions over time.
- 10.2 As a result of the high COVID-19 activity across NHS GGC and the resulting pressure on staffing and bed capacity, the Boards elective programme has been substantially reduced to priority cases and time sensitive procedures only. The elective programme at this time is focused towards cancer, urgent patients and trauma work. Staff from the elective programme have been supporting the delivery of urgent and emergency care across NHS GGC and will continue to do so in the short term.
- 10.3 The HSCP Chief Officer's Tactical Group continues to meet weekly, enabling the six partnerships to work together, share good practice and develop common approaches where appropriate. The focus upon recovery continues, counterbalanced with meeting the changing demands presented by the remaining incidence of COVID-19 in our communities.

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








List of Background Papers – None.

Author: Clare Walker, Planning and Performance Manager

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

Renfrewshire Integration Joint Board Scorecard 2021-2022

















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









Performance Indicator Status		Direction of Travel		Target Source	
	Alert: 12		Improvement	N	National
	Warning: 7		Deterioration	B	NHSGGC Board
	Target achieved: 20		Same as previous reporting period	L	Local
	No targets: 18			M	MSG















This Performance Scorecard is for the financial Year 2021/22 and contains mid-year data for April to September 2021. In light of the exceptional circumstances surrounding the COVID-19 pandemic, some data for 2021/22 remains unvalidated and should be seen as indicative.

As previously outlined to the IJB, while the Scorecard Report continues to highlight how the Partnership has performed against the measures normally used for comparison year on year, it is difficult to draw direct comparisons to previous performance data due to the pandemic. The HSCP will therefore continue to proactively monitor performance trends to assess the impact of the pandemic throughout 2021/22.





















Section 1 – Performance Indicators with Targets

12 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
1. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	66.7%	70.1%	50.4% (Sept 21)	80%			N
2. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	90.5%	89.0%	89.0% (Sept 21)	100%			B
3. Reduce drug related hospital stays - rate per 100,000 population (Outcome 4)	303.35	2020/21 data not available until Oct 2022	2021/22 data not available until Oct 2023	170			N
4. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	100%	63%	52.4% (Sept 21)	95%			B
5. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	173	161	Not Yet Available	182			B
6. Number of adult support plans declined by carers (age 18+) (Outcome 6)	34	51	41 (Sept 21)	46			L
7. % of health staff with completed TURAS profile/PDP (Outcome 8)	49.3%	41.7%	47.5 (Sept 21)	80%			B
8. Sickness absence rate for HSCP NHS staff (Outcome 8)	4.75%	5.65%	6.49% (Sept 21)	4%			N









Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
9. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Outcome 9)	90.1%	67.0%	50.4% (Sept 21)	90%			B
10. % of new referrals to the Podiatry Service seen within 4 weeks in NHS GGC (Outcome 9)	91.4%	62.0%	47.9% (Sept 21)	90%			B
11. % of foot ulcers seen within 2 working days in NHS GGC (Outcome 9)	81.2%	75.0%	80.4% (Sept 21)	90%			B
12. A&E waits less than 4 hours (Outcome 3)	87.4%	88%	81.2% (July 21)	95%			N











7 Amber Indicators	Performance is less than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
13. % of foot ulcers seen within 2 working days in Renfrewshire (Outcome 9)	81.7%	77.0%	82.8% (Sept 21)	90%			B
14. Percentage of long-term care clients receiving intensive home care (national target: 30%) (Outcome 2)	27%	29%	29% (Oct 21)	30%			N
15. Number of adults with a new Anticipatory Care Plan (Outcome 2)	159	201	106 (Sept 21)	221			L
16. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	84.4%	82.1% (Sept 21)	90%			B
17. Formulary compliance (Outcome 9)	78.1%	77.6%	77.2% (April to June 21)	78%			L
18. Prescribing cost per treated patient (Outcome 9)	£91.34	£87.71	£90.27 (April to June 21)	£86.63			L
19. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID 19.		58% (Sept 21)	60%			B









20 Green Indicators	Performance is on or exceeds target						
Performance Indicator	19/20 Value	20/21 Value	2021/22 Value	Target	Direction of Travel	Status	Target Source
20. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	41%	100% (Oct 21)	45%	↑	✓	L
21. Number of adult support plans completed for carers (age 18+) (Outcome 6)	162	86	59 (Sept 21)	114	↑	✓	L
22. Number of carers accessing training (Outcome 6)	255	165	123 (Sept 21)	220	↑	✓	L
23. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.7%	6.2%	5.3% (June 21)	6%	↑	✓	B
24. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	24.4%	26.8%	Not yet available	21.4%	↑	✓	B
25. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	90%	93% (Oct 21)	85%	↑	✓	L
26. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	159	14 (Oct 21)	350	↑	✓	L
27. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.5 (2017)	1.0 (2018)	1.1 (2019)	1.6	↓	✓	L
28. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	94.4%	94.6% (Sept 21)	80%	↑	✓	N
29. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	92.3%	86.8%	90.9% (Sept 21)	90%	↑	✓	N




Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
30. Uptake rate of child health 30-month assessment (Outcome 4)	95.5%	87%	94% (Sept 21)	80%			N
31. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	99.0%	96.8%	97.8% (June 21)	95%			N
32. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	95.0%	98.5%	97.8% (June 21)	95%			N
33. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	7.2	6.3	Not yet available	8.9			N
34. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100% (Sept 21)	100%			B
35. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	95.9%	98%	93%* (April – June 21)	91.5%			N
36. Emergency admissions from care homes (Outcome 4)	746	506	201 (Sept 21)	692			L
37. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	16.7%	23.3%	Not yet available	19.9%			B
38. % of complaints within HSCP responded to within 20 days (Outcome 8)	78%	82%	85.1%	70%			B
39. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	18.08	13.5	Not yet available	TBC			L



Section 2 – Performance Indicators without Targets

Sensitive Routine Enquiry Indicators (4)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
40. Number of routine sensitive enquiries (Outcome 3)	200	1,382	Not yet available	-			-
41. Number of referrals made as a result of the routine sensitive enquiry being carried out (Outcome 3)	1	* Paused due to COVID-19	No data available	-			-
42. Number of staff trained in sensitive routine enquiry (Outcome 5)	28	* Paused due to COVID-19	* Paused due to COVID-19	-			-
43. Number of staff trained in Risk Identification Checklist and referral to MARAC. (Outcome 5)	64	* Paused due to COVID-19	* Paused due to COVID-19	-			-

Ministerial Scottish Government Indicators (5)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
44. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	126,904	112,609	37,473p (April – June 21)	-			M
45. Number of emergency admissions (18+) (Outcome 2)	18,173	14,399	5,780p (April – June 21)	-			M
46. Number of delayed discharge bed days (Outcome 2)	9,122	8,759	2,661 (April – June 21)	-			M
47. Total number of A&E attendances (Outcome 9)	60,238	39,432	19,522 (April – June 21)	-			M
48. Number of A&E attendances (18+) (Outcome 9)	47,297	31,892	14,995 (April – June 21)	-			M

Safe from Harm Indicators (6)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
49. Number of Alcohol Brief Interventions (Outcome 1)	224	53	7 (April – June 21)	-			-
50. Number of suicides (Outcome 7)	16 (2019)	22 (2020)	Not Yet Available	-			-
51. Number of Adult Protection contacts received (Outcome 7)	3,106	3,487	1,223 (Oct 21)	-	-		-
52. Total Mental Health Officer service activity (Outcome 7)	683	627	334 (Oct 21)	-	-		-
53. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	110	115	121 (Oct 21)	-	-		-
54. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	11%	29%	Not Yet Available	-	-		-

Social Care Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
55. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	414	390	388 (Oct 21)	-	-		-
56. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	50	46	49 (Oct 21)	-			-

Prescribing Indicator (1)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
57. Prescribing variance from budget (Outcome 9)	2.61% under budget	5.72% under budget	2.89% under budget (Sept 21)	-			-

Notes

p Denotes provisional data

*Figure for Alcohol and Drugs waiting times for referral to treatment is unconfirmed. The transition to a new recording system has had an impact on data quality and recording.



To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Chief Social Work Officer

Heading: Annual Report of the Chief Social Work Officer 2020/21

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

1. Summary

- 1.1. The Chief Social Work Officer (CSWO) provides an annual update report on social work activity to Renfrewshire Integrated Joint Board. The requirement for every local authority in Scotland to appoint a professionally qualified CSWO is set out within Section 3 of the Social Work (Scotland) Act 1968.
- 1.2. The CSWO, whilst a local authority employee has the role of professional leadership and support to social work and social care staff in Renfrewshire Health and Social Care Partnership. The CSWO is a professional advisor to the Integrated Joint Board, the Chief Officer of Renfrewshire Health and Social Care Partnership and for other senior officers in Renfrewshire Health and Social Care Partnership.
- 1.3. The CSWO in Renfrewshire is the Head of Childcare and Criminal Justice. The CSWO attends the Renfrewshire Health and Social Care Partnership extended senior leadership team and chairs the Social Work Governance Group.
- 1.4. The annual report of the CSWO is presented to Council and then shared with the Integrated Joint Board. All CSWO are required to submit their annual report to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report can be produced
- 1.5. The report provides a summary of activity relating to the role of the CSWO during 2020/21.

2. Recommendation

It is recommended that the IJB:

- Note the key activities outlined in this report;
- Note that the annual report of the Chief Social Work Officer for the 2020/21 period has been submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and
- Agree that the Chief Social Work Officer annual report for 2021/21 will be presented in Autumn 2022.

3. The Chief Social Work Officer

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

role, and the particular functions in relation to Integration Joint Boards and Health and Social Care Partnerships.

- 3.6 The CSWO has a range of other responsibilities relating to the promotion of values, standards, and leadership.
- 3.7 Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. A significant proportion of service users do not engage with the service on a voluntary basis. Access to the majority of services is assessed on the basis of need, and social work staff work in partnership with individuals, carers, families and communities to meet this need within the resources available to the service and partner agencies.

4. Local Governance Arrangements

- 4.1 Within Renfrewshire Council the Head of Child Care and Criminal Justice is the CSWO. As well as the responsibilities associated with his position in the Children's Services directorship, as CSWO he retains professional leadership for adult social work and social care services delivered by the HSCP.
- 4.2 The CSWO has a number of general and specific duties, including:
- (i) Providing regular reports to elected members on the key activities and role of the CSWO.
 - (ii) Leading for Social Work on the Renfrewshire HSCP Executive Governance Group and the Integration Joint Board
 - (iii) Reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council.
 - (iv) Being a member of the Council's Corporate Management Team and the Chief Officer's Group and reporting directly to the Chief Executive and senior elected members.
 - (v) Representing services and the council more widely, at a local, regional and national level.
 - (vi) Chairing the twice-yearly meeting of all social work managers from both Children's Services and the HSCP.
 - (vii) Providing advice on social work issues to the Chief Officers' Group
 - (viii) Specific Duties
In relation to specific duties associated with the position, the CSWO within Renfrewshire Council acts as:
 - Final point of appeal in relation to Adoption and Fostering decisions
 - Recipient of all Mental Health and Adults with Incapacity Orders, and Guardianship cases
 - Decision maker in relation to Secure Care applications for Children

(ix) Management of Risk

The CSWO is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership basis. Heads of Service have responsibility for the management of risk within their respective service areas.

5. Activities of the Chief Social Work Officer 2020/21

- 5.1 The report attached as Appendix 1 summarises the key activities of the Head of Child Care and Criminal Justice in his capacity as CSWO in Renfrewshire during 2020/21. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken but seeks to provide a broad overview of the CSWO role and, for this year, the particular challenges of operating during a pandemic. This report and its appendices will be submitted to the Office of the Chief Social Work Advisor to inform a national overview report.
- 5.2 The next report on the activities of the CSWO will be submitted to Renfrewshire Council and the IJB in Autumn 2022.

6. Overview of activities within social work services

- 6.1 Services continued to operate during the pandemic, with public health measures in place in line with the rules governing national lockdowns and local restrictions. Child protection registrations remained fairly stable throughout the year and in line with previous years. Adult protection referrals were slightly lower during the first lockdown than the comparable period in 2021, but this was short-lived and might be attributable to normal levels of fluctuation. Justice services did have a reduction in demand in some areas whilst courts were closed, and where appropriate, staff were redeployed to support the wider crisis response work.
- 6.2 The CSWO has a range of statutory duties which are detailed in Appendix 1 to this report; that appendix also includes more detail of demand and provision in those areas.
- 6.3 Statutory functions in respect of children encompass looked after and accommodated children, child protection, work with the Scottish Children's Reporter Administration and work with young people who offend and are subject to secure orders. As part of a long-term plan to reduce the use of residential services for looked after children, two of the council's children's houses were decommissioned in 2020/21, having become surplus to requirements as more family settings are used. The implementation of The Promise will help shape future service developments within Children and Families Social Work, but will also influence some aspects of social work delivery for adults where this intersects with services for children and young people.
- 6.4 Day to day management of adult social work services is delegated to Renfrewshire Health and Social Care Partnership. The CSWO retains a

professional advisory role in relation to these services and continues to have statutory duties within adult social work. The Renfrewshire Adult Protection Committee is responsible for developing, implementing and monitoring the strategic approach to the management of the protection of vulnerable adults in Renfrewshire in terms of the Adult Support & Protection (Scotland) Act 2007. There continues to be high demand for work related to the Adults with Incapacity (Scotland) Act 2000, and this has been complicated by the extended closure of courts across Scotland. More detail is included in Appendix 1.

- 6.5 The Criminal Justice Service supervises a range of community-based requirements on offenders, provides reports to Courts and the Parole Board, manages a service for sexual offenders, and operates a range of statutory and voluntary services to support female offenders. The Unpaid Work service has been significantly impacted by Covid-19, with public health measures reducing the capacity of the service for a prolonged period. More generally, the court closures led to a temporary reduction in report requests and in new orders commencing; as courts return to normal, the service can expect a large increase in new activity as backlogs are cleared.

Key Priorities in 2021/22

- 6.6 Based on an assessment of internal and external factors the CSWO has identified key priorities for the year ahead:
- Effectively discharging our public protection role and working with partners to ensure that vulnerable children and adults live as safely as possible within local communities;
 - Continuing to respond to the particular challenges related to the pandemic and its management;
 - Continuing the implementation of The Promise;
 - Responding to the findings of the Feeley Review on Adult Social Care;
 - Supporting the wider Council to deliver on the priorities set out in the Social Renewal Plan and the Economic Recovery Plan;
 - Continuing to ensure strong and positive links between Children's Services and Renfrewshire Health and Social Care Partnership;
 - Implementing the Eclipse social work case management system within Adult and Justice Social Work.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – The report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measures which ensure the workforce is skilled and effective and highlights achievements in relation to support to communities, customer service and consultation.
4. **Legal** – None

5. **Property/Assets** – None
6. **Information Technology** – The new social work case management system will be rolled out to Renfrewshire Health and Social Care Partnership in 2021/22
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** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Risks related to the management and delivery of social work services are closely monitored and are included within both the Renfrewshire Health and Social Care Partnership Risk Register, Children's Services Risk Register and, where appropriate, the Corporate Risk Register
11. **Privacy Impact** – n/a.

List of Background Papers – None.

Author: John Trainer, Chief Social Work Officer

Any enquiries regarding this paper should be directed to John Trainer, Chief Social Work Officer (john.trainer@renfrewshire.gov.uk / 0141 618 6860)
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Annual Report of the Chief Social Work Officer

2020/21

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”

Definition of social work agreed by the International Federation of Social Workers, 2014

Chief Social Work Officer – Renfrewshire

Introduction

I'm pleased to present the annual Chief Social Work Officer report for Renfrewshire for the period April 2020 to March 2021. The Chief Social Work Officer is a "proper officer" in relation to the social work function of the local authority. As such, the Chief Social Work Officer is given particular responsibility on behalf of the local authority in respect of social work functions and also the authority to discharge some functions in law on an individual basis.

This report provides an overview of social work and care activity during a period where the whole country was impacted for significant periods due to the COVID-19 pandemic. In this annual report I attempt to demonstrate the commitment of social work and care staff to ensure that those who were most vulnerable to the challenges posed by the pandemic were supported and the care they required was delivered. The delivery of care was impacted by the restrictions of the pandemic however staff from social work and care remained on the front line throughout.

I want to take the opportunity to express my thanks to social work and care staff for their ongoing commitment to those who required support over the past year.

In discharging my role as Chief Social Work Officer, I'm supported in Children's Services by the Director, the Social Work Children's Services Manager and the Criminal Justice Services Manager. Within the Health and Social Care Partnership I'm supported by the Chief Officer and the Heads of Service. I want to acknowledge their support in helping me address the delivery of social work and care services in Renfrewshire.

This report doesn't detail all of the social work and care activity within Renfrewshire, but rather serves to provide an overview of services.

John Trainer
Chief Social Work Officer
August 2021

Governance and Accountability

In Renfrewshire, social work services for children and families and criminal justice social work services are delivered by Children's Services. Social work and care services for adults are delegated to and delivered by Renfrewshire Health and Social Care Partnership. Each local authority is required to appoint a Chief Social Work Officer, an officer with an appropriate social work qualification, to oversee the functions of social work. As social work and care services for adults are delegated, as Chief Social Work Officer I have oversight of how the delegated functions are delivered and I'm active in the Renfrewshire Health and Social Care governance arrangements.

As the Chief Social Worker in Renfrewshire, I have operational responsibilities in my post as Head of Child Care and Criminal Justice and line managed in that post by the Director of Children's Services. In the role of Chief Social Work Officer, I provide professional advice on social work functions to the Chief Executive, the Corporate Management Team and elected members. I also provide professional advice on adult social work and care to the Chief Officer and Senior Management Team of Renfrewshire Health and Social Care Partnership and to the Integrated Joint Board.

The role of CSWO was originally designed to provide professional advice on social work services to elected members and council officers, in order to assist local authorities in understanding the complexities inherent in social work and social care services. The growing incidence of strategic partnerships across the public sector, whether legislated for or developed through good local joint working, adds a level of complexity to the role of Chief Social Work Officer.

As CSWO I'm a member of the Council's Corporate Management Team and of the Chief Officers Group. I have a key role in multi-agency public protection arrangements and as such I'm a member of the Child and Adult Protection Committees, I co-chair the Gender-Based Violence Strategy Group and a member of the Alcohol and Drugs Partnership.

As Chief Social Work Officer I report to elected members, primarily through two Policy Boards and the Integration Joint Board. The Education and Children's Services Policy Board has the remit for matters relating to Children and Families Social Work and the Communities and Housing Policy Board has the remit for Justice Social Work as part of its overall responsibility for community justice in Renfrewshire. All matters pertaining to Adult Social Work and Social Care are dealt with by the Integration Joint Board, which has representation from NHS Greater Glasgow and Clyde's Board as well as elected members.

During the initial period of the pandemic in March 2020, with the Chief Officer and Head of Health and Social Care from Renfrewshire Health and Social Care Partnership I established a daily monitoring process to assess the risks in care homes for older adults (both internal and those run by independent providers) and ensured a multi-agency response to the challenges faced by that sector. This model was replicated by other local authorities and health and social care partnerships across the country.

In assessing and supporting the social work and care staff to deliver the best services possible and to make the biggest difference for those who need social work and care support I regularly meet with managers and front-line staff to discuss their work.

In addition, regular performance reports are considered at strategic meetings to allow the identification of challenges in delivery and to find solutions to unblocking these for staff and those who need access to services.

As we enter 2021/22 in addition to supporting business as usual and Covid recovery work, a priority for me will be responding to the Scottish Government's Consultation on a National Care Service. The proposals contained within the consultation would have a considerable impact on the social work and social care workforce as well as on people who use these services and will need a considered response.

Service Quality and Performance

As a statutory service, social work provision continued throughout the pandemic and the various phases of restriction, though these restrictions did necessitate a shift in how some services were delivered. Many of the social work services are delivered by locality teams in Renfrewshire or by one of the specialist services.

In addition to the locality and specialist services the council and Renfrewshire Health and Social Care Partnership operates 23 services registered with the Care Inspectorate – four children's houses, three care homes for older adults, five day services for older adults, five day services for adults with learning disabilities, one day service for adults with physical disabilities, one residential respite service for adults with learning disabilities, Care at Home Service, Fostering and Adoption Services, and a housing support service for care leavers.

The Care Inspectorate undertakes regular inspections of all registered services and indicates a formal assessment of the standard on a graded scale. The Care Inspectorate grades are:

- Unsatisfactory – major weaknesses
- Weak – important weaknesses
- Adequate – strengths just outweigh weaknesses
- Good – important strengths with some areas for improvement
- Very Good – major strengths
- Excellent – sector leading

The Care Inspectorate generally reviews the following areas when undertaking inspections by assessing:

- How well people's wellbeing is supported?
- How good is the leadership of the service?
- How good is the staff team?
- How good is the environment?
- How well are care and support planned?

Not all of the registered services in Renfrewshire have been inspected over the past twelve months because of the impact of the pandemic. Most of the registered services in Renfrewshire have been graded as good or very good at their last inspection.

As Chief Social Work Officer I have procedures in place for reporting to elected members should any care service receive an assessment of Weak or Unsatisfactory for any element. None of the recent inspections have required these procedures to be initiated as no service has been graded weak or unsatisfactory.

The following pages set out the performance of each of the three main areas of social work practice in Renfrewshire during 2020/21. This includes information about how the service responded to Covid-19 and the additional challenges which arose from delivering services during a pandemic.

Statutory Service Provision: Adult Social Work and Social Care

In Renfrewshire, the delivery of adult social work and social care services is delegated to Renfrewshire Health and Social Care Partnership. Mainstream social work services are delivered on a locality basis by two teams – one covering Paisley and the other covering the rest of the local authority area. As Chief Social Work Officer I provide professional leadership and advice to senior officers in RHSCP and to the wider social work and social care staff in adult services.

Throughout the period covered by this report social work and care staff in Renfrewshire Health and Social Care Partnership continued to deliver services to those most in need. There were, as a result of the restrictions required by the pandemic significant changes to how some services were delivered.

The three care homes, Hunterhill, Montrose and Renfrew continued to operate throughout the pandemic with staff having to work to ensure that those who live in the homes had as close to a normal experience as possible whilst managing the risks and restrictions in place. The care staff worked closely with staff from environment and infrastructure to deliver care and support to the residents. Staff from other areas of adult services including day care also supported the operation of the care homes.

The care at home staff continued to work in the homes of individuals throughout the pandemic. There was pressure on care at home at various points in the pandemic however staff rose to the challenge to ensure those who needed services received them.

There was considerable impact on day care services as a result of the pandemic. The imposition of stringent lockdown restrictions meant that day care services closed for a significant period of the lockdown. Staff developed a range of additional supports for those who previously accessed day services including arranging online programmes and activities.

Adult social work staff in the localities and specialist teams in the main worked from home during the pandemic. Through much of the period covered by this report the locality teams provided a duty response from offices where possible. Much of the contact with those needing services was on an outreach basis using technology for assessment purposes.

The volume of adult protection work continues to increase, and Renfrewshire received 3483 adult welfare concerns and 1325 adult protection referrals in 2020/21; these are increases of 12% and 10% on the previous year and are the highest numbers since 2016/17. The number of AP investigations resulting from referrals has been fairly stable – 100 this year compared with 97 last year and 102 in 2018/19. The number that have progressed to a case conference is showing a year-on-year increase and was 51 in 2020/21 (31 in 2018/19 and 41 in 2019/20).

Additional operational guidance on adult support and protection was implemented in light of the pandemic and the potential for increased risk of harm to vulnerable individuals. The Renfrewshire Adult Protection Committee (RAPC) stepped up a sub-group which met fortnightly initially (moving to monthly when appropriate) to provide additional strategic and operational oversight of this area of work.

Adult Support and Protection was the subject of a joint inspection (by the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Healthcare Improvement Scotland) in early 2020. The pandemic caused this activity to be halted before all work was completed but the inspection team were able to provide feedback which has now informed an improvement plan which will be overseen by RAPC.

During the year, three large-scale investigations were carried out in private sector care homes across Renfrewshire, as a response to concerns raised by HSCP staff and by the Care Inspectorate. Enhanced governance arrangements and safeguards were put in place in these three establishments.

Adults with Incapacity work remains a significant demand pressure, and the situation in Renfrewshire reflects the national picture of having to manage an increasing number of guardianships and supervise private guardianships. The granting of a guardianship is a complex legal process involving several agencies and professionals; the closure of court services in 2020 has brought additional delays. Orders where the Chief Social Work Officer is appointed Welfare Guardian rose in recent years, from 79 in March 2015 to 116 in 2020; on 31 March 2021 there were 108 such orders existent in Renfrewshire. Each order requires a qualified social worker to act as the "nominated officer" on behalf of the CSWO for day to day management of the case. In addition, there are in excess of approximately 435 private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted.

The MHO Team continued to experience a high volume of their routine work, alongside the need to support the broader social work Covid response. In 2020/21, there were 64 applications for Compulsory Treatment Orders, MHO consent for 24 emergency detentions (72-hour detention for assessment), 162 short-term detentions (28 days for assessment and treatment) and 153 Mental Health Tribunals in respect of 104 people. The service also manages 'Restricted Patients' who come under the control of Scottish Ministers

As of 31st March 2021, 138 individuals had an open involvement with the Integrated Alcohol Team and 680 individuals had an open involvement with Renfrewshire Drugs Service. The Renfrewshire area continues to have a high number of drug- and alcohol-related deaths relative to other council areas. In 2019, the Council and partners established an Alcohol and Drugs Commission to investigate underlying causes and make recommendations for improvement; more information on the work of the Commission can be found on its website.

Statutory Service Provision: Children and Families Social Work

Renfrewshire Council operates a locality-based model for mainstream Children & Families Social Work, with four teams based across the three largest towns in the area. Specialist teams provide focused support in the areas of Fostering and Adoption, Kinship Care, Residential Services, Pre and Post Birth Team Throughcare, Unaccompanied Asylum Seeking Children, Children with Disabilities, and the Whole Systems Team who support children and young people involved in the justice system.

There was a fear that the pandemic and the consequent restrictions would impact significantly on social work services through a reduction in children being referred (because they were no longer visible to universal services); an increase in domestic violence and greater risk because women were less able to leave an abusive household; and the longer-term impacts of prolonged stress arising from lockdowns, job losses and ill health.

As a frontline protective service, Social Work staff continued to operate throughout the national lockdowns and the different phases of restrictions. Whilst offices were completely shut for a few weeks, staff moved quickly to reopen an office as a base to support the work of the service. During times when public health advice was constantly changing, staff continually adapted their approach to ensure that children and young people remained safe and supported.

Teams quickly found creative solutions to the challenges of carrying out statutory duties in a world of restrictions. Families were supported to contribute to meetings virtually and where they did not have the technology to allow this, social work staff would go to their homes and provide the technology so that their voice could be heard in relation to decisions about their children. Other staff met with children and young people outdoors to minimise the risk of infection whilst still ensuring that the child or young person had the opportunity to speak with their worker alone. Our Women and Children First service, which works with women and children experiencing gender-based violence, ensured that service users had their own mobile phones and arranged meetings away from the family home.

Family contact visits did stop for several months during the first national lockdown and this had a considerable impact on children, young people and their families. Our foster carers helped fill that gap, arranging video calls and text messages between children and families in order to maintain that connection whilst face to face meetings were not allowed. Showing their usual high levels of care and compassion, foster carers put their fears about their own health aside to ensure that children could see their birth families when restrictions allowed. When contact was able to restart, our staff organised outdoor activities so that families could safely meet wherever possible.

Our staff remained a constant in the lives of children and young people who needed support and protection during times when many other services had to withdraw either because of national policy, a need to redirect staff to other services or concerns over the risk to staff during some phases of the pandemic. This was particularly challenging for the families of children with additional support needs who rely on universal services for a degree of respite and for other supports. Social work staff continued to make home visits, putting their own concerns about the risk of Covid for them and their families aside in order to make sure our most vulnerable children were safe.

The dedication and commitment of residential staff during the pandemic cannot be overstated. Staff rearranged working patterns and often put their own needs aside in order to maintain a loving and safe home for the young people in our children's houses. Social distancing concerns became less important than providing a hug for someone who needed that extra bit of care. The ethos of the service has been summed up by a senior manager thus: "The world changed outside but not inside for our young people." Children's houses in Renfrewshire remained a family home for our young people.

Our Throughcare Team supporting young people at Charleston Square and in our satellite flats changed how they engaged with young people to reflect the additional isolation and vulnerability that lockdown brought. Individual and small group support moved outdoors and provided an opportunity for new skills to be developed, including learning to cook on the barbecue, working in the garden, exercise classes and drumming workshops. One of the cooks from our residential team provided home cooked food as well as teaching sessions, recipe cards and ingredients so that our young people had access to fresh food and were able to further develop their skills.

One of the challenges during the period, and one that remains to some extent, was the closure of other services, particularly the courts and Children's Hearings. These closures had a knock-on effect across Children & Families. The timescales for Children's Hearings doubled, which impacted on decision-making and on the implementation of Child's Plans. The closure of courts created delays in adoption processes. Perpetrators of gender-based violence were no longer remanded in custody, creating an additional risk for women and children who had survived that violence.

Staff have demonstrated incredible resilience over the last eighteen months. They have continued to carry out statutory duties even at increased risk to themselves. There have been cases of workers undertaking home visits where there are positive Covid cases in the household, because their primary concern was the welfare of the children in that household. Social work teams organised supermarket vouchers, deliveries of nappies and baby milk at times of empty supermarket shelves, provided tablets and dongles to families to keep them connected, all on top of their day-to-day work.

Training had to move online and though the training team provided excellent online resources, there are areas of work where in-person training will always be preferable. The implementation of a new case management system had a significant impact on the amount of time staff had to dedicate to training as well as to familiarising themselves with new processes once the system was implemented.

The additional weekly reporting required from all local authorities created a further resource pressure. A new requirement to have weekly contact with all children subject to a Child's Plan took the element of individual judgement and risk assessment out of the hands of practitioners to some extent, with contact having to take place weekly even where a child was in a safe and stable placement. This contact, and the recording which went alongside, reduced the capacity of staff to undertake more in-depth work on other cases.

A primary concern during lockdown was whether child protection referrals would fall as engagement with services such as health and education was paused. In Renfrewshire, there was a slight drop in referrals in the first few weeks of lockdown but numbers quickly returned to normal levels.

Information on referrals, investigations, conferences and registrations continued to be monitored by the Child Protection Committee. During 2020/21, there were 125 new registrations and 142 deregistrations, and there were 71 children on the register as of 31 March 2021. The biggest areas of concern remain domestic violence, parental mental health problems, and parental drug misuse. There were 15 Child Protection Orders granted during the year, slightly lower than figures in the previous two years. Renfrewshire Child Protection Committee and its subgroups continue to meet virtually and a new business plan (delayed to allow staff to focus on the Covid response) will be completed shortly.

Renfrewshire has consistently had a rate of looked after children which is higher than the national average. Children's Services has implemented a targeted programme of work to reduce that number over the last decade, with our looked after child population dropping by 17% in that time. There has been a reduction in the use of residential placements and an increase in the use of local authority foster care and kinship care. As of 31 March 2021, Renfrewshire had 594 looked after children, of whom 93% were placed in a family setting. Nine children were adopted during 2020/21. The use of secure placements continues to be low, with 4 new placements commencing in 2020/21.

During 2020/21 Renfrewshire Council and its partners began implementing a programme of work based on The Promise. The service has adopted a new approach to supporting children and young people to have their say in decisions affecting them. Called 'Your Voice, Your Way' the project spoke with children and young people, with carers and with practitioners to develop new resources which help children and young people have their say in ways and at times that work for them. This has been rolled out to all Children & Families Social Work staff.

The RADAR service supports children and young people aged 12-21 whose alcohol and/or drug use is impacting on their wellbeing, and had 57 service users at the end of March 2021, of whom 30 were 16 or under. The service has a holistic approach and works flexibly and intensively with young people to address the causes as well as the impact of substance use.

The Whole Systems team works with young people either involved with the justice system or at risk of becoming involved. Where a person aged under 21 is made subject to a community sentence or is released from custody on licence, the Whole Systems Team undertakes supervision, rather than Justice Social Work. This allows for a continuity of support from Children's Services, who will work closely with justice colleagues as well as with the RADAR service and the Throughcare Team, with whom they are co-located.

High levels of alcohol and drug use within the local population continues to pose a major risk for children and young people in Renfrewshire and drives much of the social work activity. Renfrewshire's Alcohol and Drug Commission has made a number of recommendations to help address this issue and social work will play a significant part in progressing this work, which has a strong recovery focus.

Emotional and mental wellbeing had already been identified as a risk factor for children and young people prior to the pandemic, and there is evidence to suggest this has been exacerbated. Work is already well progressed within Renfrewshire to establish a new service which can offer holistic and family-based mental health support.

Statutory Service Provision: Justice Social Work

Justice Social Work services were heavily impacted by Covid-19 restrictions and continue to be more impacted than other social work services due to changes/delays in court processes and to the challenges in providing an unpaid work service with strict public health restrictions in place. Much of Justice Social Work is an office-based task, to enable intervention within a confidential setting.

Creative solutions were required in order to maintain services which would normally involve in-person contact for individual interventions and groupwork. Home-based work was provided to suitable unpaid work clients to enable them to continue with their order, and created other activity interventions which could be undertaken technologically, all of which allowed some individuals to complete the order within the original timeframe. Groupwork services made use of technology where this was appropriate and resumed face-to-face services with smaller groups as soon as risk assessments allowed this to be done safely in line with public health restrictions.

The government decision to extend the timescale for all orders with an unpaid work requirement is currently being mitigated by the lower number of new orders being made, and the lifting of social distancing requirements will increase the working capacity of the unpaid work team and allow hours to be completed. This will be supplemented by third sector provision. However, justice social work services across Scotland are likely to experience additional resource pressures as court services return to normal and staff manage new report requests and orders alongside those delayed by the pandemic.

This impact of court closures is clearly demonstrated in the volume of court work undertaken during the year and in the reduced number of new orders imposed by courts. The service completed 360 CJSW reports in 2020/21 compared with 966 in 2019/20. The number of new Community Payback Orders was 218, compared with 561 in 2019/20. (Please note 2020/21 data is provisional). Tables 4 to 8 in the appendix show trends in the last decade in relation to orders and requirements.

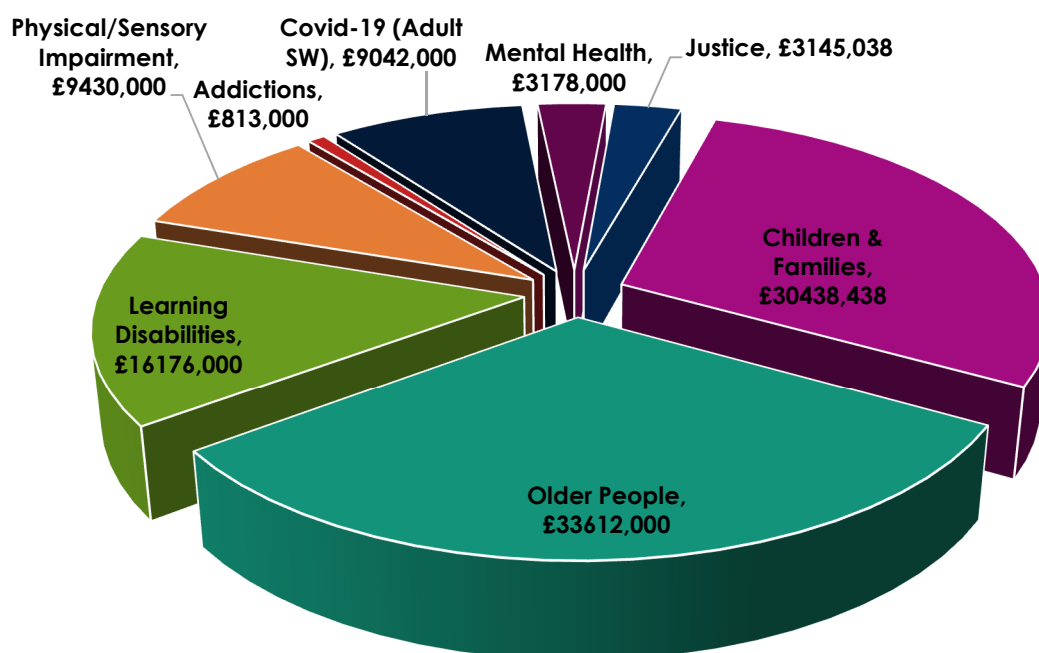
As well as the closure of courts, processes were implemented to allow a small number of individuals to be released early from prison at the start of the pandemic. Justice Social Work provided a Voluntary Throughcare service to support people with the transition and ensure they were able to access the vital services needed on their return to their communities. This service is offered to all individuals in Renfrewshire released from short custodial sentences.

Renfrewshire Community Justice are active partners in the Renfrewshire Local Employability Partnership and Invest in Renfrewshire provided continued funding for our Just Recovery initiative. This ensures specific support for individuals with convictions to be supported in overcoming specific barriers to education, employment and training. As part of our employability work, staff were provided with training sessions explaining changes to the Rehabilitation of Offenders Act and how to support service users to disclose convictions appropriately. The Just Recovery initiative also benefited from funding from the Scottish Government's Challenge Fund to support activities tackling problem alcohol and drug use. Pathways into addiction services for people involved in the justice system are being mapped and this will help us improve support to service users living in or returning to Renfrewshire. We have created a new post to take forward this work.

Resources

The chart below shows the breakdown of expenditure on social work by Renfrewshire Council and Renfrewshire in 2020/21/. As in previous years, the largest area of expenditure is on services for older people, followed by services for children and families. Funding for Justice Social Work comes directly from the Scottish Government by means of a grant.

The adult services elements contains a separate entry for spend directly related to Covid-19 measures, and this was just over £9 million, or 9% of all social work and social care expenditure for the year.



There have been significant pressures on services during 2020/21 and Renfrewshire Council has ensured that appropriate funding has been allocated to children and justice social work. Funding for adult social work and care has been enhanced in the period 2021/22 by additional funding from the Scottish Government to support the challenges posed by the pandemic.

Workforce

The largest change impacting the workforce in 2020/21 was the necessity of home-based working for some of the time, even for frontline services. Some minimal use of office space became possible by the end of April 2020 but staff continue to have a hybrid model of working, moving between working at home, working in the office and out in the field. The dedication, compassion and resilience of our staff throughout the year has been extraordinary and has ensured that our most vulnerable residents have been kept safe and supported despite the extra challenges everyone has experienced during the pandemic.

In previous years, this report has highlighted the challenges of recruiting and retaining residential staff. During 2020/21, the number of council-run children's houses was reduced from six to four, and a new staffing model implemented. The new model should reduce the use of overtime and agency staff, ensure more staff are available at key points during the day and evening and most importantly, help the service deploy staff in a way that allows more time to spend on building relationships with the young people living in the houses.

A transformation programme (part of a wider council programme) which began in 2019/20 was paused during the pandemic and has now restarted. Any service redesigns arising from that programme may lead to changes in the shape of the workforce.

Children and Families Social Work implemented a new case management system in 2020. This project had been planned for several years and a decision was taken to continue with the roll-out as planned, given the stage the work was at when restrictions began. This necessitated a complete shift in the planned training for staff, which had to be moved from face-to-face sessions to online learning based on videos and virtual drop-ins. Staff showed considerable resilience in managing the transition alongside 'business as usual' and the additional pressures arising from the pandemic.

Throughout the pandemic there have been pressures experienced in residential care homes for older adults and in the care at home service. There have been challenges in recruitment on an ongoing basis, particularly in care at home, but across most social work and care services over the period of the pandemic. These issues aren't unique to Renfrewshire and are being experienced across the Country in other local areas and in the independent sector.

“The reward of gratitude is a star in dark skies.
You cannot always help but trying is the crux.
I well remember that old alky Bill
Who shared his hovel of a house with others;
They held him prisoner among the litter
Of needles and syringes and empty bottles
Waiting to be smashed on social workers.
Another place for Bill? - possible,
But he's a bloody mess from fights at the moment.
We don't give up, that nothing is easy
Makes it even better not to give up.
Everyone alive is subject to change.
Hope lies where you least expect it.”

From Brothers and Keepers by Edwin Morgan



To: Renfrewshire Integration Joint Board

On: 19 November 2021

Report by: Chief Social Work Officer

Heading: Renfrewshire Children's Services Partnership Plan 2021-2024

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

1. Summary

- 1.1. The Children and Young People (Scotland) Act 2014 places a joint statutory duty on local authorities and health boards to produce Children's Services Plans covering three-year periods. Renfrewshire's 2018-2021 plan has expired and a new plan has been developed by the Renfrewshire Children's Services Partnership Board. The Partnership Board is composed of senior leaders from public and third sector agencies who provide services and support to children and young people in Renfrewshire.
- 1.2. The Scottish Government produces statutory guidance on children's services planning and this was refreshed in January 2020. It sets out requirements for the content and stresses the importance of consulting young people during the development of the plan.
- 1.3. The pandemic and consequent restrictions have had a considerable impact on the development and content of the plan. Many of the issues and challenges previously identified as priorities for children and young people may have been exacerbated over the past twelve months. This plan reflects the impact of Covid-19. Restrictions have not allowed for previous programmes of engagement and consultation to be replicated and so partners have instead made use of any other engagement undertaken with children and young people to inform the plan. Due to the current uncertainty regarding future restrictions and needs, partners will review the plan towards the end of 2021 and carry out a programme of consultation and engagement then, assuming public health restrictions allow. If necessary, the priorities within the plan will be amended once the longer-term impact of the pandemic becomes clearer.
- 1.4. As well as the Plan presented here, a shorter and more accessible document has been produced. This shorter version mirrors the Plan on

a Page approach used for the 2018-2021 plan and presents the essential information in a format designed to be accessible to children and young people.

2. Recommendation

It is recommended that the IJB:

- Note that the plan was submitted to the Scottish Government in June 2021;
 - Homologate the plan attached as Appendix 1 to this report; and
 - Note the plan on a page attached at Appendix 2.
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3. Children's Services Planning

- 3.1 Renfrewshire's partnership plan for children's services focuses on the added value that comes from working together rather than on the contribution of individual agencies. It is not intended to replicate the actions set out in the strategic and service plans of each partner but to present new, joint actions which will each include at least two of the partner organisations.
- 3.2 The plan is framed around a single partnership vision – "Renfrewshire's children are happy, healthy, safe and thriving" and four outcomes which partners want to achieve for the children and young people of Renfrewshire. These outcomes have been informed by a needs assessment and they are:
- Our children and young people will enjoy good physical and mental health
 - Our children and young people will be safe and loved
 - Our children and young people will have rights protected and their voices heard
 - Our children and young people will achieve and make positive contributions to their community.
- 3.3 For each of the high-level actions, timescales and measures of success have been identified. A mix of qualitative and quantitative information will be used to monitor progress against the actions and towards the four outcomes. This will be monitored at each meeting of the Partnership Board and will form the basis of annual reports.
- 3.4 Each partner agency will continue to monitor their own single-agency plans, which will include many initiatives which also contribute to the four outcomes identified in the Children's Services Plan. These single-agency contributions will also be reflected as part of the monitoring and reporting process.
- 3.5 The full impact of Covid-19 is still to be felt, and circumstances for children and families may change further as supports such as the UK government furlough scheme are wound down and the economy

moves into a recovery phase. As such, the Partnership fully expects that a full review of this plan will be required later in 2021 and that the plan may need a significant refresh for its second and third years should new priorities emerge as a result of the social and economic impact of Covid-19.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – The report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measures which ensure the workforce is skilled and effective and highlights achievements in relation to support to communities, customer service and consultation.
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 Council's website.
8. **Health & Safety** – None
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Risks related to the management and delivery of the children's services partnership plan are closely monitored and are included within both the Renfrewshire Health and Social Care Partnership Risk Register, Children's Services Risk Register and, where appropriate, the Corporate Risk Register
11. **Privacy Impact** – n/a.

List of Background Papers – None.

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Renfrewshire Children's Services Partnership Plan

2021/22–2023/24

Message to our children and young people from the Renfrewshire Children's Services Partnership...

This document sets out how our partnership will achieve this for the children and young people of Renfrewshire.



2 // Our Vision

Renfrewshire's children and young people are happy, healthy, safe and thriving.

About Renfrewshire's children and young people

Renfrewshire's children and young people benefit from services which aim to improve their wellbeing and provide the best start in life. These mitigate the negative impact of social inequalities and adversities which can contribute to increased risk factors for our communities.

Prior to the pandemic, there were already a number of studies, including Renfrewshire's own ChildrenCount survey, which indicated that increasing numbers of children and young people were experiencing mental health challenges. ChildrenCount highlighted significant numbers reporting symptoms of anxiety and depression which could indicate they would meet a clinical threshold for treatment from a GP or other health service. More recent work conducted by Barnardos locally found that children and young people wanted mental health support that treated them as an individual, that put value on lived experience and that offered different types of support, including peer workers. Work undertaken by Renfrewshire Council has also indicated that children and young people are frustrated by waiting times and noted that existing services had high thresholds meaning services weren't available until a person reached crisis point.

The Covid-19 pandemic has underlined the importance of physical and mental health for children, young people and their families. [Evidence](#) collated and presented by the Scottish Government suggests the pandemic has exacerbated existing risk factors linked to our vulnerable communities. Children and young people from poorer backgrounds demonstrated less active engagement with teachers and services during lockdown whilst young people in lower socio-economic groups reported higher levels of psychological distress than their peers. Local engagement with parents and

carers during the period of school and nursery closures highlighted concerns surrounding disengagement, poor motivation and social inhibition. These difficulties were in some cases compounded by a reduction in other services available.



Lockdowns and associated restrictions have particularly impacted people and families on low incomes and in insecure, part time employment. Reduced and intermittent household income has led to higher instances of food insecurity and fuel poverty, and an increased demand for community-based supports. Between March 2020 and November 2020, the number of people in receipt of Universal Credit in Renfrewshire increased by 92%, whilst applications for crisis grants were 30% higher in November 2020 than in November 2019. These factors demonstrate that many families are struggling to maintain lifestyles which contribute positively to physical and mental wellbeing.

The Partnership is responsible for a range of universal, targeted and specialist services which promote the safety and security of children, young people and their families.

Implementation of the national Universal Health Visiting Pathway has helped health professionals build relationships with families and provide tailored supports and interventions underpinned by prevention and early intervention. However, there remains scope to minimise the deprivation-based variances which impact initiatives such as the childhood immunisation programme and correlate with childhood developmental concerns.

A minority of Renfrewshire's children and their families require specialist services to maintain structure and security. The number of children on Renfrewshire's Child Protection Register has decreased since 2017 although the child protection rate (per 1000 population) has generally remained higher than that across Scotland. A targeted strategic approach has resulted in the number of looked after children in Renfrewshire falling since 2017, with a larger proportion looked after in the community.

Good progress has been made in recent years to empower young people to make safer lifestyle choices. Data shows early initiation on substance misuse amongst Renfrewshire's secondary pupils has fallen substantially, from 48% in 2011 to 29% in 2017 (Dartington ChildrenCount Study). This echoes national trends which show declining rates of smoking and the consumption of alcohol and illicit substances in secondary-age children (Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2018).

The 2019 Hard Edges Scotland report highlights the significance of trauma as a route into alcohol and/or drug use. The engagement work of the Renfrewshire Alcohol and Drugs Commission underlines that alcohol and drugs can be readily available to young people, with this developing into consumption and associated issues for a significant minority. This in turn can lead to hospital attendances, involvement with the justice system, negative impacts on education and so on. There are opportunities to enhance timeous intervention and support to young people particularly those at key transition stages. This will equip our young people to make positive choices about their peer group and their decision-making around offers of alcohol and substances.

Renfrewshire's children and young people make an invaluable contribution to positively shape our communities and create a place that is attractive to live, work and invest in. Local research has shown our young population is willing and able to identify what's most important to them and to collaborate with the Partnership to design services which meet their needs and aspirations. This has been vitally important in the emerging re-design of health and wellbeing/personal and social education, with learner insight and pupil voices helping to shape resources and delivery.



Our children and young people have also demonstrated their ability to contribute to Renfrewshire's participatory budgeting (PB) process, with £125,000 distributed to local projects as part of the 2020 'Celebrating Renfrewshire' project. With local and national governments reaffirming their commitment to the 1% PB target, there is an opportunity to strengthen the breadth and depth of children and young people's contributions in local decision making, ensuring policies and places reflect the interests of all facets of our communities.

Tackling poverty is critical to minimising the differences in achievement, attainment and educational engagement in our communities. Local data suggests 16.9% of Renfrewshire's children live in relatively low-income families. A significant proportion of people supported into employment through Renfrewshire's Invest in Renfrewshire initiative are part of households

with dependent children, and so the work of the partnership needs to consider economic participation as another factor impacting on the wellbeing of children and young people.

The pandemic has brought into sharp focus the economic insecurity and vulnerability of many households and will continue to have an effect on the local economy as focus shifts to recovery in the medium and long term, with the potential for decline in some industries and growth in others. This will have a corresponding impact on the required knowledge, skills and abilities of our children and young people as they make the transition to work, and the Partnership will take cognisance of emerging economic markers and ensure the young workforce is aligned to sector-specific requirements of planned investment activity.

Learning from the Covid-19 pandemic has revealed differences in the receptiveness, confidence and competence of children and young people in using remote and digital resources, with these differences correlating with deprivation levels across our communities. These findings will guide Renfrewshire's three-year digital plan to develop and maintain quality online learning provision that will improve the learning journey.



Our services for children and young people

As partners, we provide three different types of service — universal, targeted and specialist.

Universal services are the ones that are available to every child and young person in Renfrewshire. It includes the health visitor who checks that you're growing and thriving when you're a baby, the nurses and GPs who give you your vaccinations and look after your health as you grow, and the nurseries and schools who educate you.

Targeted services may be useful if you or your family need a bit more help to overcome certain circumstances or challenges, even if just for a short period of time. This might relate to additional help in nursery or school, or perhaps advice or support to help you or your family manage an issue that's making life a bit more difficult. It might be our Families First teams, the Mediation Team at our George Street Project helping young people avoid homelessness or the Street Stuff activities available in some of our communities.

Specialist services are offered to children, young people and families who need help with something that's complex and might require a lot of ongoing support. These services might help to keep you safe, healthy and achieving in a way that suits you and your needs. This might include support from a social worker or receiving care from the Child and Adolescent Mental Health Service (CAMHS).

Each individual agency within the partnership produces its own plans and priorities for the service they provide. Examples of these are the Education Improvement Plan, the Health and Social Care Partnership Strategic Plan, the Community Learning and Development Strategy, the Skills Development Scotland Strategy Map, the Barnardo's Corporate Strategy and the Renfrewshire Sport Strategy. You can find links to our single agency plans at the back of this report ([Appendix 3](#)).

Over the last year, all partners have had to work differently in order to respond to the pandemic and the changing needs of the community. Our services continued to operate but the way in which they were delivered had to change. Critical front-line services such as social work or essential medical care carried on and had to work around the restrictions. Other services moved online where they could. Schools switched from the classroom to home learning and back again, twice in the last year. Skills Development Scotland adapted the programmes they have for school leavers and parents so that they could be done as webinars or through helplines. Active Schools provided Play at Home packs and delivered online challenges and sports coaching through social media and YouTube, as well as offering extra sport and physical activity sessions once schools returned.



4 // Participation

The work of Renfrewshire Children's Services Partnership is underpinned by a children's rights approach which takes account of the views, needs and experiences of children, young people, families and communities across Renfrewshire. Our long-term priorities have been informed by the collection of local data and analysis of national data, as well as from qualitative information gathered from a range of agencies. Although undertaken in 2017, our large scale ChildrenCount Wellbeing survey (which involved over 10,000 children and young people aged 8 to 18) generated findings which remain relevant to our needs assessment and service design activity.

The Early Action System Change Project worked directly with children and young people to design, test and implement solutions to dealing with coercive control in adolescent relationships.

A further example is the [Your Voice, Your Way project](#) which is working collaboratively with young people, staff and carers to create new ways for young people to provide feedback to Children's Services. This has led to the development of a Meaningful Conversations Framework which is currently being tested with children, young people and frontline staff.

Renfrewshire Champions Board — our forum for care experienced young people — continues to consult widely with care experienced young people and meets regularly with senior officers to highlight issues and to inform children's services planning and service delivery.

The council's Children's Services team undertook an equity audit in 2020, asking children and young people how they had been affected by Covid-19. This has helped to inform the recovery work undertaken in schools including the strengthened focus on wellbeing.

Renfrewshire Youth Commission engages with young people across Renfrewshire and, in particular, has informed the review of the PSHE curriculum in Renfrewshire Schools. This work

will continue with funding provided through Renfrewshire Alcohol and Drugs Commission to ensure that young people's views are reflected in the curriculum in relation to alcohol and drugs education.

The Family Nurse Partnership team gather continuous feedback to ensure they are providing a person-centred approach for each family, and also encourages participants in the programme to be involved in staff recruitment.

In 2021, we have established the Renfrewshire Young People's Sports Panel for 16 to 25 year olds. This group has a voice in helping shape school and community sport and the group has also nominated a representative to the national Young People's Sports Panel.



5 // What we want to achieve

Based on what is known about the needs of children and young people of Renfrewshire, and about the impact of Covid-19, Renfrewshire Children's Services Partnership has agreed four outcomes that it will work together to deliver.

We will ensure our children and young people enjoy good physical and mental health.

We will ensure our children and young people are safe and loved.



We will ensure our children and young people have their rights protected and their voices heard.

We will ensure our children and young people achieve and make positive contributions to their community.

Each partner is already doing work that contributes to these outcomes and some examples of these are set out below, and are covered in detail on the plans listed in [\(Appendix 3\)](#). This partnership plan will focus on the actions where working together can bring greater benefits.

6 // What we're already doing: *some examples*

We will ensure our children and young people enjoy good physical and mental health.

- » Embedding a nurturing approach in schools and working with partners to support the emotional and mental wellbeing of children and young people
- » Working with the community and the third sector on the Early Action System Change project to address coercive control in adolescent relationships
- » Supporting positive parenting through initiatives such as the Family Nurse Partnership
- » Implementing the Universal Health Visiting Pathway, including for antenatal care
- » Family support delivered by national and local third sector organisations
- » the Weigh to Go team supporting children and families with healthy eating and physical activity
- » Street Stuff
- » Pizza Reading
- » Provision of in-school counselling services for children and young people to support positive mental health and wellbeing
- » Active Schools
- » Embedding emotional literacy programmes across all education establishments

We will ensure our children and young people are safe and loved.

- » Oversight of joint work to keep children safe by Renfrewshire Child Protection Committee
- » Joint working on gender-based violence
- » 'Home and Belonging' multi-agency project for care experienced young people in their first tenancies
- » New Personal and Social Education topics on drugs and alcohol
- » Early Protective Messages training for practitioners working in Early Years or early stages of primary education
- » The work of Renfrewshire Community Safety Partnership
- » I Am Me and Keep Safe
- » Mentors in Violence Prevention rolled out in our secondary schools
- » Provision of ThinkUKnow online safety training for practitioners

We will ensure our children and young people's have their rights protected and their voices heard.

- » Renfrewshire Youth Voice
- » Rights Respecting Schools
- » Champions Board
- » Pupil councils and citizenship groups in our schools
- » Renfrewshire Young People's Sports Panel

We will ensure our children and young people achieve and make positive contributions to their communities.

- » Closing the poverty-related attainment gap
- » Joint school and college based vocational courses
- » Employability skills as part of the school curriculum
- » Promotion of volunteering
- » Team Up to Clean Up
- » Renfrewshire School of Sport Education

7 // Our plan for the next three years

We will ensure our children and young people enjoy good physical and mental health.

We will be bridging the gap between universal services which deal broadly with wellbeing and the highly specialist support for severe mental health conditions, so that children and their families get appropriate help at times of difficulty which results in better wellbeing and greater resilience. We will build on the work we have already done on gender-based violence and coercive control, so that our children and young people understand how to keep themselves safe and healthy in their personal relationships.

We will encourage and support more children and young people to take up forms of regular exercise that interests them, and to eat healthily. We know there is a link between physical health and mental wellbeing and we want children and young people to understand the importance of this and to develop healthy habits which result in them having fewer health problems in their adult lives.

Some of our children and young people have needs that mean they will continue to need support as adults. By working with partners on how moves into adult services are dealt with, we want each young person and their family/carers to feel involved, fully prepared for the change and able to develop as much independence as they can and enjoy the same freedoms as their peers in a safe and supported way.

We will ensure our children and young people are safe and loved.

We know about the impact on wellbeing when a parent or other family member uses alcohol and/or drugs to a harmful level. We will have a new support service for children and young people affected by this, and our personal and social education will have a greater focus on this and other issues which can pose a risk to children and young people. We want children and young people to have the tools and the knowledge to support them

to make positive choices about their lives. Our services will continue to adopt trauma-informed approaches, to focus on nurture and to act as responsive and loving corporate parents.

Being safe also means having somewhere safe to call home and feeling safe in the neighbourhood where you live. We will work together to make sure no families are homeless and that your home is a good place to live. We want our communities to be welcoming places for children and young people, with the right kind of housing, green space and play areas, and neighbourhoods people feel safe in. By doing this, children and young people have space to thrive because their basic needs are met.

Keeping children safe from harm will always be a priority for this partnership, and issues of child protection are overseen by the Renfrewshire Child Protection Committee. The partnership will continue to support them to deliver on their priorities. We want all children to have the right help at the earliest possible opportunity when their wellbeing is impacted by a vulnerable adult in their lives, or when the behaviour of another person is causing harm.



We want children and young people's rights to be protected and their voices to be heard in society. The rights of every child are very important to us and, if the United Nations Convention on the Rights of the Child becomes part of Scots law, then all partners will make sure that the principles are always followed.

We have already started work on delivering **The Promise**, a national commitment focused on helping children and families get support at an earlier stage, reducing the number of children and young people who have to come into care, and making sure that if children and young people do come into care, that they are treated with love and respect. To do this, we need all our partners to be focused on giving the right support at the right time, not just to children and young people, but to their families too. We want to reduce the number of children and young people who need to be taken into care, and for families who need a bit of extra help to be supported to provide the best possible home for their children.

Participation and consultation are an important part of the development of this plan and as partners, we want to increase the extent to which children and young people have a say in services which are for them. The new approaches we will put in place will help more children and young people to make their voices heard and will ensure partners involve children and young people in the decisions which affect them. The pandemic made the consultation challenging and as a result we were not always able to consult as fully as we would have wanted to. Therefore, it is the intention of the partnership to develop more opportunities for children and young people to have their say on the priorities in this plan throughout the next three years, and annual reviews of the plan will reflect the voice of children and young people.

Our next round of participatory budgeting will be another opportunity for children and young people to decide how £150,000 of council funds should best be spent to support the needs of them and their communities.

We want our children and young people to be supported to achieve, thrive and make positive contributions to their communities.

We will further develop the work in schools on employability, personal development and leadership skills, including tailored support for children and young people with additional support needs. We want all children and young people to go on to a positive destination — employment, training or education — after they leave school.

We know that getting on in life is not just about getting qualifications. One of the things that helps us achieve are the links we make with others through life — whether this is through having a role model to guide you, being part of a club or group with shared goals, or having access to social and cultural opportunities. We want to help every child and young person in Renfrewshire to have the same access to leisure, social and cultural activities, regardless of their background. We know that these types of opportunities make a difference in later life.



8 // Governance

This plan is produced and monitored by the Renfrewshire Children's Services Partnership Board, a group comprised of senior decision-makers from the public and third sectors who have a role to play in improving the lives of children and young people across the local authority area. The group is chaired by the Director of Children's Services for Renfrewshire Council and meets four times a year. It reports into the Community Planning Partnership through the Improving Life Chances Board.

The production of a partnership plan for children's services is a joint responsibility of each local authority, NHS Board and the statutory Community Planning Partners, including the Integration Authority. As well as approval from the Community Planning Partnership and the Scottish Government, approval from elected members through the Education and Children's Services Policy Board (council) and the Integration Joint Board will be sought.

9 // Monitoring & Evaluation

A monitoring and evaluation sub-group has been established, and this group meets quarterly to prepare a progress report for each meeting of the Partnership Board. Whilst not all measures of success are suited to quarterly reporting, each partner agency should be able to provide a narrative each quarter on progress made against actions for which they are a lead agency. All partnership agencies are represented on the sub-group and have a named officer responsible for providing information to the sub-group. The sub-group identifies trends or gaps which can be brought to the attention of the Partnership Board. The group also prepares the annual report and the new plans as required.



Outcome

We will ensure our children and young people enjoy good physical and mental health.

ACTION	WHICH PARTNERS WILL DELIVER THIS?	WHAT DIFFERENCE WILL IT MAKE?	HOW WILL WE MEASURE SUCCESS?
We will launch a multi-agency, community-based family support service. (The Bridge)	Renfrewshire Council — Children's Services; Renfrewshire HSCP; Barnardos.	Children and young people will get appropriate and timely support which will result in better mental wellbeing for them and their families.	Measures are in development by the Operational Board leading on delivery of the new service.
We will undertake a range of work focused on helping children and young people have positive, healthy and mutually respectful relationships, including continuation of Mentors Against Violence, a new LAC Sexual Health Policy and further work on coercive control in adolescent relationships.	Renfrewshire HSCP; Police Scotland; Renfrewshire Council — Children's Services; Renfrewshire Children's & Young People Health Group.	Children and young people will understand how to keep themselves safe within personal relationships.	No of young people accessing MVP training Teenage pregnancy rates Qualitative and quantitative information on experiences of children and young people
We will take a multi-agency approach to promoting physical activity to support good physical and mental health.	Renfrewshire HSCP; Renfrewshire Leisure	Children and young people will have fewer physical health problems and will adopt healthy habits. They will understand the link between good physical health and positive mental wellbeing.	% of children getting minimum recommended weekly exercise % of children who are overweight or obese at key stages Increase in uptake of physical activity Improved access to sports and exercise (barriers removed)
We will ensure early engagement with young people and families/carers involved in Children's Services to ensure a smooth and timely transition is made from children's services to adult services.	Renfrewshire Council Children's Services; Renfrewshire HSCP	Children and young people, and their families, will feel involved, empowered, supported and prepared for the move into adult services and greater independence.	Qualitative information at the individual level — experience of transition, impact on wellbeing, etc.

Outcome

We will ensure our children and young people are safe and loved.

ACTION	WHICH PARTNERS WILL DELIVER THIS?	WHAT DIFFERENCE WILL IT MAKE?	HOW WILL WE MEASURE SUCCESS?
We will enhance our personal and social education work in our learning establishments and communities to create targeted interventions on issues that present a risk to children and young people.	Renfrewshire Council; Renfrewshire HSCP; Third sector	Children and young people will have the tools and knowledge to support them to make positive choices about their lives.	RCPC Minimum dataset and spotlight reports. Feedback from CYP on PSE sessions. Figures from Scottish Fire & Rescue on CYP engagement. Qualitative data on feelings about safety and love.
All CYP have access to a safe and well- maintained place to live.	Renfrewshire Council Communities and Housing; Third sector.	Children and young people are able to thrive because their basic needs are met.	No of families presenting as homeless.
We will ensure effective multi-agency interventions to support children and young people at risk, including clear referral pathways for those working with vulnerable adults.	Renfrewshire Council (all services); Renfrewshire HSCP; Police Scotland.	Children and young people get help and support at an earlier stage when their wellbeing is being impacted by a vulnerable adult in their lives.	Referrals from services working with adults. Qualitative information on earlier intervention.

Outcome

We will ensure our children and young people have their rights protected and their voices heard.

ACTION	WHICH PARTNERS WILL DELIVER THIS?	WHAT DIFFERENCE WILL IT MAKE?	HOW WILL WE MEASURE SUCCESS?
All agencies will work together to provide support to children and families at the earliest possible stage, as part of our commitment to The Promise.	All partners	Fewer children come into care or need high tariff services from partner agencies. Families are supported to provide the best possible home. Children are actively listened to and meaningfully involved in decisions that affect them. There is a culture of trust and respect between children and young people and the services who support them.	Reduction in number of children coming into contact with higher tariff services. Reduction in number of LAC.
We will develop toolkits for professionals to ensure that they engage with children and young people in a meaningful way about the decisions that affect them.	All partners	The voices of children and young people are heard, they are included in decisions which affect them, and their rights are respected.	% of staff trained. No of children and young people able to access advocacy services. Feedback from children and young people.
We will roll out another round of participatory budgeting targeted at children and young people.	Renfrewshire Community Planning Partnership.	Children and young people are listened to and are included in decisions about services which affect them.	Funds disbursed through participatory budgeting.

Outcome

We will ensure our children and young people achieve and make positive contributions to their communities.

ACTION	WHICH PARTNERS WILL DELIVER THIS?	WHAT DIFFERENCE WILL IT MAKE?	HOW WILL WE MEASURE SUCCESS?
We will support vulnerable young people to achieve and sustain positive pathways after leaving school.	Skills Development Scotland; Renfrewshire Council; local Employability Partners.	All young people are supported to achieve and sustain positive destinations.	Annual participation measure statistics. Initial Leaver Destination statistics.
We will support children and young people to have equity of access to, and the chance to avail themselves of, social, cultural and economic opportunities, regardless of their start in life.	All partners.	All children and young people enjoy a wide range of experiences as they grow up, enhancing their wellbeing and supporting them to become well-rounded, confident adults. These wider opportunities and experiences have been shown to have intangible benefits in terms of making social connections, tackling social exclusion and building trust.	Qualitative data that's sensitive to individual's journey — what difference has 'x' had on 'y'?



APPENDIX 3:

SINGLE AGENCY PLANS & OTHER RELEVANT MULTI-AGENCY PLANS

PLANS AVAILABLE ONLINE	PLANS AND DOCUMENTS EMBEDDED HERE
Engage Renfrewshire Annual Report and Business Plan Final Report of Renfrewshire's Alcohol and Drugs Commission Renfrewshire Community Plan 2017-2027 Renfrewshire Council Children's Services Service Delivery Plan 2021-2022 Renfrewshire Education Improvement Plan 2021-2022 Renfrewshire Health and Social Care Partnership Strategic Plan 2019-2022 Skills Development Scotland Strategic Plan 2019-2022	<div>  Renfrewshire Better Hearings Plan May 2021 </div> <div>  Scottish Fire and Rescue Corporate Parenting Strategy 2020-2023 </div>

Renfrewshire Children's Services Partnership Plan

2021/22–2023/24



Appendix 2



Message to our children and young people from the Renfrewshire Children's Services Partnership...

OUR VISION

Renfrewshire's children and young people are happy, healthy, safe and thriving.

YOU DESERVE

- the best possible start in life
- to be free from poverty and neglect
- to have hopes and opportunities
- to feel healthy and valued
- care and respect
- to feel safe and secure

support you and your family in times of need with the right help at the right time

WE WILL

work together to make Renfrewshire the best possible place to grow up

make sure there's always someone ready to step in if you need help

help you grow up healthy, in body and in mind

help you develop the skills and knowledge to explore your interests

help you be ready to take on life's challenges

Specialist

services are offered to children, young people and families who need help with something that's complex and might require a lot of ongoing support.

Targeted

services may be useful if you or your family need a bit more help to overcome certain circumstances or challenges, even if just for a short period of time.

Universal services are the ones that are available to every child and young person in Renfrewshire.

ABOUT THE PARTNERSHIP

Renfrewshire Children's Services Partnership is a multi-agency group made up of public and third sector organisations from across Renfrewshire who work together on improving outcomes for our children and young people. We do this through universal, targeted and specialist services.

WHAT WE WANT TO ACHIEVE

We will ensure our children and young people enjoy good physical and mental health.

We will ensure our children and young people are safe and loved.

We will ensure our children and young people have their rights protected and their voices heard.

We will ensure our children and young people achieve and make positive contributions to their community.

