
To: Renfrewshire Integration Joint Board

On: 16 September 2022

Report by: Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 24 June 2022 and additional policy developments that the HSCP is building into future workplans.
- 1.2. This paper has been developed in the midst of significant change and uncertainty, particularly within the financial circumstances faced by the IJB. An update on financial planning sets out the approach with the HSCP is adopting to prepare for projected financial challenges in this and coming years and sets out the context for forthcoming decisions which will be required by the IJB.
- 1.3. More widely, updates are provided on HSCP's preparation for the coming winter period alongside ongoing business continuity planning to ensure that robust plans are in place to manage potential challenges.
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2. Recommendations

It is recommended that the IJB note:

- The implications and effects of the financial planning update provided, including the approach being taken to identify savings and service development opportunities (Section 4);
- The actions being undertaken by the HSCP to ensure robust Winter Planning and Business Continuity 2022/2023 arrangements are in place for the winter period (Section 5);
- The Workforce Planning update and in particular the progression of actions to support international recruitment and the implementation of the HSCP's Staff Development Fund (Section 6);

- The introduction of the draft National Care Service (Scotland) Bill and envisaged next steps (Section 7);
- The publication of statistics by National Records of Scotland on Alcohol and Drug Related Deaths, and probable deaths by suicide, in Renfrewshire and Scotland in 2021, and related strategic developments (Section 8);
- The update provided on Mental Health and Wellbeing in Primary Services and the Scottish Government's approval of Renfrewshire's one year plan (Section 9);
- The introduction of the Scottish Government Healthcare Framework for Adults Living in Care (Section 10);
- The update on the Autumn/Winter COVID-19 Booster and Winter Vaccination Programme and respective timescales (Section 11); and
- The update provided on hosting arrangements for NHS GGC Primary Care Support and GP Out of Hours services (Section 12).

3. Background

- 3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the continuing impact of COVID and the growing cost of living crisis which will continue to impact on local communities, providers and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on the IJB and HSCP operations in future.
- 3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

4. Financial Planning Update

- 4.1. A briefing session recently delivered to IJB members focused on the extremely challenging and uncertain financial context facing the IJB. This is due to a range of factors including but not limited to the war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing COVID-19 impacts. Inflation projections continue to increase, with most recent figures suggesting inflation could peak at 18%. In addition, discussions around the level of pay award for 2022/23 continue to develop. All of these factors are converging to create a hugely difficult funding scenario, while their ongoing and medium to long term impact is not yet fully understood.
- 4.2. The rising demand for, and cost of delivering, services has been exacerbated by these challenges for the HSCP, partners and local independent and third sector providers. Consequently, it is expected that the financial sustainability of a range of local and national care providers will be at risk.
- 4.3. Recent reporting showed an underspend for the IJB in 2021/22, while an underspend is currently forecast in 2022/23. This is predominantly due to one-off monies received during the pandemic, and the timing which additional

funding was received creating difficulties in full utilisation of this funding before the financial year end. This current position is subject to change and does not reflect the expected challenges in financial outlook in the medium term.

- 4.4. On 30 June 2022, Audit Scotland published its [Integration Joint Boards: Financial Analysis 2020/21](#). While the analysis showed that funding to IJBs had increased by nearly 10% in real terms, it highlighted that this was mainly due to specific and ring-fenced Scottish Government funding to mitigate the impacts of COVID-19. The report also showed that reserves tripled, reflecting unspent COVID-19 funding and the late allocation of specific funding for primary care, community, mental health and alcohol and drug support. It highlighted that Scotland's IJBs face significant financial sustainability issues relating to uncertainty of future funding, rising demand and the potential impacts of a National Care Service.
- 4.5. Consequently, it is expected that all IJBs across Scotland will be required to identify significant recurring savings, with the intent of maintaining current levels of service provision as far as possible whilst seeking to transform the way services are delivered to ensure they meet future needs. This will require difficult decisions to be made.
- 4.6. Recent decisions made by the IJB, including approval of the new Strategic Plan and Medium-Term Financial Plan (MTFP) will contribute to ongoing financial sustainability. These strategies set out the need to consider how we deliver services, and what services we deliver, alongside the need to respond to the reform required to develop the forthcoming National Care Service.
- 4.7. In recognition of the significant budget gap (estimated within range of £37m to £48m in the latest MTFP) and given the fast-moving external context, the HSCPs Senior Management Team continue to work with services to anticipate and respond to a range of financial scenarios through the development of evidence-based savings and transformation options. In addition, the Chief Finance Officer continues to work closely with other CFO colleagues across NHSGGC to understand the challenges faced by all HSCPs and to collaborate on potential solutions.
- 4.8. This scenario-based planning process focuses on reviewing existing provision and determining which areas it is most appropriate and achievable to:
 - **Deliver savings** (aligned to the tier one process in the MTFP which encompasses a rolling process of identifying possible savings), with a focus on non-statutory activity. In doing so, it may be necessary to reduce current levels of provision in some areas.
 - **Protect but develop** services (aligned with tier two transformational activity within the MTFP), focussing on key areas of activity which should be maintained but can benefit from service change and the development of alternative models of delivery. In doing so, it may be possible to deliver financial efficiencies from services in this category.
 - **Protect** our services, focussing on statutory activity which must be delivered.

4.9 A further IJB development session will be scheduled for October 2022, followed by the presentation of detailed proposals to the IJB in November 2022. These timescales are subject to the availability of further information on budget allocations from the Scottish Government and the impact analysis of any pay award decisions.

5. Winter Planning and Business Continuity

5.1. The HSCP has now commenced preparations for winter. It is recognised that services remain under continued pressure to deliver due to cyclical spikes in COVID-19 cases, staffing challenges (recruitment and absence), and increase in demand because of changing needs throughout the pandemic to date.

5.2. In September 2021, the HSCP provided an update to the IJB on the intention to review overarching Business Continuity Planning processes and to establish a review cycle which minimised the need for onerous annual winter planning exercises. In effect, planning for a range of business continuity scenarios throughout the year will capture many of the challenges expected through the winter period. In line with this approach, the HSCP continues to evolve its overarching and service levels Business Continuity Plans and has now commenced production of a series of detailed plans to support our critical services.

5.3. In 2021, the winter plan focused on planning for a range of scenarios covering severe weather disruption and its impact on staffing, community visits, supply chain, buildings, and accommodation plus any temporary loss of systems, technology, or infrastructure. In addition, as part of the ongoing response to COVID-19 and waves of Omicron infection experienced, a range of plans were developed to ensure flexibility in the HSCP's response to any COVID-related impacts on demand, delayed discharges, and staffing.

5.4. This year's planning will review and refine action plans previously developed across the Partnership's operational services. This process will be completed by the end of October, with a further update brought to the IJB in November 2022.

IJB as Category One Responder Civil Contingencies Act Update

5.5. In January 2021, the IJB were updated on the confirmation received from the Cabinet Secretary for Health and Sport that IJBs would be included as Category One responders under the requirements of the Civil Contingencies Act 2004.

5.6. Following this, in June 2021 the IJB approved a recommendation to delegate accountability for management of Category One responsibilities to the HSCP Chief Officer, as the IJBs Accountable Officer. This includes the responsibility for carrying out on the IJBs behalf all necessary arrangements to discharge the duties expected of Category One Responders. Within Renfrewshire, robust civil contingency arrangements were in place prior to the changes under the 2004 Act, with ongoing input from the HSCP. As such, the addition of Category One duties for IJBs represented further formalisation of this existing joint working.

- 5.7. In July 2021, IJBs formally became Category One responders, at which point the Scottish Government noted that it was noted that IJBs/HSCPs would be invited to comment on how the change had been adopted one year after inception. In June 2022, a survey was issued by the Scottish Government requiring a response by 12 August 2022.
- 5.8. In line with the agreed delegation of responsibilities, a Renfrewshire response was prepared by the HSCP and reviewed with our local resilience and civil contingency partners prior to submission. In summary the survey covered five areas:
- Representation of IJBs/HSCPs at local resilience partnerships, the roles, and responsibilities of IJB/HSCP members being reflected in multi emergency plans, and the engagement and involvement in major incident or multi-agency response.
 - Capture, sharing and consistency of resilience risks, the assessment of resilience risks and the undertaking of lessons learned.
 - Currency of our Business Continuity plans and provisions for local care for people arrangements.
 - Access and participation in relevant training and test exercises.
 - Identification of any gaps or support required for us to fulfil the role and a self-assessment for us to review the last 12 months, our response to incidents and any learnings or actions requiring progression.
- 5.9. The detailed response can be provided to IJB members if required.

6. Workforce Planning update

- 6.1. The IJB approved a draft Workforce Plan for submission to the Scottish Government for comment in June 2022. Following this meeting, the Plan was submitted in July 2022 and at the time of writing feedback from the Scottish Government is expected shortly.
- 6.2. However, in advance of the Workforce Plan for 2022-25 being finalised, the HSCP has continued work with partners to progress actions which are included in the current draft Plan. This includes working closely with Renfrewshire Council colleagues to investigate and develop an approach to international recruitment for social care staff as part of the HSCP's wider approach to addressing ongoing recruitment and retention issues in key frontline services. Work is progressing with procurement to identify relevant agencies and to develop a supporting project plan to deliver on this commitment.
- 6.3. In addition, the Partnership has now created a Staff Development Fund following the approval of ring-fenced funding by the IJB in June 2022. The Development Fund strengthens and underlines the HSCP's commitment to supporting and developing our staff and enabling them to apply their strengths and talents across our services. Our staff are a critical asset to supporting the delivery of our services and it is important that we invest in the development of knowledge, experience and skills for our current and future workforce requirements.

- 6.4. The Fund was launched in September 2022 and will provide financial assistance to help address recruitment and retention challenges and enable staff to pursue their development objectives. This could include opportunities within existing roles held by staff; contributing towards the enhancement of career pathways; and supporting succession planning across our organisation for key roles.
- 6.5. The aligned funding will be used to fund or part-fund a range of training and other staff development opportunities, including external training courses and longer-term courses of study and academia.
- 6.6. In addition to the above, the funding could be used to support a range of practical supports to assist staff with undertaking courses of study, to ensure they can fully realise the potential and benefits aligned to their wider development efforts. This could include, for example, the purchase or provision of ICT equipment to support those staff that may not typically have routine access to it.

7. National Care Service Progress Update

- 7.1 On 20 June 2022, the Scottish Government published the draft [National Care Service \(Scotland\) Bill](#). The draft Bill seeks to establish a National Care Service and allows Scottish Ministers to transfer social care responsibility from Local Authorities to new Local Care Boards. This includes adult social care and, subject to further consultation, Children's Services and Criminal Justice Social Work. Scottish Ministers will also be able to transfer defined healthcare functions. In summary, the Bill is split into three parts:
- Part 1 gives Scottish Ministers a duty to promote a comprehensive and integrated care service, and the powers to achieve that, including making provision for the establishment of care boards to carry out Ministers' functions in relation to social care, social work, and community health. It also provides Ministers with powers to transfer relevant functions from Local Authorities or Health Boards.
 - Part 2 allows for information sharing and standards and is intended to underpin the creation of a nationally consistent, integrated, and accessible electronic social care and health record
 - Part 3 makes additional reforms to the delivery and regulation of care. It introduces a right to breaks from unpaid caring, and [Anne's Law](#), to give people living in care homes a right to maintain contact with family and friends. It will also make changes to the powers of the Care Inspectorate and Health Improvement Scotland.
- 7.2 The Bill is viewed as a framework to deliver a National Care Service, with significant levels of detail still to be defined through a co-design process. The Bill is currently at Stage 1, meaning committees will examine the Bill, gather views, and produce reports a variety of reports before MSPs debate and decide on the general principles of the Bill. The lead committee for the Bill is the Health, Social Care, and Sport Committee. The committee are currently in an engagement phase with key stakeholders and collating views on the Bill. The deadline to respond was 2 September 2022. The HSCP Senior

Management Team collated and submitted a response providing feedback on behalf of the Health and Social Care Partnership.

7.3 A progress update will be brought to the IJB when further information on the direction of travel and co-design phase is made available.

8. National Records of Scotland Drug, Alcohol and Probable Suicides Statistics Update

8.1 On 28 July 2022, the National Records of Scotland (NRS) published the Drug Related Deaths in Scotland in 2021. [Drug-related Deaths in Scotland in 2021](#). In Scotland, there were 1330 drug misuse deaths in 2021 – 9 fewer than in 2020. In Renfrewshire, there were 50 drug related deaths – a decrease of 25% compared to 2020 when 67 deaths were recorded.

8.2 On 2 August 2022, the National Records of Scotland published the [Alcohol-Specific Deaths Report](#). In Scotland, there were 1245 alcohol specific deaths in 2021 - a 5% increase (55 deaths) compared to 2020. The number of alcohol-specific deaths in Scotland have generally risen since 2012. In Renfrewshire, there were 53 alcohol-specific deaths in 2021 – an increase of 20% (9 deaths) compared to 2020.

8.3 Also in August 2022, NRS published its statistics for probable deaths by suicide. Figures for Renfrewshire showed 25 suspected suicides in 2021, an increase of 3 (13%) from 2020. This compares with figures for Scotland which showed a decrease of 6% in suspected suicides across Scotland to 753.

8.4 Every death as a result of drug harm, alcohol harm or suicide is a tragedy. In response to these figures, several activities and developments are underway in Renfrewshire with the aim of preventing drug and alcohol-related deaths. This includes but is not limited to the implementation of (i) an assertive outreach mobile service, (ii) recruitment of an ADP Drug Deaths Prevention Lead Officer, (iii) a new Drug Deaths Prevention Group, (iv) launch of the Greater Glasgow and Clyde Overdose Team, (v) implementation of the Medication Assisted Treatment (MAT) Standards, (vi) increased access to residential rehabilitation placements and (vii) the opening of the new CIRCLE Recovery Hub. Work continues to be taken forward in Partnership through both the ADP and Alcohol and Drugs Commission Programme Board.

8.5 A Local Strategic Group for suicide prevention is currently being implemented. Once established, the group will lead on developing a suicide prevention strategy for Renfrewshire aiming to reduce the rate of suicide and self-harm within Renfrewshire. This aligns with the Local Area Suicide Prevention Action Plan Guidance released by COSLA's National Suicide Prevention Leadership Group, and with national policies including Scotland's Mental Health Strategy 2017-2027 and Every Life Matters.

8.6 The third and final stage of consultation on Scotland's new Suicide Prevention Strategy and Action Plan closed on 23 August 2022, and the final Strategy and Plan will be published in September 2022. Supported by Renfrewshire's Choose Life Service Coordinator, the HSCP contributed to a joint GGC board-wide response to the consultation.

- 8.7 Building on previous work, a new online training programme ‘Living Works START’ also commenced in Renfrewshire from January 2022. The programme aims to support staff to become more comfortable and confident in talking about suicide, keep people safe in times of distress and to build skills and knowledge about resources.

Changing Lives – National Drug Death Taskforce

- 8.8 On 21 July 2022 the Scottish Drug Death Taskforce published the ‘[Changing Lives Final Report](#)’. The report sets out 20 evidence-based recommendations and 139 actions to reduced drug-related deaths and harms. The recommendations have implications for Local Government, Alcohol and Drug Partnerships (ADPs) and HSCPs. In response, Renfrewshire ADP will undertake a self-assessment exercise against the relevant recommendations and actions outlined within the report.

National Drugs Mission Strategy/Plan

- 8.9 On 9 August 2022, the Scottish Government published the [National Drugs Mission Plan: 2022-2026](#). Building on Scotland’s alcohol and drug strategy [Rights, respect, and recovery 2018](#), the high-level plan sets out the framework for delivery and focuses on the outcomes necessary to achieve the aim of the mission – to reduced drug deaths and improve the lives of those impacted by drugs.

- 8.10 The Strategy has identified six cross-cutting [priorities](#) and related [outcomes](#) which will be delivered with key partners across public policy. This includes robust governance structures, partnership working with delivery bodies, high quality data and transparent funding decisions. The National Oversight Group will bring together a range of experts on a quarterly basis to monitor and evaluate the progress against outcomes and identify gaps in the wider system.

- 8.11 The Scottish Government has committed £250m funding to support the delivery of the National Mission over its 5-year lifespan. This equates to an additional £50m a year, of this an additional £20m per year will be allocated to ADPs and a further £30 million allocated to support grassroots initiatives and the implementation of MAT Standards. The Scottish Government will provide annual financial reports in Autumn 2022 to improve transparency and show the direction and impact of the committed funding.

Next Steps

- 8.12 In response to this activity, the HSCP continues to work with Renfrewshire Alcohol and Drug Partnership and partners to review these national objectives and the implications of the recommendations for service delivery within local service provision. In addition, we continue to progress actions to prevent suicide in line with the priorities outlined in the IJB’s Strategic Plan. In reflection of the breadth and complexity of ongoing activity, a further update on developing plan(s) will be brought to the IJB in November 2022.

9. Mental Health and Wellbeing in Primary Care Services Update

9.1 On 24 June 2022, the NHSGGC Mental Health Strategy: Renfrewshire Implementation Report was presented to the IJB. The report included an update on the Scottish Government's Short Life Working Group on Mental Health in Primary Care and its recommendations to develop multi-disciplinary teams within Primary Care settings.

9.2 The Mental Health in Primary Care Development Group further developed this vision and produced Planning Guidance to support the implementation of the Mental Health and Wellbeing in Primary Care Services (MHWPCS). The Planning Guidance directed Integration Authorities to establish local planning groups. In response, local governance structures have been established in Renfrewshire and the HSCP submitted plans for development of mental health and wellbeing services to the Scottish Government by the required deadline of 30 May 2022. The Renfrewshire HSCP plan builds on existing services to:

- Develop a hub and spoke hybrid model aligned with GP clusters.
- Increase on current staffing on Occupational Therapists and Community Wellbeing Nurses.
- Develop Mental Health Support Worker posts.
- Train mental health and frontline Primary Care staff including link workers, receptionists, and administration staff.

9.3 On 15 August 2022, Renfrewshire HSCPs one year costed plan was approved by the National Oversight Group and Minister for Mental Wellbeing and Social Care with some recommendations on additional areas to be covered in the 2023-24 plan. This funding is expected to be confirmed in September 2022 when the national implementation of MHWPCS services is due to commence.

9.4 When funding has been agreed and allocated, the HSCP will progress the first-year plan implementation and utilise the local planning group framework to further develop costed plans to 2026. The HSCP is required to produce a 6 monthly progress report, and in March 2023 to produce a detailed costed plan for the following 12-month period. A further update will follow at a later IJB on the development of these services.

10. Scottish Government Healthcare Framework for Adults Living in Care Homes

10.1 On 29 June 2022, the Scottish Government published the [My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes](#). The framework makes 78 recommendations that aims to transform the healthcare for people living in care homes by examining how the health and care of people living in care homes should be optimised, supported, and delivered. It will also enhance the assessment, monitoring and responding to the ongoing change of health and healthcare needs.

10.2 The recommendations were developed alongside various key stakeholders from across the sector - including people who live in care homes and their families, care home providers, representatives, and staff, HSCPs, the health and social care workforce, academics, and policymakers. The

recommendations are centred around 6 core elements; (i) Nurturing Environment; (ii) The Multi-Disciplinary Team; (iii) Prevention; (iv) Anticipatory Care, Supporting Self-management and Early Intervention; (v) Urgent and Emergency Care; and (vi) Palliative and End of Life Care.

10.3 The Scottish Government intends to begin a period of engagement and collaboration with key stakeholders from across the sector to implement and deliver the framework's recommendations and align individual policies across the health and social care system to build on what is now seen as good practice.

10.4 It has been agreed that NHSGGC system-wide consideration will be given to the implementation of the framework given its early stage. The HSCP Senior Management Team are considering the report and it will remain under review until further information is provided post-engagement phase. Alongside this, the Clinical and Care Governance Oversight Group will review the implications and its impact on governance arrangements and operational management.

11. Autumn/Winter COVID-19 Booster and Winter Vaccination Programme

11.1 An update on the Winter Flu and COVID-19 Vaccination Programme was provided to the last IJB in June 2022. This detailed the arrangements for the adult seasonal flu immunisation programme 2022/23 and the delivery of an extended programme to additional groups. The flu immunisation programme remains a strategic and Ministerial priority.

11.2 On 16 August 2022, the Scottish Government wrote to NHS Board Vaccination Leads regarding the Joint Committee and Immunisation (JCVI) [eligibility advice](#) on the COVID-19 vaccine types to be deployed during the winter booster programme. The JCVI advice was published 15 July 2022 and recommended a variant-led programme for all eligible groups this winter and authorised the following additional COVID-19 vaccine types:

- Moderna bivalent vaccine as booster dose for those 18 and over
- Pfizer-BioNTech vaccine as a booster for those 5 to 11 at paediatric formulation (10 micrograms), and full dose for 12 to 17 (30 micrograms)
- NovaVax vaccine authorised for additional use as a booster for those aged 18 and over have identified contraindications to mRNA vaccines

11.3 NHSGGC has lead responsibility for mass vaccination programmes. Community clinics will continue to work in partnership with Local Authorities and HSCPs across 16 separate venues to deliver the programme. This will be supplemented by a mobile bus service operated by the Scottish Ambulance Service. The HSCP will continue to lead on providing vaccinations to the housebound, care homes, secure units, and prisons.

12. NHSGGC Primary Care Support and GP Out of Hours Update

12.1 In June 2022, the NHSGGC Board's Operational Priorities for 2022/23 were approved. Aligned to the 4 Corporate Aims, the priorities are designed to support the delivery of NHSGGC's Corporate Objectives, whilst recognising

future system pressures and challenges. Primary and Community Care was identified as an operational priority – this includes the development of extended multi-disciplinary teams in Primary Care, whilst maintaining access to core services at the right time and the right place. The provision of a sustainable GP OOH service is also a NHSGGC priority.

- 12.2 In addition to Primary Care Support Services, it has recently been agreed with the Chief Executive of NHSGGC that Renfrewshire HSCP will lead on the development of GP Out of Hours (GP OOH) services on an interim basis. Operational responsibility for the GP Out of Hours Service (GP OOH) will sit in Acute Services, with Renfrewshire HSCP having strategic responsibility for the planning of the service. To support the ongoing management and development of the service, a new Director of Primary Care will be recruited by NHSGGC and will have operational and strategic responsibility for the service alongside the Deputy Medical Director.
- 12.3 Should there be a request to make this interim arrangement permanent, a further paper will be brought to the IJB for approval alongside the completion of necessary financial due diligence activities.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report, however further updates on workforce planning will be brought to future meetings of the IJB, in addition to a final version of the Workforce Plan for approval.
3. **Community Planning** – No implications from this report.
4. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising from the contents of this report and tracked and managed on an ongoing basis and incorporated into reports to the Audit, Risk and Scrutiny Committee as appropriate.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

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