

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

| Date | Time | Venue |
|-----------------------|-------|------------------------|
| Friday, 26 March 2021 | 10:00 | Remotely by MS Teams , |

KENNETH GRAHAM
Clerk

Membership

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

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

Recording of Meeting

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

Recording

<https://youtu.be/78fnRPYd0jU>

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.

- | | | |
|-----------|--|------------------|
| 1 | Minute | 5 - 14 |
| | Minute of meeting of the Integration Joint Board (IJB) held on 29 January 2021. | |
| 2 | IJB Rolling Action Log | 15 - 16 |
| | IJB rolling action log. | |
| 3 | Chief Officer's Report | 17 - 34 |
| | Report by Interim Chief Officer. | |
| 4 | Financial Report 1 April 2020 to 31 January 2021 | 35 - 94 |
| | Report by Chief Finance Officer. | |
| 5 | Strategic Financial Planning Update | 95 - 102 |
| | Report by Interim Chief Officer. | |
| 6 | 2021/22 Delegated Health and Social Care Budget | 103 - 128 |
| | Report by Chief Finance Officer. | |
| 7 | Unscheduled Care Performance and Performance Management Framework 2021/22 | 129 - 140 |
| | Report by Interim Chief Officer. | |
| 8 | Update on Independent Review of Adult Social Care | 141 - 146 |
| | Report by Interim Chief Officer. | |
| 9 | Mental Health Strategy Programme Update | 147 - 156 |
| | Report by Interim Chief Officer. | |
| 10 | Revised IJB Risk Management Framework | 157 - 182 |
| | Report by Interim Chief Officer. | |
| 11 | IJB Records Management Plan | 183 - 212 |
| | Report by Interim Chief Officer. | |

12 **Date of Next Meeting**

Note that the next meeting of the IJB will be held at 10.00 am on 25 June 2021.



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

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

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor James MacLaren) (all Renfrewshire Council); Margaret Kerr, Dorothy McErlean, 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); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Amanda Walton (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Shiona Strachan, 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).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services Officer (both Renfrewshire Council); Christine Laverty, Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Project Officer, David Fogg, Service Improvement Manager, and John Miller, Communications Officer (all Renfrewshire Health and Social Care Partnership).

Recording of Meeting

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

Declarations of Interest

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

Prior to the start of the meeting the Chair welcomed Shiona Strachan, as Interim Chief Officer, to the meeting.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 20 November 2020 was submitted.

DECIDED: That the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

It was noted that the names in the 'officer responsible' column required to be updated and amended to job titles.

DECIDED: That, subject to the above amendment, the rolling action log and updates be noted.

3 Membership Update - Interim Chief Officer of Renfrewshire IJB

The Clerk submitted a report providing an update on the membership of the IJB.

The report intimated that David Leese had left his post of Chief Officer of the Renfrewshire HSCP on 4 December 2020 and that following an internal recruitment process, interim cover arrangements had been put in place with Shiona Strachan assuming the position of Interim Chief Officer.

DECIDED: That the report be noted.

Sederunt

Amanda Walton joined the meeting during 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 and ongoing recovery activity, since the last meeting of the IJB held on 20 November 2020.

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 commencement 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 First Ministers' announcement of additional lockdown measures; the inclusion of IJBs as Category One Responders under the Civil Contingencies Act 2004; the independent review of adult social care; the IJB Records Management Plan; the COVID-19 vaccination programme, both nationally and locally; the conclusion of the flu vaccination programme; care homes; staff testing; PPE; the Renfrewshire COVID Assessment Centre; day support and respite provision; and adult and older people mental health inpatient services.

Members then heard from the Interim Chief Officer, Dr Stuart Sutton and the Heads of Service who provided updates in relation to their specific service.

DECIDED:

(a) That the update on the process for inclusion of IJBs as Category One Responders under the Civil Contingencies Act 2004, as detailed in section 5 of the report, be noted;

(b) That the progress of the independent review of Adult Social Care, as detailed in section 6 of the report, be noted;

(c) That the submission by the Interim Chief Officer of the draft Records Management Plan to the Keeper of the Records of Scotland, subject to full IJB approval at the meeting to be held on 26 March 2021, as detailed in section 7 of the report, be approved;

(d) That the progress made in rolling out the COVID-19 vaccination programme, delivered collaboratively with partners in Renfrewshire Council and NHS Greater Glasgow and Clyde, and future steps in the programme, as detailed in section 8 of the report, be noted;

(e) That the completion of the extended flu vaccination programme in December 2020, as detailed in section 9 of the report, be noted;

(f) That the update on care homes and arrangements for staff testing, as detailed in sections 10 and 11 of the report, be noted;

(g) That the recent changes to testing for care at home, day care and support and personal assistants, as detailed in section 11 of the report, be noted; and

(h) That the COVID-19 operational service updates of the lockdown measures announced by the First Minister on 4 January 2021, as detailed in sections 12 to 15 of the report, be noted.

5 Financial Report 1 April to 30 November 2020

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

The report intimated that as previously highlighted to members, the impact of COVID-19 on services delivered by the HSCP had been unprecedented. It had required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, the extent of which would become clearer as financial year 2020/21 progressed. These impacts were likely to continue over the medium-term and at least over the next few financial years. The continually changing situation, potential for future spikes in demand for services would create additional delivery and financial pressures as well as impacting on the HSCP's transformation and savings plans, which would require ongoing review and realignment.

The table in paragraph 3.1 of the report included the consolidated summary members were familiar with plus an added level of detail showing the current estimated cost to the HSCP of the response to COVID-19. This provided clarity of the financial impact of COVID-19 on the delegated 2020/21 IJB budget.

The IJB year-to-date position was an underspend of £745,000 and the projected outturn for 2020/21 was an overspend of £1,067,000. This position included the net actual and estimated costs in relation to COVID-19 and was prior to the transfer of any ringfenced balances to general and earmarked reserves at the financial year end. The key pressures were highlighted in section 4 of the report.

The revenue budget position of the HSCP and Health for the financial period 1 April to 11 December 2020 and 30 November 2020, respectively, and the year-end position was detailed in Appendices 1 and 2 to the report; the revenue budget position of Adult Social Care and 'other delegated services' for the period 1 April to 11 December 2020 and the year-end position was detailed in Appendices 3 and 4 to the report; Appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 7 to the report detailed the Scottish Government funding streams; Appendix 8 to the report detailed the projected movement in reserves; and Appendices 9 and 10 to the report detailed the vacancy position for the HSCP as at 13 November 2020 by client group and job description.

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

DECIDED:

- (a) That the in-year position as at 30 November 2020 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 an increase to the earmarked prescribing reserve, as detailed in paragraph 9.5 of the report, be approved.

6 Recovery and Renewal Planning Update

The Interim Chief Officer submitted a report providing an update on the HSCP's Recovery and Renewal Programme which was being implemented alongside the ongoing response to COVID-19.

The report intimated that the HSCP's focus remained on the safe and effective delivery of health and social care services within infection control guidelines and the continued roll-out of the COVID vaccination programme.

The report provided information on Strand 1 activity which focussed on the launch of the competitive application process for funding to support collaborative community-led projects which delivered upon the Strategic Planning Group's six agreed priorities; the progress of internally focussed renewal activity through Strand 2 of the programme which included workforce planning, day support for older people, and the implementation of a Renfrewshire Recovery Hub; and on prioritising HSCP activity for the remainder of the financial year.

DECIDED:

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

(b) That the work undertaken to date in preparation for the development of a one-year workforce action plan by the end of March 2021 be noted;

(c) That the update provided on the development of a hub and spoke model within Older People's day services be noted;

(d) That the progress made in developing the Renfrewshire Recovery Hub be noted;

(e) That the approach taken by the HSCP to prioritise existing change activity over the remainder of the financial year be noted; and

(f) That it be noted that, reflecting the HSCP's continued prioritisation of the pandemic response and vaccination programme, further recovery and renewal updates would be brought to every second meeting of the IJB with more frequent updates provided should this be necessary.

7 Health and Care Experience Survey 2019/20

The Interim Chief Officer submitted a report relative to Renfrewshire's performance in the biennial Health and Care Experience Survey 2019/20.

The report intimated that since 2009, the Scottish Government had commissioned this survey every two years as part of the Scottish Care Experience Survey Programme. In 2013/14, the survey had been widened to include aspects of care, support and caring responsibilities to support the principles underpinning the integration of health and social care in Scotland. The survey covered five areas of health and care experience, being the GP practice; treatment or advice from the GP practice; out of hours healthcare; care, support and help with everyday life; and caring responsibilities.

It was noted that due to re-wording of the questions in the 2019/20, only two questions were comparable with previous surveys and the report detailed the comparisons from 2013/14 to 2019/20.

The report provided information in relation to survey questions and the HSCP's commitment to improve results and detailed the 2019/20 survey comparisons in terms of Renfrewshire and Scotland.

DECIDED:

(a) That Renfrewshire's performance in the Health and Care Experience Survey 2019/20 be noted; and

(b) That the Partnership's commitment to improve results in targeted areas, and the actions being undertaken to do so, be noted.

8 Mental Health Strategy

The Interim Chief Officer submitted a report advising that the NHS Greater Glasgow and Clyde Mental Health Strategy 2018/23 would be refreshed to ensure the focus of the strategy and the implementation plan reflected progress and the impact of COVID-19.

The report intimated that the Scottish Government, as part of the national Mental Health Strategy 2017/27, had given a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings, this funding was referred to as Action 15.

National Records Scotland published an annual report of the probable suicide deaths in Scotland which indicated that there were 833 deaths by probable suicide in Scotland in 2019, an increase of 6% on 2018 and 16 deaths by probable suicide in Renfrewshire in 2019, an increase from 13 in 2018. Deaths in Renfrewshire in 2018 saw a significant drop from the previous year with 23 deaths in 2017. It was noted that suicide prevention was a significant priority of the strategy and the day-to-day work of Mental Health Services in Renfrewshire and that Action 15 monies had been utilised to strengthen suicide prevention work.

The report provided detail on the refresh of the strategy which was hoped would be concluded in the Spring of 2021 before a period of stakeholder engagement; on Action 15 funding provided to Renfrewshire with a target of providing 27.2 mental health workers by the end of the four-year period, as detailed in Appendix 1 to the report, and outlined the Action 15 financial allocations for Renfrewshire over the coming years; and the report on probable suicide deaths in Scotland 2019 which formed Appendix 2 to the report.

It was noted that Renfrewshire HSCP continued to prioritise the prevention of suicides with a wide range of treatment and care offered to provide support to individuals who had suicidal ideation. The HSCP had recently invested in delivering a broad reaching suite of Suicide Prevention Training Courses which were available to anyone who lived or worked in Renfrewshire free of charge; worked with colleagues within Renfrewshire Council Children's Services and the third sector in numerous awareness raising activities; employed Community Safety Nurses within the Mental Health Crisis Service who formed part of the Community Safety Partnership working in partnership with other agencies to facilitate multi-agency working in providing an early intervention service.

DECIDED:

(a) That it be noted that the refresh of the Mental Health Strategy was underway and that a further update would be provided to the IJB as this work progressed;

(b) That the progress of Action 15 be noted;

(c) That it be noted that the Head of Mental Health, Addictions & Learning Disability Services would continue to work in partnership with the other five GGC HSCPs in progressing the board-wide proposals and lead the Renfrewshire only proposals; and

(d) That the suicide prevention work underway in Renfrewshire and the commitment from the HSCP to prevent these tragedies be noted.

Sederunt

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

9 Renfrewshire Alcohol and Drug Partnership Annual Report

The Interim Chief Officer submitted a report relative to the Renfrewshire Alcohol and Drug Partnership (ADP) Annual Report 2019/20, a copy of which was appended to the report.

The report intimated that the ADP had key responsibility for implementing the National Policy Framework and driving forward local action to reduce the use of and harm of alcohol and drugs. ADPs in Scotland produced annual reports for submission to the Scottish Government and to ensure consistency, the Scottish Government had reformatted the template and had opted for a tick box approach designed to allow consistent reporting on how ADPs were meeting national and local priorities. The ADP Annual Report set out the financial framework used to deliver local and national outcomes ranging from prevention and early intervention initiatives to treatment and support services which continue to be recovery and outcome focused.

The report provided information on drug related deaths in Renfrewshire in 2019 and in the Greater Glasgow and Clyde area in 2017/19. It was noted that Renfrewshire ADP was committed to continuing to work in partnership to reduce the harm caused by alcohol and drugs, to stop drug related deaths and to support more people to recover in Renfrewshire.

DECIDED:

(a) That the breadth of activity in addressing alcohol and drug issues detailed in the ADP Annual Report 2019/20 be noted; and

(b) That the work currently underway and the future actions to prevent and reduce the number of drug related deaths in Renfrewshire be noted.

10 Renfrewshire Alcohol and Drug Commission

The Interim Chief Officer submitted a report relative to the final report from the Alcohol and Drug Commission outlining their intentions to improve the life chances of individuals impacted by alcohol and drugs, a copy of which formed Appendix 1 to the report.

The report intimated that the Renfrewshire Community Planning Executive Group had agreed to establish an Alcohol and Drugs Commission in 2018, the remit of which was to establish a true picture of drug and alcohol use in Renfrewshire and to make recommendations on what partners could do together to support local people and communities adversely affected by drug and alcohol use to improve life outcomes.

The HSCP and ADP had undertaken a self-assessment against the recommendations of the Commission's final report. As a result of the challenges caused by COVID-19, some of the actions identified as part of the implementation phase of the Whole System Review had been paused, however, most actions were now moving forward at pace. It was noted that Renfrewshire Council had allocated £2 million to support its recommendations with £1.34 million already agreed to support a number of the actions as detailed in Appendix 2 to the report.

A detailed action plan would be developed setting out Renfrewshire Council's and partners' responses to the Commission's report and recommendations would be prepared and submitted to the next meeting of Renfrewshire Council's Leadership Board scheduled to be held on 24 February 2021. A Programme Board, chaired by Renfrewshire Council's Chief Executive would drive the delivery of the action plan and resulting programme of work and operational delivery of the programme would be led by the Head of Policy and Commissioning, with a co-ordinator post put in place to support the implementation, delivery and evaluation of all new initiatives.

DECIDED:

(a) That the HSCP's actions to support the implementation of the Alcohol and Drug Commission's recommendations be noted;

(b) That the contents of the ADP self-assessment, as detailed in Appendix 1 to the report, and the funding allocation, as detailed in Appendix 2 to the report, be noted; and

(c) That it be noted that following the meeting of Renfrewshire Council's Leadership Board on 24 February 2021, a further update would be provided to the IJB if any implications for the HSCP were identified.

Sederunt

Fiona Milne left the meeting during consideration of the following item of business.

John Trainer re-joined the meeting prior to consideration of the following item of business.

11 Consultation- Review of the Model Code of Conduct for Devolved Public Bodies in Scotland

The Clerk submitted a report relative to the Scottish Government consultation in relation to a review of the Model Code of Conduct for Devolved Public Bodies.

The report intimated that Renfrewshire IJB was a devolved public body for the purposes of the Ethical Standards in Public Life etc. (Scotland) Act 2000, which meant that the IJB was required to adopt the Model Code of Conduct for Devolved Public Bodies and that IJB members were required to comply with the terms of the Code.

The Scottish Government had now started a consultation in relation to a review of the Model Code with the deadline for responses being 8 February 2021. The Model Code had not been reviewed since 2014 and the Scottish Government had expressed the view that they wanted to make the Code easier to understand. The revised Code also took into account developments in society such as the role of social media and made it clear that bullying and harassment was completely unacceptable and should not be

tolerated. The revised code was to be fit for purpose and ensure that the highest standards of conduct were maintained.

The report detailed the main changes that had been made to the Model Code and the report recommended that the IJB respond to the consultation to support the revisions made to the Code of Conduct.

DECIDED:

(a) That the terms of the consultation by the Scottish Government on the review of the Model Code of Conduct for Devolved Public Bodies be noted; and

(b) That the IJB agree to support the terms of the revised Model Code included in the consultation document.

12 Proposed Dates of Meetings of the Integration Joint Board 2021/22

The Clerk submitted a report relative to proposed dates of meetings of the IJB in 2021/22.

DECIDED:

(a) That it be noted that meetings of the IJB would be held at 10.00 am on 22 March and 25 June 2021;

(b) That meetings of the IJB be held at 10.00 am on 17 September and 19 November 2021 and 28 January, 25 March and 24 June 2022; and

(c) That members be advised of the venue for future meetings.

13 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held remotely by MS teams at 10.00 am on 26 March 2021.

IJB Rolling Action Log – 26 March 2021

| Date of Board | Report | Action to be taken | Officer responsible | Due date | Status |
|---------------|---|--|-----------------------|----------------------------|---|
| 31/01/20 | Draft Unscheduled Care Commissioning Plan 2020/25 | Submit finalised Plan to the IJB later in the year for approval | Interim Chief Officer | September 2021 | <p>Work is underway across NHSGGC to review this Plan within the context of COVID-19 and the resultant changes to some service models.</p> <p>It is expected that an update on this will be brought back to all IJBs within NHSGGC in September 2021 for consideration.</p> |
| | Financial Report 1 April to 31 August 2020 | Arrange developments session to provide members with further detail in relation to recruitment and vacancies and on COVID-19 spend | Interim Chief Officer | 20/11/20 | Development session has taken place. Action now completed. |
| 20/11/20 | Financial Outlook 2021/22 | Arrange development sessions in December 2020 and January 2021 to discuss the financial planning strategy for 2020/21 including emerging savings proposals | Chief Finance Officer | December 2020/January 2021 | Development sessions have taken place. Action now completed. |



To: Renfrewshire Integration Joint Board

On: 26 March 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 the key operational activity, including the HSCP's operational response to COVID-19. The report focuses on activity undertaken since the last IJB on 29 January 2020.
- 1.2. The continually changing circumstances locally and nationally continue to necessitate the prioritisation of the HSCP's response to the pandemic, including the continued delivery with partners of the COVID-19 vaccination programme.
- 1.3. The report also provides the IJB with an update on the regional and national developments for health and social care services.
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2. Recommendations

It is recommended that the IJB:

1. Note the updates provided on the COVID vaccination programme, ongoing operational response to the COVID pandemic, and NHS GGC remobilisation plans (sections 4 to 11);
2. Note the update from Scottish Government on reporting requirements for Annual Performance Reports, Integration Scheme reviews, and the development of Strategic Plans (section 12);
3. As part of the above, note that work has commenced on the Annual Performance Report for 2020/21 and a Strategic Plan proposal will be brought to the IJB in June 2021 (section 12);

4. Note the additional HSCP strategy and planning updates provided on the development of a one-year workforce plan for 2021/22 and the draft expenses policy for unpaid carers (sections 13 to 14);
5. Note the updates provided on developments in national policy and strategy, covering the implementation of national whistleblowing standards within the NHS, Audit Scotland's report on the NHS in Scotland 2020, and the Scotland Prevention Review Group's recommendations for preventing homelessness (sections 15 to 17); and
6. Approve the draft expenses policy for unpaid carers described in section 14 and provided as Appendix 1 to this report.

3. Background

- 3.1. On 23 February 2021, the Scottish Government set out an updated Strategic Framework, indicating the expected process and indicative timescales for current restrictions to be reduced. The framework recognises that infection rates in Scotland have been reducing. Coupled with the vaccination programme, this provides an opportunity to now consider how restrictions will be removed.
- 3.2. Assuming that the current direction of travel in infection numbers continues, restrictions will be eased within Level 4 at three-week intervals with the objective of stay-at-home requirements being lifted on 5 April 2021 and an expansion in retail which is able to open. The first steps in this process were the return of some school children, and the reinstatement of meaningful contact through internal care home visiting from early March. Additional changes are also being made by the Scottish Government where the evidence suggests this is possible. From 26 April, Scotland will return to geographical variations in COVID restrictions. The HSCP's response to COVID has continued, and will continue, throughout, and this report provides an update to the IJB on the current position of COVID and operational services.
- 3.3. More broadly, a range of national reviews have recently completed, such as Audit Scotland's annual review of the NHS in Scotland. This also includes several reviews and actions which had previously been delayed due to the impact of COVID, comprising the implementation of National Whistleblowing Standards for the NHS and the completion of the Scotland Prevention Review Group's review of homelessness prevention. Further updates on this national work are provided in this paper.

4. COVID Vaccination Programme

- 4.1. The COVID-19 vaccination programme is being rolled out with prioritisation set nationally based on clinical risk. Three vaccines are currently approved by the Medicines and Healthcare products Regulation Agency (MHRA) with other vaccines at an advanced stage of development and testing, which subject to approval by regulators, may be made available on the NHS vaccination programme.
- 4.2. The national vaccination programme is progressing ahead of initial expectations. As of 9 March 2021, a total of 1,789,377 people had received

their first Coronavirus (COVID-19) vaccination in Scotland. 123,686 had received their second dose.

Older Adult Care Home Residents and Staff

- 4.3. As at 12 March 2021, 96.5% of eligible residents across all of Renfrewshire's internal and external care home estate have now received their second vaccination dose, with only a small number of residents ineligible or not consenting. The HSCP also continues to seek to complete the vaccination process for any residents who were unable to be vaccinated when they care out their initial visits.
- 4.4. Care Home staff who work in Renfrewshire care homes are also now being offered their 2nd vaccination. The Health and Social Care Partnership management team has been proactive in supporting the uptake of vaccines and continues to work with care home managers to encourage uptake amongst the remaining staff who have not yet had their 1st dose.

Mass Vaccination Programme

- 4.5. At the time of writing, the mass vaccination centres have now been operating for six weeks and continue to support the vaccination programme roll out in line with the priorities set nationally based on clinical risk. The number of clinics is kept under review by the Health Board and all of Renfrewshire's sites have been set up to provide a flexible model that can accommodate a clinic undertaking up to 1,000 vaccinations per day, over a 12-hour period. The aim is to vaccinate all over 50s by mid-April with the size and number of clinics expected to increase towards the end of March and into April to support delivery of this target. All of the adult population should be offered a first dose of vaccine by the end of July 2021.
- 4.6. Since 15 February 2021 the centres have been vaccinating people in one of the largest priority groups, Priority Cohort 6, which includes those aged 16 to 64 years old at risk, as well as carers and those with mild to moderate learning disabilities (which it has been recently expanded to include). People with severe and profound learning disabilities have already been vaccinated. There is a blended approach underway between GPs and mass vaccination centres to vaccinate those with learning disabilities. For those who are unable to attend their GP or a mass vaccination centre, Learning Disability Nurses will vaccinate and offer additional support as required.
- 4.7. Due to the size of the current priority group (around 1 million people across Scotland), vaccination appointments will continue to be offered to those eligible over the coming weeks. Renfrewshire residents are offered an appointment at a clinic within the Health Board area at the closest available clinic. People are being urged to attend the appointment allocated wherever possible, but if they are unable to do so, they can rearrange online by following the instructions within their appointment letter.
- 4.8. People can continue to access transport support via my travel line and "MyBus" where required. SPT have agreed to waive the normal "MyBus" registration process and allow people to book "MyBus" (should they need to) to attend vaccination appointments across Greater Glasgow and Clyde.

Unpaid Carers

- 4.9. The Scottish Government have established a two-stage process for inviting carers to receive their vaccination. The first tranche is those carers who receive certain benefits, including Carers Allowance. These carers should now have been vaccinated or have received appointment letters. For all other unpaid carers aged 16 to 64, the Government is launching a self-registration system. Carers aged 65 and over will already have been offered a vaccine due to being included in an earlier priority group.
- 4.10. The self-registration service will offer both online and phonenumber options and will go live at 8am on 15 March 2021. Renfrewshire Carers Centre are being asked to send information about self-registration to carers from 12 March 2021. The Government will be launching a digital campaign on 15 March 2021 followed by press and radio from 22 March 2021. Carer vaccinations will be delivered through the local mass vaccination centres.
- 4.11. Renfrewshire Carers Centre provides ongoing support and information to approximately 3,000 carers. However, the 2011 Census found that 17,759 (10%) people in Renfrewshire identified themselves as a carer. It is widely accepted that this figure will be higher, with estimates of up to 17% of the population being carers.

Remaining Priority Groups or Missed Invitations

- 4.12. Renfrewshire along with all other local authorities within the Health Board areas will move through the remaining cohorts in line with the national timescales set by the Scottish Government.
- 4.13. Anyone in the NHS Greater Glasgow and Clyde Health Board area who thinks they should have received an invitation to get their vaccination or who have lost their invitation letter can check whether they should have received an invitation and get a response by completing a new missing invitations contact form on the NHS Scotland website.

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 impact of the COVID vaccination programme is now visible across all Care Homes, reflected in increased levels of stability in infection levels since the last update to the IJB. At the time of writing there are no confirmed coronavirus outbreaks in care homes across Renfrewshire.
- 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 Daily Huddle and enhanced clinical and care governance arrangements also remains in place. Surveillance and mass testing of staff and residents also continues to be undertaken to proactively identify and manage any potential outbreaks.

6. Updated Care Home Visiting Guidance

6.1. On 5 January 2021, the 'Stay at Home' regulations came into effect to minimise the risk and spread of the virus. As a result, indoor visiting was restricted to essential visits only – in cases where there is distress, urgency or a need to prevent decline – and outdoor visiting to see loved ones via garden or window visits, arranged with the care home in advance. Given the additional risk posed by the new variant, garden visits have been limited to one visitor and visits by children and young people have not been permitted. The regulations have classed visiting a loved one in care homes as essential travel and is therefore exempt from travel restrictions.

'Open with Care' Guidance

6.2. On 24 February, the Scottish Government released 'Open with Care' guidance to support meaningful contact in care homes. The guidance has been supplemented with some short film clips, information posters and a series of workshops for providers and partners to support the delivery of 'Open with Care'. The guidance recognises that every time someone goes into a care home it is a COVID risk and that it is everyone's responsibility to ensure that visiting takes place safely. However, with a range of protections now in place against COVID, the bigger risk is the continued separation of residents from loved ones.

6.3. In the first instance, the guidance states that indoor visiting should involve up to two designated visitors weekly, visiting one at a time. This may increase in future where care homes, with support from oversight arrangements, are confident it is safe to do so. Children under 16 are not recommended as a designated visitor at this stage.

6.4. Visitors to care homes will be required to wear face coverings and any PPE requested by the care home and will be strongly encouraged to take a COVID-19 test on-site. While visiting may sometimes still be restricted, for example in the event of an outbreak at a care home, the expectation will now be that homes will facilitate regular weekly contact for residents and will have in place the following nine levels of protection to mitigate risks:

- Effective Infection Prevention Control in each care home as standard practice at all times.
- Appropriate PPE and training on donning and doffing in a safe way and a safe place.
- Testing for all residents entering or returning to a care home.
- Three times weekly testing for all staff.
- Testing for all professional and other staff entering a care home.
- Testing for family visitors.
- PPE for family visitors.
- Vaccination of residents and staff.

- Public health and primary care support and guidance if symptoms or a positive case develops in a resident or staff member.
 - Following this the Scottish Government will look to gradually increase the frequency and duration of contacts allowable.
- 6.5. The three care homes run by Renfrewshire HSCP are enabling visiting in line with the 'Open with Care' guidance. Due to footfall associated with staff testing every Monday and Wednesday, there are no visits arranged on these days. Visiting is facilitated over the remaining 5 days each week, during the hours of 10am and 6pm. It is anticipated that visiting arrangements will attract between 14-19 designated visitors to each care home on these days.
- 6.6. All designated visitors are asked to undertake a Lateral Flow Test each time they visit the care home which will take around 40 minutes to undertake and administer, before the designated visitor is accompanied through the building to the resident's bedroom, where they will remain for the duration of the visit. Whilst there is no time limit on the visits, it will be recommended that designated visitors spend up to 2 hours with the resident.
- 6.7. Outdoor visits will continue to be facilitated for residents to see their non-designated visitors within the care home garden areas. New outdoor cabins at each care home are expected to be completed during March 2021, which will provide much more comfortable areas for residents to meet with their visitors in heated, but adequately ventilated spaces.
- 6.8. Visiting co-ordinators are required to undertake the role of managing visitors to the care homes, including testing and recording, infection control adherence and supporting the visitor processes in alignment with each resident's individual support plans about spending time with their designated and non-designated visitors.

7. Care Home Testing Team

- 7.1. Renfrewshire's Care Home Testing Team was established in May 2020 with staff mobilised from access HSCP services. The purpose was the early identification, through PCR testing, of COVID-19 cases within adult and older adult care homes and the subsequent understanding and mitigation of the spread of COVID019 amongst residents and staff.
- 7.2. PCR testing involves a nasal / throat swab being taken with the person's consent and the tests are processed through NHS labs.
- 7.3. Since the establishment of the Care Home Testing Team, the role of the team has continued to expand. At present the role of the team is:
- To undertake COVID-19 testing of symptomatic care, nursing home, extra care, sheltered and very sheltered housing residents and hospice patients.
 - To undertake weekly surveillance testing in two older adult care or nursing homes on a rotational basis (10% of residents).

- To undertake mass testing in care homes, nursing homes, extra care and sheltered and very sheltered housing following a positive COVID-19 test for a resident or staff member.
- To provide COVID-19 testing kits to the local Community Nursing Team for pre-admission care home or nursing home tests and for symptomatic housebound patients in Renfrewshire who are unable to complete a home test.

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

7.5. The demand for testing residents has decreased over February. At the peak of infection levels, the number of tests undertaken was around 700 per week and this has reduced in the last week of February to 170. This is a result of the reduction in the number of positive cases and subsequent reduced demand for testing.

8. PPE and Lateral Flow Testing

8.1. Renfrewshire HSCP has in place a single point of contact and coordination for all PPE requirements across health and care services from the PPE Hub in Paisley, in conjunction with colleagues from Renfrewshire Council's Building Services team. The Hub oversees the ordering, distribution and collection arrangements for all PPE for HSCP internal services and commissioned services.

8.2. Regular inflows of stock continue to be received via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues. On average our weekly incoming stock is in excess of 500k items of PPE and we support the timely allocation of this for delivery and collection by a range of services. The current arrangements via NSS were due to expire at the end of March 2021 and have now been extended until the end of June 2021. Further communication will follow with regards approach beyond that date.

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

8.4. Lateral Flow Testing has been introduced for HSCP health and social care staff who are patient or service user facing, including those visiting older adult care homes. Lateral flow testing (LFT) is a new diagnostic test, for detecting the virus that causes COVID-19. These tests do not require lab processing and so can return a result much quicker than a PCR test. With a lateral flow test, a liquid sample is placed on a small absorbent pad and the staff member reads the result.

8.5. Staff are provided with a box of tests, which they register the serial number, undertake the tests twice weekly and they log their results online. If the

results are positive, the staff member is required to self-isolate and attend for PCR testing.

- 8.6. The roll out of LFTs enables additional staff groups to be added to the list of those eligible for testing on a regular basis.

9. COVID Assessment Centre

- 9.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to operate to provide a service for patients who are who experiencing COVID respiratory symptoms. Across February the demand for the service has reduced, resulting in a reduction in the number of appointment slots available. The demand for this service is monitored on a daily basis by the Head of Service and Clinical Director, to make sure there is adequate appointments available and to predict any potential spikes in demand as lockdown eases and schools reopen.

10. Operational Services Update

Day Support for older people and people with physical disabilities

- 10.1. There are six Day Support Centres within Renfrewshire, five for Older People and one for people with physical disabilities (the Disability Resource Centre). Following Government guidance on COVID-19 in March 2020 building-based day support was required to close and the services were redeployed to provide virtual support. This has included weekly welfare calls for older people and a range of online activities and support for people who previously accessed support at the Disability Resource Centre. Day support staff have also been deployed to support the HSCP's response to COVID across several services.
- 10.2. As reduced infection levels allow, the HSCP has focused on the development of an interim 'hub and spoke' model of day support for older people and individuals with a physical disability. The hub and spoke model recognises that it will not be possible to reopen all day care buildings immediately. The day care buildings at Johnstone, Montrose and Renfrew continue to be utilised as drop-down facilities for care at home staff, who currently have no access to the network of staff facilities within extra care, sheltered housing and care homes.
- 10.3. The hub for older people will be based in the Falcon Centre and will be continually evaluated throughout based on information and feedback from staff and service users. This will help to determine lessons learned from this hybrid model which can inform the future direction of day support for older people. In addition to in-person support provided within the centre, community outreach will enable individuals to be supported within their own homes, alongside virtual (or digital) engagement and ongoing welfare calls.
- 10.4. The physical disability service will also use the Falcon Centre Hub as part of the hub and spoke model for day support. The service will also continue to build on the use of the existing virtual services which have been adopted throughout the pandemic including:

- Service user signposting

- Online care support groups
- Virtual activities
- Engagement via a variety of communication channels

10.5. Work has been progressed with the objective of opening the Falcon Centre as a base for staff to operate from and deliver the community outreach aspect of the hub and spoke model in April 2021. The HSCP has engaged with Health and Safety and Facilities Management colleagues within Renfrewshire Council to ensure that the appropriate risk and building assessments are in place and that necessary alterations and infection control procedures are in place to ensure safety for staff. A date for service users to access support in the hub will be determined through ongoing work.

10.6. The HSCP is now undertaking individual needs reviews for all service users across the older people and physical disabilities day support services to ensure that their individual needs will be met by the facilities provided at the Falcon Centre, through community outreach and ongoing digital and welfare support.

10.7. As noted above, the implementation of a hub and spoke model will support both service recovery from the pandemic, as infection levels allow, and the opportunity to understand how this adapted hybrid approach works for people who use older people and physical disability day support. This will assist in informing the future of day support services as the HSCP focuses on enabling choice, control and flexibility in service provision through the continued implementation of Self-directed Support and seeks to further embed the principles set out in the independent review of adult social care.

Learning Disability Day Support and Respite

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

10.9. Emergency and crisis support recommenced from early February, following a service pause due to the announcement of increased restrictions within Tier 4 areas and 'stay at home' messaging on 4 January 2021. Support continues to be provided in line with the eligibility criteria for people with the most critical level of needs, and service users continue to be contacted on a weekly basis to provide ongoing support and advice.

10.10. In line with recent Scottish Government guidance, implementation of twice weekly staff testing (Lateral Flow Tests) commenced from 2 February 2021. In addition to staff testing, eligible service staff have received their first dose of a COVID vaccination.

10.11. Supported people accessing Day Support/Respite and wider Community Team provision have also been identified for COVID vaccination under Priority 4 and 6 of the JCVI priority list. Where supported people are unable to receive vaccinations through GP Surgeries and mass vaccination centres, due to complex need, appropriate support will be offered to assist.

- 10.12. The four-tier model of support continues to be utilised by Renfrewshire Learning Disability Services (RLDS) to provide essential support to the most vulnerable adults with learning disabilities and their families. This model incorporates day support and respite services, working closely with the Integrated Community Team. The day respite tier of the model was necessarily paused when Renfrewshire moved into Tier 4 restrictions. However, following updated communications from Scottish Government, approval has been received from the Corporate Management Team to restart this provision at the Anchor Centre and Spinner's Gate.
- 10.13. During week commencing 8 March 2021, the Corporate Management Team also approved the reopening of the Mirin Day Service, which is located within the Lagoon Leisure Centre. Access to Mirin has been made possible due to the utilisation of the Lagoon as a mass vaccination centre (with separate access available for Mirin). The initial occupancy of the day service will be limited to 10 people initially, moving to 20 when it has been deemed safe to do so. The Milldale Day Service, located at On-X, will reopen when the leisure centre itself reopens in coming weeks.
- 10.14. RLDS will continue to utilise the tiered model as the safe re-opening of wider building-based services develops. The Learning Disability Planning Group continues to meet every three weeks, providing the opportunity for engagement with a range of stakeholders including carers and service user representatives, and this group will continue to be integral to decision making within the ongoing response to and recovery from the pandemic.

Mental Health Inpatient Services

- 10.15. 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.
- 10.16. The patient vaccination programme has commenced with all patients, within the Older People's Mental Health wards and shielding patients having received their COVID-19 vaccinations. The current vaccination programme is now aimed at patients with underlying health conditions, who are at higher risk of severe illness if they contract COVID-19. The rest of the patients will receive their vaccine in line with the national rollout.
- 10.17. The staff vaccination programme is well under way with most staff having received their first dose and have now received or have a date to receive their second dose.
- 10.18. There is currently a significant demand on Mental Health Services, in particular inpatient services. This is reflected across NHS GGC and across 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.

- 10.19. There are nursing recruitment challenges across NHSGGC. A board-wide group has been established to improve recruitment and retention of in-patient staff. There is currently a long day shift pattern pilot underway in Renfrewshire, put in place as locally a number of nursing staff have been lost to areas offering such a shift pattern. Early indications of this pilot show that this has improved staffing levels and feedback from staff has been positive. The pilot will be evaluated over the next month.

11. NHS Greater Glasgow and Clyde Remobilisation Plan

- 11.1. As part of ongoing activity in line with the Scottish Government's Remobilise, recover, re-design framework, NHS Greater Glasgow and Clyde has developed a third remobilisation plan (RMP3) to cover the period April 2021 to March 2022. This plan has been developed across the health and care system, including primary care, secondary care and health and care services within the community.
- 11.2. The plan, which was to be submitted to the Scottish Government by 3 March 2021, builds on the detail provided in previous remobilisation plans and continues to be guided by Moving Forward Together (MFT) and seeks to continue to deliver on national priorities which include (i) supporting staff wellbeing and developing sustainable workforce planning; (ii) living with COVID by delivering additional COVID services and managing the impact on existing health and care provision; (iii) delivering essential services; (iv) addressing inequalities and embedding innovation; and (v) demonstrating value for money and affordability.
- 11.3. It is noted that the plan continues to recognise the significant uncertainty which remains around the impact of COVID-19 in the year ahead. It has therefore been developed on the assumption that high levels of COVID-19 will remain for at least the first six months of the planning period.

HSCP Strategic and Operational Updates

12. National Reporting Arrangements for Integration Schemes, Strategic Commissioning Plans and Annual Performance Reviews

- 12.1. On 3 March 2021, the Scottish Government circulated confirmation of reporting arrangements for Integration Schemes, Strategic Commissioning Plans (also referred to as Strategic Plans) and Annual Performance Reviews for the current reporting year.
- 12.2. Legislation was moved in Parliament during the week commencing 22 February 2021 to extend the Coronavirus Scotland Act (2020) through to 30 September 2021. Under the provisions of this Act, IJBs are able to extend the date of publication for Annual Performance Reviews to the end of November 2021. However, as noted in paragraph 12.6 below, work will commence in Summer 2021 on the development of the IJB's Strategic Plan. Therefore, to manage planning and reporting activity as effectively as possible, work has commenced on the development of the Annual Performance Report with an objective of being in a position to publish the report in July 2021.

- 12.3. The Scottish Government has also reconfirmed the minimum requirement for IJBs to carry out a review of Integration Schemes before their expiry date, which is five years after the scheme was approved in Parliament. This review can note anything that requires further work between partners and set out plans for completion of that work at a later date. Until that work is undertaken, the current Integration Scheme will remain in force. Renfrewshire IJB undertook a review of the existing Integration Scheme in 2019 and 2020 however consultation on proposed changes was paused due to the pandemic. The Senior Management Team will consult with NHS GGC and Renfrewshire Council on next steps regarding the Integration Scheme, to reflect a desire to align Integration Schemes across the six HSCPs where possible. Revised timescales will also be developed where necessary. Following these discussions, a recommendation on next steps will be brought to the IJB.
- 12.4. The same principles apply to the development of Strategic Commissioning Plans (Strategic Plans) under the Public Bodies (Joint Working) (Scotland) Act 2014. The Act requires IJBs, working with their Strategic Planning Group, to undertake a review (rather than necessarily create a new plan). Such a review could result in a decision to continue with the same plan for a period of 12 months prior to a new plan being developed.
- 12.5. The IJB's current Strategic Plan covers the period 2019-22. The HSCP recommends that work is undertaken to develop a new Strategic Plan from 2022, rather than utilising the option to undertake a review, and is currently reviewing existing supporting strategic planning processes and structures. Work will be undertaken with the Strategic Planning Group and Staff Partnership Forum to develop a proposed approach and timescales for developing the IJB's next Strategic Plan.
- 12.6. A further update, including a formal proposal for the 2022-25 strategic plan and supporting strategic planning approach, will be brought to the IJB for approval in June 2021.

13. Workforce Planning

- 13.1. The Recovery and Renewal Planning paper submitted to the IJB in January 2021 provided an update on work being undertaken to inform the development of an interim one-year workforce plan, in advance of guidance on requirements being received from the Scottish Government.
- 13.2. This guidance was initially expected in December 2020 and was received on 3 February 2021. Consequently, the deadline for submission of workforce plans for 2021/22 has been extended by the Scottish Government from end March to end April 2021.
- 13.3. A Workforce Planning and Organisational Development Group has been convened to take forward development of the interim plan. This group is led by the Head of Strategic Planning and Health Improvement, with input from staff-side, NHS and Local Authority HR, Training and Development, Organisational Development and Change and Improvement. This group will oversee the development of the plan and supporting actions, which include:

- Completion of a further planning workshop with members of the Leadership Network who were unable to attend two planning sessions held in late 2020. This session will cover participants' views on objectives for developing the workforce in their service areas.
- Assessment of existing feedback received through the Everyone Matters survey and additional surveys undertaken to understand the views of staff on the impact of and response to COVID.
- Discussion of a draft of the one-year plan with the Staff Partnership Forum.

13.4. As part of ongoing measures to support the health and wellbeing of staff, which will form a critical element of the one-year workforce plan and beyond, the Cabinet Minister for Health and Support announced the launch of the 'Workforce Specialist Service' on 26 February 2021. This service will provide confidential and expert care from professionals suffering from issues including stress, anxiety, depression or addiction and can be found through the national wellbeing hub at www.promis.scot.

14. Unpaid Carers' Expenses Policy

14.1. The Expenses Policy for Carers is for unpaid carers who are appointed as a member of the Renfrewshire Health and Social Care Partnership Integration Joint Board (IJB), as per 2.16 of the Integration Scheme, and any associated groups or committees. There is one carer representative on the IJB.

14.2. In February 2019, the Ministerial Steering Group produced a report entitled "Review of Progress with Integration of Health and Social Care". Proposal 6.3 of the report is "We will support carers...better to enable their full involvement in integration...(including) paying reasonable expenses for attending meetings." To support IJBs to comply with this, the Carers Collaborative produced a template expenses policy for carer representatives.

14.3. The Collaborative's template, and examples from other Health and Social Care Partnerships, have been used for the development of the draft Renfrewshire IJB Carer Expenses Policy, attached at Appendix 1. This policy will ensure our carers are supported to attend meetings and further enhance their contribution to IJB decision making. This paper seeks approval from the IJB for this draft strategy.

National Strategy and Policy Updates

15. NHS National Whistleblowing Standards

15.1. In October 2020, the Scottish Public Services Ombudsman announced that the revised go-live date for the implementation of National Whistleblowing Standards and the full Independent National Whistleblowing Officer (INWO) service would be 1 April 2021. The original date for implementation was 27 July 2020 however this was delayed due to the COVID-19 pandemic. The powers of the Independent National Whistleblowing Officer apply across the NHS in Scotland, and to any organisation providing an NHS service.

- 15.2. The Standards set out how the Independent National Whistleblowing Officer expects all NHS service providers to respond when staff raise concerns, including supporting the person raising a concern. Any organisation providing an NHS service is expected to have procedures in place that enable their staff, students, volunteers and others delivering services, to access the standards. A range of support including training, an advice line and resources have been developed to enable implementation of the Standards.
- 15.3. Additional guidance has also been developed to clarify expectations of HSCPs, recognising that partnership staff are employed by two separate organisations. All those working in HSCPs must be able to raise concerns about NHS services, and must have access to the support they need to do so, whoever their employer is. Any concerns about the delivery of NHS services must be handled in line with the requirements of the Standards, and anyone raising a concern through the Standards will have access to the INWO, whoever their employer is.
- 16. Audit Scotland Report: The NHS in Scotland 2020**
- 16.1. On 17 February 2021, Audit Scotland published the report “NHS in Scotland 2020: Lessons to be learned from pandemic response”. This report forms part of Audit Scotland’s annual reporting on how the NHS in Scotland is performing. The focus of this year’s report was consideration of the Scottish Government and NHS response to the significant and unprecedented challenges of the COVID-19 pandemic and assessment of the impact on health; pandemic preparedness; NHS remobilisation and NHS finances and performance.
- 16.2. Audit Scotland concluded that the “Scottish Government acted quickly to prevent the NHS from being overwhelmed by COVID-19, but it could have been better prepared to respond to the pandemic”. The Scottish Government based its initial response to COVID-19 on the 2011 UK flu pandemic preparedness strategy. Scotland took part in three pandemic preparedness exercises in the years before the coronavirus outbreak, however not all of the actions identified in these exercises had been fully implemented when COVID-19 emerged.
- 16.3. The report also recognises that staff across the NHS and Scottish Government took early action during the first wave in 2020, including increasing intensive care capacity and pausing non-urgent treatment. Service innovation was also highlighted and the swift upscaling of video consultations. However, challenges around remobilisation within the pre-existing financial and operational context are also identified and addressed within the report’s recommendations.
- 16.4. A more detailed update on Audit Scotland’s recommendations was provided to the Audit, Risk and Scrutiny Committee on 12 March 2021 ([available here](#)) and the full report is provided in the background documents to this paper.
- 17. Preventing Homelessness in Scotland Recommendations: Impact on HSCPs**
- 17.1. The Scotland Prevention Review Group was set up in 2019 at the request of the Scottish Government and was tasked with identifying legal duties required

for local authorities and other public bodies in the prevention of homelessness in Scotland. The group's report and recommendations were published in February 2021 and set out a number of proposals for changes to housing and homelessness legislation, policy and practice. This includes a recommendation that public bodies be required to have a role in preventing homelessness, as part of a shared public responsibility, and have a duty to ask about a person's housing situation as well as a duty to take appropriate action.

17.2. The report includes a number of recommendations of particular relevance to, and requiring consideration, by HSCPs. These include:

- That a statutory duty should be placed on HSCPs to identify the housing circumstances of patients and where necessary work with partners to ensure that patients are assisted into suitable housing or that a risk of homelessness is prevented.
- Where needs are more complex and cannot be supported in mainstream housing, primary responsibility for meeting those accommodation needs should sit with the HSCP.
- Where a social worker or social care worker identifies a risk of homelessness, they should make a referral to the relevant part of the local authority. If they consider that there are unmet social care needs, a social care needs assessment should be carried out.
- Where it is identified that an individual may have health and social care needs as part of an assessment of homelessness or threat of homelessness, or an assessment of housing support needs (s30A or 30B of draft legislation), a statutory duty is placed on the health and social care partnership to cooperate with the local authority in planning to meet those needs.

17.3. The report also makes recommendations with regards strengthening strategic planning processes. HSCPs should set out a clear statement of their contribution to preventing homelessness within Local Housing Strategies. Within this context, Renfrewshire has a number of strategies and fora in place which reflect the HSCP's commitments to working with preventing homelessness as set out in the IJB's Strategic Plan 2019-22 and the Local Housing Strategy 2016-21. More broadly, Renfrewshire Council and the HSCP work together through a Housing Strategy Group, and as noted in previous reports, Housing as a Health Issue has been agreed as a key priority for the Strategic Planning Group.

17.4. The Housing Minister has welcomed the recommendations from the report and will now work with CoSLA and partners to agree how the proposals can be implemented. The HSCP will work with partners to consider the recommendations made and implement necessary actions. Further updates will be brought to the IJB as the recommendations are progressed.

Implications of the Report

1. **Financial** – Financial implications resulting from the operational response to COVID-19 are described further in a separate report to the IJB
 2. **HR & Organisational Development** – No implications from this report.
 3. **Community Planning** – No implications from this report.
 4. **Legal** – This report outlines the legislative changes resulting from the inclusion of IJBs as Category One Responders under the Civil Contingencies Act 2004. The implications of these changes will continue to be monitored.
 5. **Property/Assets** – Procedures in place to support the management and security of the authority's public information assets have been reviewed through the Records Management Plan. Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
 6. **Information Technology** – No implications from this report.
 7. **Equality and Human Rights** – No implications from this report.
 8. **Health & Safety** – No implications from this report.
 9. **Procurement** – No implications from this report.
 10. **Risk** – Risks and issues arising during the COVID response are tracked and managed on an ongoing basis.
 11. **Privacy Impact** – None from this report.
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List of Background Papers:

- [Open with Care guidance](#)
 - [National Whistleblowing Standards](#)
 - [Audit Scotland Report: NHS in Scotland 2020](#)
 - [Preventing Homelessness in Scotland Report and Recommendations](#)
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Author: David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Shiona Strachan, Interim Chief Officer (shiona.strachan@renfrewshire.gov.uk / 0141 618 7647)

Expenses Policy for Unpaid Carers

Who is the expenses policy for?

This policy is for unpaid carers who are appointed as a member of the Renfrewshire Health and Social Care Partnership Integration Joint Board (IJB), as per 2.16 of the Integration Scheme, and any associated groups or committees.

Why does this expenses policy exist?

This policy ensures that any unpaid carers who are members of the IJB and associated groups or committees are not out of pocket as a result of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

When does this expenses policy apply?

This expenses policy applies to enable unpaid carers to undertake the work required in their capacity as IJB members. This includes preparatory work for, and attendance at:

- IJB meetings (including Workshop and Development Sessions)
- Strategic Planning Groups
- Other associated groups or committees
- IJB related duties and events

What expenses are included in this policy?

The following are included but prior approval must be sought before any expense is incurred

- Travel costs
 - public transport (excludes first class travel - receipts to be provided)
 - mileage (at the agreed rate/mile)
 - parking (receipts to be provided)
 - taxi costs - where public transport arrangements are not suitable (receipts to be provided)
- Subsistence (where no meals or refreshments are provided)
 - Reimbursement of reasonable lunch expenses as per current Local Council guidelines (receipts to be provided)
 - Reimbursement of reasonable dinner expenses as per current Local Council guidelines (receipts to be provided)
 - Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if and when required, as per current Local Council guidelines (receipts to be provided)
- Preparatory work and administration to carry out duties
 - IT / communication costs (e.g. phone / iPad / laptop) although a Council owned laptop will normally be loaned for the period of tenure

NB: there will be a requirement to agree to abide by the relevant policies in relation to use of IT equipment, data protection etc.

- Replacement care / care cover
 - for attendance at IJB meetings
 - for attendance at other meetings/events relating to role
 - for travel times to meetings
 - for preparation time (if and when required – to be discussed and agreed in advance)
- Loss of income to attend meetings
 - Where appropriate, loss of earnings income to attend IJB meetings will be considered (to be discussed and agreed in advance).
 - Any potential impact on social security benefits will be considered (to be discussed and agreed in advance).

What is the process for claiming expenses?

- A named contact person will be identified to support communication, completion and agreement of all expenses claims.
- Expenses forms will be provided in electronic or paper format before or at each meeting / event to claim travel and subsistence expenses (receipts to be provided).
- For preparatory and administrative costs, reimbursement of costs as spent.
- For replacement care and loss of income reimbursement, discussion and agreement with named contact person in advance.
- All expenses will be paid in accordance with normal expenses processing deadlines following receipt of a properly completed expenses claim form. However, to ensure equity of involvement and engagement, if required immediate payments may be made. A payment schedule with dates of reimbursement will be provided.
- Payments will be made via BACS transfer where possible. Bank details will require to be provided to enable payment. Where BACS payment is unsuitable alternative payment arrangements (such as cheque/cash) can only be agreed by the Chief Finance Officer.

Reviewing this policy

This policy will be reviewed annually with the relevant recipients. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.

To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2020 to 31 January 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 31 January 2021, and, the projected year end position for the year ending 31 March 2021.
- 1.2. As previously highlighted to members, the impact of COVID-19 on services delivered by the HSCP has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, the extent of which will become clearer as financial year 2020/21 progresses. These impacts are likely to continue over the medium term and at least over the next few financial years. The continually changing situation, potential for future spikes in demand for services will create additional delivery and financial pressures as well as impacting the HSCP's transformation and savings plans, which will require ongoing review and realignment.
- 1.3. The table in paragraph 3.2, includes the consolidated summary members are familiar with, plus an added level of detail showing the current estimated costs of our response to COVID-19. This is to provide clarity of the financial impact of COVID-19 on the Delegated 2020/21 IJB Budget.
-

2. Recommendations

It is recommended that the IJB:

1. Note the in-year position at 31 January 2021;
2. Note the projected year-end position for 2020/21;
3. Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2020/21;
4. Approve the increases to earmarked reserves detailed in paragraph 9.6. which includes advance funding allocated by the Scottish Government for a number of Scottish Government priority areas including Covid-19 related costs for 2021/22; and
5. Note the future recurring pressure of £310k in respect of the transfer of Analogue phone lines to digital (paragraph 9.6.2.3).

3. Summary

3.1. As detailed in the following table, the IJB year to date position (including the impact of COVID funding for the first quarter of 2021/22) is an underspend of £9,425k. The projected outturn for 2020/21 is an underspend of £11,184k.

3.2. The IJB year to date position, net of COVID-19, and, including the assumption that ring-fenced balances will be transferred to Ear Marked Reserves at the financial year end is a year to date underspend of £4,720k. The projected outturn for 2020/21 is an underspend of £5,624k.

| Division | Year to Date Position | Projected Year End Outturn |
|---|---------------------------|----------------------------|
| Total Renfrewshire HSCP (excluding COVID-19) | Underspend £4,720k | Underspend £5,624k |
| Total Net COVID -19 | Underspend £4,705k | Underspend £5,560k |
| Total Renfrewshire HSCP (inclusive of COVID-19) | Underspend £9,425k | Underspend £11,184k |

3.3. The IJB projected underspend of £11,184k for the 2020/21 financial year takes into account the impact of delivering additional services as part of the IJB's response to COVID-19, and for which additional funding is provided by the Scottish Government at regular intervals. Currently, this accounts for £5,560k of the overall underspend position reflecting funding in advance of need which will be placed in an earmarked reserve to address Covid-19 expenditure commitments in 2021/22. Beyond this, there are a number of reasons why the IJB will underspend against its budget this year, and these include:

- **Employee costs net underspend of £2,534k :**
reflects the ongoing challenges we have faced in filling vacant posts across service areas. For a wide range of posts we have tried to recruit on a number of occasions but have been unsuccessful due to limits on the number of people with the necessary skills for specialist posts and in recruiting for roles in social care such as Care at Home. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **Prescribing: net underspend of £1,160k:**
Prescribing volumes have been lower this year than in previous years due to the changes to GP appointments caused by COVID-19. The IJB also saw a higher than expected return from discounts and rebates which contributed to the financial position. Prescribing budgets are very volatile and are worked out each year based on previous experience and assumptions on what is expected in that year, meaning that the actual spend can vary significantly from planned budgets.
- **3rd Party Payments: net underspend of £2,027m:**
This is mainly in relation to purchased care home placements, reflecting the impact of COVID-19 on the ability of care homes to take new admissions due to outbreaks and infection control issues. In addition, greater numbers of clients are choosing to remain at home for longer. Occupancy levels are currently sitting at 25.6% below the average pre COVID-19 levels.

- The delivery of some agreed projects has also had to be slowed or delayed due to COVID-19 and the ongoing pandemic response. This has a particular impact where funding is ringfenced for specific activity which has not been progressed in the current situation.

3.4. The financial outlook for the IJB from next year forward will be extremely challenging. The IJB's transformation programme has been paused because of the pandemic, with all of our staff focused on the continued delivery of safe and effective services and additional COVID-19 services such as the vaccination programme. This programme will be central to us achieving financial sustainability in the medium term, and these unavoidable delays mean that we need to address financial challenges through other means. Any underspend this year will be used to offset expected financial pressures in 2021/22 while the IJB develops its transformation programme (where and when possible).

3.5. The key pressures are highlighted in section 4.

3.6. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 6 and 7 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

| Total Renfrewshire HSCP | Year to Date Position | Year End Outturn |
|-------------------------|-----------------------|--------------------|
| | Underspend £4,720k | Underspend £5,624k |

4.1. The overall net underspend for the HSCP at 31 January 2021 is an underspend of £4,720k, with an anticipated year-end underspend of £5,624k, assuming that the current trajectory of spend continues throughout this financial year. Members should note this does not include the net costs associated with COVID-19.

4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume any underspends are transferred to ear marked reserves at the year end in line with Scottish Government funding arrangements.

4.3. The current and projected underspend includes a drawdown of £1,208k to date, from ear marked reserves as detailed in the following table and in Appendix 9.

Movement in Reserves

| Earmarked Reserves | Amounts Drawn Down in 2020/21 |
|---|--------------------------------------|
| | £000's |
| PCTF Monies Allocated for Tests of Change and GP Support | -111 |
| Primary Care Improvement Program (19/20)_(20/21) | -264 |
| GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement | -152 |
| District Nurse Rolling Recruitment Programme | -8 |
| ADP Funding | -187 |
| Mental Health Action 15 (19/20)_(20/21) | -130 |
| Mental Health Strategy Interim Support Pending Completion of Psychology Review | -115 |
| Renfrewshire Wide Prevention and Early Intervention Programme | -100 |
| Information Communication Funding - Care @ Home Scheduling System | -131 |
| Care @ Home Refurbishment and Uniform Replacement | -10 |
| TOTAL EARMARKED RESERVES | -1,208 |

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

| Adults and Older People | Year to Date Position | Year End Outturn |
|--------------------------------|------------------------------|---------------------------|
| | Underspend £1,530k | Underspend £1,810k |

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

- *Continued pressures within the Care at Home service* – spend within care at home has continued to increase year on year as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget
- *Care Homes* – Currently, the Care Home budget is projecting an underspend which is offsetting the above pressures within the Care at Home service. This position reflects the impact of COVID-19 on the ability of care homes to take new admissions. The COVID pandemic has had a huge impact on the care homes over the past year. As a result of outbreaks and infection control issues within the care homes the occupancy levels are currently sitting at 25.6% below the average pre COVID levels. 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. It is expected that as we come out of the pandemic and the situation improves occupancy levels will start to rise.
- *Employee costs - Adult Social Care*
Underspends in employee costs reflecting recruitment delays due to COVID-19 restrictions and ongoing difficulties recruiting to specialist posts.
- *Adult Community Services*
Underspend, reflecting ongoing turnover and recruitment and retention issues across services. There is also an underspend on a number of supplies budgets reflective of services operating at a reduced capacity during the pandemic.

| Mental Health Services | Year to Date Position | Year End Outturn |
|-------------------------------|------------------------------|-------------------------|
| | Underspend £731k | Underspend £869k |

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

| Learning Disabilities | Year to Date Position | Year End Outturn |
|-----------------------|-----------------------|------------------|
| | Underspend £479k | Underspend £568k |

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

| Children's Services | Year to Date Position | Year End Outturn |
|---------------------|-----------------------|------------------|
| | Underspend £428k | Underspend £514k |

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

| Hosted Services | Year to Date Position | Year End Outturn |
|-----------------|-----------------------|------------------|
| | Underspend £463k | Underspend £555k |

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

| Prescribing | Year to Date Position | Year End Outturn |
|-------------|-----------------------|--------------------|
| | Underspend £967k | Underspend £1,160k |

- 4.10. Based on the current data available, the prescribing budget is projecting an underspend of £1.160m for 2020/21 which is summarised in the table below.

| Spend Type | Variance | |
|--|-----------------|------------|
| | £'000 | |
| Schedule 4 GIC (Gross Ingredient Cost - Main GP Prescribing Budget) | 604.00 | underspend |
| Invest to Save | 10.00 | underspend |
| Prescribing Contingency (does not include Earmarked Reserves) | 375.36 | underspend |
| Gross Expenditure | 989.36 | underspend |
| Recovery of Discounts and Rebates | 171.00 | underspend |
| Net Position | 1,160.36 | underspend |

Prescribing volumes have been lower this year than in previous years due to the changes to GP appointments caused by COVID-19. Current indications are that prescribing volumes will remain lower this year than in previous years, (approximately 2.2% reduction on the same period last year). This has helped to negate the impact of higher prices due to short supply. The IJB also saw a higher than expected return from discounts and rebates which contributed to the financial position.

5. Responding to the COVID-19 Pandemic

- 5.1. As previously highlighted to members, in addition to the areas of pressure described in Section 4 of this report, the most significant challenge faced by Renfrewshire HSCP (since March 2020) and its partner organisations (and all HSCPs across Scotland) has been responding to the COVID-19 pandemic. The uncertainty and challenges arising from this situation are unprecedented, and, will continue to impact beyond this financial year.
- 5.2. The CFO regularly provides estimated costs to the Scottish Government through our Local Mobilisation Plan supported by an associated Financial Tracker. This feeds into the collective NHS GGC response together with our five partner HSCPs in the NHS GGC Board wide area. These reflect regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.
- 5.3. The following table summarises the main areas of expenditure which the HSCP has incurred, and, is projected to incur as a result of the current emergency arrangements – these include: provider sustainability payments; loss of income; and, the cost of savings which have been delayed in their implementation. To date £9.527m has been spent responding to COVID-19, of which £3.268m relates to health services excluding hospices, and, £6.259m relates to adult social care services.

| Total Estimated Costs at 19/01/21 | | | | | | | |
|-----------------------------------|------------------------|--------------------------------|--------------|------------------------|--------------------------------|--------------|-----------------|
| Description of Cost Type | Health | | | Adult Social Care | | | TOTAL £000's |
| | Costs Incurred to Date | Estimate of Future Commitments | Total Costs | Costs Incurred to Date | Estimate of Future Commitments | Total Costs | |
| | £000's | £000's | £000's | £000's | £000's | £000's | |
| Additional Staff Costs | 865 | 144 | 1,009 | 893 | 79 | 972 | 1,981 |
| Provider Sustainability Costs | - | - | - | 2,698 | 2,073 | 4,771 | 4,771 |
| PPE | 39 | - | 39 | 740 | - | 740 | 778 |
| Delayed Discharge & Care at Home | - | - | - | 694 | 0 | 694 | 694 |
| Community Hubs | 744 | 397 | 1,141 | - | - | - | 1,141 |
| Hospices Loss of Income | - | 423 | 423 | - | - | - | 423 |
| Unachieved Savings | 155 | - | 155 | 250 | - | 250 | 405 |
| Loss of Income | - | - | - | 575 | - | 575 | 575 |
| FHS costs | 823 | 27 | 850 | - | - | - | 850 |
| Other Costs | 642 | 554 | 1,197 | 409 | 466 | 875 | 2,071 |
| TOTAL | 3,268 | 1,545 | 4,812 | 6,259 | 2,618 | 8,877 | 13,689 |

- 5.4. As previously highlighted to members, the actual impact may however be higher or lower than currently estimated, depending upon a wide range of influencing factors including: the time taken to move through the route map of recovery; the impact of Test, Trace, Isolate and Support (TTIS) on our internal services as well as our externally contracted services; in addition costs associated with provider sustainability payments are wholly dependent on Scottish Government decisions in relation to the level and duration of support providers are to receive.

- 5.5. Updated guidance was issued by the Scottish Government and COSLA in late December 2020. The previous planned care approach for care and support and community-based services ceased on 30 November, and, was replaced with a targeted approach from 1 December 2020 until 31 March 2021. This was to ensure that services and supports experiencing ongoing significant impact to delivery are supported. In addition, we continue to evaluate claims for PPE, staff overtime, agency staff and enhanced sick pay costs.
- 5.6. Payment to providers is a complex process involving significant analysis of claims and supporting documentation from each provider, often requiring further contact to be made requesting appropriate back-up not included originally, or to complete the declaration that any support claimed is net of any other government support e.g. furlough payments.
- 5.7. The Scottish Government have recently allocated funding in respect of likely costs which will be incurred in the early part of 2021/22 (reference Appendix 12) in particular, the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting the virus.
- 5.8. 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 total, funding of £19.249m has been confirmed (including Hospices), leaving a current surplus £5.560m, this position reflects funding in advance of need which will be placed in an earmarked reserve to address Covid-19 expenditure commitments in 2021/22.

| Confirmed Funding Sources to Support the HSCP's COVID-19 Response | £000's |
|--|---------------|
| Allocation of funding for Adult Services | 14,437 |
| Allocation of funding for Health | 4,119 |
| Hospice Funding Allocation (Accord and St Vincent's) | 693 |
| Total Confirmed Funding to date | 19,249 |
| Less: Estimated Costs @ 16/02/2021 | 13,689 |
| = Surplus (Deficit) | 5,560 |

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.
- 6.2. Recruitment has been delayed due to COVID-19 restrictions but continues to be progressed for vacant posts in all services.
- 6.3. 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.

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

8. Other Delegated Services

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

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

- 8.2. The Projected outturn position to 31 March 2021 is a breakeven.

9. Reserves

- 9.1. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 bodies do not over-commit themselves financially. The Ministerial Strategic Group also recognised the need for reserves and the need for IJBs to have a prudent and transparent reserve policy. IJBs face a number of financial risks including demand, inflation and the scale and pace of transformation, which can require IJBs to access reserves.

- 9.2. As detailed in Appendix 9, the opening IJB reserves position for 2020/21 was £9.517m. This figure comprised £8.116m of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £1.401m is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to 0.63% of the IJB's net budget (not including set aside).

- 9.3. As detailed in Appendix 9 and paragraph 4.3, based on current projections for 2020/21 a total of £1.208m of ear marked reserves have been drawn down to date.

- 9.4. In November 2020 the IJB approved the CFO's Financial Outlook 2021/22. This report described the CFO's estimated financial outlook for Renfrewshire IJB for 2021/22, taking into account the impact of COVID-19, and, recommending key actions with regards the IJB's medium term financial strategy.

- 9.5. Reserves is a key component of the IJB's medium term financial strategy. It is important for the long-term financial stability and the sustainability of the IJB that sufficient contingency funds are held in reserve to manage unanticipated pressures from year to year. Similarly, it is also important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, either in whole or in part, to allow for the spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes.

This includes Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. The Scottish Government have agreed a flexible funding approach for these priorities whereby these reserves are accessed first before any further funding is released.

9.6. **Proposed Increases to earmarked reserves**

9.6.1. **Scottish Government Ring fenced Monies**

9.6.1.1. As part of the CFO's financial strategy for 2021/22 and in line with the IJB's Reserves Policy, members are therefore asked to approve the transfer of the following **remaining balances** totalling £9.421m, from their original allocations (detailed in appendix 12 to 16) to Ear Marked reserves:

| Funding Stream | Allocation | Amounts Drawn Down to Date | Proposed Balance to Transfer to Ear marked reserves | reference |
|---|--------------|----------------------------|---|-------------|
| | £000's | £000's | £000's | |
| COVID-19 Q1-4 Allocation – Tranche 2 | -2,961 | -2,961 | 0 | Appendix 12 |
| Further Integration Authority Support | 3,316 | 102 | 3,214 | Appendix 12 |
| Adult Social Care Winter Plan - Tranche 2 | 1,758 | 109 | 1,649 | Appendix 12 |
| Community Living Change Funding | 697 | | 697 | Appendix 12 |
| Total COVID -19 Funding | 2,810 | -2,750 | 5,560 | |
| PCIF | 1,821 | | 1,821 | Appendix 12 |
| PCIF - current u/s | 426 | | 426 | n/a |
| Action 15 | 230 | | 230 | Appendix 12 |
| Action 15- current u/s | 424 | | 424 | n/a |
| ADP | 100 | | 100 | Appendix 12 |
| ADP | 577 | | 577 | Appendix 15 |
| Reduce Drug Death Funding | 104 | | 104 | Appendix 13 |
| Drug Death Task Force | 141 | 13 | 128 | Appendix 14 |
| GP Premises Improvement Fund | 51 | 0 | 51 | Appendix 16 |
| TOTAL | 6,684 | -2,737 | 9,421 | |

9.6.1.2. These will then be drawn down in line with their relevant spending profile in line with the flexible funding approach agreed with the Scottish Government. (Please note in order to show the impact on the IJB's reserves position these have been included in Appendix 9 and show as awaiting approval.)

9.6.2. **Transfer of Analogue phone lines to digital**

9.6.2.1. Across the UK, all analogue phone lines are in the process of being transferred from analogue to digital. This process is scheduled to be completed by 2023, which is an ambitious timescale brought forward from original target dates of 2025. Telecare systems currently use the analogue system to monitor alarm calls and provide assistance to vulnerable service users, enabling them to stay independent in their own homes for longer. However, once the transition to digital takes place, existing analogue alarm units will no longer be compatible. It is therefore essential that the HSCP upgrades alarm units and processes for the approximately 3000 telecare service users in Renfrewshire to ensure uninterrupted provision of services and prevent additional risk to these individuals. This requires a significant investment in new technology and

equipment to ensure telecare is provided on a digital basis in advance of the 2023 deadline.

- 9.6.2.2. The following table and appendix 11 provide a summary of the recurring and non-recurring costs associated with delivering this programme over the next few years.

Analogue to Digital Costs

| | | Year 1 2020/21 | Year 2 2021/22 | Year 3 2022/23 | Year 4 2023/24 | Year 5 2024/25 | Year 6 2025/26 | TOTAL |
|---|---------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Purchase of digital alarm units | Non-Recurring | £60,000 | £366,000 | £174,000 | | | | £600,000 |
| Replacement units | Recurring | £0 | | | £130,000 | £130,000 | £130,000 | £390,000 |
| SIM Cards for dispersed units (payable after 3 years) PERM budget transfer to IT | Recurring | £0 | | | £127,800 | £52,200 | | £180,000 |
| Total Costs | | £60,000 | £366,000 | £174,000 | £257,800 | £182,200 | £130,000 | £1,170,000 |
| Funded By: | | | | | | | | |
| Council capital budget | Non-Recurring | -£20,000 | -£366,000 | | | | | -£386,000 |
| HSCP Equipment budget | Non-Recurring | -£40,000 | | | | | | -£40,000 |
| HSCP Ear Marked Reserves | Non-Recurring | | | -£174,000 | -£130,000 | -£130,000 | | -£434,000 |
| Total Funding | | -£60,000 | -£366,000 | -£174,000 | -£130,000 | -£130,000 | £0 | -£860,000 |
| | | | | | | | Funding | -£310,000 |

- 9.6.2.3. In line with the IJB's Reserves Policy, members are asked to approve the creation of an Ear Marked reserve of £434k to assist with funding this programme in the short term and to be drawn down as work progresses in line with the implementation plan. Members should however be aware that as part of the financial planning for 2023/24 to 2025/26 funding for the estimated recurring costs of £310k will require to be identified and transferred to Renfrewshire Council.

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

- 10.1. For 2020/21, the new Living Wage rate was set at £9.30, an increase of 30p from the 2019/20 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a 3.3% increase was applied as per communication issued by the Scottish Government.
- 10.2. The Scottish Living Wage for 2021/22 has been confirmed as £9.50 an increase of £0.20. On confirmation of funding from the Scottish Government, increases will be applied in line with communication issued by the Scottish Government.

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.

List of Background Papers – None.

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| Direction from the Integration Joint Board | | |
|---|---|--|
| 1. | Reference Number | 260321-04 |
| 2. | Date Direction issued by IJB | 26 March 2021 |
| 3. | Date from which Direction takes effect | 26 March 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, 290121-04 |
| 6. | Functions covered by the Direction | All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde |
| 7. | Full text of Direction | Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2019-22), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1. |
| 8. | Budget allocated by IJB to carry out Direction. | As outlined in Appendix 1. |
| 9. | Outcomes | The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019. |
| 10. | Performance monitoring arrangements | Performance management is monitored and reported to every meeting of the IJB. |
| 11. | Date of review of Direction | June 2021. |

HSPC Position not including COVID 19

HSPC Revenue Budget Position
1st April 2020 to 5th February 2021

| Subjective Heading | YTD Budget | In year adjustments | Adjustment in line with Annual Accounts | Drawdown From Reserves | Reserves Budget Adjustments | Revised Budget | Actual Spend YTD | Variance | | |
|--------------------------|----------------|---------------------|---|------------------------|-----------------------------|----------------|------------------|--------------|-----------|-------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | % | |
| Employee Costs | 66,970 | 4,249 | | 665 | - | 71,884 | 69,762 | 2,122 | 3% | underspend |
| Property Costs | 330 | 7 | | - | | 337 | 363 | (27) | -8% | overspend |
| Supplies and Services | 16,386 | 2,672 | (10,446) | 293 | | 8,905 | 8,710 | 195 | 2% | underspend |
| Third Party Payments | 48,283 | 4,383 | | - | | 52,666 | 50,952 | 1,714 | 3% | underspend |
| Purchase Of Healthcare | 2,312 | 329 | | 51 | | 2,692 | 2,684 | 8 | 0% | underspend |
| Transport | 679 | 34 | | - | | 713 | 466 | 247 | 35% | underspend |
| Family Health Services | 71,566 | 2,191 | | - | | 73,757 | 72,799 | 958 | 1% | underspend |
| Support Services | 60 | - | | - | | 60 | 50 | 10 | 17% | underspend |
| Transfer Payments (PTOB) | 6,086 | (3,235) | | - | | 2,852 | 2,835 | 16 | 1% | underspend |
| Resource Transfer | 16,896 | 1,481 | (18,377) | - | | - | - | - | 0% | breakeven |
| Set Aside | 47,081 | 1,413 | | - | | 48,493 | 48,493 | - | 0% | breakeven |
| Gross Expenditure | 276,649 | 13,524 | (28,822) | 1,009 | - | 262,359 | 257,115 | 5,244 | 2% | underspend |
| Income | (24,628) | (26) | | | (1,009) | (25,063) | (25,139) | (524) | 2% | overspend |
| NET EXPENDITURE | 252,021 | 13,499 | (28,822) | 1,009 | (1,009) | 236,697 | 231,976 | 4,720 | 2% | underspend |

| Care Group | YTD Budget | In year adjustments | Adjustment in line with | Drawdown From | Reserves Budget | Revised Budget | Actual Spend YTD | Variance | | |
|--------------------------|----------------|---------------------|-------------------------|---------------|-----------------|----------------|------------------|--------------|-----------|-------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | £000's | % | |
| Adults & Older People | 57,743 | (2,559) | | 308 | (308) | 55,183 | 53,654 | 1,530 | 3% | underspend |
| Mental Health | 18,700 | 2,105 | | 204 | (204) | 20,806 | 20,075 | 731 | 4% | underspend |
| Learning Disabilities | 13,178 | 1,362 | | - | - | 14,539 | 14,060 | 479 | 3% | underspend |
| Children's Services | 4,867 | 416 | | - | - | 5,282 | 4,854 | 428 | 8% | underspend |
| Prescribing | 31,183 | (1,244) | | - | - | 29,938 | 28,972 | 967 | 3% | underspend |
| Health Improvement & | 718 | 86 | | 83 | (83) | 804 | 804 | (0) | 0% | overspend |
| FHS | 38,322 | 4,761 | | - | - | 43,083 | 43,082 | 1 | 0% | underspend |
| Resources | 2,994 | 5,560 | (234) | 413 | (413) | 8,321 | 8,197 | 123 | 1% | underspend |
| Hosted Services | 9,226 | 119 | | - | - | 9,345 | 8,883 | 463 | 5% | underspend |
| Resource Transfer | 16,896 | 1,481 | (18,377) | - | - | - | - | - | 0% | breakeven |
| Social Care Fund | 10,212 | - | (10,212) | - | - | - | - | - | 0% | breakeven |
| Set Aside | 47,081 | 1,413 | | - | - | 48,493 | 48,493 | - | 0% | breakeven |
| Other Delegated Services | 902 | | | | | 902 | 902 | - | 0% | breakeven |
| NET EXPENDITURE | 252,021 | 13,499 | (28,822) | 1,009 | (1,009) | 236,697 | 231,976 | 4,720 | 2% | underspend |

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

| Subjective Heading | Annual Budget £000's | In year adjustments £000's | Adjustment in line with £000's | Drawdown From £000's | Reserves Budget £000's | Revised Budget £000's | Projected Spend to Year End £000's | Variance | | |
|--------------------------|-------------------------|-------------------------------|-----------------------------------|-------------------------|---------------------------|--------------------------|---------------------------------------|--------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Employee Costs | 79,870 | 5,093 | | 798 | | 85,760 | 83,226 | 2,534 | 3% | underspend |
| Property Costs | 390 | 9 | | - | | 399 | 430 | (32) | -8% | overspend |
| Supplies and Services | 19,636 | 3,207 | (12,535) | 350 | | 10,658 | 10,425 | 232 | 2% | underspend |
| Third Party Payments | 57,062 | 5,181 | | - | | 62,243 | 60,216 | 2,027 | 3% | underspend |
| Purchase Of Healthcare | 2,774 | 395 | | 61 | | 3,230 | 3,220 | 10 | 0% | underspend |
| Transport | 803 | 40 | | - | | 843 | 551 | 292 | 35% | underspend |
| Family Health Services | 85,879 | 2,630 | | - | | 88,509 | 87,359 | 1,150 | 1% | underspend |
| Support Services | 71 | - | | - | | 71 | 59 | 12 | 17% | underspend |
| Transfer Payments (PTOB) | 7,193 | (3,823) | | - | | 3,370 | 3,351 | 19 | 1% | underspend |
| Resource Transfer | 20,275 | 1,777 | (22,052) | - | | - | - | - | 0% | breakeven |
| Set Aside | 56,497 | 1,695 | | - | | 58,192 | 58,192 | - | 0% | breakeven |
| Gross Expenditure | 330,450 | 16,202 | (34,587) | 1,209 | - | 313,274 | 307,030 | 6,244 | 2% | underspend |
| Income | (29,157) | - | | | (1,209) | (30,366) | (29,747) | (619) | 2% | overspend |
| NET EXPENDITURE | 301,293 | 16,201 | (34,587) | 1,209 | (1,209) | 282,908 | 277,284 | 5,624 | 2% | underspend |

| Care Group | Annual Budget £000's | In year adjustments £000's | Adjustment in line with £000's | Drawdown From £000's | Reserves Budget £000's | Revised Budget £000's | Projected Spend to Year End £000's | Variance | | |
|-----------------------------------|-------------------------|-------------------------------|-----------------------------------|-------------------------|---------------------------|--------------------------|---------------------------------------|--------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Adults & Older People | 68,436 | (3,036) | | 368 | (368) | 65,399 | 63,589 | 1,810 | 3% | underspend |
| Mental Health | 22,403 | 2,520 | | 245 | (245) | 24,923 | 24,054 | 869 | 3% | underspend |
| Learning Disabilities | 15,592 | 1,609 | | - | - | 17,201 | 16,633 | 568 | 3% | underspend |
| Children's Services | 5,840 | 499 | | - | - | 6,339 | 5,825 | 514 | 8% | underspend |
| Prescribing | 37,419 | (1,493) | | - | - | 35,926 | 34,766 | 1,160 | 3% | underspend |
| Health Improvement & Inequalities | 861 | 104 | | 100 | (100) | 965 | 965 | - | 0% | breakeven |
| FHS | 45,987 | 5,712 | | - | - | 51,699 | 51,699 | - | 0% | breakeven |
| Resources | 3,593 | 6,672 | (281) | 496 | (496) | 9,985 | 9,837 | 148 | 1% | underspend |
| Hosted Services | 11,071 | 143 | | - | - | 11,214 | 10,659 | 555 | 5% | underspend |
| Resource Transfer | 20,275 | 1,777 | (22,052) | | | - | - | - | 0% | breakeven |
| Social Care Fund | 12,254 | - | (12,254) | | | - | - | - | 0% | breakeven |
| Set Aside | 56,497 | 1,695 | | | | 58,192 | 58,192 | - | 0% | breakeven |
| Other Delegated Services | 1,066 | - | | | | 1,066 | 1,066 | - | 0% | breakeven |
| NET EXPENDITURE | 301,293 | 16,201 | (34,587) | 1,209 | (1,209) | 282,908 | 277,284 | 5,624 | 2% | underspend |

| | |
|----------------------------------|---------|
| Transfer to Reserves at year end | (5,624) |
|----------------------------------|---------|

| | |
|-------------|---|
| Net Balance | - |
|-------------|---|

Funded by:

| | |
|--------------------------------|----------------|
| Renfrewshire Council | 73,466 |
| NHS Greater Glasgow & Clyde | 210,650 |
| Drawdown of Earmarked Reserves | (1,209) |
| TOTAL | 282,908 |

HSCP Position including COVID 19

HSCP Revenue Budget Position
1st April 2020 to 5th February 2021

| Subjective Heading | YTD Budget | In year adjustments | Adjustment in line with Annual Accounts | Drawdown From Reserves | Reserves Budget Adjustments | Revised Budget | Actual Spend YTD | Variance | | |
|--------------------------|----------------|---------------------|---|------------------------|-----------------------------|----------------|------------------|----------------|------------|-------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | | £000's | % | |
| Employee Costs | 66,970 | 6,316 | | 665 | | 73,950 | 72,579 | 1,372 | 2% | underspend |
| Property Costs | 330 | 27 | | - | | 357 | 633 | (276) | -77% | overspend |
| Supplies and Services | 16,386 | 13,481 | (17,752) | 328 | | 12,442 | 12,980 | (537) | -4% | overspend |
| Third Party Payments | 48,283 | 4,383 | | - | | 52,666 | 55,588 | (2,922) | -6% | overspend |
| Purchase Of Healthcare | 2,312 | 927 | | 68 | | 3,307 | 3,282 | 25 | 1% | underspend |
| Transport | 679 | 34 | | - | | 713 | 466 | 247 | 35% | underspend |
| Family Health Services | 71,566 | 2,900 | | - | | 74,465 | 73,507 | 958 | 1% | underspend |
| Support Services | 60 | - | | - | | 60 | 50 | 10 | 17% | underspend |
| Transfer Payments (PTOB) | 6,086 | (3,235) | | - | | 2,852 | 3,491 | (640) | -22% | overspend |
| Resource Transfer | 16,896 | 1,481 | (18,377) | - | | - | - | - | 0% | breakeven |
| Set Aside | 47,081 | 1,413 | | - | | 48,493 | 48,493 | - | 0% | breakeven |
| Gross Expenditure | 276,649 | 27,726 | (36,129) | 1,061 | - | 269,306 | 271,069 | (1,763) | -1% | overspend |
| Income | (24,628) | (2,911) | | | (1,061) | (28,599) | (39,787) | 11,187 | -39% | underspend |
| NET EXPENDITURE | 252,021 | 24,815 | (36,129) | 1,061 | (1,061) | 240,707 | 231,282 | 9,425 | 4% | underspend |

| Care Group | YTD Budget | In year adjustments | Adjustment in line with | Drawdown From | Reserves Budget | Revised Budget | Actual Spend YTD | Variance | | |
|-----------------------------------|----------------|---------------------|-------------------------|---------------|-----------------|----------------|------------------|--------------|-----------|-------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | | £000's | % | |
| Adults & Older People | 57,743 | (2,559) | | 343 | (343) | 55,183 | 53,654 | 1,530 | 3% | underspend |
| Mental Health | 18,700 | 2,105 | | 204 | (204) | 20,806 | 20,075 | 731 | 4% | underspend |
| Learning Disabilities | 13,178 | 1,362 | | - | - | 14,539 | 14,060 | 479 | 3% | underspend |
| Children's Services | 4,867 | 416 | | - | - | 5,282 | 4,854 | 428 | 8% | underspend |
| Prescribing | 31,183 | (1,244) | | - | - | 29,938 | 28,972 | 967 | 3% | underspend |
| Health Improvement & Inequalities | 718 | 86 | | 83 | (83) | 804 | 804 | (0) | 0% | overspend |
| FHS | 38,322 | 4,760 | | - | - | 43,082 | 43,082 | - | 0% | breakeven |
| Resources | 2,994 | 5,560 | (234) | 430 | (430) | 8,321 | 8,197 | 123 | 1% | underspend |
| Hosted Services | 9,226 | 119 | | - | - | 9,345 | 8,883 | 463 | 5% | underspend |
| Resource Transfer | 16,896 | 1,481 | (18,377) | - | - | - | - | - | 0% | breakeven |
| Social Care Fund | 10,212 | - | (10,212) | - | - | - | - | - | 0% | breakeven |
| Set Aside | 47,081 | 1,413 | | - | - | 48,493 | 48,493 | - | 0% | breakeven |
| Other Delegated Services | 902 | | | | | 902 | 902 | - | 0% | breakeven |
| COVID 19 | - | 11,317 | (7,307) | - | - | 4,011 | (694) | 4,705 | 0% | underspend |
| NET EXPENDITURE | 252,021 | 24,815 | (36,129) | 1,061 | (1,061) | 240,707 | 231,282 | 9,425 | 4% | underspend |

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

| Subjective Heading | Annual Budget £000's | In year adjustments £000's | Adjustment in line with £000's | Drawdown From £000's | Reserves Budget £000's | Revised Budget £000's | Projected Spend to Year End £000's | Variance | | |
|--------------------------|-------------------------|-------------------------------|-----------------------------------|-------------------------|---------------------------|--------------------------|---------------------------------------|----------------|------------|-------------------|
| | | | | | | | | £000's | % | |
| Employee Costs | 79,870 | 7,572 | | 798 | | 88,240 | 86,591 | 1,649 | 2% | underspend |
| Property Costs | 390 | 33 | | - | | 423 | 749 | (327) | -77% | overspend |
| Supplies and Services | 19,636 | 16,177 | (21,303) | 391 | | 14,902 | 15,536 | (635) | -4% | overspend |
| Third Party Payments | 57,062 | 5,180 | | - | | 62,242 | 65,695 | (3,453) | -6% | overspend |
| Purchase Of Healthcare | 2,774 | 1,113 | | 81 | | 3,968 | 3,938 | 30 | 1% | underspend |
| Transport | 803 | 40 | | - | | 843 | 551 | 292 | 35% | underspend |
| Family Health Services | 85,879 | 3,479 | | - | | 89,358 | 88,208 | 1,150 | 1% | underspend |
| Support Services | 71 | - | | - | | 71 | 59 | 12 | 17% | underspend |
| Transfer Payments (PTOB) | 7,193 | (3,823) | | - | | 3,370 | 4,126 | (756) | -22% | overspend |
| Resource Transfer | 20,275 | 1,777 | (22,052) | - | | - | - | - | 0% | breakeven |
| Set Aside | 56,497 | 1,695 | | - | | 58,192 | 58,192 | - | 0% | breakeven |
| Gross Expenditure | 330,450 | 33,244 | (43,355) | 1,270 | - | 321,608 | 323,646 | (2,038) | -1% | overspend |
| Income | (29,157) | (3,461) | | | (1,270) | (33,888) | (47,110) | 13,222 | -39% | underspend |
| NET EXPENDITURE | 301,293 | 29,782 | (43,355) | 1,270 | (1,270) | 287,721 | 276,537 | 11,184 | 4% | underspend |

| Care Group | Annual Budget £000's | In year adjustments £000's | Adjustment in line with £000's | Drawdown From £000's | Reserves Budget £000's | Revised Budget £000's | Projected Spend to Year End £000's | Variance | | |
|-----------------------------------|-------------------------|-------------------------------|-----------------------------------|-------------------------|---------------------------|--------------------------|---------------------------------------|---------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Adults & Older People | 68,436 | (3,036) | | 409 | (409) | 65,399 | 63,589 | 1,810 | 3% | underspend |
| Mental Health | 22,403 | 2,520 | | 245 | (245) | 24,923 | 24,054 | 869 | 3% | underspend |
| Learning Disabilities | 15,592 | 1,609 | | - | - | 17,201 | 16,633 | 568 | 3% | underspend |
| Children's Services | 5,840 | 499 | | - | - | 6,339 | 5,825 | 514 | 8% | underspend |
| Prescribing | 37,419 | (1,493) | | - | - | 35,926 | 34,766 | 1,160 | 3% | underspend |
| Health Improvement & Inequalities | 861 | 104 | | 100 | (100) | 965 | 965 | - | 0% | breakeven |
| FHS | 45,987 | 5,712 | | - | - | 51,699 | 51,699 | - | 0% | breakeven |
| Resources | 3,593 | 6,672 | (281) | 516 | (516) | 9,985 | 9,837 | 148 | 1% | underspend |
| Hosted Services | 11,071 | 143 | | - | - | 11,214 | 10,659 | 555 | 5% | underspend |
| Resource Transfer | 20,275 | 1,777 | (22,052) | - | - | - | - | - | 0% | breakeven |
| Social Care Fund | 12,254 | - | (12,254) | - | - | - | - | - | 0% | breakeven |
| Set Aside | 56,497 | 1,695 | | - | - | 58,192 | 58,192 | - | 0% | breakeven |
| Other Delegated Services | 1,066 | - | | | | 1,066 | 1,066 | - | 0% | breakeven |
| COVID 19 | - | 13,581 | (8,768) | - | - | 4,813 | (747) | 5,560 | 116% | underspend |
| NET EXPENDITURE | 301,293 | 29,782 | (43,355) | 1,270 | (1,270) | 287,721 | 276,537 | 11,184 | 4% | underspend |

Funded by:

| | |
|--------------------------------|----------------|
| Renfrewshire Council | 73,507 |
| NHS Greater Glasgow & Clyde | 215,483 |
| Drawdown of Earmarked Reserves | (1,270) |
| TOTAL | 287,721 |

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2020 to 5th February 2021

| Subjective Heading | YTD Budget £000's | In year adjustments £000's | Drawdown From Reserves £000's | Reserves Budget Adjustments £000's | Revised Budget £000's | Actual Spend YTD £000's | Variance | | |
|--------------------------|----------------------|----------------------------------|--|---|-----------------------------|-------------------------------|--------------|-------------|-------------------|
| | | | | | | | £000's | % | |
| Employee Costs | 26,943 | 349 | 19 | | 27,312 | 26,647 | 665 | 2.4% | underspend |
| Property Costs | 299 | 2 | - | | 300 | 316 | (15) | -5.1% | overspend |
| Supplies and Services | 1,468 | (9) | 100 | | 1,559 | 1,460 | 99 | 6.4% | underspend |
| Third Party Payments | 48,283 | 4,383 | - | | 52,666 | 50,952 | 1,714 | 3.3% | underspend |
| Transport | 677 | 34 | - | | 711 | 464 | 247 | 34.8% | underspend |
| Support Services | 59 | - | - | | 59 | 49 | 10 | 17.1% | underspend |
| Transfer Payments (PTOB) | 5,283 | (3,235) | - | | 2,048 | 2,032 | 16 | 0.8% | underspend |
| Gross Expenditure | 83,012 | 1,524 | 119 | - | 84,655 | 81,919 | 2,736 | 3.2% | underspend |
| Income | (21,662) | (1,731) | | (119) | (23,513) | (22,989) | (524) | 2.2% | overspend |
| NET EXPENDITURE | 61,350 | (207) | 119 | (119) | 61,142 | 58,930 | 2,213 | 3.6% | underspend |

| Care Group | YTD Budget £000's | In year adjustments £000's | Drawdown From Reserves £000's | Reserves Budget Adjustments £000's | Revised Budget £000's | Actual Spend YTD £000's | Variance | | |
|----------------------------------|----------------------|----------------------------------|--|---|-----------------------------|-------------------------------|--------------|-------------|-------------------|
| | | | | | | | £000's | % | |
| Older People | 41,297 | (2,280) | 119 | (119) | 39,018 | 37,595 | 1,422 | 3.6% | underspend |
| Physical or Sensory Difficulties | 5,224 | 341 | - | - | 5,565 | 5,639 | (74) | -1.3% | overspend |
| Learning Difficulties | 12,199 | 1,349 | - | - | 13,548 | 13,186 | 361 | 2.7% | underspend |
| Mental Health Needs | 2,069 | 367 | - | - | 2,436 | 2,006 | 430 | 17.6% | underspend |
| Addiction Services | 560 | 15 | - | - | 575 | 503 | 73 | 12.6% | underspend |
| NET EXPENDITURE | 61,350 | (207) | 119 | (119) | 61,142 | 58,930 | 2,213 | 3.6% | underspend |

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

| Subjective Heading | Annual Budget | In year adjustments | Drawdown From Reserves | Reserves Budget Adjustments | Revised Budget | Projected Spend to Year End | Variance | | |
|--------------------------|---------------|---------------------|------------------------|-----------------------------|----------------|-----------------------------|--------------|-------------|-------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | % | |
| Employee Costs | 31,842 | 413 | 23 | | 32,278 | 31,492 | 786 | 2.4% | underspend |
| Property Costs | 353 | 2 | | | 355 | 373 | (18) | -5.1% | overspend |
| Supplies and Services | 1,735 | (11) | 118 | | 1,842 | 1,725 | 117 | 6.4% | underspend |
| Third Party Payments | 57,062 | 5,180 | | | 62,242 | 60,216 | 2,026 | 3.3% | underspend |
| Transport | 800 | 40 | | | 840 | 548 | 292 | 34.8% | underspend |
| Support Services | 70 | | | | 70 | 58 | 12 | 17.1% | underspend |
| Transfer Payments (PTOB) | 6,243 | (3,823) | | | 2,420 | 2,401 | 19 | 0.8% | underspend |
| Gross Expenditure | 98,105 | 1,801 | 141 | - | 100,047 | 96,813 | 3,234 | 3.2% | underspend |
| Income | (25,601) | (2,046) | | (141) | (27,788) | (27,169) | (619) | 2.2% | overspend |
| NET EXPENDITURE | 72,504 | (245) | 141 | (141) | 72,259 | 69,644 | 2,615 | 3.6% | underspend |

| Care Group | Annual Budget | In year adjustments | Drawdown From Reserves | Reserves Budget Adjustments | Revised Budget | Projected Spend to Year End | Variance | | |
|----------------------------------|---------------|---------------------|------------------------|-----------------------------|----------------|-----------------------------|--------------|-------------|-------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | £000's | % | |
| Older People | 48,806 | (2,694) | 141 | (141) | 46,112 | 44,431 | 1,681 | 3.6% | underspend |
| Physical or Sensory Difficulties | 6,174 | 403 | | | 6,577 | 6,664 | (87) | -1.3% | overspend |
| Learning Difficulties | 14,417 | 1,594 | | - | 16,011 | 15,584 | 427 | 2.7% | underspend |
| Mental Health Needs | 2,445 | 434 | | | 2,879 | 2,371 | 508 | 17.6% | underspend |
| Addiction Services | 662 | 18 | | | 680 | 594 | 86 | 12.6% | underspend |
| NET EXPENDITURE | 72,504 | (245) | 141 | (141) | 72,259 | 69,644 | 2,615 | 3.6% | underspend |

**Health Revenue Budget Position
1st April 2020 to 31st January 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 | Actual Spend YTD £000's | Variance | | |
|--------------------------|----------------------|----------------------------------|--|--|---|-----------------------------|-------------------------------|--------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Employee Costs | 39,807 | 3,900 | - | 646 | - | 44,352 | 42,895 | 1,457 | 3% | Underspend |
| Property Costs | 30 | 6 | - | - | - | 36 | 47 | (12) | -32% | Overspend |
| Supplies and Services | 14,905 | 2,681 | (10,446) | 193 | - | 7,334 | 7,238 | 96 | 1% | Underspend |
| Purchase Of Healthcare | 2,312 | 329 | - | 51 | - | 2,692 | 2,684 | 8 | 0% | Underspend |
| Family Health Services | 71,566 | 2,191 | - | - | - | 73,757 | 72,799 | 958 | 1% | Underspend |
| Set Aside | 47,081 | 1,413 | - | - | - | 48,493 | 48,493 | - | 0% | Break-even |
| Resource Transfer | 16,896 | 1,481 | (18,377) | - | - | - | - | - | - | |
| Gross Expenditure | 192,596 | 12,000 | (28,822) | 890 | - | 176,663 | 174,157 | 2,508 | 1% | underspend |
| Income | (2,827) | 1,705 | - | - | (890) | (2,011) | (2,011) | - | 0% | |
| NET EXPENDITURE | 189,769 | 13,705 | (28,822) | 890 | (890) | 174,652 | 172,145 | 2,508 | 1% | 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 | Actual Spend YTD £000's | Variance | | |
|-------------------------------|----------------------|----------------------------------|--|--|---|-----------------------------|-------------------------------|--------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Addiction Services | 398 | 48 | - | - | - | 446 | 461 | (15) | -3% | Overspent |
| Addiction Services - ADP | 1,861 | (418) | - | 165 | (165) | 1,442 | 1,442 | - | 0% | Break-even |
| Adult Community Services | 8,402 | (266) | - | 24 | (24) | 8,137 | 8,013 | 123 | 2% | underspend |
| Children's Services | 4,867 | 416 | - | - | - | 5,282 | 4,854 | 428 | 8% | underspend |
| Learning Disabilities | 979 | 13 | - | - | - | 992 | 874 | 118 | 12% | underspend |
| Mental Health | 16,631 | 626 | - | 96 | (96) | 17,257 | 16,956 | 301 | 2% | underspend |
| Mental Health - Action 15 | - | 1,112 | - | 109 | (109) | 1,112 | 1,112 | - | 0% | Break-even |
| Hosted Services | 9,226 | 119 | - | - | - | 9,345 | 8,883 | 463 | 5% | underspend |
| Prescribing | 31,183 | (1,244) | - | - | - | 29,938 | 28,972 | 967 | 3% | underspend |
| Gms | 19,891 | 787 | - | - | - | 20,679 | 20,679 | - | 0% | Break-even |
| FHS Other | 18,431 | 3,973 | - | - | - | 22,404 | 22,404 | - | 0% | Break-even |
| Planning & Health Improvement | 718 | 86 | - | 83 | (83) | 804 | 804 | - | 0% | Break-even |
| Primary Care Improvement Prog | - | 3,965 | - | 220 | (220) | 3,965 | 3,965 | - | 0% | Break-even |
| Resources | 2,994 | 1,595 | (234) | 193 | (193) | 4,356 | 4,232 | 123 | 3% | underspend |
| Set Aside | 47,081 | 1,413 | - | - | - | 48,493 | 48,493 | - | 0% | Break-even |
| Resource Transfer | 16,896 | 1,481 | (18,377) | - | - | - | - | - | - | |
| Social Care Fund | 10,212 | - | (10,212) | - | - | - | - | - | - | |
| NET EXPENDITURE | 189,769 | 13,705 | (28,822) | 890 | (890) | 174,652 | 172,145 | 2,508 | 1% | underspend |

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

| Subjective Heading | Annual Budget £000's | In year adjustments £000's | Adjustment in line with Annual Accounts £000's | Drawdown From Reserves £000's | Reserves Budget Adjustments £000's | Revised Budget £000's | Projected Spend to Year End £000's | Variance | | |
|--------------------------|-------------------------|-------------------------------|---|----------------------------------|---------------------------------------|--------------------------|---------------------------------------|--------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Employee Costs | 47,768 | 4,680 | | 775 | | 53,222 | 51,474 | 1,748 | 3% | Underspend |
| Property Costs | 36 | 7 | | | | 43 | 56 | (14) | -32% | Overspend |
| Supplies and Services | 17,886 | 3,218 | (12,535) | 232 | | 8,801 | 8,685 | 115 | 1% | Underspend |
| Purchase Of Healthcare | 2,774 | 395 | | 61 | | 3,230 | 3,220 | 10 | 0% | Underspend |
| Family Health Services | 85,879 | 2,630 | | | | 88,509 | 87,359 | 1,150 | 1% | Underspend |
| Set Aside | 56,497 | 1,695 | | | | 58,192 | 58,192 | - | 0% | Break-even |
| Resource Transfer | 20,275 | 1,777 | (22,052) | | | - | - | - | - | |
| Gross Expenditure | 231,115 | 14,400 | (34,587) | 1,068 | - | 211,996 | 208,987 | 3,009 | 1% | underspend |
| Income | (3,392) | 2,046 | | | (1,068) | (2,414) | (2,414) | - | - | |
| NET EXPENDITURE | 227,723 | 16,446 | (34,587) | 1,068 | (1,068) | 209,583 | 206,574 | 3,009 | 1% | 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 £000's | Variance | | |
|-------------------------------|-------------------------|-------------------------------|---|----------------------------------|---------------------------------------|--------------------------|---------------------------------------|--------------|-----------|-------------------|
| | | | | | | | | £000's | % | |
| Addiction Services | 478 | 57 | | | | 535 | 554 | (18) | -3% | Overspent |
| Addiction Services - ADP | 2,233 | (502) | | 198 | (198) | 1,731 | 1,731 | - | 0% | Break-even |
| Adult Community Services | 10,083 | (319) | | 29 | (29) | 9,764 | 9,616 | 148 | 2% | underspend |
| Children's Services | 5,840 | 499 | | | | 6,339 | 5,825 | 514 | 8% | underspend |
| Learning Disabilities | 1,175 | 15 | | | | 1,190 | 1,049 | 141 | 12% | underspend |
| Mental Health | 19,958 | 751 | | 115 | (115) | 20,709 | 20,348 | 361 | 2% | underspend |
| Mental Health - Action 15 | - | 1,335 | | 130 | (130) | 1,335 | 1,335 | - | 0% | Break-even |
| Hosted Services | 11,071 | 143 | | | | 11,214 | 10,659 | 555 | 5% | underspend |
| Prescribing | 37,419 | (1,493) | | | | 35,926 | 34,766 | 1,160 | 3% | underspend |
| Gms | 23,870 | 945 | | | | 24,814 | 24,814 | - | 0% | Break-even |
| FHS Other | 22,117 | 4,768 | | | | 26,884 | 26,884 | - | 0% | Break-even |
| Planning & Health Improvement | 861 | 104 | | 100 | (100) | 965 | 965 | - | 0% | Break-even |
| Primary Care Improvement Prog | - | 4,758 | | 264 | (264) | 4,758 | 4,758 | - | 0% | Break-even |
| Resources | 3,593 | 1,914 | (281) | 232 | (232) | 5,227 | 5,079 | 148 | 3% | underspend |
| Set Aside | 56,497 | 1,695 | | | | 58,192 | 58,192 | - | 0% | Break-even |
| Resource Transfer | 20,275 | 1,777 | (22,052) | | | - | - | - | - | |
| Social Care Fund | 12,254 | | (12,254) | | | - | - | - | - | |
| NET EXPENDITURE | 227,723 | 16,446 | (34,587) | 1,068 | (1,068) | 209,583 | 206,574 | 3,009 | 1% | underspend |

**Renfrewshire Council 'Other Delegated Services'
1st April 2020 to 5th February 2021**

| Subjective Heading | Year to Date Budget £000's | Projection to Year End £000's | Variance £000's | % | |
|--------------------------|-------------------------------|----------------------------------|--------------------|-----------|------------------|
| Employee Costs | 220 | 220 | - | 0% | breakeven |
| Property Costs | 1 | 1 | - | 0% | breakeven |
| Supplies and Services | 13 | 13 | - | 0% | breakeven |
| Transport | 3 | 3 | - | 0% | breakeven |
| Support Services | 1 | 1 | - | 0% | breakeven |
| Transfer Payments (PTOB) | 804 | 804 | - | 0% | breakeven |
| Gross Expenditure | 1,041 | 1,041 | - | 0% | breakeven |
| | | | | | |
| Income | (139) | (139) | - | 0% | breakeven |
| NET EXPENDITURE | 902 | 902 | - | 0% | breakeven |

| Client Group | Year to Date Budget £000's | Projection to Year End £000's | Variance £000's | % | |
|-------------------------------|-------------------------------|----------------------------------|--------------------|-----------|------------------|
| Housing Adaptations | 701 | 701 | - | 0% | breakeven |
| Women's Aid | 201 | 201 | - | 0% | breakeven |
| Grant Funding for Women's Aid | - | - | - | 0% | breakeven |
| NET EXPENDITURE | 902 | 902 | - | 0% | breakeven |

1st April 2020 to 31st March 2021

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

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

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

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

| | |
|--|----------------|
| Budget allocated as per 2020-21 Financial Allocation 31st October 2020 | 208,800 |
| <u>Budget Adjustments posted in month 8</u> | |
| FHS Adjustment - Anticipated Pharmacy Ncl 2020 | 1,339 |
| FHS Adjustment - Reduce Dent Inc | -225 |
| <u>Non-Recurring:</u> | |
| Tobacco Prevention Funding from Scottish Government | 34 |
| Scottish Government Funding COVID | 782 |
| GMS COVID Funding | 14 |
| Budget allocated as per 2020-21 Financial Allocation 30th November 2020 | 210,744 |
| <u>Budget Adjustments posted in month 9</u> | |
| FHS Adjustment - Reduce Dent Inc | -102 |
| <u>Non-Recurring:</u> | |
| GMS COVID Funding | 5 |
| Scottish Government Funding COVID - Adjustment | -319 |
| Local Authority COVID Allocation | 2,810 |
| Transfer to Social Care Local Authority COVID Allocation | -2,810 |
| PCIP Tranche 2 Funding | 1,069 |
| LD - Funding for Open University Place | 5 |
| Budget allocated as per 2020-21 Financial Allocation 31st December 2020 | 211,402 |
| <u>Budget Adjustments posted in month 10</u> | |
| <u>Reductions:</u> | |
| FHS Adjustment - Increase Dent Inc | -58 |
| <u>Non-Recurring:</u> | |
| GMS COVID Funding | 41 |
| Scottish Government Funding COVID - Adjustment | -2,961 |
| PCIP Balance | 1,821 |
| Action 15 Tranche 2 | 655 |
| Action 15 Balance | 239 |
| RT Adjustment | -456 |
| FHS Adjustment | 145 |
| Funding for Syrian Refugee | 4 |
| Adjustment to COVID Local Authority Allocation | 3,461 |
| COVID Funding | 103 |
| Budget allocated as per 2020-21 Financial Allocation 31st January 2021 | 214,396 |

Scottish Government Funding Streams

| Funding Description | 2018/19 | | | | 2019/20 | | | | | 2020/21 | | | Total |
|---------------------|-----------------------------|---|-------------------------------------|--------------------------------------|-----------------------------|-----------------------------|-------------------------------------|------------------------------|--------------------------------------|------------------------|------------------------------|--------------------------------------|----------------------------------|
| | 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 | Received to date £m | Drawdown from Reserves £m | Transfer to Earmarked Reserves £m | Balance Earmarked Reserves £m |
| PCIF | 1.554 | 1.465 | 0.089 | -0.792 | 1.861 | 0.931 | 0.930 | 0.792 | -0.264 | 4.754 | 0.264 | -2.247 | 2.247 |
| Action 15 | 0.374 | 0.333 | 0.041 | -0.306 | 0.575 | 0.097 | 0.478 | 0.306 | -0.130 | 1.333 | 0.130 | -0.654 | 0.654 |
| ADP | 2.139 | 2.139 | 0.000 | -0.321 | 2.229 | 2.229 | 0.000 | 0.066 | -0.453 | 2.308 | 0.187 | -0.577 | 1.098 |
| TOTAL | 4.067 | 3.937 | 0.130 | -1.419 | 4.665 | 3.257 | 1.408 | 1.164 | -0.847 | 8.395 | 0.581 | -3.478 | 3.999 |

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

**HSCP Vacancy Position at 5 February 2021
Per Client Group**

| Care Group | Health | Adult | TOTAL |
|-----------------------------------|-------------------------|-------------------------|-----------------|
| | # Current Vacancies FTE | # Current Vacancies FTE | # vacancies FTE |
| Adults & Older People | 10.61 | 100.84 | 111.45 |
| Mental Health | 44.21 | 4.71 | 48.92 |
| Learning Disabilities | 1.30 | 11.29 | 12.59 |
| Children's Services | 8.32 | | 8.32 |
| Health Improvement & Inequalities | | | - |
| Resources | 4.85 | | 4.85 |
| Hosted Services | 7.94 | | 7.94 |
| TOTAL | 77.23 | 116.84 | 194.07 |

**HSCP Vacancy Position at 5 February 2021
Per Job Description**

| Job Description | Health | Adult | TOTAL |
|---|-------------------------|-------------------------|-----------------|
| | # Current Vacancies FTE | # Current Vacancies FTE | # vacancies FTE |
| Admin & Clerical | 4.85 | | 4.85 |
| Adult Services Co-ordinator | | 3.50 | 3.50 |
| Care Assistant | | 0.54 | 0.54 |
| Care at Home Team Manager | | 1.00 | 1.00 |
| Caretaker | | 1.19 | 1.19 |
| Change & Improvement Officer | | 2.00 | 2.00 |
| Community Alarm Responder | | 4.86 | 4.86 |
| Community Alarm Responder (Night) | | 1.62 | 1.62 |
| Community Meals Driver | | 1.65 | 1.65 |
| Data Quality Assistant | | 2.00 | 2.00 |
| Day Care Officer | | 2.24 | 2.24 |
| Day Service Assistant | | 5.51 | 5.51 |
| Day Service Officer | | 0.59 | 0.59 |
| Depute Manager | | 1.00 | 1.00 |
| Dietetics | 0.40 | | 0.40 |
| Escort/ Attendant | | 1.11 | 1.11 |
| Financial Systems Support Administrator | | 1.00 | 1.00 |
| Home Care Team Leader | | 5.68 | 5.68 |
| Home Care Worker | | 45.81 | 45.81 |
| Home Care Worker (Night) | | 0.81 | 0.81 |
| Medical & Dental | | | - |
| Mental Health Support Worker | | 1.19 | 1.19 |
| Nursing Staff - Trained | 32.71 | | 32.71 |
| Nursing Staff - Untrained | 19.17 | | 19.17 |
| Occupational Therapist | 1.60 | 1.50 | 3.10 |
| Occupational Therapist Assistant | 1.10 | | 1.10 |
| Operations Manager | | 1.00 | 1.00 |
| Physiotherapist - Assistant | 1.00 | | 1.00 |
| Podiatrist | 7.94 | | 7.94 |
| Practical Support Team Member | | 1.03 | 1.03 |
| Programme Management Officer | | 1.00 | 1.00 |
| Project Worker | | 1.00 | 1.00 |
| Psychology | 4.60 | | 4.60 |
| Rehabilitation Officer | | 0.50 | 0.50 |
| Senior Day Care Officer | | 0.50 | 0.50 |
| Senior Day Service Officer | | 1.00 | 1.00 |
| Senior Project Worker | | 1.00 | 1.00 |
| Senior Social Worker | | 1.00 | 1.00 |
| Service Co-ordinator | | 2.00 | 2.00 |
| Service Delivery Scheduler | | 3.05 | 3.05 |
| Social Care Assistant | | 7.74 | 7.74 |
| Social Care Assistant (Nights) | | 1.25 | 1.25 |
| Social Care Worker | | 3.56 | 3.56 |
| Social Care Worker (Nights) | | 0.13 | 0.13 |
| Social Worker | | 3.89 | 3.89 |
| Speech & Language Therapist | 0.66 | | 0.66 |
| Team Leader | 1.70 | | 1.70 |
| Team Manager | | 2.38 | 2.38 |
| Technical Instrutor | 1.5 | | 1.50 |
| TOTAL | 77.23 | 116.84 | 194.07 |

Analogue to Digital Costs

| NON RECURRING | | | | | | | |
|---------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------------|
| | Year 1 2020/21 | Year 2 2021/22 | Year 3 2022/23 | Year 4 2023/24 | Year 5 2024/25 | Year 6 2025/26 | TOTAL |
| Purchase of digital alarm units | £60,000 | £366,000 | £174,000 | | | | £600,000 |
| Funded By: | | | | | | | |
| Council capital budget | -£20,000 | -£366,000 | | | | | -£386,000 |
| HSCP Equipment budget | -£40,000 | | | | | | -£40,000 |
| HSCP Ear Marked Reserves | | | -£174,000 | | | | -£174,000 |
| Total Funding | -£60,000 | -£366,000 | -£174,000 | £0 | £0 | £0 | -£600,000 |
| Funding | | | | | | | £0 |

| RECURRING COSTS | | | | | | | |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------------|
| | Year 1 2020/21 | Year 2 2021/22 | Year 3 2022/23 | Year 4 2023/24 | Year 5 2024/25 | Year 6 2025/26 | TOTAL |
| RECURRING COSTS | | | | | | | |
| Replacement units | £0 | | | £130,000 | £130,000 | £130,000 | £390,000 |
| SIM Cards for dispersed units (payable after 3 years) PERM budget transfer to IT | £0 | | | £127,800 | £52,200 | | £180,000 |
| Total recurring Costs | £0 | £0 | £0 | £257,800 | £182,200 | £130,000 | £570,000 |
| Funded By: | | | | | | | |
| HSCP Ear Marked Reserves | | | | -£130,000 | -£130,000 | £0 | -£260,000 |
| Funding | | | | | | | -£310,000 |

| | | | | | | | |
|--------------------------|-----------------|------------------|------------------|------------------|------------------|-----------------|-------------------|
| TOTAL COSTS | £60,000 | £366,000 | £174,000 | £257,800 | £182,200 | £130,000 | £1,170,000 |
| FUNDING | | | | | | | |
| Council capital budget | -£20,000 | -£366,000 | £0 | £0 | £0 | £0 | -£386,000 |
| HSCP Equipment budget | -£40,000 | £0 | £0 | £0 | £0 | £0 | -£40,000 |
| HSCP Ear Marked Reserves | £0 | £0 | -£174,000 | -£130,000 | -£130,000 | £0 | -£434,000 |
| Total Funding | -£60,000 | -£366,000 | -£174,000 | -£130,000 | -£130,000 | £0 | -£860,000 |

Recurring Funding Shortfall **-£310,000**



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NHS Board Directors of Finance
IJB Chief Finance Officers

via email

5th February, 2021

Dear Colleagues

ADDITIONAL COVID-19 FUNDING TO NHS BOARDS AND INTEGRATION AUTHORITIES 2020/21

As confirmed today by the Cabinet Secretary for Health and Sport, the Scottish Government will allocate further funding of £491 million for NHS Boards and Health and Social Care Partnerships to cover ongoing costs in relation to Covid-19. This follows the further review and scrutiny of Covid spending in recent months and is in-line with our planned approach to allocate a second tranche of funding early in 2021. I am grateful for your support in this process.

This funding will be allocated in line with the position set out in Annex A to this letter, and reflects the following approach:

- Funding is allocated based on the financial position for 2020-21 as reported in January by NHS Boards and Integration Authorities. This includes support for under-delivery of savings.
- Whilst funding is allocated to NHS Boards, we expect that the relevant funding shares are passed to Integration Authorities to ensure delivery of a balanced Covid financial position. A breakdown of these amounts is included within Annex A and B.
- Recognising the exceptional nature of 2020-21 and the impact on delivery of financial recovery plans, funding will be provided to support in-year financial balance across all NHS Boards. This position will be revisited for 2021-22, with due consideration for any ongoing impact of the pandemic.

Adult Social Care Winter Plan Funding Tranche 2

As confirmed in November 2020, funding of £112 million was announced for Integration Authorities to support social care through the Winter Plan. In December, an initial tranche of £72 million was distributed to Integration Authorities to meet the costs arising from sustainability payments, staff restriction policies and additional administration support, as well as Nursing Director support. I can also confirm that up to £14 million of funding for Nursing Director support will be provided on a recurring basis in 2021-22.

In addition to the amounts allocated for Covid-19, I can confirm that the second tranche of £40 million will be provided to Integration Authorities. A breakdown of this funding is provided



in Annex B and should be utilised to meet on-going sustainability payments and staff restriction policies, as set out in the Winter Plan.

In view of the ongoing financial pressures in relation to Covid, along with the need to ensure ongoing financial sustainability across the social care sector, the allocation letters include funding of £100 million to be passed on to Integration Authorities in line with the detail set out in Annex B. This is to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements.

A further £20 million of Community Living Change Funding is also being allocated to Integration Authorities. This is to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements. A breakdown of this funding is set out in Annex B.

Finally, further to points raised at the recent Budget update meeting, £57.5 million is being allocated to Integration Authorities in respect of the outstanding balances on the Primary Care Improvement Fund (PCIF), Mental Health Strategy Action 15 Workforce, and Alcohol and Drugs Partnerships (ADPs). This represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government. Integration A breakdown across the three funds is set out in Annex C and the detailed calculation behind each figure will be shared with the Chief Finance Officers Network and the FHS Executives Group.

Any queries on Covid-19 funding allocations should be directed to Stuart Wilson (Stuart.Wilson3@gov.scot) and Stephanie Knight (Stephanie.Knight@gov.scot). Queries regarding social care allocations should be directed to Fiona Bennett (Fiona.Bennett@gov.scot).

Yours sincerely

Richard McCallum
Interim Director of Health Finance and Governance

Annex A: Breakdown of further Covid-19 and Social Care funding by NHS Board Area

| All figures in £ millions | COVID-19 Q1-4 Allocation - Tranche 2 | | | Further Integration Authority Support | Adult Social Care Winter Plan - Tranche 2 | Community Living Change Funding |
|-------------------------------------|--------------------------------------|-------------|--------------|---------------------------------------|---|---------------------------------|
| | NHS Board | HSCPs | Total | HSCPs | HSCPs | HSCPs |
| Territorial Boards and HSCPs | | | | | | |
| NHS Ayrshire and Arran | 13.0 | 7.8 | 20.9 | 7.6 | 3.1 | 1.4 |
| NHS Borders | 2.6 | 8.0 | 10.6 | 2.2 | 0.7 | 0.4 |
| NHS Dumfries and Galloway | 9.1 | 1.8 | 10.9 | 3.1 | 1.5 | 0.5 |
| NHS Fife | 10.8 | 4.3 | 15.0 | 7.0 | 2.7 | 1.3 |
| NHS Forth Valley | (2.2) | 6.9 | 4.7 | 5.4 | 2.5 | 1.1 |
| NHS Grampian | 10.3 | 6.2 | 16.4 | 9.5 | 4.3 | 2.0 |
| NHS Greater Glasgow and Clyde | 86.3 | 4.3 | 90.6 | 22.4 | 9.9 | 4.7 |
| NHS Highland | 13.0 | 11.0 | 24.0 | 6.0 | 2.3 | 1.1 |
| NHS Lanarkshire | (4.8) | 13.8 | 9.0 | 12.0 | 4.5 | 2.5 |
| NHS Lothian | 17.7 | 17.3 | 35.1 | 15.2 | 5.1 | 3.2 |
| NHS Orkney | 6.5 | 1.9 | 8.4 | 0.4 | 0.1 | 0.1 |
| NHS Shetland | 2.1 | 1.8 | 3.8 | 0.4 | 0.1 | 0.1 |
| NHS Tayside | (2.1) | (4.2) | (6.3) | 8.3 | 3.3 | 1.5 |
| NHS Western Isles | 1.1 | 1.1 | 2.2 | 0.6 | 0.1 | 0.1 |
| Total | 163.4 | 81.9 | 245.4 | 100.0 | 40.0 | 20.0 |
| National Boards | <i>NHS Boards</i> | | Total | | | |
| NHS National Services Scotland | 12.9 | | 12.9 | | | |
| NHS Education for Scotland | (0.3) | | (0.3) | | | |
| NHS 24 | (0.8) | | (0.8) | | | |
| Scottish Ambulance Service | 0.7 | | 0.7 | | | |
| NHS Golden Jubilee | 2.5 | | 2.5 | | | |
| Public Health Scotland | (0.1) | | (0.1) | | | |
| NHS Health Improvement Scotland | 0.0 | | 0.0 | | | |
| The State Hospital | 0.0 | | 0.0 | | | |
| Total | 14.8 | | 14.8 | | | |
| Health and Social Care | | | Total | | | |
| Centrally Held Pandemic Stock | | | 111.0 | | | |
| Grand total | 178.2 | 81.9 | 371.1 | 100.0 | 40.0 | 20.0 |

Annex B: Breakdown of further funding by Integration Authority

| All figures in £ millions | COVID-19 Q1-4 Allocation - Tranche 2 | Further Integration Authority Support | Adult Social Care Winter Plan - Tranche 2 | Community Living Change Funding | Total |
|-------------------------------|--------------------------------------|---------------------------------------|---|---------------------------------|--------------|
| East Ayrshire | 4.1 | 2.4 | 0.8 | 0.5 | 7.7 |
| North Ayrshire | 1.8 | 2.8 | 1.2 | 0.5 | 6.4 |
| South Ayrshire | 2.0 | 2.4 | 1.1 | 0.4 | 5.9 |
| Scottish Borders | 8.0 | 2.2 | 0.7 | 0.4 | 11.3 |
| Dumfries and Galloway | 1.8 | 3.1 | 1.5 | 0.5 | 6.9 |
| Fife | 4.3 | 7.0 | 2.7 | 1.3 | 15.2 |
| Falkirk | 2.2 | 2.8 | 1.4 | 0.6 | 7.0 |
| Clackmannanshire and Stirling | 4.7 | 2.5 | 1.1 | 0.5 | 8.8 |
| Aberdeen City | 2.8 | 3.7 | 2.0 | 0.9 | 9.4 |
| Aberdeenshire | 2.8 | 4.1 | 1.7 | 0.8 | 9.4 |
| Moray | 0.5 | 1.8 | 0.6 | 0.3 | 3.2 |
| East Renfrewshire | 3.6 | 1.7 | 0.9 | 0.3 | 6.4 |
| Renfrewshire | (2.7) | 3.3 | 1.8 | 0.7 | 3.0 |
| Glasgow City | (1.2) | 11.9 | 4.6 | 2.7 | 18.1 |
| East Dunbartonshire | 2.7 | 1.9 | 0.9 | 0.3 | 5.9 |
| Inverclyde | 0.3 | 1.7 | 0.8 | 0.3 | 3.1 |
| West Dunbartonshire | 1.6 | 1.8 | 1.0 | 0.4 | 4.7 |
| Argyll & Bute | 3.4 | 1.7 | 0.6 | 0.3 | 6.0 |
| North Highland | 7.6 | 4.3 | 1.6 | 0.8 | 14.3 |
| North Lanarkshire | 3.5 | 6.1 | 2.0 | 1.3 | 12.9 |
| South Lanarkshire | 10.3 | 5.9 | 2.6 | 1.2 | 19.9 |
| East Lothian | 1.0 | 1.9 | 0.7 | 0.3 | 4.0 |
| Edinburgh City | 11.5 | 8.7 | 2.5 | 1.9 | 24.6 |
| Midlothian | 1.7 | 1.6 | 0.6 | 0.3 | 4.1 |
| West Lothian | 3.2 | 3.0 | 1.3 | 0.6 | 8.1 |
| Orkney | 1.9 | 0.4 | 0.1 | 0.1 | 2.4 |
| Shetland | 1.8 | 0.4 | 0.1 | 0.1 | 2.3 |
| Angus | (7.3) | 2.3 | 0.9 | 0.4 | (3.7) |
| Dundee | 1.0 | 3.0 | 1.4 | 0.6 | 6.0 |
| Perth and Kinross | 2.1 | 3.0 | 1.0 | 0.5 | 6.6 |
| Western Isles | 1.1 | 0.6 | 0.1 | 0.1 | 1.9 |
| Total | 81.9 | 100.0 | 40.0 | 20.0 | 242.0 |

Annex C: Breakdown of Integration Authority balances allocation (£57.5 million)

| All figures in £ millions | PCIF | Action 15 | ADP | Total |
|-------------------------------|-------------|-------------|------------|-------------|
| East Ayrshire | 1.1 | 0.2 | 0.0 | 1.3 |
| North Ayrshire | 0.7 | 0.4 | 0.1 | 1.2 |
| South Ayrshire | 0.4 | 0.2 | 0.0 | 0.6 |
| Scottish Borders | 1.1 | 0.3 | 0.3 | 1.7 |
| Dumfries and Galloway | 0.0 | -0.1 | 0.3 | 0.2 |
| Fife | 1.5 | 1.0 | 0.0 | 2.5 |
| Clackmannanshire and Stirling | 0.0 | 0.0 | 0.0 | 0.0 |
| Falkirk | 0.0 | 0.0 | 0.0 | 0.0 |
| Aberdeen City | 1.7 | 0.4 | 0.7 | 2.8 |
| Aberdeenshire | 3.1 | 1.0 | 0.0 | 4.1 |
| Moray | 0.9 | 0.2 | 0.0 | 1.1 |
| East Dunbartonshire | 0.2 | 0.5 | 0.0 | 0.7 |
| East Renfrewshire | 0.9 | 0.2 | 0.0 | 1.1 |
| Glasgow City | 3.9 | 1.5 | 1.5 | 6.9 |
| Inverclyde | 0.5 | 0.3 | 0.2 | 1.0 |
| Renfrewshire | 1.8 | 0.2 | 0.1 | 2.1 |
| West Dunbartonshire | 1.2 | 0.3 | 0.3 | 1.8 |
| Argyll and Bute | 1.4 | 0.2 | 0.0 | 1.6 |
| Highland | 3.7 | 0.6 | 0.0 | 4.3 |
| Lanarkshire combined | 5.8 | 2.1 | 2.0 | 9.9 |
| East Lothian | 0.1 | 0.1 | 0.3 | 0.5 |
| Edinburgh | 1.7 | 0.3 | 1.5 | 3.5 |
| Midlothian | 0.2 | 0.1 | 0.1 | 0.4 |
| West Lothian | 0.5 | 0.3 | 0.0 | 0.8 |
| Orkney Islands | 0.4 | 0.0 | 0.0 | 0.4 |
| Shetland Islands | 0.2 | 0.1 | 0.1 | 0.4 |
| Angus | 1.7 | 0.3 | 0.1 | 2.1 |
| Dundee City | 1.8 | 0.3 | 0.0 | 2.1 |
| Perth and Kinross | 1.5 | 0.0 | 0.4 | 1.9 |
| Western Isles | 0.2 | 0.2 | 0.1 | 0.5 |
| Total | 38.2 | 11.2 | 8.1 | 57.5 |

Population Health Directorate
 Drug Policy Division
 E: alcoholanddrugsupport@gov.scot



Scottish Government
 Riaghaltas na h-Alba
 gov.scot

ADP Chair
 Integration Authority Chief Officer

Copies to:
 NHS Board Chief Executive
 Local Authority Chief Executive
 NHS Director of Finance
 Integration Chief Finance Officer
 ADP Co-ordinators

4 February 2021

Dear ADP Chair & Integration Authority Chief Officer

1. I am writing to you as Deputy Director for the new Drugs Policy Division. On behalf of the Scottish Government I would like to start by thanking you, members of the Alcohol and Drug Partnership (ADP) and particularly those working in service delivery, for the commitment everyone has shown to ensuring people's needs are met during these very challenging times caused by the pandemic. You have been able to make changes to the ways that services have been delivered, providing support to those at most risk in such a short timeframe.
2. Ministers are clear that we face a public health emergency in relation to the unacceptable number of drug deaths. In her [statement](#) to parliament on 20 January 2021, the First Minister set out a National Mission to reduce drug deaths by listening and learning from those with lived experience and improving treatment and other support services. It set five clear priorities:
 - fast and appropriate access to treatment;
 - access to residential rehabilitation;
 - increased capacity of front-line, often third sector, organisations;
 - a more joined-up approach providing proactive support following a non-fatal overdose; and
 - overcoming the barriers to introducing overdose prevention facilities.
3. Alongside this she announced an additional £5 million funding for this financial year (2020-21) and a further £50 million per annum for the next five years. A significant proportion of this additional funding will go to ADPs, with the expectation that it will flow to grassroots and community organisations to effect the change needed.

4. The work we need to do must focus on improving access and increasing the number of people in treatment. This will make a significant difference to reducing deaths and improving people's lives. We need to remove the barriers that exist to accessing treatment - primarily the stigma that is associated with drug use. We know from listening to people with lived experience that stigma does not just affect people's sense of their own value, it also discourages people from coming forward to get the help and services they need.
5. Services also need to ensure that people are given an informed choice about their treatment and care as this is an essential part of respecting a person's rights and dignity. It is important that everyone has access to the type of support that works best for them – whether this is a Medication-Assisted Treatment, a psychosocial treatment, rehabilitation in the community, or rehabilitation in residential placements. For most people it will be a combination of all of these.
6. The [Medication Assisted Treatment \(MAT\) standards](#) being developed by the Drug Deaths Taskforce set out the help people who use drugs should be able to expect, regardless of where in Scotland they live. Crucially, the standards make clear that people must be able to start receiving support on the same day that they ask for it. The standards also stress the importance of people making informed choices about the type of medication and support available to them. This includes interventions such as heroin assisted treatment which we know saves lives.

Additional funding 2020-21

7. An additional funding allocation has been made available to Alcohol and Drug Partnerships for this financial year (2020-21) to support the delivery of these priority areas of work. A total of £3 million has been allocated for spend by Integration Authorities through Alcohol and Drug Partnerships. This funding has been transferred to NHS Boards via the February 2021 Board Transfer, for onward delegation to Integration Authorities for Alcohol and Drug Partnership projects. Allocations are based on numbers of drug deaths and a breakdown of allocations by Integration Authority is provided in **Appendix 1**.
8. At a national level we would expect this additional investment to be allocated by Alcohol and Drug Partnerships using the proportions set out in the table below. The Scottish Government recognises that there may be some small variances from this to take into account local need.

| Proportion | Area for investment |
|-------------------|--|
| 65% | Residential placements <ul style="list-style-type: none"> - residential rehabilitation placements - residential/in-patient detox placements - associated aftercare and post placement support |
| 15% | Improving access to treatment: <ul style="list-style-type: none"> - assertive outreach (including approaches for at risk groups) - non fatal overdose pathways - heroin assisted treatment - same day prescribing and treatment |
| 20% | Improved access to harm reduction activities: |

| | |
|--|---|
| | <ul style="list-style-type: none">- <i>supply of naloxone</i>- <i>improve access to blood borne virus testing</i>- <i>increased capacity to provide opiate substitute therapy</i> |
|--|---|

9. In order for us to identify how this funding will be used nationally I would be grateful if you could complete and return the reporting proforma in **Appendix 2** by **Wednesday 17 February 2021** to alcoholanddrugsupport@gov.scot. We will send you a further proforma setting out actual spend following the end of the financial year.
10. Further information on specific financial support for grassroots organisations in 2020-21 will follow shortly. These organisations are often working on the frontline and do vital and invaluable work in our communities.
11. I will also be writing to you with further information on additional funding for 2021-22. This will include the performance management arrangements needed for investments in reducing drug deaths and harms.
12. If you have any queries on the content of this letter, please contact Nick Smith or Geraldine Smith at: alcoholanddrugsupport@gov.scot.

Yours faithfully

Diane McLafferty
Deputy Director, Drugs Policy Division
Population Health Directorate

APPENDIX 1 – ADDITIONAL FUNDING TO REDUCE DRUG DEATHS 2020-21

| Integration Authority / Health and Social Care Partnership (HSCP) | Allocation |
|---|-------------------|
| East Ayrshire HSCP | £96,294 |
| North Ayrshire HSCP | £96,294 |
| South Ayrshire HSCP | £68,382 |
| Scottish Borders HSCP | £49,773 |
| Dumfries and Galloway HSCP | £85,129 |
| Fife HSCP | £170,727 |
| Clackmannanshire and Stirling HSCP | £83,268 |
| Falkirk HSCP | £96,294 |
| Aberdeen City HSCP | £101,876 |
| Aberdeenshire HSCP | £68,382 |
| Moray HSCP | £42,330 |
| East Dunbartonshire HSCP | £33,026 |
| East Renfrewshire HSCP | £34,887 |
| Glasgow City HSCP | £539,171 |
| Inverclyde HSCP | £81,407 |
| Renfrewshire HSCP | £103,737 |
| West Dunbartonshire HSCP | £79,547 |
| Argyll and Bute HSCP | £44,191 |
| Highland HSCP | £68,382 |
| North Lanarkshire HSCP | £196,779 |
| South Lanarkshire HSCP | £146,536 |
| East Lothian HSCP | £53,495 |
| Edinburgh HSCP | £198,640 |
| Midlothian HSCP | £53,495 |
| West Lothian HSCP | £62,799 |
| Orkney Islands HSCP | £21,861 |
| Shetland Islands HSCP | £23,722 |
| Angus HSCP | £59,077 |
| Dundee City HSCP | £153,980 |
| Perth and Kinross HSCP | £66,521 |
| Western Isles HSCP | £20,000 |
| | £3,000,000 |

APPENDIX 2: REPORTING PROFORMA

| Area for investment | Detailed comment on spend | | |
|--|---------------------------|---|--|
| | Amount | Detail of investment | Comment |
| Residential placements | | - residential rehabilitation placements | Please detail the total number of placements you anticipate making |
| | | - residential/inpatient detox placements | |
| | | - associated aftercare and post placement support | |
| Improving access to treatment | | - assertive outreach (including approaches for specific / at risk groups) | Please set out your plans to reach people who are not currently in treatment |
| | | - non fatal overdose pathways | |
| | | - Same day prescribing and treatment (this may include scoping work) | |
| | | - heroin assisted treatment (this may include scoping work) | |
| Improved access to harm reduction activities | | - increased supply of naloxone | |
| | | - improved access to blood borne virus testing | |
| | | - increased capacity to provide opiate substitute therapy including long acting buprenorphine (Buvidal) | |
| Total | | | |

Please return to alcoholanddrugsupport@gov.scot by Wednesday 17 February 2021.

Population Health Directorate
Health Improvement Division
E: alcoholanddrugsupport@gov.scot



ADP Chair
Integration Authority Chief Officer

Copies to:
ADP Co-ordinators

08 September 2020

Dear ADP Chair,

FUNDING TO ADDRESS GAPS IN DELIVERING THE TASKFORCE'S SIX EVIDENCE-BASED STRATEGIES TO HELP REDUCE DRUG-RELATED DEATHS

Thank you for resubmitting your application for funding in response to the Drug Deaths Task Force ADP 6 Priorities fund. Applications were reviewed by our panel of Drug Death Task Force members and Scottish Government officials and your application was reviewed.

We are pleased to award funding to the following Priorities:

- Priority 1 - recruit a Drug Deaths Prevention Post who will have responsibility for leading in the development and implementation of a Drug Deaths Prevention Strategy
- Priority 2 - Peer Worker to engage with individuals who have experience non-fatal overdose by providing non-clinical support
- Priority 3 - recruit an advanced nurse practitioner who will be part of a skill mix of medical/prescribing/ psychosocial provision within ADRS and will support high risk individual

We will work with Scottish Government finance partners to make this additional funding available to you as soon as possible.

Yours sincerely

Karen MacNee
Deputy Director, Health Improvement Division
Population Health Directorate

E: alcoholanddrugsupport@gov.scot

ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Chief Finance Officer
ADP Co-ordinators

04 September 2020

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2020-21 PROGRAMME FOR GOVERNMENT FUNDING

Further to the letter of 29 May 2020 setting out funding and reporting arrangements and priorities for Alcohol and Drug Partnership (ADP) activity in 2020-21, we can now provide further details of funding allocations to be made for the Local Improvement Fund.

As in previous years, the total funding available through this fund for alcohol and drug services for 2020-21 is £17 million. We are aware that several Integration Authorities (IA) are holding earmarked ADP reserves and we ask that IAs utilise earmarked ADP reserves in 2020-21 before accessing new funding.

The 2020-21 allocations have been adjusted accordingly, as set out in **Annex A**. If your ADP has any enquiries on there allocation please contact your IA Chief Finance Officer in the first instance as figures were provided by the Chief Finance Officers Network.

Requirement for further 2020-21 funding will be sought via a mid-year report in November, which will include spending plan and any further allocation needed will be provided to NHS Boards in December for onward delegation to Integration Authorities.

If you have any queries on the payment of the funds within this letter, please contact Ruth Winkler or Geraldine Smith at: alcoholanddrugsupport@gov.scot

Yours sincerely

Karen MacNee
Deputy Director, Health Improvement Division
Population Health Directorate

2020-21 PROGRAMME FOR GOVERNMENT ALLOCATIONS - LOCAL IMPROVEMENT FUND

| Integration Authority | Allocation Share £ | *Reserves £ | ** Available Allocation £ |
|----------------------------------|-----------------------|------------------|------------------------------|
| Aberdeen City | 662,695 | 576,000 | 86,695 |
| Aberdeenshire | 721,450 | 0 | 721,450 |
| Angus | 363,927 | 6,000 | 357,927 |
| Argyll and Bute | 314,290 | 60,000 | 254,290 |
| Clackmannanshire and Stirling | 434,122 | 22,000 | 412,122 |
| Dumfries and Galloway | 504,745 | 200,000 | 304,745 |
| Dundee City | 498,274 | 339,000 | 159,274 |
| East Ayrshire | 411,380 | 28,000 | 383,380 |
| East Dunbartonshire | 308,929 | 38,000 | 270,929 |
| East Lothian | 314,738 | 0 | 314,738 |
| East Renfrewshire | 265,923 | 83,000 | 182,923 |
| Edinburgh | 1,425,019 | 0 | 1,425,019 |
| Falkirk | 489,003 | 35,000 | 454,003 |
| Fife | 1,159,099 | 0 | 1,159,099 |
| Glasgow City | 2,046,396 | 132,000 | 1,914,396 |
| Highland | 781,756 | 0 | 781,756 |
| Inverclyde | 278,798 | 93,000 | 185,798 |
| Midlothian | 271,129 | 205,000 | 66,129 |
| Moray | 293,936 | 0 | 293,936 |
| North Ayrshire | 460,605 | 0 | 460,605 |
| North Lanarkshire | 1,085,055 | 358,000 | 727,055 |
| Orkney Islands | 82,380 | 95,000 | 0 |
| Perth and Kinross | 463,688 | 206,000 | 257,688 |
| Renfrewshire | 577,343 | 708,000 | 0 |
| Scottish Borders | 358,278 | 0 | 358,278 |
| Shetland Islands | 82,745 | 127,000 | 0 |
| South Ayrshire | 382,468 | 169,000 | 213,468 |
| South Lanarkshire | 1,008,328 | 517,000 | 491,328 |
| West Dunbartonshire | 310,244 | 7,000 | 303,244 |
| West Lothian | 532,777 | 0 | 532,777 |
| Western Isles | 110,481 | 65,000 | 45,481 |
| Total | 17,000,001 | 4,069,000 | 13,118,533 |

* Provided through Chief Finance Officers Network through recent earmarked reserved analysis

** As agreed through the Chief Finance Officers network, the expectation is that earmarked reserves are invested in 2019-20 before accessing new funding. The 19-20 allocation has been adjusted accordingly.

Primary Care Directorate
GP Contract Division



Integration Authority Chief Officers

Copy to:

NHS Heads of Estate
Primary Care Leads
Chair of SGPC

13 August 2020

Dear Colleagues,

GP PREMISES FUNDING

1. I write to inform you of additional Scottish Government funding to assist with premises improvement.
2. An in-year allocation of £1.5 million from the Primary Care Fund is being provided to Integration Authorities for the purposes of funding:
 - a) The making of Premises Improvement Grants to GP contractors who own their premises or lease them from private landlords;
 - b) The continued digitisation of paper GP records to release space for clinical, training and administrative uses; and
 - c) Increases to the space available in NHS owned or leased premises for primary care multi-disciplinary teams
3. Each Integration Authority must agree the local priorities for this funding with the GP Sub-Committee of its Area Medical Committee. They must have regard both to the need to support Primary Care Improvement Plans and the need to provide appropriate accommodation for clinical education in primary care.
4. Health Boards retain responsibility for the provision of premises and therefore Integration Authorities and Health Boards must work closely together to implement the locally agreed priorities.
5. The allocations to each Integration Authority are set out in the Annex. The funding will be issued in one tranche in August 2020. Some Health Boards had

returned some of their allocations from last year's allocation and this will be re-allocated where required¹.

6. All Integration Authorities are required to provide a report by 30 April 2021 on the use of this funding. Integration Authorities should, where they have not already done so, report on the use of the previous year's allocation by 31 August 2020. **These reports will be taken into account when Scottish Government decides upon whether a further Premises Improvement allocation will be necessary within this financial year.** Reports should note whether lifting the upper funding percentage limit had any impact (see below)

7. The Scottish Government is currently revising the *Primary Medical Services – (Premises Development Grants, Improvement Grants And Premises Costs) Directions 2004*. The *Primary Medical Services – (Premises Development Grants, Improvement Grants and Premises Costs) (Amendment) (Scotland) Directions 2020* which accompany this letter make two immediate amendments to the 2004 Directions.

8. The change to Direction 8 allows Health Boards to fund furniture, furnishings, floor covering and equipment projects which were previously explicitly excluded from funding by the directions.

9. The change to Direction 13 removes the upper funding percentage limit and allows Health Boards to contribute more than 66% of the total cost of the improvement where this is appropriate to do so. The effect of this change will be back-dated to 13 September 2019².

10. Scottish Government considered amending Direction 12 Documentation required in respect of premises developments or improvements to remove the requirement to submit quotes for building works to expedite works but decided that substantive building projects should still require multiple quotes to ensure best value for the public.

11. I look forward to continuing to work with you to support the process of primary care reform.

Naureen Ahmad
Deputy Director and Head of GP Contract Division

¹ NHS Tayside has already received this funding.

² The 2019/20 Premises Improvement Funding Letter issued on 13 September indicated that this change was imminent.

Annex – Allocation Amounts

| NHS Board | NRAC Share | Integrated Authority | IA NRAC Share |
|-------------------------|------------|-------------------------------|---------------|
| Ayrshire & Arran | £110,899 | East Ayrshire | £36,348 |
| | | North Ayrshire | £40,743 |
| | | South Ayrshire | £33,808 |
| Borders | £31,575 | Scottish Borders | £31,575 |
| Dumfries & Galloway | £44,579 | Dumfries & Galloway | £44,579 |
| Fife | £102,171 | Fife | £102,171 |
| Forth Valley | £81,431 | Clackmannanshire and Stirling | £38,275 |
| | | Falkirk | £43,156 |
| Grampian | £148,431 | Aberdeen City | £58,936 |
| | | Aberdeenshire | £63,709 |
| | | Moray | £25,787 |
| Greater Glasgow & Clyde | £334,163 | East Dunbartonshire | £27,183 |
| | | East Renfrewshire | £23,349 |
| | | Glasgow City | £180,831 |
| | | Inverclyde | £24,722 |
| | | Renfrewshire | £50,770 |
| | | West Dunbartonshire | £27,308 |
| Highland | £96,665 | Argyll and Bute | £27,782 |
| | | Highland | £68,883 |
| Lanarkshire | £185,075 | North Lanarkshire | £96,107 |
| | | South Lanarkshire | £88,969 |
| Lothian | £222,794 | East Lothian | £27,574 |
| | | Edinburgh | £125,099 |
| | | Midlothian | £23,655 |
| | | West Lothian | £46,466 |
| Orkney | £7,263 | Orkney Islands | £7,263 |
| Shetland | £7,371 | Shetland Islands | £7,371 |
| Tayside | £117,746 | Angus | £32,365 |
| | | Dundee City | £44,457 |
| | | Perth and Kinross | £40,924 |

| | | | |
|---------------|--------|---------------|--------|
| Western Isles | £9,836 | Western Isles | £9,836 |
|---------------|--------|---------------|--------|

| | | | |
|--------------|-------------------|--|------------|
| Total | £1,500,000 | | £1,500,000 |
|--------------|-------------------|--|------------|



To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Heading: Strategic Financial Planning Update

1. Summary

1.1. This report updates IJB members on Renfrewshire Health and Social Care Partnership's (HSCP) financial planning approach for the 2021/22 financial year.

1.2. The report sets out proposals for savings to address short term financial pressures. It also provides an update on medium-term transformation, which will support financial sustainability. This approach was incorporated within the IJB's Medium-term Financial Plan (MTFP), approved by the IJB in November 2019.

2. Recommendation

It is recommended that the IJB:

1. Note the content of this report;
 2. Approve the savings proposals set out Section 8 of this report;
 3. Note that regular updates will continue to be brought to the IJB to report on financial planning and the development and evolution of the HSCP's approach to recovery and transformation.
-

3. Financial Planning 2021/22

3.1. The IJB approved the Medium-Term Financial Plan for 2020/21 to 2025/26. This Plan set out the current assumptions and projected funding gap for the IJB over the next five years, including a range of potential outcomes based on potential future funding scenarios.

3.2. The Financial Plan also set out the IJB's two-tiered model for delivering the Medium-Term Financial Plan by addressing short-term financial pressures whilst in parallel introducing a more strategic approach,

focusing on the financial sustainability of the organisation in the medium term.

- 3.3. Tier 1 of the model focussed on initiatives designed to address short term-financial pressures. For 2020/21 this involved savings themed around general efficiencies, financial governance, payroll turnover, contract management, podiatry and integrated service redesign, to a value of £1.9m. These savings were to be delivered primarily by the end of FY 2020/21, with the remainder in FY 2021/22.
- 3.4. Tier 2 of the model was concerned with transforming how the HSCP delivers, in recognition of the need to make a step change in the way we work to ensure the sustainability of health and social care services in the future. A key element of this was the HSCP's transformation programme, which would enable a strategic approach to be take to the prioritisation of transformational activity, the review of current service provision and the design of future innovative service models.

4. COVID-19 Impact

- 4.1. The Medium-term Financial Plan and the two-tiered model for delivering this were developed prior to the COVID-19 pandemic. As a direct consequence of the pandemic, the progression of the transformation programme was severely disrupted. By necessity, in March 2020 the focus of the HSCP's activity shifted to emergency response and opportunities to move ahead with Tier 2 activity were significantly hampered.
- 4.2. Going into 2021/22 the challenges of responding to the pandemic remain with us. **Operationally**, the response to COVID-19 remains the organisational priority, with staff continuing to be deployed to other areas to support the emergency response and recovery where possible. **Strategically**, work to develop and implement a transformation programme, as set out in January 2020, has necessarily been paused. **Financially**, the significant level of service change required to respond to the pandemic has resulted in a substantial financial impact and created unprecedented financial complexities in the public sector as a result of new costs incurred through the response and additional funding streams from Scottish Government being created. These complexities are expected to continue over the medium term for at least the next few years and are further explored in the Financial Report submitted by the Chief Finance Officer to this session of the IJB.

5. Local and National Strategic Context

- 5.1. The ripple effect of COVID-19 will extend well beyond the active phase of the pandemic and the HSCP will continue to take steps to mitigate

this. Ongoing and future developments in the national and local strategic context will also have significant impact on the strategic and operational direction of health and social care services in Renfrewshire.

5.2. **Nationally**, the independent review of adult social care has set out wide-ranging recommendations for the future of integrated health and social care in future. A report outlining the recommendations from the review is provided to this IJB for consideration. The recommendations are focused on embedding a human rights approach to service provision and the improvement of outcomes for people who use services, their carers and families. These recommendations align with the principles of Self-directed Support (SdS), and the HSCP is committed to furthering the implementation of SdS locally, to ensure individuals have full choice and control over the services they receive.

5.3. **Locally**, the HSCP is committed to developing a new three year strategic plan which will align with the HSCP's guiding principles for transformation and underpin service transformation from 2022 onwards. In the short term, work has recommenced on change activity in the areas of learning disability, addictions and older people, proposals for which will be brought to a future IJB meeting. The proposals contained in this report have been produced with the above mentioned local and national strategic context in mind.

6. **Current Financial Position and the Importance of Transformation**

6.1. The projected year end outturn is a net underspend of £5m. This underspend is the result of multiple factors including ongoing challenges filling vacant posts during the pandemic, underspends in prescribing, and a reduction in care home placements reflecting the impact of the pandemic on this sector. Any underspend this year will be used to offset expected financial pressures in 2021/22 while the IJB develops and implements its transformation programme (when possible).

6.2. The proposals in this paper aim to contribute to addressing the 2021/22 financial pressures faced by the IJB and to ensure the IJB can meet its requirement to deliver financial balance. The savings identified for this year are necessarily of a smaller scale than would normally have been anticipated and proposed by the HSCP within the current financial context. This reflects both the need to pause transformational saving in March 2020 and the HSCP's ongoing focus on responding to COVID-19 across all service areas. However, it is expected that this will place greater pressure on future year savings targets, reinforcing the requirement to progress transformative activity and to carefully utilise unallocated reserves to balance the annual revenue budget position each year over the medium-term.

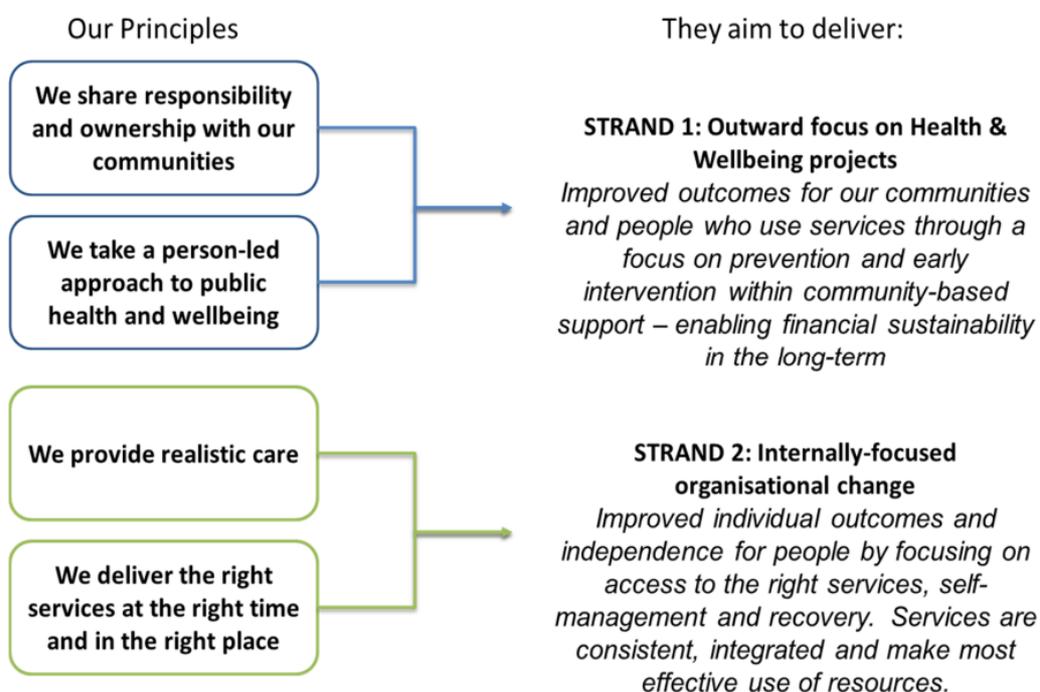
7. Development of Savings Proposals

7.1. A robust process has been undertaken in the development of these proposals and the assessment of each proposal has considered the potential impact across the four domains set out below:



7.2. Professional Leads have been consulted, where appropriate, and have agreed to the proposals put forward. Trade Unions and the Staff Partnership Forum have been appraised of the proposed savings, and the IJB has had prior sight and review of the proposals.

7.3. All proposals have been subject to an initial Equality Impact Assessment Screening (EQIA) by an Equality Officer and further work will be completed, where required, to ensure equality of opportunity continues to be core to service delivery. Furthermore, each of the proposed savings is aligned to one or more of the Guiding Principles formerly approved by the IJB in March 2020:



8. 2021/22 Savings Proposals

8.1. Section 3.3 above describes the Tier 1 approach set out in the Medium-Term Financial Plan, which focuses on identifying in year savings to address the budget gap. As has also been noted, Tier 2 of the plan was focused on delivering financial sustainability through transformational activity. As this work has been paused during the pandemic, the proposed 2021/22 savings represent a continuation of the Tier 1 savings approach. These savings are summarised in the following table. In total circa £885k savings have been identified:

| Savings Theme | Proposed Saving 2021/22 |
|----------------------|-------------------------|
| Contract Management | £10,000 |
| Service Redesign | £148,119 |
| General Efficiencies | £527,650 |
| Vacancy Management | £198,839 |
| TOTAL | £884,608 |

8.2. The above categories:

Contract Management (£10k) – As part of our continuous review of existing contracting arrangements, efficiency savings have been identified with no direct impact to the level of care service users receive.

Service Redesign (£148k) – A range of proposals which will contribute to establishing more effective delivery models within services, reflecting current demands and objectives. This includes the remodelling of skill and grade level posts within service requirements. Where relevant, these proposals also reflect the continued implementation of recommendations arising from previous service review processes, for example through the development of existing Alcohol Day Support provision in line with the recommendations of the whole system review of Addiction Services.

General Efficiencies (£528k) – A range of proposals including the reduction of non-pay budgets due to efficiencies resulting from new blended ways of working implemented in response to COVID-19 and which are expected to remain in place.

These proposals also include the continuation of the rolling review of care packages to ensure support provided best meets the needs of individuals and adopts a strengths-based focus. In doing so, there is an opportunity to match operational activity to available resources more effectively whilst continuing to meet service user needs.

The rollout of our electronic Care at Home scheduling and case management system (Totalmobile) will also enable efficiencies to be

delivered, drawing on the experience and lessons learned through a previous pilot of the system

Vacancy Management (£199k) – taken together, the impact of COVID-19, and the continued implementation of Self-directed Support, have changed existing service delivery models. Ongoing assessment of these impacts has identified that a number of existing vacant posts will not be required in future, enabling the deletion of these from the establishment. This approach will also be used in support of ongoing work to maximise the focus on Health Improvement on capacity building and the provision of specialist advice.

8.3. Should it not be possible to agree necessary savings with the IJB which deliver a balanced budget in FY 2021/22 the Chief Officer, working with the Chief Finance Officer and the Senior Management Team, will require to effect the necessary management action to implement a financial recovery plan with immediate effect to manage the budget shortfall. These programme actions would include:

- The Chief Officer requiring to make all discretionary spend decisions in partnership with the relevant Head of Service;
- Suspension, where necessary, of ongoing development initiatives;
- Holding, on a temporary basis, any ‘non-frontline’ service vacancies. In doing so, only appointing to those posts which the Chief Officer considers to be a service priority. These decisions would be taken on an individual and fully risk assessed basis; and
- Review of all non-recurring monies and other budgets to determine where these can be used in-year to fund the budget shortfall.

Implications of the Report

1. **Financial** – the report outlines the continuation of Tier 1 savings and recommencement, when possible, of the Tier 2 Transformation Programme support the delivery of the Financial Plan 2020/21 to 2025/26.
2. **HR & Organisational Development** – there are implications for NHS and Council posts. HR, OD and Staff-side representatives have been engaged during the development of these proposals and will continue to work in close liaison with services throughout their implementation, and in the development of the transformation programme.
3. **Community Planning** – No implications from this report.

4. **Legal** – supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of the Transformation Programme.
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – Digital has been identified as a key enabler of the required transformational activity. The implementation of Totalmobile aligns with this objective.
7. **Equality & Human Rights** – the proposals contained within this report place due regard on equality requirements and have been through the Equality Impact Assessment (EQIA) process.
8. **Health & Safety** – health and safety procedures will continue to be reviewed to ensure safe and effective joint working as integration progresses and service models develop.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – any risks associated with proposals presented will continue to be monitored and managed through appropriate governance mechanism.
11. **Privacy Impact** – No implications from this report.

List of Background Papers – none.

Author: Lorna Finnie, Finance Planning and Improvement Manager

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| Any enquiries regarding this paper should be directed to Shiona Strachan, Interim Chief Officer (shiona.strachan@renfrewshire.gov.uk) |
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To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Chief Finance Officer

Heading: 2021-22 Delegated Health and Social Care Budget

| 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 This report describes the financial allocation and budgets made available to the Integration Joint Board (IJB) for 2021/22 by Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC), and, outlines the main financial pressures on health and adult social care services.

2. Recommendation

It is recommended that the IJB:

1. Agree to accept the delegated Adult Social Care Budget for 2021/22 (Appendix 2);
2. Agree to accept the delegated Health Budget for 2021/22 (Appendix 3) subject to:
 - any final adjustments in relation to recurring budget adjustments at month 12; and
 - any further funding allocated by the Scottish Government in respect of the impact of the 2021/22 pay award.
3. Approve a drawdown of reserves, if required, in order to fund any shortfall in funding for 2021/22;
4. Approve an increase to the IJB's unallocated reserves into 2021/22 through the appropriate utilisation of permitted financial flexibilities, in order to protect the financial resilience of the IJB in the context of an increased financial risk profile; and
5. Note that, as highlighted in Section 11 of this report, the 2021/22 budget proposals assume "business as usual". The potential financial and economic impact of COVID-19 represents a significant additional risk to the IJB, and the wider public sector going forward.

3. Introduction

- 3.1. Renfrewshire IJB is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme between Renfrewshire Council and NHSGGC. It is accountable for the stewardship of public funds and

ensuring that its business is conducted under public sector best practice governance arrangements, including ensuring that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. The budget delegated by our two partner bodies, is used by the IJB to commission services, which are delivered by Renfrewshire Health and Social Care Partnership (HSCP). The principles of the funding allocated by the two partner organisations is set out in the Integration Scheme, however, utilisation of this funding is delegated to the IJB.

3.2. Under the terms of the Integration Scheme, partner organisations should make appropriate arrangements to fund pay awards, contractual uplifts, the impact of demographic changes and determine efficiency targets as part of their respective budget setting processes.

3.3. The role of the Section 95 Officer (Chief Finance Officer) for the IJB includes both the adherence to professional standards as well as compliance with “The Local Government (Scotland) Act 1973 section 95, which clearly states that:

“...every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

for the IJB this includes the requirement to ensure a balanced budget is set.

4. 2021/22 Context

4.1. This report sets out the implications of the Scottish Government budget for 2021/22 which was approved on 9 March 2021, and, provides members with an overview of the IJB’s budget allocation for 2021/22.

4.2. Members will be aware that as a direct consequence of the COVID-19 pandemic, 2020/21 has arguably represented the most challenging and complex financial year in the history of the public sector. As previously highlighted to members, the impact of COVID-19 on services delivered by the HSCP has been unprecedented. It has required a significant degree of service change within a short period of time, ultimately having a substantial financial impact, which is likely to continue over the medium term and at least over the next few financial years. The continually changing situation, including potential for future spikes in demand for services has and will create additional delivery and financial pressures as well as impacting the HSCP’s transformation and savings plans, which will require ongoing review and realignment.

4.3. Members will be required to take these very exceptional circumstances into account when setting the 2021/22 budget, recognising that the IJB’s immediate and medium-term priorities have changed considerably over the last 12 months. As previously highlighted in the CFO’s “Financial Outlook 2021/22” report, which was approved by the IJB on 20 November 2020, the IJB’s medium term outlook remains uncertain, and as highlighted throughout 2021/22 there will be a need for the budget position in 2021/22 to heavily rely on the application of temporary financial flexibilities to deliver a balanced budget for 2021/22.

4.4. The Scottish Government has not provided detailed spending plans beyond their draft budget for 2021/22 but, has outlined its ongoing priorities within its annual Medium-Term Financial Strategy, in particular, continued focus on the NHS. The Scottish Government’s high-level forecast for the future remains uncertain, reflecting the unparalleled fall in economic output at both Scottish and UK level, and uncertainty over economic recovery for both Scotland and the UK as a whole. In addition, the UK Government’s approach to economic and fiscal

recovery will have a significant impact on medium to longer-term public-sector spending across the UK.

- 4.5. As part of the wider economic recovery plan, there is an expectation that there will be a multi-year UK government comprehensive spending review in autumn. This would then enable the Scottish Government to deliver spending plans beyond 2021/22, providing greater certainty over which areas of the budget would be subject to sustained future growth and, if so at what scale, allowing for the potential to agree multi-year pay settlements and for greater clarity over financial planning over the medium term.
- 4.6. Members will be aware of the significant disruption to the normal budget setting timetable, following the economic impact emerging from COVID-19. The UK budget normally announced in autumn was delayed until the 3 March. Similar to 2020/21, this resulted in the draft Scottish Government budget being published prior to the UK Government budget on the 28th January.
- 4.7. In addition to the normal revenue settlement, the Scottish Government also confirmed non-recurring COVID-19 specific funding as part of their 2021/22 budget settlement. This funding is to provide additional non-recurring resources to fund: provider sustainability payments, ongoing PPE, additional costs and income loss linked to COVID-19 which is expected to continue throughout 2021/22. Members are reminded that as this funding is specifically in relation to COVID-19 associated costs these have not been included as part of the budget details outlined in this report.
- 4.8. The Scottish Government also announced a Public Sector Pay Policy for 2021/22, providing important context for ongoing negotiations with trade unions. The policy set a flat rate increase of £750 for those earning a salary up to £25k and a 1% increase thereafter subject to a cap of £800. Pay negotiations across all employee groups are ongoing and therefore no agreement has yet been reached. It is however important to note that the current increase to the IJB's base budget is not sufficient to fund a pay settlement of this level.
- 4.9. Over the medium term, significant uncertainty remains, and the IJB will require to continue to plan for a wide range of potential scenarios. Over the past five years, the IJB has taken a medium-term view of its financial position, agreeing transformation and savings plans which have ensured a balanced budget year on year. However, as previously highlighted to members, the impact of COVID-19 as regards the continually changing situation, including potential for future spikes in demand for services has heavily impacted the HSCP's transformation and savings plans, which will require ongoing review and realignment. In addition, there remains significant uncertainty as to when the transformation programme can be remobilised due to capacity being directed towards the ongoing COVID-19 response from all areas of the HSCP. Consequently, and as previously reported to members, transformation savings have fallen behind previously approved timescales.
- 4.10. The medium-term outlook for the IJB remains uncertain. The IJB should therefore continue to operate with a medium-term financial outlook using the scenario-based approach adopted over the past years, focusing on scale and variability. Re-establishing our transformation programme will be a major priority for the IJB once the demands of COVID-19 have subsided, to ensure we are in a positive financial position to react to a likely challenging and uncertain financial period going forwards.
- 4.11. In this context, it is more than likely that we will therefore need to draw on the financial flexibilities available to the IJB to provide non-recurring support to

balance the annual revenue budget position each year over the medium-term basis.

5. Scottish Government Budget 2021/22

- 5.1. On 28 January 2021, the Scottish Government published their draft budget for 2021/22. Included within the conditions of the draft budget was the continued prioritisation of financial support for social care and integration, with a further £72.6 million for investment in adult social care and integration allocated over:

Additional Investment in Health & Social care 2021/22

| Funding | Scotland (£m) | Renfrewshire (£m) | Distribution Information |
|--------------------------------|---------------|-------------------|---|
| Living Wage | 34.0 | 1.149 | GAE for elderly and people with disabilities 3.38% |
| Carers Act | 28.5 | 0.963 | |
| Uprating of Free Personal Care | 10.1 | 0.211 | GAE for Personal and Nursing Care 2.09% |
| Total | 72.6 | 2.323 | |

- 5.2. Following the announcement of the Scottish Government's Draft Budget for 2021/22 on 28 January 2021, the Interim Director of Health Finance and Governance, for the Scottish Government wrote to all NHS Chairs, NHS Directors of Finance, Integration Authority Chief Officers and Integration Authority Chief Finance Officers providing details of the funding settlement for Health Boards, which includes Integration Authorities (IJBs). A copy of the letter is attached in Appendix 1.
- 5.3. The letter specifically states the following:

Health and Social Care Integration: In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets. In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £72.6 million in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22. The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1 million). The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated. Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.

In summary:

- In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets.
- In 2021/22 Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020/21 recurring budgets.

5.4. This letter of the 28 January 2021 from the Interim Director of Health Finance and Governance, is the basis on which NHS GGC and Renfrewshire Council have made their budget offer to the IJB for 2021/22.

5.5. In agreeing the 2021/22 budget, members will wish to consider the medium and longer-term financial context for the IJB and the ongoing financial pressures and significant challenges which were detailed in the HSCP's Medium-Term Financial Plan which was approved by members on 22 November 2019.

6. Summary of 2020/21 Budget Position

6.1. As reported throughout this financial year, the IJB will deliver an underspend on its core budget. The IJB projected underspend of £11,184k for the 2020/21 financial year takes into account the impact of delivering additional services as part of the IJB's response to COVID-19, and for which additional funding is provided by the Scottish Government at regular intervals. Currently, this accounts for £5,560k of the overall underspend position reflecting funding in advance of need which will be placed in an earmarked reserve to address COVID-19 expenditure commitments in 2021/22.

6.2. The landscape in relation to both the additional costs arising from COVID-19 and the significant range of additional funding streams released throughout the year by the Scottish Government in relation to a number of priority areas is exceptionally complex and fluid, and it will be a number of weeks before certainty can be provided as to the scale of funding streams that are expected to be carried forward into 2021/22.

7. Delegated Adult Social Care Budget 2021/22

7.1. As previously highlighted in the CFO's "Financial Outlook 2021/22" report which was approved by the IJB on 20 November 2020, in addition to the ongoing impact of COVID-19 across all service areas, similar to 2020/21, demographic and socio-economic factors continue to drive significant demand and cost pressures for 2021/22 in the delegated Adult Social Care budget relating to:

- Funding of the 2021/22 pay award;
- Cost pressures arising from contractual arrangements which are subject to renewal;
- Financial impact of the negotiated application of the increased living wage across the sector;
- Increases associated with the National Care Home Contract;
- Ongoing pressure on the Care at Home service in relation to costs associated with shifting the balance of care, by supporting people to live safely at home for as long as possible and facilitating prompt discharge from hospital; and
- Increasing number and complexity of care packages required to support adult clients to live as independently as possible in the community.

7.2. The Chief Finance Officer, using a range of informed assumptions, has estimated that the demand and cost growth for Adult Social Care in 2021/22 linked to the areas highlighted above, and in Section 8 of this report, is likely to be in the region of a gross increase of circa £5.5 million.

7.3. Members are reminded that due to COVID-19, the current levels of demand on Care at Home Services, and, the number of admissions to Care Homes are not in line with our 'normal projected levels of activity' which we would use to assess

the future pressure on these budgets. Consequently, our ability to project on future demand is more complex than in previous years, and therefore our current estimate for demand and cost growth is heavily caveated.

7.4. At its meeting of 4 March 2021, Renfrewshire Council, following the Director of Finance and Resources recommendations, approved a recurring net uplift to the delegated Adult Social Care budget of £2.232 million. This increase is in line with the conditions of the letter of the 28 January 2021 from the Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care (Appendix 1).

7.5. The following table provides a summary of the above:

| Delegated Adult Social Care Budget 2021/22 | Amount In £000's |
|---|-------------------------|
| 2020/21 Adult Social Care Recurring Budget | 72,259 |
| <u>Add:</u> | |
| Renfrewshire share of £72.6 million for investment in social care and integration (per Appendix 3) | 2,323 |
| <u>Less:</u> | |
| Transfer of HSCP Caretaking staff to Environment and Infrastructure Services (Renfrewshire Council) | (224) |
| = Total Adult Social Care Recurring Budget 2021/22 | 74,358 |

7.6. The CFO'S recommendation to the IJB is, to note and accept the delegated Adult Social Health Budget offer from Renfrewshire Council for 2021/22 (Appendix 2). This budget offer is in line with the conditions of the letter of the 28 January 2021 from the Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care.

8. Delegated Health Budget 2021/22

8.1. In addition to the ongoing impact of COVID-19 across all service areas, similar to Adult Social Care, demographic and socio-economic factors continue to drive significant demand and cost pressures for our delegated Health services in 2021/22 including:

- Pay Inflation and impact of Agenda for change;
- Inflationary linked increases on non-pay eligible budgets;
- Prescribing cost / volume / short supply impact; and
- West of Scotland Sexual Assault & Rape Service (share of Board wide costs of running this service)

8.2. Using a range of informed assumptions, the Chief Finance Officer has estimated that the demand and cost growth for Delegated Health Services (not including Set Aside) in 2021/22 linked to the areas highlighted above, and in Section 8 of this report, is likely to be in the region of a gross increase of circa £3 million.

8.3. As detailed earlier in this report, on 28 January 2021, the Interim Director of Health Finance and Governance, for the Scottish Government wrote to all NHS Chairs, NHS Directors of Finance, Integration Authority Chief Officers and Integration Authority Chief Finance Officers (Appendix 1), setting out the draft budget for 2021/22 for NHS Boards. This included narrative which set out the expectations that the:

- In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets.

8.4. The NHSGGC budget offer for 2021/22 (Appendix 3), is based on an uplift of 1.5% reflecting the Board's uplift for 2021/22, and, is in line with the letter of the 28 January 2021 from the Interim Director of Health Finance and Governance, for the Scottish Government .

8.5. The following table provides a high-level summary of the above:

| Delegated Health Budget 2021/22 | Amount in £000's |
|--|-----------------------------|
| 2020/21 Delegated Health Recurring Budget | 176,430 |
| Less: | |
| West of Scotland Sexual Assault & Rape Service (share of Board wide costs of running this service) | -85 |
| Add: | |
| 1.5% uplift applied to eligible budgets (including prescribing) | 1,902 |
| = Revised Budget After uplift | 178,247 |
| Set Aside Budget 20/21 | 58,192 |
| 1.5 uplift applied to set aside budget | 873 |
| = Set Aside Budget 21/22 | 59,065 |
| Total Delegated Health Recurring Budget 2021/22 | 237,312 |

Note: these figures do not include any final adjustments in relation to recurring budget adjustments at month 12

8.6. The CFO'S recommendation to the IJB is, to note and accept the delegated Health Budget offer from NHSGGC for 2021/22 (Appendix 3) subject to final adjustments when the out-turn for the 2020/21 financial year has been finalised in relation to recurring budget adjustments at month 12, and, any further funding allocated by the Scottish government in respect of the impact of the 2021/22 pay award. This budget offer is in line with the conditions of the letter of the 28 January 2021 from the Interim Director of Health Finance and Governance, for the Scottish Government and Director of Community Health and Social Care.

9. Cost Pressures and Demand

9.1. The HSCP's Medium-Term Financial Plan reflects the economic outlook to 2024/25, adopting a strategic and sustainable approach linked to the delivery of priorities in our Strategic Plan. These strategic priorities will continue to provide a focus for future budget decisions, where the delivery of core services must be balanced with the resources available. Our Medium-Term Financial Plan focuses on financial sustainability, acknowledging the uncertainty around key elements including the potential scale of savings required, and, the need to redirect resources to support the delivery of key priorities.

9.2. As recommended by the CFO in previous reports to the IJB, it is important that the IJB works to create sufficient reserves to provide temporary funding to drive

transformation, and, build up contingency reserves during the course of the financial year.

- 9.3. Despite the projected positive outturn for 2020/21 in part due to very late and significant additional ring fenced funding announcements from the Scottish government at the end of January and the middle of February, it is vital that the IJB maintains sufficient unallocated reserves to provide an appropriate degree of financial protection and immediate financial resilience moving forward, and that the level of unallocated reserves held is guided by the risk profile faced by the IJB. As always, Audit Scotland will continue to closely monitor the IJB's position in respect of unallocated reserves as part of their wider assessment of the IJB's financial stability and resilience, and, to ensure unallocated reserves remain at an appropriately prudent level.
- 9.4. Members should note that the IJB reserves policy allows for flexibility in terms of potential fluctuations. This allows for the IJB to increase unallocated reserve balances significantly where resources permit, providing future financial resilience for those years where the level of resources available to the IJB may be significantly constrained and will require a draw down from unallocated reserves in order to deliver financial balance.
- 9.5. In line with the approach taken in the Medium-Term Financial Plan, a scenario-based approach continues to be adopted to estimate future cost pressures and demand. Potential outcomes have been considered over: low, medium, high and worst-case projected positions. The low projection outlines a more optimistic outlook, while the worst-case indicates the position if pressures emerge at the higher end of current projections.
- 9.6. Over recent months, budget assumptions have been updated to reflect the impact of new statutory obligations and, increasing demographic and demand pressures.
- 9.7. The projected budget gap is based on a range of demand and cost pressures which could be faced by the IJB over the medium term. These assumptions are informed by the national context; effect of new statutory obligations; increasing demographic and demand pressures as well as the impact of COVID-19.
- 9.8. The financial projections for 2021/22 include a range of key assumptions for which there remains significant and real uncertainty. These include:

- **The impact of COVID-19 across a range of areas** including provider payments, significant increases in demand etc
- **Future funding allocations from Partner Organisations:** may be subject to greater downward pressure due to a worsened financial outlook for our partner organisations. The Scottish Government has not provided any material details of spending plans beyond 2021/22 other than high level figures which indicate low levels of cash growth.
- **Future Pay Settlements:** the move to multi-year settlements provided a degree of certainty over pay pressures, through to 2020/21. However, uncertainty has once again risen in relation to future pay pressures as the new cycle of negotiations has commenced. 2020/21 was also the final year of the current valuation of pension commitments, with a likely change in employer contribution rates from 2021/22.

The sustainability of future pay awards at similar levels, in the context of an expectation of further reductions in resources, will be a major challenge for the IJB to manage in future years. Employee costs

represent c34% of the IJB's net budget. Inflationary pressure in this area therefore represents a significant pressure for the IJB eg every 1 % increase to current pay rates represents an additional cost of c£820k per annum.

- **Demand led Pressures:** the scale of evolving demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward. Historically, our services have been able to manage this demand through the transformation of services, which has enabled gains in productivity and effectiveness to secure delivery of more services from the money they have received. However, our ability to continue to manage the current and projected demand levels into the future is limited without significant service redesign and transformation in our approach to delivery of our services. In addition, the impact of COVID-19 on a range of our services has already been significant and is likely to continue well into the future. As highlighted in paragraph 6.1 there is already noticeable growth in care at home packages for people with complex needs resulting in additional capacity and financial pressures.
- **Prescribing:** with the ending of the risk sharing arrangement across NHSGGC Partnerships on 31 March 2018, prescribing costs now represents one of our main financial risks, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy. In addition, the impact of COVID-19 on the ability of our pharmacy staff and GP's to deliver on prescribing efficiencies and initiatives has been and will continue to be severely impacted. The full extent of the ongoing impact of COVID-19, the production of a vaccine and BREXIT on the prescribing budget are currently unknown.
- **Inflation and Contractual Commitments:** Non-Pay inflationary pressures reflect anticipated annual increases to payments to third parties, and in the main reflect anticipated increases linked to contracts such as the National Care Home Contract and Supported Living Framework. The long-term effects of COVID-19 on provider sustainability will also impact on all of our contractual commitments, the extent of which will emerge over future months and may require current assumptions to be updated significantly.

9.9. The following table provides a high-level summary of the gross estimated budget pressures (based on medium case scenarios) in relation to the above for 2021/22. (Members should note that these scenarios are regularly updated to ensure that the CFO has early sight of any significant changes):

| Anticipated Budget Pressures and Funding for 2021/22 @ 16th February 2021 | Using Medium Case Scenarios | | |
|--|-----------------------------|-----------------------|-------------------------------|
| | Health £000's | Social Care £000's | Overall Position £000's |
| Contractual | 39 | 2,229 | 2,268 |
| Pay | 1,184 | 1,029 | 2,213 |
| Demand | 503 | 1,098 | 1,601 |
| Living Wage | | 755 | 755 |
| Prescribing | 1,269 | | 1,269 |
| Savings o/s Previous Years | 61 | 311 | 372 |
| Total Pressures | 3,056 | 5,422 | 8,478 |

9.10. As previously discussed with members, the delegated health budget includes a number of budget areas which cannot be considered for planned savings, namely:

- Resource Transfer from the NHS is used to directly fund social care services provided directly through the Council or commissioned from third party organisations.
- Prescribing budget has a clear clinically led approach to cost containment and volume control as part of an NHSGGC system wide approach and one that is built up from the prescribing patterns of individual GPs and informed by known costs;
- Family Health Service budgets directly fund income to contracted services such as GPs;
- Social Care Fund is passed directly through to Renfrewshire Council for allocation to the Adult Social Care Budget;
- Mental Health services protection in line with the Scottish Government's directions; and
- Health Visitors funding – this is a ring-fenced allocation from the Scottish Government in line with their priority to increase Health Visitor numbers

9.11. The following table shows that taking all of the above into account, the remaining budget against which any savings targets need to be delivered is circa £30 million, (11.6%) the majority of which are employee related budgets.

| Health Budget Influencable Spend | 20-21 £'000 |
|--|-----------------|
| 2020-21 Budget | 204,587 |
| Add: Resource Transfer & Social Care Fund | 34,341 |
| Add: Action 15, ADP and PCIP Allocations | 6,669 |
| Add: LA Covid Funding | 8,768 |
| Add: Health Covid Funding | 4,813 |
| | 259,178 |
| Less: | |
| Set Aside | -58,192 |
| Resource Transfer | -22,087 |
| Prescribing | -36,926 |
| FHS | -52,548 |
| Social Care Fund | -12,254 |
| Mental Health (Per SG Direction) | -20,707 |
| Action 15 | -1,335 |
| PCIP | -4,757 |
| Health Visitors (Ring fenced Funding) | -3,666 |
| ADP (Ring Fenced Funding) | -2,308 |
| COVID Allocation | -13,581 |
| Non-Recurring Budget | -894 |
| | -229,255 |
| = Remaining Budget against which Savings can be applied | 29,923 |
| % of Budget against which Savings can be applied | 11.55% |

- 9.12. As outlined in the 'Medium Term Financial Plan', and further described in this report, it is likely that from 2021/22, the budget position for IJBs will be subject to significant demand and cost led financial pressures.
- 9.13. In addition, it was clear from Renfrewshire Council's own Medium-Term Financial Outlook, that it anticipated it would be subject to significant pressure over the medium term. Its most recent update to its financial outlook and a risk of a further period of constraint and reduction in core funding for LG in Scotland. In this context there is a greater risk that any future uplifts in funding to the IJB similar to that provided in previous years may not be deliverable.
- 9.14. Over the past couple of years, the HSCP has benefited from resources passed through from Health as part of the local government settlement arrangements. This has been a key factor in maintaining the current financial stability of the Partnership. However, as highlighted earlier in this report, it should be recognised that the Scottish Government is likely over the medium term to face an increasingly challenging financial position which may place the ability for a pass through of resources from Health to HSCP's under increasing pressure.
- 9.15. On this basis, the IJB should continue to plan for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years. The likely scenario is that a significant level of further recurring savings will be required. At the same time, we need to deliver sustainable and modern services which meet the needs of service users and their families. Consequently, savings options which do not align with the guiding principles for transformation previously agreed by the IJB will require consideration.
- 9.16. It is therefore essential that the IJB continues to focus on the need to pro-actively progress its transformation and modernisation agenda, maintaining a medium-term perspective of the financial challenges and where appropriate generate reserves to help to:
- Address medium-term pressures on the assumption that the financial position is more than likely to get more pressured;
 - To provide temporary funding to drive transformation; and,
 - Build up contingency reserves in line with Audit Scotland's recommendations which will be crucial in ensuring the financial sustainability of the partnership in the medium term.

10. Summary of 2021/22 Budget Position

| | Total |
|---|----------------|
| 2020/21 HSCP Budget Rolled Forward to 2021/22 | 306,572 |
| Add: HSCP Estimated Budget Pressures for 2021/22 | |
| Contractual | 2,268 |
| Pay | 2,213 |
| Demand | 1,601 |
| Living Wage | 755 |
| Prescribing | 1,269 |
| Savings o/s Previous Years | 372 |
| Set Aside Increase | 873 |
| | 9,351 |
| Less: | |
| Savings approved by IJB In previous years (to be delivered in 2021/22) | -256 |
| West of Scotland Sexual Assault & Rape Service (share of Board wide costs of running this service) | -85 |
| Transfer of HSCP Caretaking staff to Environment and Infrastructure Services (Renfrewshire Council) | -224 |
| Proposed Savings for approval by IJB 26 March 21 | -885 |
| Drawdown of Reserves | -1,803 |
| Recurring prescribing underspend | -1,000 |
| | -4,253 |
| HSCP Estimated Budget for 2021/22 | 311,670 |
| Additional Funding Requirement for 2021/22 | -5,098 |
| Funded By: | |
| 2021/22 Health Budget Uplift | 2,775 |
| 2021/22 Adult Social Care Budget Uplift | 2,323 |
| Total Increase in Partnership Funding | 5,098 |
| = 2021/22 HSCP Opening Budget | 311,670 |

10.1. The table above, summarises the overall anticipated budget position for the IJB for 2021/22 reflecting:

- The pressures highlighted in Section 8 of this report
- Savings approved by the IJB in previous years to be delivered in 2021/22
- Proposed savings for approval by IJB 26 March 2021
- Transfer of budgets in respect of the West of Scotland Sexual Assault & Rape Service, and, Caretaking staff
- Recurring Prescribing underspend
- Drawdown of general reserves to deliver non-recurring financial balance in 2021/22
- Increase in Partnership funding in line with the conditions of the Scottish Government Budget for 2021/22.

10.2. Based on the above table, it is the CFO's recommendation that there are sufficient resources within the proposed budgets (including draw down of IJB reserves) set out in this report to meet our current anticipated budget pressures for 2021/22, thereby enabling members to agree our partnership budget offers for 2021/22 and set a balanced budget for 2021/22.

11. COVID-19

- 11.1. IJB Members should note that the 2021/22 budget proposals are presented on the basis of “business as usual”, however, ongoing and developing COVID-19 issues highlight that this is not the case. It should be recognised that extraordinary costs are being incurred and will continue to be incurred for the foreseeable future. For accounting purposes, these costs will be recorded separately, with the assumption that costs will be covered by partners, and ultimately by government.

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** – Delays in setting the budget may impact on the IJBs ability to achieve financial balance in 2021-22. In addition, as highlighted in Section 10 of this report, the 2021/22 budget proposals assume “business as usual”. The potential financial and economic impacts of COVID-19 represents a significant additional risk to the IJB, and the wider public sector going forward.
11. **Privacy Impact** – none.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (sarah.lavers@renfrewshire.gov.uk / 0141 618 6824)

Direction from the Integration Joint Board

| | | |
|------------|---|--|
| 1. | Reference Number | 260321-05 |
| 2. | Date Direction issued by IJB | 26 March 2021 |
| 3. | Date from which Direction takes effect | 26 March 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 | No. |
| 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. |
| 8. | Budget allocated by IJB to carry out Direction. | As outlined in Section 7.5 (Renfrewshire Council) and Section 8.5 (NHS Greater Glasgow & Clyde) of this report and within the supporting Appendices attached. |
| 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 | June 2021. |

**Directorate for Health Finance Corporate
Governance and Value**
Richard McCallum, Interim Director



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E: richard.mccallum@gov.scot

Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

28 January 2021

Dear Chief Executives

Budget 2021-22 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2021-22 by the Cabinet Secretary for Finance in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The immediate priority of the budget is to support our response to the pandemic and take forward delivery of the key ambitions set out in the Programme for Government.

The position set out in this letter is subject to any amendments agreed through the Scottish Parliament's Budget Bill process, and may also require to be updated to reflect the UK Government's Budget on 3 March. I will keep you up to date with any changes to your planning assumptions.

Baseline Funding

All Boards will receive a baseline uplift of 1.5%. In addition, those Boards furthest from NRAC parity will receive a share of £30.2 million, which will continue to maintain all Boards within 0.8% of NRAC parity.

In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

The funding position continues to assume that the £15 million of National Board savings are fully delivered in 2021-22 and that further progress is made in National Boards collaborating to deliver service improvement and further savings. Whilst we have taken account of the

particular challenges in delivering this in full in 2020-21, I expect National Boards to identify sufficient recurring measures to address this position going forward.

Covid-19 Funding

Additional funding of £869 million will be provided to support the ongoing response to the pandemic, and we will develop our approach to allocating this funding on receipt of remobilisation plans due at the end of February. While we anticipate that further Covid funding will be provided by the UK Government, this tranche of funding should provide sufficient assurance for continuing with key programmes of work, such as vaccinations and Test and Protect.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £595.9 million will be invested in improving patient outcomes in 2021-22, as set out below:

| Improving patient outcomes | 2020-21 Investment in reform (£m) | 2021-22 Investment in reform (£m) | Increase for 2021-22 (£m) |
|----------------------------|---|---|---------------------------------|
| Primary Care | 205 | 250 | 45 |
| Waiting Times | 136 | 136 | - |
| Mental Health and CAMHS | 89 | 111.1 | 22.1 |
| Trauma Networks | 31 | 37.8 | 6.8 |
| Drugs Deaths | 11 | 61 | 50 |
| TOTAL | 472 | 595.9 | 123.9 |

When combining the £123.9 million increase in investment in reform with an increase of £193 million in baseline funding for frontline NHS Boards, the total initial additional funding for frontline NHS Boards will amount to £316.9 million (2.8 per cent) in 2021-22. Further detail is set out in **Annex A**.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £250 million in 2021-22. This will support the delivery of the new GP contract and wider Primary Care reform and continued development of new models of primary care.

We will maintain Covid-19 funding support for Community Hubs while they are still required. This is alongside our continued support for multi-disciplinary teams, which are supporting GPs to fulfil their role as expert medical generalists in the community.

Support for Waiting Times

Investment of £136 million will again be provided for investment in addressing waiting times. Whilst progress had been made in reducing waiting times in recent years, the response to the pandemic has interrupted this progress. In addition to this funding, we will consider the provision of further funding beyond this level in order to support the remobilisation of elective care as part of NHS Board remobilisation plans and reduce the backlog.

Included within the funding is £136 million, is £10 million for winter 2021-22, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £111.1 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. This funding will underpin our continued approach to improving mental health services and support for children, young people and adults.

As part of the 2021-22 budget we are providing £15 million to support the continued establishment of new Community Mental Health and Wellbeing Services. While the pandemic has had an impact on the planning and development of those services, we are working with local authorities to ensure they are ready to start supporting children, young people and their families as soon as possible, with support available across all 32 local authorities in 2021.

The Mental Health Transition and Recovery Plan outlines the Scottish Government's response to the mental health impacts of COVID-19 and further funding will be provided from the £869 million COVID-19 funding to support Boards and Integration Authorities in meeting these challenges.

Trauma Networks

This funding will increase from £31 million to £37.8 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The 2021-22 Portfolio budget provides an additional £50 million targeted towards reducing drugs deaths. This forms part of a total of funding of £250 million over the next five years and will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation.

Reform Funding

This budget prioritises baseline funding, along with increased investment in particular areas of reform that will improve patient outcomes and funding for the response to the Covid pandemic. We will however continue to work with colleagues to agree investment in specific programmes of work, as well as in-year funding to support the strategies of NHS 24 and Scottish Ambulance Service, which will have a wider benefit to the sector.

Health and Social Care Integration

In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets.

In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £72.6 million in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22. The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated.

Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.

Capital Funding

Boards should assume an unchanged initial capital formula allocation, with additional investment planned for the elective centres and Baird Family Hospital and Anchor Centre in Aberdeen.

2021/22 Financial Plan

We will continue to engage with Boards to finalise Remobilisation Plans and the development of one year financial plans and I hope the information contained in this letter is helpful in the finalising of these plans. We plan to revisit three year financial plans when the NHS is no longer on an emergency footing.

Yours sincerely

Richard McCallum

Interim Director of Health Finance and Governance

Annex A – Board Funding Uplifts

| NHS Territorial Boards | 2020-21 Allocation | Recurring Allocations | Total 2020-21 Allocation | Uplift incl NRAC | Uplift incl NRAC | 2021-22 Total Allocation | NRAC Funding | Distance from NRAC parity |
|-------------------------------------|-----------------------|--------------------------|-----------------------------|---------------------|---------------------|-----------------------------|-----------------|------------------------------|
| | £m | £m | £m | £m | % | £m | £m | % |
| Ayrshire and Arran | 762.4 | (0.6) | 761.8 | 12.7 | 1.7% | 774.5 | 1.2 | -0.8% |
| Borders | 219.8 | (0.4) | 219.4 | 3.3 | 1.5% | 222.7 | - | -0.8% |
| Dumfries and Galloway | 316.1 | (0.3) | 315.8 | 4.7 | 1.5% | 320.6 | - | 1.5% |
| Fife | 701.5 | (1.3) | 700.2 | 12.4 | 1.8% | 712.6 | 1.9 | -0.8% |
| Forth Valley | 558.7 | (1.0) | 557.7 | 11.8 | 2.1% | 569.4 | 3.4 | -0.8% |
| Grampian | 1,013.5 | (0.8) | 1,012.7 | 15.2 | 1.5% | 1,027.9 | - | 0.1% |
| Greater Glasgow and Clyde | 2,364.7 | (2.0) | 2,362.7 | 35.4 | 1.5% | 2,398.1 | - | 1.8% |
| Highland | 666.0 | (0.6) | 665.5 | 26.4 | 4.0% | 691.9 | 16.4 | -0.8% |
| Lanarkshire | 1,268.1 | (1.1) | 1,267.1 | 19.0 | 1.5% | 1,286.1 | - | -0.8% |
| Lothian | 1,540.1 | 0.4 | 1,540.5 | 29.0 | 1.9% | 1,569.5 | 5.9 | -0.8% |
| Orkney | 52.6 | (0.0) | 52.6 | 2.2 | 4.2% | 54.8 | 1.4 | -0.8% |
| Shetland | 53.9 | (0.0) | 53.8 | 0.8 | 1.5% | 54.6 | - | 0.4% |
| Tayside | 808.5 | (0.7) | 807.8 | 12.1 | 1.5% | 819.9 | - | -0.8% |
| Western Isles | 80.0 | (0.1) | 79.9 | 1.2 | 1.5% | 81.1 | - | 10.6% |
| | 10,405.9 | (8.5) | 10,397.5 | 186.2 | 1.8% | 10,583.7 | 30.2 | |
| NHS National Boards | | | | | | | | |
| National Waiting Times Centre | 60.0 | - | 60.0 | 0.9 | 1.5% | 60.9 | | |
| Scottish Ambulance Service | 278.4 | 1.1 | 279.5 | 4.2 | 1.5% | 283.7 | | |
| The State Hospital | 37.6 | - | 37.6 | 0.6 | 1.5% | 38.1 | | |
| NHS 24 | 72.7 | - | 72.7 | 1.1 | 1.5% | 73.8 | | |
| NHS Education for Scotland* | 461.5 | 0.2 | 461.7 | 9.9 | 2.1% | 471.7 | | |
| NHS National Services Scotland | 327.7 | 8.7 | 336.4 | 5.0 | 1.5% | 341.4 | | |
| Healthcare Improvement Scotland | 26.3 | 0.9 | 27.1 | 0.4 | 1.5% | 27.5 | | |
| Public Health Scotland | 47.9 | - | 47.9 | 0.7 | 1.5% | 48.6 | | |
| Nationals Total | 1,312.1 | 11.0 | 1,323.1 | 22.8 | 1.7% | 1,345.9 | | |
| Total NHS Boards | 11,718.0 | 2.5 | 11,720.6 | 209.1 | 1.8% | 11,929.6 | | |
| Improving Patient Outcomes | 472.0 | | 472.0 | 123.9 | | 595.9 | | |
| Total Frontline NHS Boards** | 11,326.6 | (7.3) | 11,319.3 | 316.9 | 2.8% | 11,636.2 | | |

*The uplift for NHS Education for Scotland includes recurring funding for training grades

** Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital and NHS 24

Your Ref:
My Ref: AMacA/CB
Contact: Alastair MacArthur
Telephone: 0141-618 7363
E Mail: alastair.macarthur@renfrewshire.gov.uk
Date: 4 March 2021

Sarah Lavers
Chief Financial Officer
Renfrewshire HSCP
Renfrewshire House
Cotton Street
Paisley, PA1 1AL

Dear Sarah

2021/22 Financial Allocation from Renfrewshire Council

Renfrewshire Council agreed its budget for the financial year 2021/22 today, 4 March 2021.

In setting the budget, Council agreed total funding to the Renfrewshire HSCP of **£74,358,164.**

The above amount reflects the pass through in full to the HSCP of Scottish Government funding received through the local government settlement of £2,323,000 as directed by the Cabinet Secretary.

Yours sincerely

Alan Russell
Director of Finance & Resources



Finance and Resources
Director: Alan Russell CPFA
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Greater Glasgow and Clyde NHS Board

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Date:
 Our Ref: JH

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 Direct Line: 0141-201-4774
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Dear Shiona

2021/22 Financial Allocation to Renfrewshire Health and Social Care Partnership

Further to the Scottish Budget I can now confirm the Board's allocation to the HSCP for 2021/22. This will be updated further when the out-turn for the 2020/21 financial year has been finalised.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2021/22 is 1.5% totalling £33.7m.

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 28 January 2021 states that "*In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets*".

The total allocation uplift to all six HSCPs should therefore be £13.1m based on the recurring budget at 31 January 2021 and the partnership's share of this allocation is included in **Appendix 1**.

Set Aside Budget

During 2020/21 work has continued to identify the actual budgets and costs of unscheduled care services and these will be used as the basis for the set aside allocation for 2021/22. However, until the final out-turn for 2020/21 is confirmed the current value has been uplifted by 1.5%. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2021/22:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

James Hobson

Assistant Director of Finance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2021/22

| Spend Categories | Renfrewshire Hscp |
|---|--------------------------|
| | £000s |
| Family Health Services * | 51,813 |
| Fhs Income* | (2,314) |
| Family Health Services Budget (Net) | 49,499 |
| Prescribing & Drugs | 36,857 |
| Non Pay Supplies | 17,755 |
| Pay | 48,611 |
| Other Non Pay & Savings | 24,448 |
| Other Income | (740) |
| Budget - HCH incl Prescribing | 126,931 |
| Total Rollover budget - NET | 176,430 |
| Adjustments: | |
| Non Recurring bud allocated to base | (153) |
| Budget Eligible for HCH & Prescribing uplift | 126,778 |
| <u>Uplifts</u> | |
| Scottish Government allocation | 1,902 |
| West of Scotland Sexual Assault & Rape Service (Topsliced) | (85) |
| West of Scotland Sexual Assault & Rape Service (Hosted) | |
| Total Uplift | 1,816 |
| Revised Budget | 178,246 |
| Set Aside Budget | |
| 2020/21 value | 58,192 |
| Uplift at 1.5% | 873 |
| 2021/22 value | 59,065 |

To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Subject: Unscheduled Care Performance and Performance Management Framework 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. Performance information is presented at all Renfrewshire IJB meetings.

1.2. The purpose of this report is to:

- Update on the progress of the NHS Greater Glasgow and Clyde Draft Unscheduled Care Joint Commissioning Plan (UC JCP), which outlines the ongoing work to finalise the Plan, including the learning from the COVID-19 pandemic. As part of the actions from the UC JCP, we also provide an update on the implementation of the new GGC-wide Discharge to Assess Policy;
- Update on Renfrewshire Health and Social Care Partnership's (HSCP) Ministerial Steering Group (MSG) Unscheduled Care indicators, with a focus on delayed discharge performance;
- Update on the planned review of Renfrewshire HSCP's Performance Management Framework; and
- Update on the Annual Performance Report 2020/21.

2. Recommendations

It is recommended that the IJB note:

1. Progress on the NHS Greater Glasgow and Clyde Draft Unscheduled Care Joint Commissioning Plan and Discharge to Assess Policy;
2. Renfrewshire HSCP's unscheduled care performance;

3. The proposed update/review of the HSCP's Performance Management Framework for 2021/22 and that updates will be brought to future meetings; and
 4. An update on the Annual Performance Report 2020/21.
-

3. Draft Unscheduled Care Joint Commissioning Plan 2020/25

- 3.1. In June 2020, NHS Greater Glasgow and Clyde's draft Unscheduled Care Joint Commissioning Plan was submitted to the IJB and was approved at this time.
- 3.2. The report outlined the work undertaken pre-COVID-19 by all six NHSGGC HSCPs to develop a system-wide Strategic Commissioning Plan in partnership with the NHS Board and Acute Services Division and in line with the IJB's Strategic Plan. The draft Unscheduled Care Commissioning Plan builds on the GGC Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.
- 3.3. The draft Unscheduled Care Commissioning Plan (UC JCP) was submitted to all six IJBs for consideration and approval, recognising that further work was required on key aspects. One key aspect of the unscheduled care work was learning from the pandemic, during which there had been a fall in unscheduled care activity.
- 3.4. The GGC HSCP Delivery Group has oversight for the delivery of the Plan and is leading on the work currently underway to finalise its completion. The HSCP Delivery Group has been tasked with reviewing and refreshing the 24 Actions contained within the original Plan, taking into account the learning from the pandemic. The review work aims to agree local targets for 2021/22 and 2022/23 and to consider the assumptions and spend within a Joint Commissioning Plan Financial Framework.
- 3.5. 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 within the wider Plan and to develop local supporting, implementation plans. An update on this work programme will be submitted to the IJB meeting in September 2021, along with the finalised NHS GGC Unscheduled Care Joint Commissioning Plan.

4. Home First Approach and Discharge to Assess Policy

- 4.1. As part of the actions adopted within the draft NHS GGC Unscheduled Care Joint Commissioning Plan an NHSGGC-wide Discharge to Assess Policy has been developed to support timely discharge from Hospital. This is an NHSGGC-wide approach to support patient discharge to home or a homely environment, with development work ongoing during 2020/21.

- 4.2. The policy will work 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. This policy, agreed on 19 February 2021, is being implemented across all NHSGGC Acute Adult Hospitals (including Mental Health and Learning Disabilities) and in all NHSGGC Health and Social Care Partnerships (HSCPs) to ensure consistency across the Board area. To support implementation, a suite of publicity materials has been developed to help inform and engage the wider public.
- 4.3. This Policy complements Renfrewshire's commitment to a Home First approach. This approach reflects local aims to support people to remain as independent as possible within their own home or in a homely setting; and ensure that they spend no more time than necessary in a hospital setting.
- 4.4. Currently the RHSCP support people to be discharged home from hospital as soon as they are fit do so. Discharge is arranged through our Care at Home Service and Locality Teams. It is recognised assessing people in their own home rather in than a clinical setting results in a more accurate assessment of needs and improved outcomes. Support plans for people leaving hospital are reviewed within four days of discharge to ensure people's needs are being met.

Next Steps for Renfrewshire

- 4.5. In the first instance, communication of the Policy is being shared with Chief Officers, Directors and General Managers (Acute Services), who will circulate to respective Heads of Service for onward cascade to Team Managers and their operational team members across all sites. Each Partnership is being asked to utilise its own communications' networks to ensure the information is shared appropriately in order to increase awareness and optimise delivery.
- 4.6. To support the roll out of the policy, Renfrewshire HSCP will be supported by our local Communications' Team who will cascade and raise awareness across the Partnership using a variety of media channels,
- 4.7. There is recognition within the HSCP Unscheduled Care Delivery Group that every HSCP is at a different stage therefore the uniform implementation could prove challenging. Acute and HSCPs across Greater Glasgow and Clyde will initiate its use then monitor and evaluate during a three-month review and learning cycle. Further updates will be brought to future IJB meetings as work progresses.

5. MSG Unscheduled Care Indicators

- 5.1. We continue to rigorously monitor progress for delayed discharge during 2020/21 as part of our overall performance management process. The data presented in this paper is the most up to date confirmed figures for Renfrewshire, however performance has been impacted by the COVID-19 pandemic, and as such there are no targets

for 2020/21. The main unscheduled care indicators included in this paper are:

- Average number of delayed discharges (18+)
- Bed days lost to delayed discharge (18+)
- Number of emergency admissions (18+)
- Number of unscheduled hospital bed days; acute specialties (18+)
- A&E attendances (18+)

6. Average Number of Delayed Discharges (18+)

6.1. A delayed discharge is experienced by an inpatient occupying a bed in a hospital who is clinically ready to move on to the next stage of care but is prevented from doing so by one or more reasons for delay in discharge.

6.2. For most patients, following completion of health and social care assessments, the necessary care, support and accommodation arrangements are put in place in the community without any delay and the patient is appropriately discharged from hospital.

6.3. Bed days data are available with the following reasons for delay:

- Health and social care reasons
- Patient and family related reasons
- Code 9 reasons

6.4. Code 9 reasons for delay were introduced in 2006, and are used for delays which are outside the control of the HSCP.

Code 9s are used for the following reasons:

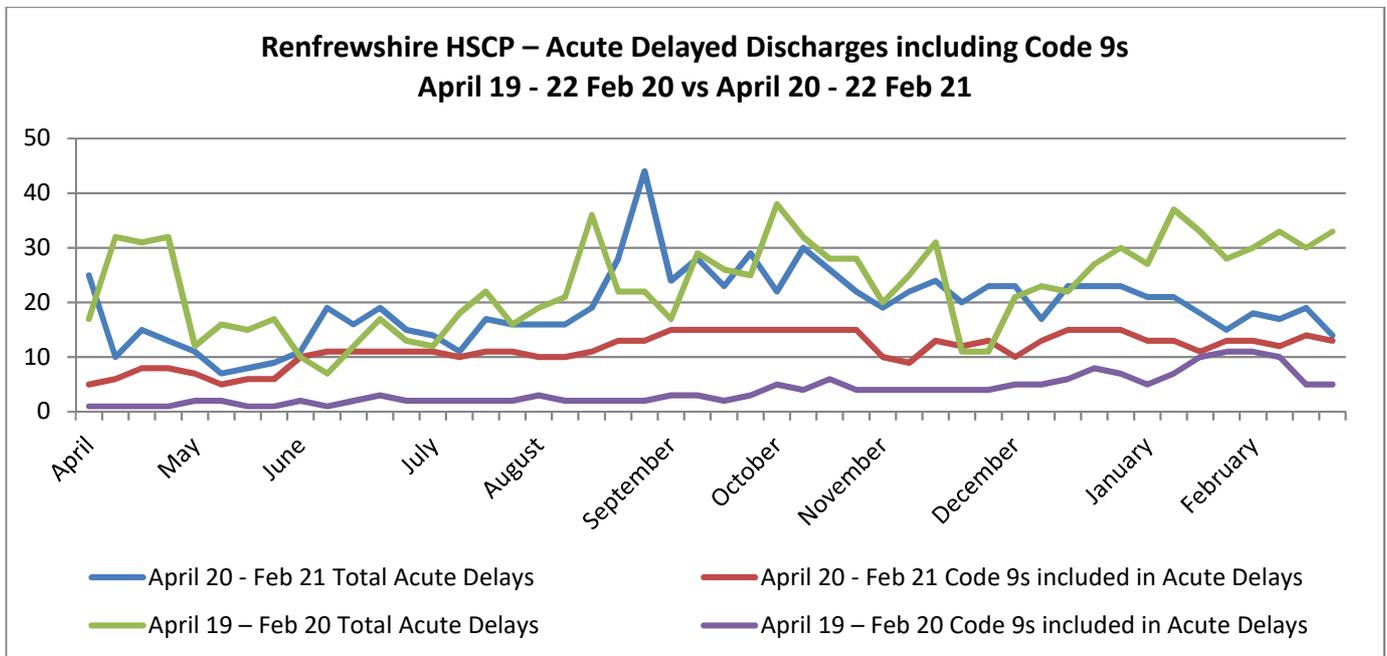
- Adults With Incapacity (AWI) going through a Guardianship process
- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate
- Patients for whom an interim move is not possible or reasonable.

6.5. Table 1 shows the average weekly number of delayed discharges from April 2020 to 22 February 2021, compared with the same period in 2019/20. The total daily average per week in 2020/21 shows a 17.4% decrease compared to 2019/20, however the number of Code 9 cases included in the Acute total is three times higher than in 2019/20. Graph 1 shows the progress over the two-year comparison. The reasons behind the increase in these numbers are discussed in more detail at 10.1.

Table 1: Average Numbers of Delayed Discharges (18+)

| Data recorded every Monday from the NHSGGC Chief Exec's Report | April 20 - Feb 21 | | April 19 – Feb 20 | |
|--|----------------------|----------------------------------|----------------------|----------------------------------|
| | Average Acute Delays | Code 9s included in Acute Delays | Average Acute Delays | Code 9s included in Acute Delays |
| Daily average per week | 19 | 12 | 23 | 4 |

Graph 1: Acute Delayed Discharges including Code 9s

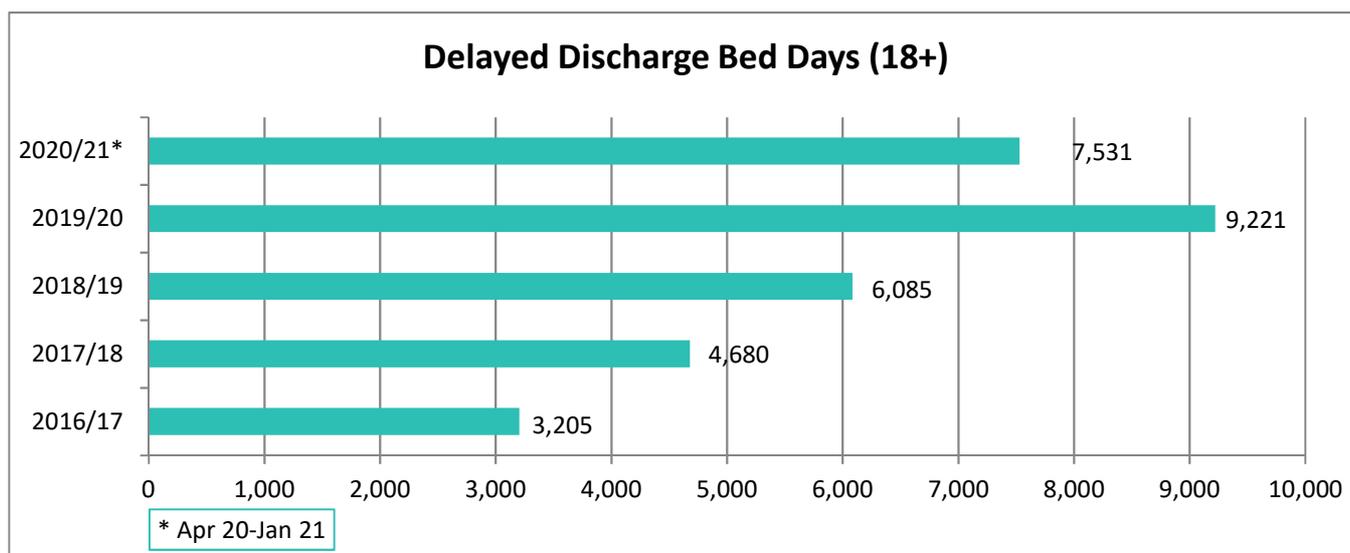


7. Delayed Discharge Bed Days Lost (18+)

7.1. Performance for delayed discharge bed days (18+) from April 2020 to 626 April 2019 to January 2021 when it was 7,139. Graph 2 shows progress from 2016/17.

7.1. The number of patients under the Code 9 definition (as defined in paragraph 6.4 above) have more than tripled for the period April 2020 to January 2021 (4,905 bed days) compared to the same period in 2019/20 (1,143 bed days), while standard delays have reduced by 56.2% from 5,996 in 2019/20 to 2,626 in 2020/21.

Graph 2: Delayed Discharge Bed Days (18+) 2016/17- January 2021



8. COVID Impact on Delayed Discharge Performance

8.1. The following three issues have impacted on delayed discharge performance, in relation to both average number of delays and bed days lost, although there has been recent improvement in all areas:

1. Legal Processes

8.2. The legal process involved in Guardianship applications and complex cases as outlined in tables 5.2 and 5.3 significantly slowed during the pandemic due to the pause in court proceedings. However the courts have started to schedule Guardianship hearings again and patients are now able to be discharged with agreed care plans in place. There is also ongoing improvement with Mental Health Officers maintaining good contact with private solicitors to prioritise hospital discharges, and robust and efficient Guardianship application processes are in place. It should also be noted that during the pandemic, Scottish Government made no emergency provision for Adults With Incapacity (AWI).

2. Care Home Availability

8.3. Care Home availability was restricted by COVID-19 outbreaks due to infection control issues which made placements more complex. A reduction in outbreaks now means there is increased placement choice and availability and the COVID-19 vaccination programme should also ensure a reduction in possible future outbreaks. We anticipate a return to stable hospital discharge to care homes in the near future.

3. Care at Home Resources

8.4. Due to COVID-19 infection, the Care at Home service was affected by high rates of staff sickness absence, as well as a number of staff stepped back, in line with Renfrewshire Council guidance in response to the pandemic (pre-COVID-19 absence rates were approximately 15%. Rates increased to 30% during the pandemic and have now

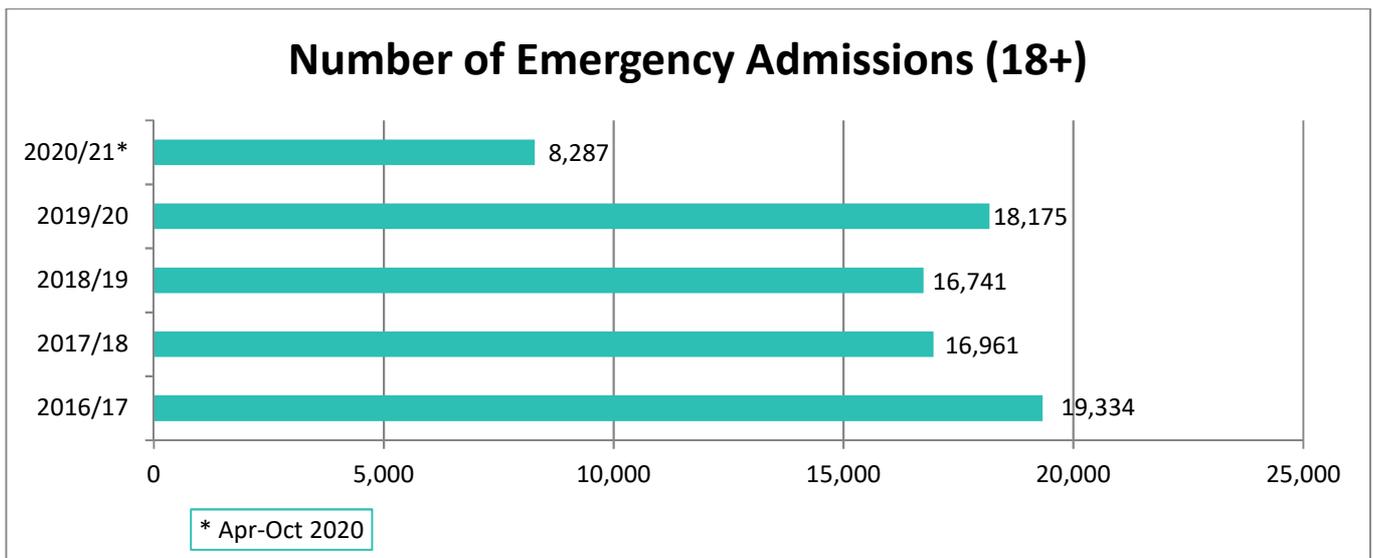
reduced to 16.5% at March 2021). These factors impacted on capacity planning, in turn affecting care package availability for discharge. With staff absence rates stabilising, there is capacity to meet service provision demand and there have been no Care at Home delays from hospital for over six weeks. The Care at Home Service is meeting all hospital discharge requests at this time, supporting those in greatest need as defined by the eligibility criteria.

9. Overall Delayed Discharge Performance

9.1. It should be noted that in the national context, Renfrewshire’s delayed discharge performance remains strong, in eighth position of the 32 local authorities (up from ninth place in December 2020), with 663 bed days lost during the month of January 2021. This equates to a rate of 456.6 per 100,000 population. The range varies from a rate of 159.1 at position one, to 1,942.6 at position 32. The Scottish average is 793.2. Compared to all six NHS GGC Health and Social Care Partnerships, Renfrewshire’s performance is second only to East Renfrewshire, at a rate of 411.1.

10. Number of Emergency Admissions (18+)

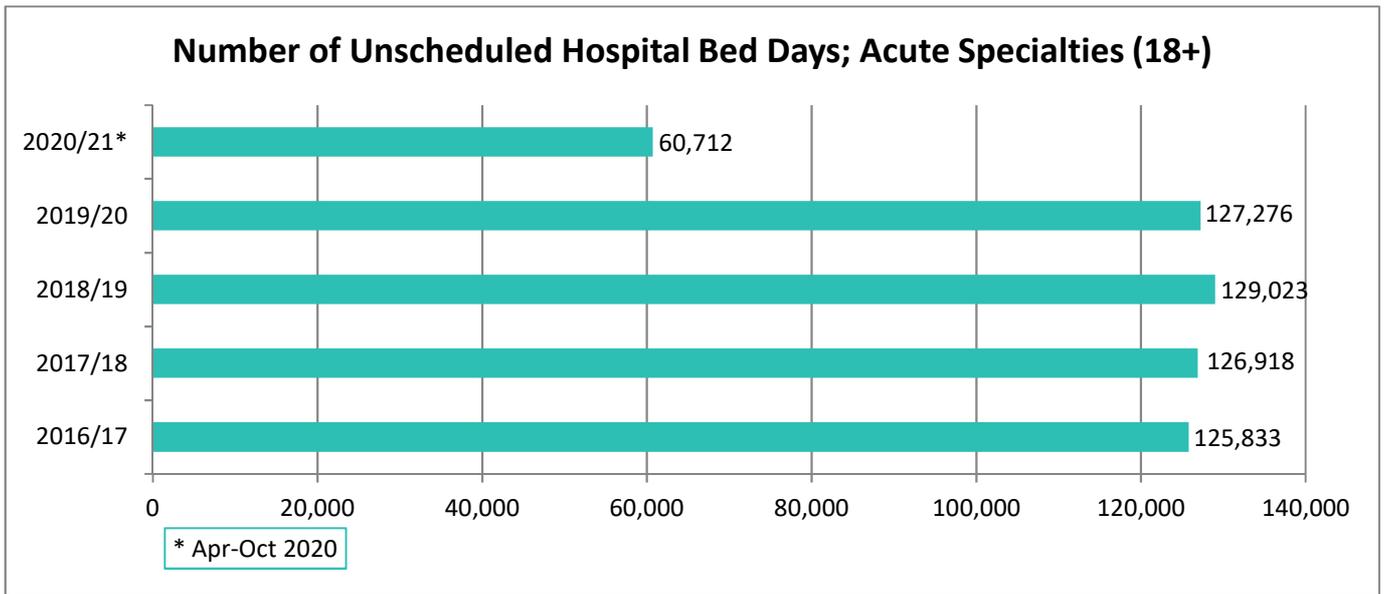
Graph 3: Number of Emergency Admissions (18+)



10.1 The graph above shows 8,287 emergency admissions from April to October 2020, a 23.3% decrease on the same period in 2019 (10,804).

11. Number of unscheduled hospital bed days; acute specialties (18+)

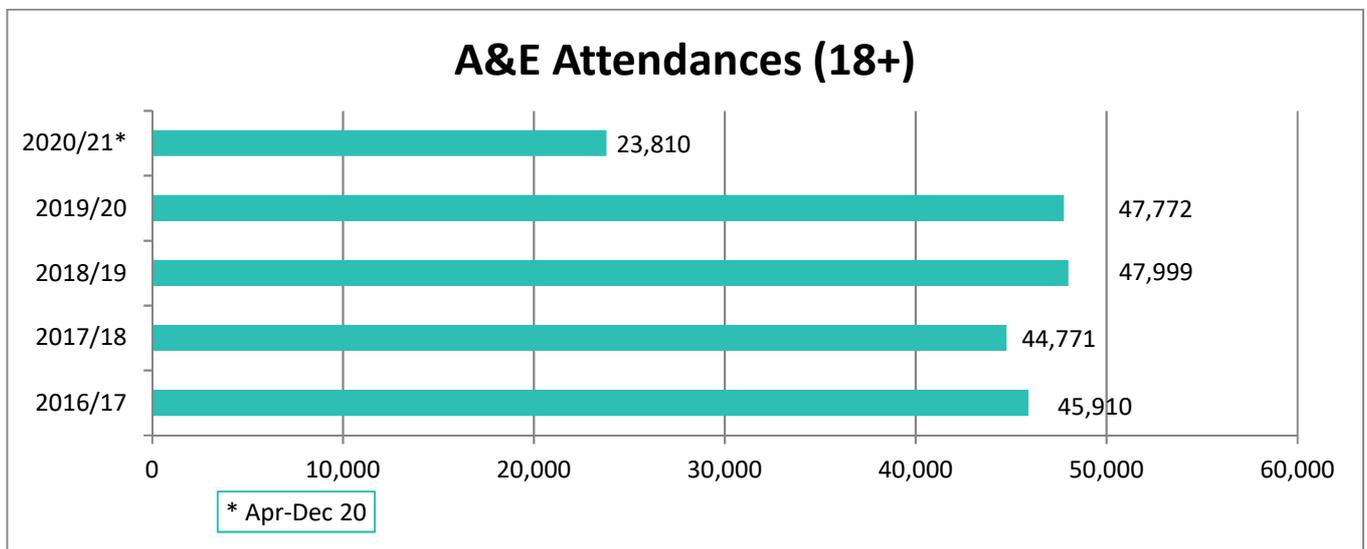
Graph 4: Unscheduled Hospital Bed Days; Acute Specialties (18+)



11.1 April to October 2020's performance is 60,712 unscheduled hospital bed days, a 17.7% decrease on the same period in 2019 (73,763).

12. A&E Attendances (18+)

Graph 5: A&E Attendances (18+)



12.1 April to December 2020 performance above shows 23,810 attendances, a 36.2% decrease on the same period in 2019 (37,291). Admissions to A&E departments have reduced due to the pandemic. This is consistent with how the NHS has adapted, directing people with less severe conditions to other NHS services and keeping them out of hospital where possible.

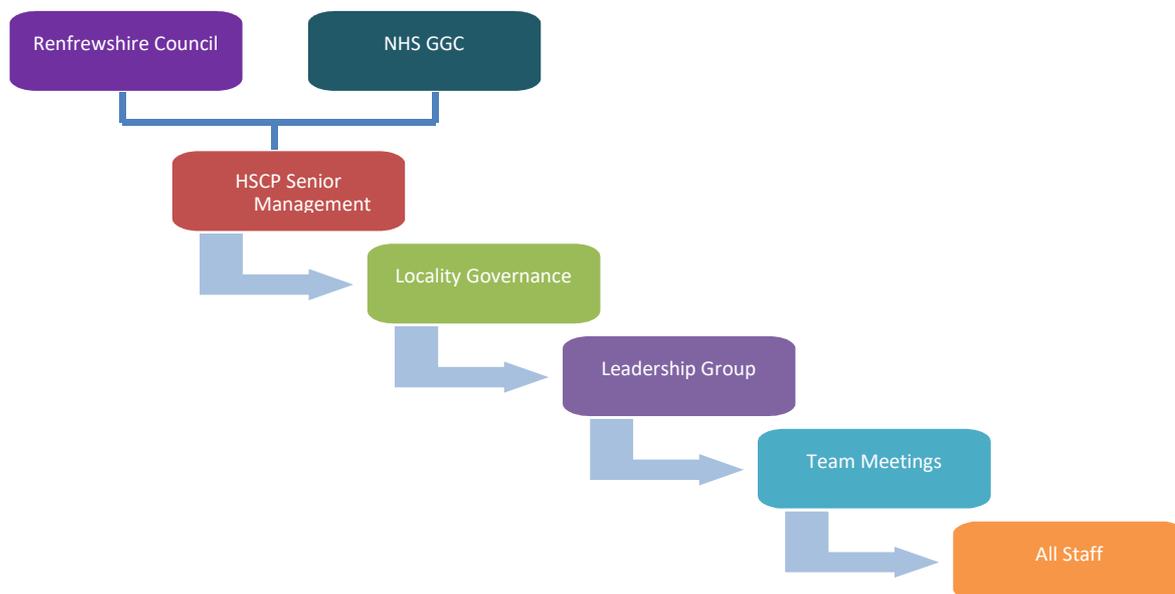
13. COVID Impact on other Unscheduled Care Indicators

- 13.1 The unprecedented challenges from both the first and second wave of the COVID-19 pandemic continue to influence all Unscheduled Care performance across NHSGGC, particularly Emergency Admissions and Unscheduled Hospital Bed days where data remains provisional.
- 13.2 The reduction in emergency admissions, unscheduled hospital bed days and A&E attendances mirrors a national trend as a result of the pandemic, with Public Health Scotland citing three possible reasons:
- Changes in behaviour: individuals being reluctant to use health services or delaying treatment because they do not want to burden the NHS or are anxious about the risk of infection.
 - A pausing of preventative and non-urgent care such as some screening services and planned surgery.
 - Other indirect effects of interventions to control COVID-19, such as changes to employment and income, changes in access to education, social isolation, family violence and abuse, changes in the accessibility and use of food, alcohol, drugs and gambling, or changes in physical activity and transport pattern.
- 13.3 Understanding which factors are responsible for changes in health and social care use during the pandemic is difficult and a number of national research projects are underway to help understand this in more detail. However the overall impact of the pandemic on unscheduled care indicators remains unpredictable and it is important to note that comparators for 2020/21 cannot be drawn from previous years' data.
- 13.4 In the meantime, we continue to work with hospitals to avoid unnecessary admissions and are focusing on keeping people supported at home wherever possible. We are working with the third and independent sector, GPs and others to further reduce admissions from care homes; ensure appropriate use of GP Out of Hours services; and two new alcohol outreach nurses took up post at the Royal Alexandra Hospital in January 2021 who will target individuals who do not currently engage with community services to help improve their life outcomes while reducing attendances at the Emergency Department. This will further enhance the work of the two Navigator posts that started at the Royal Alexandra Hospital in November 2019.

14. Performance Framework Review 2021/22

- 14.1. The ability to manage the performance of the HSCP is critical to its success. It enables members of the IJB, officers and other key stakeholders to assess whether we have achieving what we set out to do to meet our vision for Renfrewshire. We seek to promote a culture of continuous improvement to deliver better outcomes for individuals and communities and whilst performance management is well established within the HSCP, it is proposed that a comprehensive whole-system review is undertaken.

- 14.2. Although the review will be led by the Planning and Performance Team this will be a collaborative process across the HSCP (all services, Senior Management Team etc.) and with both parent organisations.



Existing Performance Framework

- 14.3. Our current Performance Management Framework in Renfrewshire HSCP is aligned to the nine National Health and Wellbeing Outcomes and helps to inform operational decision-making. It includes our statutory performance requirements; reporting on Key Performance Indicators (national, NHSGGC Board and local); producing our Annual Performance Report; Organisational Performance Reviews which take place bi-annually with the Chief Executives of our parent organisations, NHSGGC and Renfrewshire Council; reporting performance at all IJB meetings; and regular performance reviews on progress with our Strategic Plan priorities.

Performance Indicators' Review

- 14.4. Robust performance management and reporting allows us to meet statutory and regulatory requirements; identify areas of best practice; increase efficiency of care delivery and reduce costs; drive service improvement; improve patient-centred and service user care and deliver improved outcomes. By ensuring accountability, transparency and openness our Performance Management Framework informs decision-making in planning service areas and provides the structure to understand, scrutinise and improve service delivery. We will review the performance indicators in our Scorecard and refine reports to provide a targeted approach with regular updates. In addition, we will consider other performance requirements, particularly in relation to the Renfrewshire Council Plan, Renfrewshire Community Plan and the Local Government Benchmarking Framework.
- 14.5. The review process will ensure we have meaningful indicators and any targets set against the indicators are realistic and achievable. We also want to ensure the audience has the context to understand our

performance. Some areas are complex and a number of different factors can influence performance e.g. staff recruitment challenges can have a negative impact on service waiting times.

Proposed Performance Indicators for 2021/22

- 14.6. The 2020/21 year end Performance Scorecard will be presented to the IJB at the meeting on 25.06.21. We will include in this report an update on proposed indicators for 2021/22. Of the current 67 indicators that we currently report on, 31 (46%) are for information only. While we will still monitor the performance of these indicators, we would propose to reduce the number included in the 2021/22 Scorecard. In addition, performance against a number of the indicators has reached, and in some cases, exceeded target for a reasonable time. Working with the Heads of Service, we will also review these indicators and targets.
-

15. Annual Performance Report 2020/21

- 15.1 Renfrewshire HSCP's Annual Performance Report 2019/20 was published in October 2020. It provided an overview of the strong partnership working within Health and Social Work Services, and with our partners in Community Planning, Housing, and the Third Sector.
- 15.2 Work has now begun on the 2020/21 report which will follow a similar format, balancing qualitative information against statistical data and highlighting the importance of patients', service users' and carers' feedback in the development and improvement of our services. It will also give an update on our response to the COVID-19 pandemic. We aim to publish the 2020/21 report by 31 July 2021.
-

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 7621)



To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Heading: Update on Independent Review of Adult Social Care

| 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 on the publication of the report and recommendations from the independent review of adult social care in Scotland, which commenced in September 2020 and was chaired by Derek Feeley. The report was published on 3 February 2021.
- 1.2. The report provides a summary of the key recommendations which have emerged, highlighting those which could have an impact on the IJB in future should they be taken forward.
-

2. Recommendations

It is recommended that the IJB:

1. Note the recommendations arising from the independent review, and those areas of possible impact upon the IJB; and
 2. Note that further updates on the progress of the review recommendations will be brought to the IJB as further detail is confirmed.
-

3. Background

- 3.1. In September 2020 the Scottish Government announced that it intended to commission an independent review of adult social care in Scotland. The review was identified as a key element of the 2020 Programme for Government, with key findings to be published in early 2021.
- 3.2. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, supported by a small advisory panel of Scottish and international experts.

- 3.3. The review follows significant legislative and structural progress in the provision of health and social care in the last decade, including but not limited to the Self-directed Support (Scotland) Act 2013, the Public Bodies (Joint Working) (Scotland) Act in 2014, and the Carers (Scotland) Act 2016. The principal aim of the review was to understand the progress made through these provisions, the subsequent impact of COVID-19, and to recommend improvements to adult social care in Scotland.
- 3.4. Following a process of engagement and consultation, the final report from the independent review was published on 3 February 2021. A fundamental proposition within the report is that the country needs to recognise and value the critical role that social care plays within society. The report identifies social care support as being an investment in citizens and the economy itself, and that there needs to be a greater shift to a model of care which is more consistent and fairer, which enables and promotes the rights and capabilities of individuals, and that there is an inherent right to services rather than assessment in line with eligibility criteria. A strong, skilled and valued workforce are recognised as being key to achieving these ambitions.
- 3.5. The recommendations within the report have significant implications for the provision of adult social care across Scotland and for the role of Integration Joint Boards going forward, with fundamental changes proposed to achieve the new vision for adult social care. This report provides a summary of the key recommendations of relevance to Renfrewshire IJB. The paper further identifies areas where further development and information will be required to provide clarity on future policy intentions.

4. Key recommendations from the report

The creation of a National Care Service

- 4.1. The review proposes the creation of a National Care Service (NCS) with its own board. Under this model, accountability for adult social care would move from local authorities to Scottish Ministers, with a Minister appointed with specific responsibility for adult social care. The report envisages that local authorities would remain as important providers of social work and social care services and would continue as partners in Integration Joint Boards.
- 4.2. The National Care Service would set national standards and oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards (set out further below). The NCS would lead on those aspects of social care improvement and support that are best managed 'Once for Scotland', such as setting national social care terms and conditions, workforce planning and development, data and research, infrastructure such as IT, and improvement programmes. It is also proposed that the National Care Service would oversee social care provision at a national level for people whose needs are highly complex or highly specialist.
- 4.3. Existing inspection and registration bodies, the Care Inspectorate and SSSC, are proposed to become national care bodies under the NCS.

- 4.4. At a national level, the report highlights the importance of effective joint working with NHS Scotland. In the future model this could be enabled by the creation of a similar board of governance for NHS Scotland and the creation of a National Integration Joint Board where the senior leadership of the NCS and NHS meet to agree strategy and priorities.

Reforming the role of Integration Joint Boards

- 4.5. The independent report sets out several recommendations for reforming, and strengthening, the role of Integration Joint Boards. IJBs would become 'local delivery agencies' of the new National Care Service. The report also notes that Ministers can change the number and configuration of IJBs without changing primary legislation.
- 4.6. IJBs would be reconfigured to employ staff, hold assets and contracts, including the GMS contract and employment of directly employed independent contractors in health. The post of Chief Officer would be retained and updated under this approach to report to IJBs and would not be jointly accountable to the Chief Executives of Local Authorities or Health Boards as is currently the case. The recommendations also propose that IJBs would also employ staff responsible for the planning, commissioning and procurement of care and support along with other key staff such as the Chief Finance Officer.
- 4.7. In this future model, Integration Joint Boards would be directly funded by Scottish Government, and local authorities would no longer be involved in decision making in relation to the allocation of funding to adult social care. The National Care Service would be responsible for distribution of resources based on a new funding methodology.
- 4.8. As referenced above, Integration Joint Boards would assume direct responsibility for the planning, commissioning and procurement of care and support, in line with the direct funding model. Any such commissioning and procurement should be undertaken collaboratively and focused on co-production rather than competition.
- 4.9. Several changes to the membership of Integration Joint Boards are proposed. The existing membership of the IJB and the IJB's Strategic Planning Group would be combined to create the membership of the reformed IJB. In addition, every member of the IJB should have a vote.

Self-directed Support and the role of Unpaid Carers

- 4.10. The independent review recognises that several 'foundations' are in place for the future of adult social care, including Self-directed Support legislation and the Carers Act. In doing so, it focuses on the importance of adopting a human rights-based approach enabling independent living which improves outcomes for individuals. Individuals should also be central to decisions made around their needs and the most effective support for them. This recognises the need to further embed and develop Self-directed Support practice across Scotland.

- 4.11. The Review also highlights the need for Carers to be further supported in accessing information on their rights as carers, including their right to support and access to respite, and recommends that carers should be assisted into employment or study, mitigating barriers to accessing these areas. It also notes that Carers must be represented as full partners on Integration Joint Boards, and on the Board of a National Care Service.
- 4.12. More broadly, the report recommends that the current eligibility criteria and charging regime should be reformed and removed. This would include the removal of charging for non-residential social care support such as care at home and day support. Free Personal and Nursing Care funding for self-funders in care homes would also be increased.

5. Areas requiring further information

- 5.1. The independent review sets out initial proposals on the overall direction of adult social care in Scotland. There are, consequently, a range of areas where further development and detail is required to enable a full understanding of the impact of recommendations taken forward. The report was the subject of a parliamentary debate on 16 February 2021 and will feature within party manifestos for the parliamentary elections in May 2021. Areas where further information will be required include:
- 5.1.1. A more detailed view of those staff who would be expected to be employed by Integration Joint Boards.
 - 5.1.2. Whether powers to vary the number of Integration Joint Boards will be utilised in future as recommendations are further developed and implemented.
 - 5.1.3. The formal role of any National Integration Joint Board within reformed governance structures.
 - 5.1.4. The anticipated relationship between IJBs and Local Authorities to reflect the proposals for statutory responsibility to sit with Scottish Ministers rather than Local Authorities. This relationship would also be influenced by further clarity on those staff to be employed by IJBs; and proposals for IJBs to assume responsibility for commissioning and procurement alongside direct funding through the National Care Service.
 - 5.1.5. How reformed IJBs would operate with an enlarged membership consisting of IJB and Strategic Planning Group members. Further detail will be required on how IJB members would be selected within these circumstances.
 - 5.1.6. The anticipated role of Health and Social Care Partnerships, where the report focuses on Integration Joint Boards and provides limited mention of HSCPs.
 - 5.1.7. Broader impacts of the recommendations on the NHS and any reform required.
 - 5.1.8. The potential impact of the proposed governance changes on the provision of criminal justice and children's social work services,

noting that these are not delegated to the Integration Joint Board in Renfrewshire.

- 5.1.9. The anticipated role of the Chief Social Work Officer going forward.
- 5.1.10. How statutory functions relating to mental health and adult protection would be managed going forward in light of the system wide changes proposed.

6. Next Steps

- 6.1. The Cabinet Minister for Health and Sport confirmed during the parliamentary debate on 16 February 2021 that the Scottish Government accepted the findings of the independent review, and that the Scottish Government was working to make early progress on some of the recommendations. This included the creation of a £20 million Community Living Change Fund to assist in the redesign of support for people with complex needs including intellectual disabilities and autism and for people who have enduring mental health problems, in support of the recommendations of the Coming Home report in 2018.
- 6.2. The Cabinet Minister also noted that concerns have been raised by CoSLA with regards recommendations associated with the implementation of a National Care Service and that supporting discussions would continue.
- 6.3. Further updates will be brought to future meetings of the IJB as further detail is provided on the recommendations made by the review, and proposed plans and timelines are set out following the parliamentary elections in May 2021.

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** – A number of the recommendations set out by the review may require legislative change. Further updates will be provided to the IJB.
- 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** – Significant change requirements which may emerge from this review would require focused resource to deliver. There is a risk that this could divert staff from service provision towards their implementation.
- 11. **Privacy Impact** – No implications from this report.

List of Background Papers – None

Author: David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk/ 0141 618 7621)



To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Heading: Mental Health Strategy Programme Update

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

1. Summary

- 1.1 Renfrewshire IJB was updated on the NHS Greater Glasgow & Clyde (NHSGGC) Adult Mental Health Strategy 2018-23 at the January 2021 IJB. This strategy spans across both Adult Mental Health Inpatient and Community Services to ensure services are modern, patient focused, effective and efficient. The strategy takes a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017–27. The strategy has a range of workstreams that report to a Programme Board.
- 1.2 This report provides a further update on the Older People's Mental Health Strategy and further focus on Adult Mental Health and Older People Mental Health Inpatient beds. Similar reports are being considered by the other five IJBs in NHSGGC.
-

2. Recommendation

It is recommended that the IJB:

1. Approve this report, including the financial framework; and
 2. Note the further work being undertaken to develop the strategies and receive an updated report in June 2021.
-

3. Older Peoples Mental Health Strategy

- 3.1 The focus of the Older Peoples Mental Health (OPMH) Strategy has been to design a system of care that is patient-centred, with professional and organisational arrangements working in support, with a presumption

that a shift in the existing balance of care is possible. Specifically, the Strategy Group has focused on:

:

- developing the community social care and health infrastructure required to meet future needs and changes in inpatient care including a coordinated system of unscheduled care;
- reviewing the inpatient bed model for NHSGGC, including commissioned beds and residential care models;
- designing an efficient and sustainable overall OPMH system of care underpinned by an agreed financial framework; and,
- developing an HSCP OPMH performance and accountability framework.

3.2 Progress on the two key strands of the strategy – community services and the inpatient bed model and the key issues to emerge are summarised below.

3.3 The emerging thinking on the community model is that:

- we take a staged approach in line with, but in advance of changes in inpatient services (bridging resources might be required);
- needs as a consequence of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds;
- we should build on learning from the impact of the COVID 19 pandemic, taking into account the changed environment within which services now operate; and,
- include commissioning intentions for third and independent sector support, including housing.

3.4 The specific areas of focus for development of community services include:

- early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with a focus on prevention or delay of onset of dementia;
- implement the efficient and effective teams model so that community teams have capacity to focus on patients with more complex needs; and,
- as a first step, prioritise community based ‘crisis’ or ‘intensive support services’ that are provided as part of Adult Mental Health Services. It has been highlighted that there is a gap in crises response services for older adults.

3.5 In respect of dementia it is proposed that HSCTPs build on the pathfinder approach to care co-ordination in Inverclyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.

3.6 A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called ‘boarders’ both external and internal to GGC,

the results of last year's day of care audit, and local and UK benchmarking data. The day of care audit show that:

- of acute admission beds 13% were occupied by patients who did not meet the day of care audit criteria; and,
- in Hospital Based Complex Care (HBCC) beds it was 11%.

The conclusion from this work was that compared to other healthcare systems, for GGC it is possible to reduce bed numbers over time without de-stabilising the care system, and that there is considerable scope for a more efficient use of existing bed capacity.

3.7 The future bed model for both acute admissions and HBCC beds is currently being worked through focusing on:

- the optimum split between organic and functional Mental Health Inpatient beds;
- with Adult Mental Health, the estate impact, potential capital requirements and workforce implications;
- developing a timeline for any changes so that implementation is a 'stepped process' and is managed in a way that has patient safety and quality at its core; and,
- clarity on whether the needs of neighbouring Health Boards should be factored into our future bed model, and if so, the numbers involved and financial arrangements (this also applies to Adult Mental Health Inpatient Services).

4. Adult Mental Health Strategy Update

4.1 Work on the Mental Health Strategy was commenced in 2017 as a key part of the NHSGGC Moving Forward Together programme. The Adult Mental Health Programme Board was set up that year by HSCP Chief Officers led by Glasgow City HSCP. The Programme Board includes clinical, managerial and staff representatives from across the mental health system from all six HSCPs, with specific workstreams focusing on:

- Bed modelling and site impact;
- Recovery planning;
- Workforce planning;
- Capacity, effectiveness and efficiency of community services;
- Unscheduled care;
- Financial framework; and,
- Engagement & involvement.

4.2 In respect of patient flow, it was recognised that increased patient flow was required to better match capacity to demand, and that some wards included unplanned mixes of people with a range of different needs. Work is needed on the development of care pathways across all adult acute inpatient sites, and the application of more clearly defined standards with a greater focus on addressing delays in discharge and closer integration with community and social care.

- 4.3 Closely linked to the work on inpatient flow is the future bed model including proposals for intensive and high dependency rehabilitation and HBCC recognising the increased pressure on inpatient services from the pandemic. This work is currently underway.
- 4.4 There are also a range of health and safety design issues that have been identified and which are part of a longer-term process of assessment of mental health inpatient accommodation. This includes safety risk assessments and minor capital works that will require temporary closure and remediation work. The short-term identified work will impact on our own mental health wards on the Dykebar and Leverndale hospital sites and is currently underway. Work is also required on the Stobhill Hospital site. It is anticipated that further remedial work will be identified in the short-medium term on the majority of mental health in-patient sites for which minor and capital works costs will be identified. Any medium-term changes in mental health specialty use of accommodation may also require additional financial investment.
- 4.5 Specific developments are also planned in respect of forensic mental health services at Stobhill managed jointly between Adult Mental Health and the Forensic Directorate.

5. Renfrewshire HSCP Inpatient provision

- 5.1 Renfrewshire HSCP's Mental Health Inpatient provision has a total of 141 beds (inc. 2 contingency beds) across 7 wards on 3 hospital sites:

Dykebar Hospital

- 2 HBCC Older Peoples wards (North Ward 21 beds - male & East Ward 21 beds female)
- 1 Rehabilitation & Recovery Ward – co located (Arran & Bute wards 20 beds mixed)
- 1 Adult Acute Admission Ward (South Ward 15 beds mixed)

Leverndale Hospital

- 1 Adult Acute Admission Ward (Ward 3B 22 beds & 2 contingency beds mixed)

Royal Alexandra Hospital (RAH)

- OPMH Acute Admission Wards (Ward 37 Organic 20 beds mixed and Ward 39 Functional 20 beds)

6. Next Steps

- 6.1 This report updates the IJB on both the OPMH and adult mental health strategies. Similar reports are being considered by the other five IJBs in GG&C. The next steps include:
- further work on both the community and inpatient service models, including the commissioning implications for third and independent sector support including housing;
 - building on learning from our response to the pandemic;

- developing a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges;
- progressing with Scottish Health Council and GGC community and wider stakeholder involvement and engagement on the strategy;
- developing an overall financial framework to support delivery of the strategies, and a performance management framework. This will be done within the existing budgets of £150.318m and £38.383m which exist for both Adults and Older People. Details are attached in Appendices 1 and 2;
- development of proposals for the future delivery of inpatient services;
- progressing forensic low secure bed developments with the Forensic Directorate and low secure adult rehabilitation at Stobhill Hospital.

Implications of the Report

1. **Financial** – the financial framework is detailed within the report.
2. **HR & Organisational Development** – a workforce plan is in preparation as part of the strategy.
3. **Community Planning** – none
4. **Legal** – none
5. **Property/Assets** – property remains in the ownership of the parent bodies.
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** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – Mental Health Strategy Update (January 2021)

Author: Christine Laverty – Head of Mental Health, Addiction & Learning Disability Services

Any enquiries regarding this paper should be directed to Christine Laverty, Head of Mental Health, Alcohol and Drugs Recovery and Learning Disability Services,
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Financial Framework for Adult Mental Health

| | Site | No of beds | Gross Exp Budget 2021 £000's | Income budget 2021 £000's | Net Exp Budget 2021 £000's |
|---|---|------------|------------------------------|---------------------------|----------------------------|
| Men Health - Adult Inpatient beds: | Leverndale | 164 | 11,665 | -2,919 | 8,745 |
| | Gartnavel Royal | 122 | 9,129 | -769 | 8,359 |
| | Stobhill | 112 | 8,823 | -398 | 8,425 |
| | Inverclyde Royal Hospital | 40 | 3,819 | -178 | 3,641 |
| | Dykebar | 35 | 3,006 | -3 | 3,004 |
| | | | | | |
| Supporting services: | Adult Mh Management & Admin | | 5,534 | -176 | 5,358 |
| | Adult Mh Ahps | | 3,265 | -2 | 3,263 |
| | Adult Mh Medical | | 4,654 | -421 | 4,233 |
| | Adult Mh Accommodation | | 1,651 | -340 | 1,311 |
| Men Health - Adult Inpatient Total | | 473 | 51,545 | -5,206 | 46,340 |
| Men Health - Adult Community | Adult Mh Psychology | | 4,308 | -124 | 4,184 |
| | Crisis | | 4,917 | -392 | 4,525 |
| | Community Mh Teams incl CRT | | 19,543 | -710 | 18,833 |
| | Primary Care Mh | | 5,150 | -208 | 4,943 |
| | Other Community Services | | 1,688 | -253 | 1,434 |
| | Comm MH Medical | | 7,463 | | 7,463 |
| | Management | | 1,957 | | 1,957 |
| Men Health - Adult Community Total | | | 45,026 | -1,687 | 43,339 |
| Men Health - Specialist Service | Mh Community Specialist Serv | | 10,854 | -1,081 | 9,773 |
| | Mh Inpatient Specialist Serv | | 4,342 | -743 | 3,599 |
| Men Health - Specialist Serv Total | | | 15,196 | -1,824 | 13,371 |
| Men Health - Central | Advocacy Services | | 1,169 | | 1,169 |
| | Mh Clinical Psychology | | 2,645 | -2,497 | 147 |
| | Mh Management Services | | 416 | -142 | 275 |
| | Mh Central Nursing | | 2,203 | -461 | 1,741 |
| | Mh Medical Central Services | | 1,117 | | 1,117 |
| | Primary Care Junior Doctors | | 8,572 | -6,672 | 1,900 |
| Men Health - Central Total | | | 16,123 | -9,772 | 6,351 |
| Other indicative funding: | Action 15 allocations | | 7,144 | | 7,144 |
| Total Health Budget | | | 135,034 | -18,489 | 116,545 |
| Social Work | Expenditure | | | | |
| Men Health - Adult Residential & Community | Social Care Purchased Services | | 4,836 | 0 | 4,836 |
| | Payments to Other Bodies | | 158 | | 158 |
| | Purchased/Commissioned Services | | 25,522 | -121 | 25,401 |
| | Health Board Resource Transfer | | | -2,973 | -2,973 |
| | SW Direct Care | | 440 | -72 | 368 |
| | SW Operational | | 6,302 | -50 | 6,252 |
| | Any other SW Funded Services which may incorporate an element of MH | | | -269 | -269 |
| Men Health - Adult Residential & Community Total | | | 37,258 | -3,484 | 33,774 |
| Total Social Work Budget | | | 37,258 | -3,484 | 33,774 |
| Grand Total Health | | | 135,034 | -18,489 | 116,545 |
| Grand Total Social Work | | | 37,258 | -3,484 | 33,774 |
| Adult MH Strategy in-scope budget £000's | | | 172,292 | -21,974 | 150,318 |

Financial Framework for Older People Mental Health

| | Site/Ward | No of Beds | Gross Exp Budget 2021 (£000) | Income Budget 2021 (£000) | Net Exp Budget 2021 (£000) |
|---|---------------------------------------|------------|------------------------------|---------------------------|----------------------------|
| OPMH Acute Admission Beds: | Stobhill - Isla | 24 | 1,321 | - 116 | 1,205 |
| | Stobhill - Jura | 20 | 1,391 | - 116 | 1,275 |
| | Gartnavel Royal - Cutherbertson | 20 | 1,405 | - 9 | 1,396 |
| | Gartnavel Royal - Timbury | 25 | 1,279 | | 1,279 |
| | Leverndale - Balmore | 18 | 1,530 | - 251 | 1,279 |
| | Leverndale - Banff | 20 | 1,342 | - 251 | 1,090 |
| | Inverclyde Royal - Larkfield - Ward 4 | 20 | 1,455 | - 141 | 1,315 |
| | Royal Alexandria - RAH Ward 37 | 20 | 1,618 | | 1,618 |
| | Royal Alexandria - RAH Ward 39 | 20 | 1,484 | | 1,484 |
| | Vale of Leven - Fruin | 12 | 1,402 | - 780 | 622 |
| | Vale of Leven - Katrine | 6 | 479 | - 267 | 212 |
| OPMH Acute Admission Beds | | 205 | 14,706 | - 1,932 | 12,774 |
| OPMH Hospital Based Complex Care Beds: | Stobhill - Appin | 20 | 1,481 | | 1,481 |
| | Gartnavel Royal - Iona | 20 | 1,231 | | 1,231 |
| | Darnley Court - Fleming | 28 | 1,441 | | 1,441 |
| | Rogerpark - Woodburn | 10 | 709 | - 159 | 550 |
| | Rogerpark - Millhouse | 10 | 709 | - 159 | 550 |
| | Orchard View - Willow | 30 | 1,875 | | 1,875 |
| | Dykebar - North | 21 | 1,421 | | 1,421 |
| | Dykebar - East | 21 | 1,320 | | 1,320 |
| | Dumbarton Joint Hospital - Glenarn | 12 | 907 | - 127 | 780 |
| OPMH HBCC Beds | | 172 | 11,093 | - 446 | 10,647 |
| OPMH Beds Total | | 377 | 25,798 | - 2,377 | 23,421 |
| Supporting Services: | Medical | | 1,866 | - 35 | 1,832 |
| | AHP's | | 302 | | 302 |
| | Other Support Services | | 112 | | 112 |
| OPMH Inpatient Supporting Services | | | 2,280 | - 35 | 2,245 |
| OPMH Inpatient Total Budget | | | 28,079 | - 2,412 | 25,667 |
| OPMH Community Services: | Glasgow City HSCP | | 8,262 | - 135 | 8,127 |
| | East Dunbartonshire HSCP | | 1,245 | - 161 | 1,084 |
| | East Renfrewshire HSCP | | 867 | - 42 | 825 |
| | Inverclyde HSCP | | 583 | - | 583 |
| | Renfrewshire HSCP | | 1,077 | - | 1,077 |
| | West Dunbartonshire HSCP | | 1,201 | - 182 | 1,019 |
| OPMH Community Services Total Budget | | | 13,236 | - 520 | 12,716 |
| Total OPMH Budget | | | 41,315 | - 2,932 | 38,383 |



To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Heading: Revised IJB Risk Management Framework

| 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 IJB on the completion of the review of the IJB's Risk Management Framework, which was last approved in November 2017.
- 1.2. The review has considered the impact of the COVID-19 pandemic on the IJB's risk management arrangements and ability to tolerate and effectively manage a higher degree of risk over a prolonged period. A review of risk management approaches adopted by IJBs across Scotland has also been undertaken to inform the further development of Renfrewshire IJB's Risk Management Framework.
- 1.3. The updated framework was reviewed and approved by the IJB's Audit, Risk and Scrutiny Committee on 12 March 2021.
-

2. Recommendations

It is recommended that the IJB:

1. Note the Audit, Risk and Scrutiny Committee's decision regarding the updated Risk Management Framework;
 2. Note the updates that will be made to currently identified risks when the updated risk register is brought forward in June 2021; and
 3. Note that this framework will be implemented from 1 April 2021, supported by the implementation actions identified in section 6.
-

3. Background

- 3.1. The IJB's existing risk management framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks

impacting upon the organisation. This framework forms a key strand of the IJB's overall governance mechanisms. In particular, the framework sets out the approach to:

- Identifying, assessing and managing emerging risks;
- Defining risks as strategic or operational (including several sub-categories of risk included within these definitions);
- Accountabilities for risk management, covering governance, roles and responsibilities including those of the IJB, the Chief Officer and Chief Financial Officer, the HSCP's Senior Management Team, and individual risk owners where these differ from those listed;
- The approach to be adopted for resourcing the implementation of risk control measures;
- The provision of training, learning and development associated with risk management policies and procedures; and
- Risk monitoring and performance reporting to the IJB.

3.2. The HSCP has continued to bring regular updates to the IJB Audit Committee (now the Audit, Risk and Scrutiny Committee) on strategic and operational risks which have arisen in the course of delivering the services within the IJB's remit.

3.3. However, given the impact of COVID-19 on all aspects of the IJB's responsibilities, and the additional risk management arrangements which have been implemented within the HSCP, NHS Greater Glasgow and Clyde and Renfrewshire Council, the Audit, Risk and Scrutiny Committee agreed that a review of the existing Risk Management Framework should be undertaken to consider (i) the IJB's risk tolerance; (ii) the governance arrangements in place for managing risk; (iii) the current approach and format for reporting risks to the Committee; and (iv) lessons learned from the pandemic for risk management.

3.4. This review has now been carried out. The updated framework was reviewed and approved by the Audit, Risk and Scrutiny Committee at its meeting on 12 March 2021. The key changes which have been made are described in section 4 of this report.

4. Revised Risk Management Framework: Key Changes

4.1. The IJB's revised Risk Management Framework is provided as an appendix to this report. This updated framework reflects the outcomes of a review of risk management practice across other HSCPs, and consideration of the necessary governance arrangements to ensure a consistent and robust yet flexible approach to managing risk within the complex environment the IJB operates within.

4.2. In summary, the key changes which have been made to the Risk Management Framework are:

4.2.1. The **IJB's risk tolerance** has been reviewed to reflect the experience of managing additional very high and complex risks through COVID-19. Consequently, it has been updated to enable further flexibility in risk

management so that the number of very high risks that the IJB may wish to manage at any one time may change to reflect the IJB's ongoing assessment of risk, recognising that some risks may be predominantly outwith the IJB's control and will need to be tolerated rather than fully controlled.

- 4.2.2. The framework also reflects **the need in exceptional circumstances (such as COVID-19) to flex the approach to risk management**, considering whether the IJB's risk tolerance may further increase. The implementation of additional risk management processes in such circumstances has also been incorporated to reflect the potential for additional risk reporting and integration with additional governance within the IJB's partner organisations.
- 4.2.3. The relevant **risk management governance structures** have been updated and clarified to reflect the range of roles and responsibilities within risk management, and the importance of managing risk jointly with the IJB's partner organisations within an increasingly complex landscape.
- 4.2.4. The **risk register template** has been updated to reflect good practice in other HSCPs. These changes include (i) separating out the context and risk statement more clearly; (ii) adding in additional previous and current risk scores and related movement; and (iii) specifying the risk management approach in line with the risk management strategy (terminate / treat / transfer / accept). The register also now includes a summary page which will list all risks and their current evaluation and RAG (Red, Amber, Green) rating.
- 4.2.5. The **document structure and terminology** have been updated to improve the flow of the risk management policy and strategy and to streamline elements of the document by removing duplicated content.
- 4.2.6. The **responsibility for supporting the Chief Officer and Chief Finance Officer** in discharging their risk management duties has been updated to the Head of Strategic Planning and Health Improvement, reflecting recent changes in the Senior Management structure within the HSCP.
- 4.3. The IJB is currently operating in a highly complex and uncertain external environment. As the COVID pandemic eases, focus will move towards recovery and renewal activity, which could impact on the IJB's approach to risk management and supporting risk tolerance. The framework has therefore been developed to enable flexibility to respond to changes within the IJB's operating environment and will also be reviewed regularly to ensure it remains robust and effective.

5. **Updates to IJB Risk Register**

- 5.1. An updated risk register will be brought forward in June 2021, reflecting agreed changes to the structure and presentation of the register. In advance of doing so, the Senior Management Team have reviewed the existing risks and have agreed the following changes to be reflected in the updated risk register:
- The risk descriptions for existing financial sustainability risks will be updated to more accurately reflect the extent of planning and financial management processes in place. The likelihood and impact of these risks will remain the same.

- The existing risk relating to the impact of Brexit will be updated to reflect the current position now that a trade deal has been reached between the UK and European Union.
- The COVID-19 emergency arrangements risk will be amended to reflect the COVID-19 position reflecting both the mitigating governance and operational delivery actions which are in place. Other risks will also be updated to reflect, where appropriate, the impact of COVID-19.
- An additional risk will be added in relation to potential for the recommendations of the independent review of Adult Social Care to require significant diversion of resources to their implementation.
- A strategic workforce risk will also be added to reflect the impact of prolonged vacancies on the IJB's ability to deliver core services and to meet the objectives set out within the Strategic Plan.

6. Implementing the updated framework

- 6.1. In support of this implementation, the updated framework will be circulated via the Senior Management Team to service managers within the HSCP's Leadership Network for implementation within their teams.
- 6.2. Recognising the strategic nature of the document, further guidance will also be developed for staff, setting out their roles and responsibilities in supporting the management of risk across the organisation and to provide clear guidance on how individuals and teams can raise risks through service management arrangements.
- 6.3. The communication of this policy, and any related updates, will also be including in the partnership's Communication and Engagement Strategy, which is currently under development.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – Further guidance will be developed for staff to support them in understanding their respective roles in risk management.
3. **Community Planning** – No implications from this report.
4. **Legal** – Supports the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Legal guidance will be sought at appropriate junctures throughout the delivery of recovery and renewal activity.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – This paper and attachments provide an update to the IJB's Risk Management Framework. This refines the IJB's approach to risk manage and updates the supporting governance in place to ensure consistent application of the framework.
11. **Privacy Impact** – No implications from this report.

List of Background Papers – None

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Renfrewshire Integration Joint Board

Renfrewshire
Health and Social Care Partnership

Risk Management Policy and Strategy

Version 3: March 2021

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Policy – the risk management approach

The IJB vision for risk management

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Renfrewshire, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

- 1.1 The Integration Joint Board (IJB), through the following risk management strategy and policy, has established a Risk Management Framework, (which covers risk policy, procedures, process, systems, risk management roles and responsibilities). This framework seeks to deliver the IJB vision for risk management, set out above.
- 1.2 Renfrewshire IJB is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance, and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.
- 1.3 In doing so, the IJB aims to provide safe and effective care and treatment for patients and clients. This includes the provision of a safe environment for everyone working within the Health and Social Care Partnership and others who interact with the services delivered under the direction of the IJB.
- 1.4 The services provided under the IJB's direction through Renfrewshire HSCP are delivered in a highly complex governance environment. This includes the necessity for the HSCP to embed and contribute to the risk governance arrangements set out by NHS Greater Glasgow and Clyde (NHS GGC) and Renfrewshire Council, as partner organisations, in addition to the IJB's own approach. Each partner organisation has its own, separate, risk governance approaches and differing levels of risk tolerance. Consequently, it is essential that these linkages and dependencies are robustly managed and that the IJB's risk framework appropriately blends aspects of these arrangements as it is appropriate to do so.
- 1.5 Recognising this complexity, the IJB believes that appropriate and proactive application of good risk management is essential in enabling the early identification, management and monitoring of risks which impact on the way in which integrated services are delivered and funded. In doing so, risk management will help to prevent or help to mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.
- 1.6 Taking this into consideration, the key benefits of effective risk management can include:
 - Appropriate, defensible, timeous and best value decisions are made.
 - Risk 'aware' not 'risk averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks to reach a particular goal or reward.
 - More robust planning processes based on consideration of known and potential threats and opportunities.
 - Enhanced achievement of objectives and targets (through the reduction in the likelihood of risks becoming and issues and their resultant impact).
 - Higher levels of morale and productivity (by addressing those risks which impede effective service delivery and impact on staff experience)
 - Better use and prioritisation of resources.

- Higher levels of user experience and satisfaction with a consequent reduction in adverse incidents, claims and/or litigation (through the mitigation of events which could impact on the quality of service provision).
- The maintenance and strengthening of a positive reputation for the IJB.
- Strategic and operational risks are managed at the appropriate level within the IJB as part of a coherent approach to overseeing all strands of risk management activity (including operational, project-based and strategic risks).
- The effective management of risk-related dependencies and linkages with the IJB's partner organisations, NHS GGC and Renfrewshire Council.

1.6. The IJB purposely seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes. This approach considers how risks will be responded to, enabling flexibility dependent on the nature of the risk to (i) **avoid or terminate** a risk by changing strategies or plans; (ii) **treat** the risk by taking action to reduce it; (iii) **transfer** the risk to a partner or third party; or (iv) **accept** the risk.

1.7. Risks are assessed on the basis of the likelihood that they will occur, and the expected scale of impact they would have should they materialise. This assessment is shown in the diagram below.

| Likelihood | Consequent Impact | | | | |
|------------|-------------------|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 |
| 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |

1.8. In normal circumstances, the IJB's tolerance for risk is as follows:

- Any low risk is acceptable without any further action to prevent or mitigate the risk
- Any moderate risk is tolerable, and any control measures implemented or introduced to mitigate the must be cost effective
- Any high risk may be tolerable, providing the IJB is assured of the adequacy and effectiveness regarding the control measures in place to mitigate the risk. Any further control measures implemented must be cost effective in relation to the high risk

- Any very high risk is deemed unacceptable and measures should be taken to avoid/terminate, transfer or mitigate a very high risk to a more tolerable position.
- 1.9. A combination of factors may converge to produce a very high risk for which the IJB may have limited control (such as demographic change and financial pressures). Recognising this scenario and taking on board the inherent risk experienced in some service areas, the IJB recognises that it has the capacity to deal with some very high risks. The number of very high risks that the IJB wishes to tolerate may change over time, either increasing or reducing. This will depend on the IJB's ongoing assessment of identified risks.
 - 1.10. However, experience throughout the COVID pandemic has shown that in exceptional circumstances or periods of crisis it is necessary to flex the above approach for risk management and for the IJB to increase its risk tolerance to manage a range of very high risks over a period of time. Any such requirements will be supported by the implementation of additional risk management processes to increase the regularity and nature of reporting received by the IJB. These additional processes will reflect and link with any further governance implemented by the IJB's partner organisations.
 - 1.11. In addition to the management of risk set out above, the IJB also promotes the pursuit of opportunities that will benefit delivery of the Strategic Plan and associated Financial Plans. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients, staff and the IJB.
 - 1.12. The responsibility for monitoring risk management arrangements for the IJB are within the remit of the IJB Audit, Risk and Scrutiny Committee. The Committee will receive assurance reports not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the IJB. As part of these monitoring arrangements, updates on identified risks and mitigating actions will be brought to the Committee and the full IJB on an agreed basis. This approach is set out in the Risk Management Strategy below.
 - 1.13. The IJB, through the following risk management strategy, has established a Risk Management Framework (which covers risk policy, procedure, systems, risk management roles and responsibilities). This framework seeks to provide a robust approach for managing the complex risk environment in which the IJB operates (as set out above).
 - 1.14. At the time of developing this updated framework, March 2021, the COVID-19 pandemic continues to impact on communities and services across Scotland and globally. The IJB will seek to move into recovery from and renewal after the pandemic at an appropriate point. Therefore, this framework is also intended to provide flexibility, and the approach to managing risk will be reviewed regularly to ensure that it supports agreed recovery and renewal activity.

Risk Management Strategy

1. Introduction

1.1. The primary objectives of this updated strategy will be to:

- Continue to promote awareness of risk and define responsibility for managing risk within the IJB.
- Maintain communication and sharing of risk information through all areas of the IJB.
- Ensure measures continue to be taken to reduce the IJB's exposure to risk.
- Ensure mechanisms are in place for participation and engagement in partner organisations risk governance structure and the effective joint management of risk where this is appropriate.
- Continue to ensure standards and principles for the efficient management of risk, including regular monitoring, reporting and review are in place and continually developed as necessary to ensure good practice.
- Enable a proactive and flexible approach to managing risk, depending on prevailing circumstances and reflecting the need to manage risks emerging from a range of sources, including but not limited to project activity, operational service delivery and through joint activity with partners.

1.2. This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3. This document represents the risk management framework to be implemented across the IJB and contributes to the IJB's wider governance arrangements.

2. Realising the risk management vision and measuring its success

2.1. The vision for risk management is set out above in the Risk Management Policy. In working towards this vision, the IJB aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

2.2. The measures of success for this vision will be:

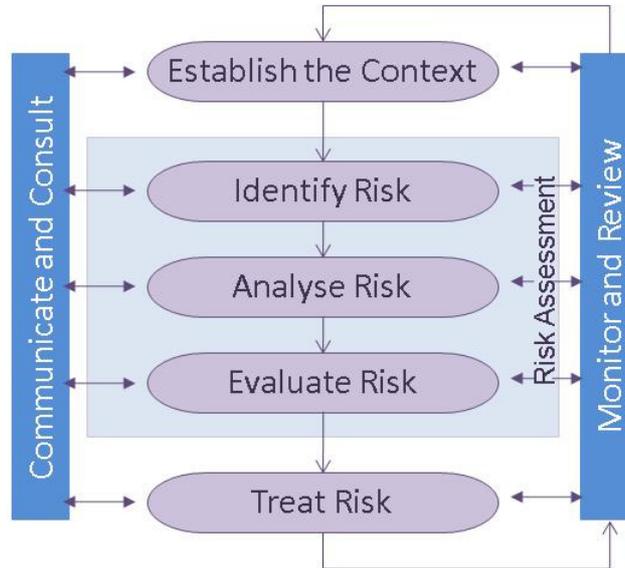
- Good financial outcomes for the IJB
- Successful delivery of the objectives within the strategic plan
- Positive feedback arising from external scrutiny processes
- Fewer unexpected or unanticipated problems
- Fewer incidents, accidents or complaints
- Fewer claims or less litigation

3. The risk management process

3.1. Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst also proactively identifying and managing adverse effects. It is proactive in understanding risk and uncertainty; it learns and builds upon

existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

- 3.2. The IJB embeds risk management practice through consistent application of the risk management process shown in the diagram below, across all areas of service delivery and business activities. This process aligns with industry standards.



4. Applying the risk management process effectively across IJB activities

- 4.1. The application of the IJB's risk management processes is based on standard procedures, implemented across all areas of activity under the direction of the IJB to achieve consistent and effective implementation of good risk management. Full application of the process will ensure that risk management information is used to guide major decisions where possible in the same way that cost benefit analysis is used.

- 4.2. The standard procedures are as follows:

4.2.1. Risks are identified using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration. This will be supported through the implementation of mechanisms for managing risks which arise through different avenues (for example through change projects or through operational delivery). These mechanisms are set out in Section 5, Risk Leadership and Accountability.

- 4.2.2. Risks are categorised under agreed and consistent headings:

- **IJB / Strategic Risks:** these are risks which represent the potential for the IJB to achieve (opportunity) or fail to achieve (threat) either financial sustainability or its desired outcomes and objectives as set out within the Strategic Plan. The nature of these risks will typically require strategic leadership in the development and application of activities and controls to manage the risk. This includes risks such as those that may arise from Political, Economic, Social, Technological, Legislative and Environmental factors. At the time of writing, such risks include:
 - Financial sustainability.

- The impact of the COVID-19 pandemic.
- The UK's Exit from the European Union.
- The impact of current and future legislation, such as that which could arise from the independent review of Adult Social Care.
- **Operational / Partnership Risks:** these are risks which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJB's activities. The HSCP, along with partner bodies, will retain responsibility for managing operational risks as these are more 'front-line' in nature and controls and actions in response will typically be led by local managers and team leaders. However, where operational risks impact across multiple service areas or require more strategic leadership, then these can be proposed through risk governance processes to be escalated to the IJB risk register. This includes risks that may arise from or impact on:
 - Clinical Care and Treatment and Social Care and Treatment.
 - Patient and service user experience.
 - Employee Health, Safety & Well-being.
 - Workforce planning.
 - Business Continuity.
 - Supply Chain.
 - Information Management, Security and Governance and Asset Management.
 - Property and Accommodation.
 - Project-based change activity.

4.2.3. Risks have clear and appropriate ownership in place. Specific risks will be owned by / assigned to whoever is best placed to manage the risk and oversee the development and implementation of any new risk controls required. These individuals will be responsible for developing necessary mitigation plans and for reporting on the progress made in managing specific risks.

4.2.4. Risks are managed through consistent application of a standard risk matrix (referenced in 1.7 in the Risk Policy). This matrix will be used to analyse risks in terms of likelihood of occurrence and potential impact at the point they are identified and at regular future intervals, considering the effectiveness of risk control measures in place. All risks will be assessed consistently using a scoring system of 1 to 5, enabling risks to be assessed as low, moderate, high, or very high.

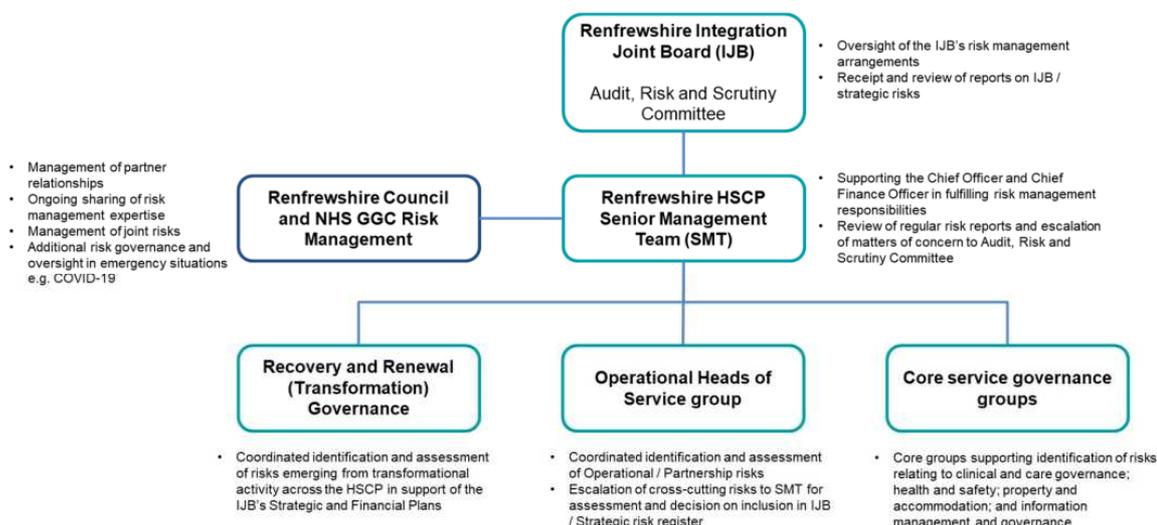
4.2.5. Risk responses are proportionate to the assessed level of risk. This means that risks may be terminated; transferred to another partner or third party (examples of this typically include holding relevant insurance, or transferring responsibility to an external provider through existing or additional contractual arrangements or other

agreements); tolerated as it is; or treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (i) worthwhile pursuing and (ii) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.

- 4.2.6. Risk registers are maintained as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting. An updated IJB risk register template is provided in Appendix 1.
- 4.2.7. IJB / strategic risks and key operational risks are reported to the IJB on a six-monthly basis (at the beginning of the financial year and a mid-year update).
- 4.2.8. Clear procedures are in place for movement of risk between IJB / strategic and operational / partnership risk registers, facilitated by the Senior Management Team.
- 4.2.9. Clear procedures are in place for the participation and involvement of officers, where appropriate, in the risk planning and governance structures in place within NHS Greater Glasgow and Clyde and Renfrewshire Council.
- 4.2.10. Risk information is routinely reported within and across teams and a commitment to a 'lessons learned' culture is maintained, ensuring organisational learning from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.
- 4.2.11. In the event of exceptional circumstances which may increase the range and number of very high risks observed, due to a factor or several factors outwith the IJB's control (such as the COVID-19 pandemic), additional procedures will be put in place to ensure that the IJB has effective oversight of emerging risks. These additional procedures will be agreed between the Chief Officer, IJB Chair, Vice Chair and Chair of the Audit Risk and Scrutiny Committee and will determine the content and frequency of additional risk reporting as is deemed necessary as part of an effective response to the circumstances arising.

5. Risk Leadership and accountability

- 5.1. Robust governance structures will be maintained to ensure the identification, management and oversight of IJB / strategic risks and Partnership / operational risks. This governance structure will incorporate the ongoing development of relationships with Renfrewshire Council and NHS Greater Glasgow and Clyde risk management colleagues. The current governance structure is set out in the diagram below:



5.2. Specific roles and responsibilities within the risk management governance structure set out above are detailed in the following table:

| Stakeholder(s) | Roles and Responsibilities |
|---|---|
| Integration Joint Board (IJB) Audit, Risk and Scrutiny Committee | <p>On behalf of the Integration Joint Board, the Audit, Risk and Scrutiny Committee is responsible for:</p> <ul style="list-style-type: none"> • Oversight of the IJB's risk management arrangements. • Receipt and review of reports on IJB / strategic risks and any key operational / partnership risks that require to be brought to their attention. • Ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities, policies and other relevant activities. • Agreeing, with the IJB Chair and Vice Chair, any necessary changes to risk management arrangements in exceptional circumstances. |
| Chief Officer | <p>The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risk that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or upon the reputation of the IJB.</p> |
| Chief Finance Officer (CFO) | <p>The Chief Finance Officer (CFO) will be responsible for promoting arrangements to identify and management key business and financial risks, risk mitigation and insurance.</p> <p>The CFO will also be responsible for financial decisions relating to the IJB's risk management arrangements.</p> |
| Senior Management Team | <p>The Head of Strategic Planning and Health Improvement is responsible for:</p> |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Working with the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities. • Arranging professional risk management support, guidance and training from partner bodies. • Supporting the Senior Management Team's receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Audit, Risk and Scrutiny Committee. • Ensuring that the standard procedures set out in section four of this strategy are actively promoted across the services areas within the remit of the IJB. |
| Operational Heads of Service | <p>In support of the above role of the Senior Management Team and the Head of Strategic Planning and Health Improvement, Operational Heads of Service are responsible for:</p> <ul style="list-style-type: none"> • The identification of emerging partnership / operational risks and ongoing assessment and mitigation of these in line with assigned risk ownership. • Regular review of partnership / operational risks through the Operational Heads of Service group and core service governance groups, and provision of regular reports to the wider Senior Management team via agreed arrangements for reporting with the Head of Strategic Planning and Health Improvement. • Identification and escalation of partnership / operational risks to the wider Senior Management Team for consideration and inclusion within the IJB / strategic risk register as appropriate. |
| Recovery and Renewal (Transformation) Governance | <p>The steering group(s) overseeing transformation activity are responsible for:</p> <ul style="list-style-type: none"> • Ensuring risks identified at a project and programme level are consistently identified and monitored. • Enabling the identification of dependencies and overlap of risks between ongoing projects. • Providing overall risk management oversight and ensuring emerging strategic risks from transformational activity are escalated to the Audit, Risk and Scrutiny Committee. |
| Core service governance groups | <p>Core groups are in place to ensure the safe and effective delivery of services within the remit of the IJB. They have responsibility for ensuring relevant risks are identified, managed and escalated as appropriate across the following areas:</p> <ul style="list-style-type: none"> • Clinical and Care Governance • Health and Safety • Property and Accommodation • Information Management and Governance <p>These groups liaise with the IJB's partner organisations on an ongoing basis to ensure the appropriate application of relevant</p> |

| | |
|--|--|
| | NHS Greater Glasgow and Clyde and Renfrewshire Council policies. |
| Individual Risk Owners | <p>It is the responsibility of each risk owner to ensure that:</p> <ul style="list-style-type: none"> • Risks assigned to the them are analysed in keeping with the agreed risk matrix. • Data on which risk evaluations are based are robust and reliable so far as possible. • Risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise. • Risk is reviewed not only in terms of likelihood and impact of occurrence but takes account of any changes in context that may affect the risk. • Controls that are in place to manage the risk are proportionate to the context and level of risk. • Wider risks are regularly reviewed to ensure linkages are identified and managed from an early stage. |
| All persons working under the direction of the IJB | <p>Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement and maintain safe working practices within their service areas. This approach requires everyone to understand:</p> <ul style="list-style-type: none"> • The risks that relate to their roles and activities. • How their actions relate to their own safety and that of their patients, service users, clients and the public. • Their accountability for particular risks and how they can manage them. • The importance of flagging up incidents and/or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements. • That good risk management is a key part of the IJB's culture. |
| Partner Bodies | <p>It is the responsibility of relevant specialists from the partner bodies (such as internal audit, clinical and non-clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.</p> <p>There is a joint responsibility on the IJB, Renfrewshire Council and NHS Greater Glasgow and Clyde to ensure partnership working as part of risk management. This includes engagement with the relevant risk officers and participation within current and future risk governance structures:</p> |

| | |
|-------------------------------|---|
| | <ul style="list-style-type: none"> • For Renfrewshire Council, this will be the Council's identified Risk Manager and the Corporate Risk Management Group. • For NHS Greater Glasgow and Clyde, this will be through Civil Contingencies governance structures. |
| Senior Information Risk Owner | Responsibility for this specific role will remain with the individual partner bodies. |

6. Risk management resourcing and capability

- 6.1. Much of the work on developing and leading the ongoing implementation of the risk management framework for the IJB will be resourced through the governance arrangements set out in 5.1 above.
- 6.2. Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Finance Officer.
- 6.3. Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.
- 6.4. To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 6.5. Training is an important element of this and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs and source the relevant training and development opportunities required.
- 6.6. Notwithstanding the above, wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, recognising that the majority of risk-related courses/ training can be delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Monitoring activity and performance

- 7.1. The IJB operates in a dynamic and challenging environment. This has been reinforced by the COVID-19 pandemic and its resultant impact on service delivery models across health and social care. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. This system also needs to be flexible to enable a robust and effective response to exceptional circumstances.
- 7.2. Oversight of risk management activity will be undertaken through regular review of the IJB's risk profile at Senior Management Team level. Monitoring of the risk profile will be undertaken on a quarterly basis unless additional risk management measures have been implemented to increase this frequency within certain circumstances.

- 7.3. It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of identified risks, highlighting and IJB risks that might impact on the partner organisation.
- 7.4. Measuring, managing and monitoring risk management performance is also key to the effective delivery of objectives. This will include regular monitoring of (i) the number of risks which materialise (become issues); (ii) the number of risks closed; and (iii) the actual severity of the risks against previous assessments.
- 7.5. Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance of the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring performance indicators can provide assurance that key financial risks are under control.
- 7.6. Performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 7.7. The IJB's risk management arrangements will be reviewed on a regular basis as part of a 'Plan, Do, Study, Act' review cycle to ensure the IJB's risk management priorities and activities are robust. This will inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

8. Communicating risk management

- 8.1. Effective communication of risk management information is essential to developing a consistent and effective approach to risk management.
- 8.2. Copies of this policy and strategy will be widely circulated via the Senior Management Team to service managers and will form the basis of any risk management training arranged by the IJB.
- 8.3. Implementation of this policy and strategy will be supported by the development of additional guidance for staff within the HSCP, setting out their roles and responsibilities in supporting the management of risk across the organisation, and providing clear guidance on how they can raise risks through their service management arrangements.
- 8.4. The communication of this policy and strategy will be included within existing and future iterations of the partnership's Communication and Engagement Strategy.
- 8.5. The Policy and Strategy (version 3.0) will be submitted to the Integration Joint Board Audit, Risk and Scrutiny Committee for approval at its meeting of 12 March 2021.
- 8.6. This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the IJB's business environment.

Appendix 1
Renfrewshire Integration Joint Board
Risk Register

Introduction and Background

This document has been prepared to support Renfrewshire Integration Joint Board (IJB), and members of the IJB’s Audit, Risk and Scrutiny Committee, in the application of the IJB’s Risk Management Policy and Strategy. It sets out those Strategic Risks currently identified which have the potential to prevent the IJB from achieving its desired outcomes and objectives, and the mitigating actions put in place to manage these risks. **Further information on the IJB’s approach can be found in Renfrewshire IJB’s Risk Management Policy and Strategy.**

Approach to assessing risks

All risks identified are assessed considering (i) the likelihood of the risk materialising; and (ii) the consequent impact of said risk should it materialise. To reflect the range of eventualities this assessment provides a score of between 1 and 5 for each of these criteria (where 1 is least likely and low impact, and 5 is very likely and very high impact). This enables each risk to be provided an overall score where the likelihood and impact ratings are multiplied together, and a RAG (Red, Amber, Green rating applied) as per the matrix below. Risk scores guide the IJB’s response to particular risks identified.

| Likelihood | Consequent Impact | | | | |
|------------|-------------------|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 |
| 5 | 5 | 10 | 15 | 20 | 25 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 1 | 1 | 2 | 3 | 4 | 5 |

Renfrewshire IJB
Current Risk Summary

| Risk Ref | Risk Type | Summary Description | Current Risk Score and RAG Rating | Movement |
|----------|-----------|---------------------|-----------------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Renfrewshire IJB Risk Register

01. e.g. Financial Sustainability

| Risk Code and Title | Risk Statement | Owned by | Current Risk Control Measures | Previous Likelihood Score | Previous Impact score | Previous Evaluation |
|---------------------|------------------|----------|-------------------------------|---------------------------------------|-----------------------|---------------------|
| | | | | 04 | 04 | 16 |
| Context | | | | Current Likelihood | Current Impact | Current Evaluation |
| | | | | 02 | 04 | 08 |
| | | | | Movement | | |
| | | | | Increase / Decrease / No change | | |
| | | | | Risk Management Approach | | |
| | | | | Terminate / Treat / Transfer / Accept | | |
| Action codes | New Actions | | | Assigned to | Date | Status |
| | | | | | | |
| | | | | | | |
| Action codes | Existing actions | Update | | Assigned to | Date | Status |
| | | | | | | |
| | | | | | | |
| | | | | | | |

To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Heading: IJB Records Management Plan

1. Summary

- 1.1. The purpose of this report is to provide the IJB with an updated Records Management Plan (RMP) which is scheduled to be submitted to the Keeper of Records of Scotland by 31 March 2021. The RMP sets out how the IJB records will be created and managed in line with national policy. This is a responsibility that all public bodies must fulfil.
- 1.2. The IJB's Records Management Plan has been developed and updated in consultation with Renfrewshire Council and NHS Greater Glasgow and Clyde, reflecting the dependencies and linkages between the IJB's own plan and those of our partner organisations.
-

2. Recommendation

It is recommended that the IJB:

1. Approve the Records Management Plan; and
 2. Approve submission of the plan to the team of the Keeper of Records of Scotland.
-

3. Background

Legislation

- 3.1. The IJB is obliged to submit and maintain a Records Management Plan (RMP) as defined in and in accordance with Part 1 of the Public Records (Scotland) Act 2011. The Act requires public authorities to submit a RMP to be agreed by the Keeper of the Records of Scotland.
- 3.2. Every authority to which this Part applies must:
- Prepare a plan (a "Records Management Plan") setting out proper arrangements for the management of the authority's public records.
 - Submit the plan to the Keeper for agreement.
 - Ensure that its public records are managed in accordance with the plan as agreed with the Keeper.

- 3.3. An authority's records management plan must:
- Identify the individual who is responsible for management of the authority's public records.
 - If different, identify the individual who is responsible for ensuring compliance with the plan.
 - Include provision about the procedures to be followed in managing the authority's public records, maintaining the security of information contained in the authority's public records and the archiving and destruction or other disposal of the authority's public records.
- 3.3. All authorities must keep their Records Management Plans under review. The Keeper of Records of Scotland may also require authorities to carry out a review of existing plans by a 'review date', which must be no less than five years after the date on which the Authority's plan was last agreed.
- 3.4. A further 'Progress Update Review' (PUR) mechanism was implemented in 2016. The Keeper's Assessment Team operates a rolling programme of invitations to named public authorities inviting them to voluntarily submit a PUR. This aims to provide a structured system to manage informal review of agreed RMPs, and to enable authorities to obtain feedback on progress made since the last approval date of the RMP.

4. Content of the Records Management Plan (RMP)

- 4.1. NHS Greater Glasgow & Clyde and Renfrewshire Council already have agreed RMPs in place. IJBs were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.2. The IJB submitted its first Records Management Plan on 1 February 2019. An updated version of the RMP was initially scheduled to be submitted to the Keepers of Records of Scotland by 29 January 2021. This deadline was extended to 31 March 2021.
- 4.3. The attached RMP, in Appendix 1, sets out the arrangements for the management of the IJB's records and the relationship with NHS Greater Glasgow & Clyde and Renfrewshire Council's respective RMPs.
- 4.4. As the IJB does not hold any personal information about either patients/clients or staff, the RMP relates to the IJB Committees (Integration Joint Board, Audit Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. This includes draft versions of plans, policies, strategies and reports which are developed as part of undertaking the IJB's responsibilities. Final versions of such documents agreed by the IJB are already in the public domain via the IJB's pages on Renfrewshire HSCP's website:
- <http://www.renfrewshire.hscp.scot/>
 - <http://www.renfrewshire.hscp.scot/article/5230/Integration-Joint-Board>

- 4.5. Renfrewshire Council's Business Classification Scheme (BCS) is used to organise the IJB's final records, as IJB records are currently managed and stored by them. Draft records will be held on both NHS GGC and Renfrewshire Council systems and will therefore follow the two respective organisation's Business Classification Schemes.
- 4.6. In terms of evidence that the IJB meets the requirements of each element of the RMP, links to NHS Greater Glasgow & Clyde's and Renfrewshire Council's RMPs are used where appropriate. This follows the advice given by National Records of Scotland, who provided guidance and support throughout the drafting of the RMP.
- 4.7. The RMP will be submitted by 31 March 2021 for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011 and will be reviewed as required.

5. Policy Implications

- 5.1. Information underpins the IJB's over-arching strategic objectives and helps it meet its strategic outcomes. Its information supports it to:
- Demonstrate accountability.
 - Provide evidence of actions and decisions.
 - Assist with the smooth running of business.
 - Help build organisational knowledge.
- 5.2. Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will assist the IJB with:
- Better decisions based on complete information.
 - Smarter and smoother work practices.
 - Consistent and collaborative workgroup practices.
 - Better resource management.
 - Support for research and development.
 - Preservation of vital and historical records.
- 5.3. The Records Management Plan forms a key element of the IJB and HSCP's approach to Information Management and Governance, reflecting the relevant requirements, policies and procedures of NHS Greater Glasgow and Clyde and Renfrewshire Council.

Implications of the Report

1. **Financial** – There are no financial implications arising from the submission of this paper.
2. **HR & Organisational Development** - There are no HR and OD implications arising from the submission of this paper.
3. **Community Planning** - There are no Community Planning implications arising from the submission of this paper.
4. **Legal** – The IJB must comply with the Public Records (Scotland) Act 2011 as any breach of this could incur penalties.
5. **Property/Assets** - There are no property/asset implications arising from the submission of this paper.
6. **Information Technology** - There are no ICT implications arising from the submission of this paper.
7. **Equality and Human Rights** - The main issue in relation to equalities is ensuring that the RMP is accessible.
8. **Health & Safety** - There are no Health and Safety implications arising from the submission of this paper.
9. **Procurement** - There are no procurement implications arising from the submission of this paper.
10. **Risk** – Statutory Agencies are more accountable to the public than ever before through increased awareness of openness and transparency. Knowledge and information management is now formally recognised as a function of governance similar to finance, IT and communications. It is expected that the IJB is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally. Breach of this could incur penalties.
11. **Privacy Impact** - There are no privacy implications arising from the submission of this paper.

List of Background Papers - Renfrewshire IJB Records Management Plan

Author: David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk / 0141 618 7621)

Renfrewshire Integration Joint Board

Records Management Plan

Submitted in accordance with the Public Records (Scotland) Act 2011

This plan is fully endorsed by the Chief Officer of Renfrewshire Integration Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

Shiona Strachan, Interim Chief Officer, Renfrewshire Integration Joint Board

Document Control Information

| Revision | Date | Revision Description |
|----------|------------|--|
| 1.0 | 25/01/2019 | Draft version submitted to IJB for approval |
| | 01/02/2019 | Final version submitted to Keeper of Records of Scotland |
| 2.0 | 30/11/2020 | Updated version submitted to Keeper of Records of Scotland |
| 3.0 | 25/03/2021 | Updated version submitted to IJB for approval |
| | 31/03/2021 | Updated version submitted to Keeper of Records of Scotland |

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Records Management Plan

Summary

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers Renfrewshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

In line with the model plan, the IJB's RMP addresses 14 elements:

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

Element 15: Public Records created or held by Third Parties

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on 1 January 2016. The IJB will therefore follow procedures that aim to ensure that all officers and employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

About the Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of Renfrewshire Integration Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed annually.

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

About Integration Joint Boards

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It has put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

About Renfrewshire Integration Joint Board

Renfrewshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. The Renfrewshire Integration Scheme received Royal Assent on 27 June 2015 and the IJB was formally established on 18 September 2015.

From 1 April 2016 Renfrewshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it by NHS Greater Glasgow & Clyde and Renfrewshire Council.

These include adult social care services, mental health and learning disability, district nursing, children's health services, podiatry and health improvement, including some hospital services. The area covered by Renfrewshire IJB is coterminous with Renfrewshire Council.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Greater Glasgow & Clyde and Renfrewshire Council. The IJB consists of eight voting members appointed in equal number by NHS Greater Glasgow & Clyde and Renfrewshire Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Financial Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The IJB's key functions are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership

Information underpins the IJB's over-arching strategic objective and helps it meet its strategic outcomes. The information supports it to:

- Demonstrate accountability
- Provide evidence of actions and decisions
- Assist with the smooth running of business
- Help build organisational knowledge

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information
- Smarter and smoother work practices
- Better resource management
- Preservation of vital and historical records

In addition, we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the IJB is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

Review

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

RMP Principles

What does the Records Management Plan cover?

Records management covers records of all formats and media. This includes paper and computer records, cassette, video and CD records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

Why is records management important?

Records are vital for the effective functioning of the IJB: they support decision-making; document its aims and objectives, activities and ensure that legal, administrative and audit requirements are met.

The records management practices evidenced in this RMP and subsequent action plan are essentially a matter of good business administration. Information required for any purpose will only be as good as the quality of the records from which it is taken. If reliable records are not created in the first place, if they cannot be found when needed, or if the arrangements for their eventual archiving or destruction are inadequate, then information may not be adequate or even available for any purpose.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records and procedures for retention of records.

Records management principles

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions.
- To facilitate audit or examination.
- To provide credible and authoritative evidence.

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – That all staff are informed of their record-keeping responsibilities through

appropriate training and guidance and if required further support as necessary.

Renfrewshire IJB Records Management Plan

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed by Renfrewshire Council and NHS Greater Glasgow & Clyde and, as such, will be covered by their respective Record Management Plans.

As such, this RMP relates to the IJB Committees (Integration Joint Board, Audit Risk & Scrutiny Committee and Strategic Planning Group) and plans such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB's pages on Renfrewshire Council and Renfrewshire Health & Social Care Partnership websites.

[Renfrewshire Health and Social Care Partnership - Integration Joint Board](#)

[Renfrewshire Health & Social Care – Integration Joint Board](#)

It has been agreed the IJB's records will be managed in line with both Renfrewshire Council and NHS Greater Glasgow and Clyde policies where appropriate.

The Renfrewshire IJB Records Management Plan (RMP) is effective from 1 February 2019 and will be appropriately reviewed and updated in line with statutory requirements.

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
|--|--|---|--|
| <p>Element 1: Senior management responsibility: Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> | <p>The IJB Chief Officer, Shiona Strachan, has senior responsibility for all aspects of the IJB's Records Management and is the corporate owner of this document.</p> <p>The IJB Chief Officer is also the IJB's Senior Information Risk Owner (SIRO).</p> <p>Records relating to Renfrewshire IJB are held on NHS GGC & Renfrewshire Council systems.</p> | <p>Letter of adoption of RMP and objectives of IJB Chief Officer (<i>see Appendices 1 and 2</i>)</p> <p>Roles and responsibilities of the SIRO.</p> | <p>IJB Records Management Procedure, which identifies roles and responsibilities, will be produced once the RMP has been approved.</p> |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 2: Records manager responsibility: Section 1(2) (a)(ii) of the Act specifically requires an RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP <u>must</u> name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the implementation of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with Element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this Element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> | <p>The records of Renfrewshire IJB sit within NHS GGC and Renfrewshire Council systems and are subject to their policies and procedures. The person with corporate responsibility for Records Management within both NHS GGC & Renfrewshire Council is the Records Manager.</p> <p>The Records Managers are able to access and manage IJB public records on a daily basis</p> | <p>Renfrewshire Council will have lead operational responsibility, with the Head of Strategic Planning and Health Improvement, Frances Burns, having day-to-day responsibility for the implementation of the RMP within the HSCP and responsibility for relevant records created on partner systems.</p> <p>The Job description for Renfrewshire Council Records Manager role is included as evidence to demonstrate that the named individual has the skills required and can access all IJB records on Renfrewshire Council systems (<i>see Appendix 3a</i>).</p> <p>The Job description for NHS GGC Records Manager role is included as evidence to demonstrate that the named individual has the skills required and can access all IJB records on NHS GGC systems (<i>see Appendix 3b</i>).</p> | <p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p> |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 3: Records management policy statement: The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and gives an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval submitted to the Keeper. The other elements in the RMP listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> | <p>Renfrewshire Council and NHS Greater Glasgow & Clyde work in partnership with the Integration Joint Board (IJB).</p> <p>Renfrewshire IJB is responsible for planning health and care services for the Renfrewshire population.</p> <p>Records including employment, service user and internal policies and procedures will continue to be managed in the partner organisations, i.e. Renfrewshire Council and NHS Greater Glasgow & Clyde and as such will be covered by their respective Record Management Plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> • IJB Meetings- agendas and papers • IJB Strategies including the Annual Performance Report and the Strategic Plan <p>All final versions of this information is already in the public domain via the IJB's pages on Renfrewshire Health & Social Care website: Renfrewshire Health and Social Care Partnership - Integration Joint Board</p> <p>Draft versions of these documents are held on NHS GGC and Renfrewshire Council systems in line with organisational policies.</p> | <p>NHS Greater Glasgow & Clyde: NHSGGC : NHSGGC Records Management Plan</p> <p>NHSGGC Progress Update Review: 2019</p> <p>Renfrewshire Council:</p> <p>Council Records Management Policy is available at: http://www.renfrewshire.gov.uk/media/2763/Records-Management-Policy/pdf/Corporate_Records_Management_Policy_4.1.pdf?m=1594971185277</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> | <p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p> |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 4: Business classification</p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p> | <p>The IJB has been in operation since 1 April 2016. The type and volume of recordkeeping specific to the IJB is evolving.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by Renfrewshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation. Renfrewshire Council's BCS has been updated and will include IJB records.</p> <p>The BCS is a localised version of the model BCS published by the Scottish Council on Archives for use by all Scottish Local Authorities.</p> <p>IJB records are part of the Committee Management System (CMIS) and as such have permanent retention status.</p> <p>Records on NHS GGC and Renfrewshire Council will be classified as per the two respective organisation's Business Classification Schemes.</p> | <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> <p>NHS GGC's Business Classification Scheme is available at https://www.nhsggc.org.uk/media/236761/nhsggcbcsv0-3.pdf and is also linked within the Records Management Plan.</p> | |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 5: Retention schedules</p> <p>Section 1(2) (b)(iii) of the Act specifically requires an RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see Element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (see Element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> to ensure records are kept for as long as they are needed and then disposed of appropriately; to ensure all legitimate considerations and future uses are considered in reaching the final decision; to provide clarity as to which records are still held by an authority and which have been deliberately destroyed. <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see Element 1). This might be done as part of the policy document (Element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP <u>must</u> demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p> | <p>The corporate records including formal IJB reports and minutes will be managed in accordance with the Council Servicing Committee Protocol.</p> <p>IJB records held on Renfrewshire Council systems are maintained in line with Renfrewshire Council's disposal schedules which are based on the retention and disposal schedules produced by the Scottish Council on Archives.</p> <p>For records held on NHS GGC systems, all NHS Boards align local policies and procedures with the minimum retention period for all clinical and corporate records set out in the most recent (2020) Scottish Government Records Management: NHS Code of Practice. This is set out in p11 of NHS GGC's Records Management Plan.</p> | <p>Renfrewshire Council's Corporate Retention Schedule:</p> <p>http://www.renfrewshire.gov.uk/media/4584/Records-Retention-Schedule/pdf/RenfrewshireCouncilRetentionSchedule.pdf</p> <p>NHS Greater Glasgow & Clyde Procedure for Retention, Destruction and Archiving of health records</p> <p>https://www.nhsggc.org.uk/media/236553/procedure-for-retention-and-destruction-v2-0.pdf</p> | <p>What further development, if any, remains to be undertaken to bring this element into full compliance?</p> |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 6: Destruction arrangements</p> <p>Section 1(2) (b)(iii) of the Act specifically requires an RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree an RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> | <p>Destruction of IJB records, in all formats, will be undertaken by NHS GGC and Renfrewshire Council in line with their policies and procedures.</p> <p>All NHS Boards align local policies and procedures with the minimum retention period for all clinical and corporate records set out in the most recent (2020) Scottish Government Records Management: NHS Code of Practice.</p> | <p>The Council Records Disposal Policy was submitted as part of the 2018 PUR.</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> <p>NHS Greater Glasgow & Clyde Procedure for Retention, Destruction and Archiving of health records: https://www.nhsggc.org.uk/media/236553/procedure-for-retention-and-destruction-v2-0.pdf</p> | <p>What further development, if any, remains to be undertaken to bring this element into full compliance</p> |

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| <p>Element 7: Archiving and transfer arrangements</p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> | <p>In terms of a procedure, the IJB will follow Renfrewshire Council's Archival policies and procedures.</p> <p>For any records also held on NHS GGC systems, these will be archived following NHS GGC's Archival policy.</p> | <p>The agreed arrangement between the IJB and Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by Renfrewshire Council.</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> <p>NHS Greater Glasgow & Clyde Procedure for Retention, Destruction and Archiving of health records: https://www.nhsggc.org.uk/media/236553/procedure-for-retention-and-destruction-v2-0.pdf</p> | |

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| <p>Element 8: Information Security</p> <p>Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the property levels of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records information, security procedures would normally acknowledge Data Protection and Freedom of Information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures must put in place adequate controls to prevent unauthorised access destruction alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> | <p>All staff will remain employees of either NHS Greater Glasgow & Clyde or Renfrewshire Council. As such they will be subject to the policies and procedures of their employer, i.e. NHS Greater Glasgow & Clyde Information Security Policy or Renfrewshire Council Information Security policies.</p> | <p>NHS Greater Glasgow & Clyde Information Security Policy</p> <p>https://www.nhsggc.org.uk/about-us/professional-support-sites/ehealth/it-security-policies/ggc-policies-supporting-nhs-scotland-information-security-policy-framework-nis-regulations-2018/</p> <p>Renfrewshire Council Information Promise</p> <p>http://www.renfrewshire.gov.uk/article/2063/Information-Promise</p> <p>Please find attached the Council Information Security Policy (appendix 4).</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> | |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 9: Data protection</p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high-level statement of public responsibility and fair processing.</p> <p>If an authority holds and process information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act 2018, an authority must only collect information needed for a specific business purpose, it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p> | <p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>The IJB is registered as a body which will be subject to Freedom of Information legislation. Most requests will be addressed directly by partner bodies. Any requests specifically for the IJB will be managed in line with NHS GGC FoI guidance.</p> <p>Legislation changed on 25 May 2018 which will increase rights of individuals and increase fines for data breaches.</p> <p>IJB Complaints - first point of contact is the Complaints Mailbox. Oversight of the complaints process is overseen by the Head of Strategic Planning and Health Improvement, Frances Burns.</p> <p>IJB records are properly managed for the purposes of Data Protection within NHS GGC and Renfrewshire Council.</p> | <p>ICO Registration details</p> <p>Renfrewshire IJB is not registered as a Data Controller on the ICO website.</p> <p>The NHS GGC Board data controller/data processor policies and procedures - FOI, complaints, subject access requests</p> <p>Renfrewshire Council's Privacy Policy is made available to all staff via the Council's Intranet.</p> <p>NHS Greater Glasgow & Clyde data protection and privacy information is available for all at: http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/. This includes individual right of access to records.</p> <p>Staff training (both NHS GGC and Renfrewshire Council employees) - Data protection/information governance</p> | <p>What further development, if any, remains to be undertaken to bring this element into full compliance</p> |

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| <p>Element 10: Business continuity and vital records</p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p> | <p>A business continuity plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner bodies in relation to business continuity.</p> <p>The IJB's records are managed in accordance within NHS GGC & Renfrewshire Council's Business Continuity Plans and vital records arrangements.</p> <p>All services will continue to be provided or commissioned directly by NHS Greater Glasgow & Clyde or Renfrewshire Council.</p> <p>Both NHS Greater Glasgow & Clyde and Renfrewshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p> <p>As part of Business Continuity arrangements, this includes nightly extracts of client data to ensure easy access to necessary data during a business continuity event and to enable ongoing service provision.</p> | <p>NHS Greater Glasgow & Clyde</p> <p>P33 of NHS GGC's Records Management Plan: https://www.nhsggc.org.uk/media/255356/recordsmgtploctober-2016.pdf</p> <p>Renfrewshire Council:</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> | |

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| <p>Element 11: Audit trail</p> <p>The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p> <p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> | <p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p> <p>The IJB's records are created by NHS Greater Glasgow & Clyde and Renfrewshire Council through both organisational arrangements.</p> <p>CMIS system in Renfrewshire Council gives full version control and ensures that the IJB's records are available at all times and that when accessed for business purposes, that these are the most up to date and current versions.</p> <p>Personal records, policies and procedures and all other corporate records will be accessed by employees through the information systems of NHS Greater Glasgow & Clyde and Renfrewshire Council.</p> | <p>The audit trail arrangements are as follows:</p> <p>NHS Greater Glasgow & Clyde</p> <p>P35 of NHS GGC's RMP: https://www.nhsggc.org.uk/media/255356/recordsmgtpianoctober-2016.pdf</p> <p>Renfrewshire Council:</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> | <p>Training for administration staff to ensure compliance with version control will be undertaken.</p> |

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| <p>Element 12: Competency framework for records management staff</p> <p>The Keeper will expect an authority's RMP to detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> | <p>A competency framework lists the core competencies and the key knowledge and skills required by a records manager. It can be used as a basis for developing job specifications, identifying training needs, and assessing performance.</p> <p>The IJB will rely upon the Records Managers of NHS GGC & Renfrewshire Council for compliance under this element.</p> <p>Training for records management staff will remain the responsibility of the employing bodies, NHS Greater Glasgow & Clyde and Renfrewshire Council.</p> | <p>The Board's plan must refer to the Competency framework arrangements and evidence under the agreed partner body plan.</p> <p>NHS Greater Glasgow & Clyde NHS-wide training available: http://www.nhsggc.org.uk/media/236589/20160216_nhsggc_rme_en_ew_cp9.doc</p> <p>Renfrewshire Council:</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> | <p>Training to be developed for all staff</p> |

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| <p>Element 13: Assessment and review</p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management process.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p> | <p>The IJB relies on the partner authority to ensure that the systems, policies and procedures that govern its records are being regularly assessed.</p> <p>This Record Management Plan will be reviewed and updated by the Records Managers and the Head of Strategic Planning and Health Improvement. Any gaps in this plan will be identified as issues arise and solutions agreed.</p> | <p>NHS Greater Glasgow & Clyde</p> <p>http://www.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</p> <p>Renfrewshire Council:</p> <p>The most recently approved Council RMP Progress Update Report is available at: https://www.nrscotland.gov.uk/files/record-keeping/public-records-act/nrs-progress-update-review-pur-final-report-by-the-prsa-assessment-team-for-renfrewshire-council-and-renfrewshire-licensing-board-march-2020.pdf</p> | |

| RMP Element Description | Renfrewshire Integration Joint Board (IJB) Compliance Statement | Evidence | Further Development |
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| <p>Element 14: Shared Information</p> <p>The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high-level statements of principles on sharing and associated issues and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p> <p>Specifically, the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.</p> | <p>Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records.</p> <p>The IJB may share data or information with its partner bodies that must be managed in accordance with the guidance issued by the Information Commissioner under the Data Protection Act 2018.</p> <p>The Act regards records created by a third party, under contract to a public body, to deliver a statutory function of that authority as public for the purposes of the Act. This means that authorities in such a relationship must be satisfied that public records being created on its behalf are managed in line with its RMP. It must be satisfied that the third-party provider has robust records management arrangements in place. However, it is unlikely that this is relevant to the IJB.</p> | <p>An information sharing protocol has been agreed between NHS Greater Glasgow & Clyde, Renfrewshire Council, the National Information Services Division and Renfrewshire IJB to enable the safe and effective sharing of information. (<i>Please see Appendix 5</i>)</p> | |

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| <p>Element 15: Public Records Created or Held By Third Parties</p> | <p>The IJB does not contract out any of its functions to a third party</p> | | |

