

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

Date	Time	Venue
Friday, 25 March 2022	10:00	Remotely by MS Teams ,

MARK CONAGHAN
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam-McGregor: Councillor Lisa-Marie Hughes: Councillor James MacLaren: Margaret Kerr: John Matthews: Frank Shennan: Ann Cameron Burns: Karen Jarvis: vacancy: Lisa Cameron: Diane Young: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

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

Recording of Meeting

This meeting will be recorded for subsequent broadcast via the Council's internet site. If you have any queries regarding this please contact Committee Services on 0141 618 7111.

To find the recording please follow the link which will be attached to this agenda once the meeting has concluded.

Recording

<https://youtu.be/8ER8EQgaydg>

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

Minute of meeting of the Integration Joint Board (IJB) held on 28 January 2022. | 5 - 14 |
| 2 | Clerk and Standards Officer

Report by Clerk. | 15 - 16 |
| 3 | Interim Chief Officer

Report by Clerk. | 17 - 18 |
| 4 | Membership Update

Report by Clerk. | 19 - 20 |
| 5 | IJB Audit, Risk and Scrutiny Committee: Update

Update by Chair of the IJB Audit, Risk and Scrutiny Committee. | |
| 6 | Rolling Action Log

IJB rolling action log. | 21 - 22 |
| 7 | COVID-19 Emergency Governance Arrangements

Report by Clerk. (not available - copy to follow) | |
| 8 | Chief Officer's Report

Report by Interim Chief Officer. | 23 - 28 |
| 9 | Chief Officer's Operational and Policy Briefing

Report by Interim Chief Officer. | 29 - 38 |
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Report by Chief Finance Officer. | 39 - 64 |
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12	Medium Term Financial Plan 2022/25	87 - 130
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	Report by Head of Strategic Planning and Health Improvement.	
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	Report by Head of Strategic Planning and Health Improvement.	
15	Unscheduled Care Commissioning Plan (Design and Delivery Plan 2022/23 to 2024/25)	219 - 300
	Report by Head of Health and Social Care.	
16	Proposed Dates of Meetings of the Integration Joint Board 2022/23	301 - 302
	Report by Clerk.	
17	Date of Next Meeting	
	Note that the next meeting of the IJB will be held at 10.00 am on 24 June 2022.	



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

Date	Time	Venue
Friday, 28 January 2022	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, John Matthews, Frank Shennan and Ann Cameron Burns (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Dr Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Lisa Cameron (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); Annie Hair (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Interim Chief Officer (Renfrewshire Health and Social Care Partnership), Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services officer (both Renfrewshire Council); 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), Laura Howat, Interim Head of Mental Health, Addiction and Learning Disability Services, James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, John Millar, Communications Manager, Sian Ramsay, Assistant Business Partner and Fiona McLaren, Assistant Finance Business Partner (all Renfrewshire Health and Social Care Partnership) and Karla Graham, Trainee Auditor (Audit Scotland).

Chair

John Matthews, Chair, presided.

Prior to the start of the meeting the Chair welcomed Ann Cameron Burns, Lisa Armstrong and Annie Hair to the IJB meeting.

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.

1 Minutes

The Minute of the meeting of the Integration Joint Board (IJB) held on 19 November 2021 and the Minute of the special meeting of the IJB held on 14 January 2022 were submitted.

DECIDED: That the Minutes be approved.

2 Interim Chief Officer

Under reference to item 1 of the Minute of the meeting of the IJB held on 25 June 2021, the Clerk submitted a report relative to the extended appointment of Christine Lavery as Interim Chief Officer for a further period until 31 March 2022.

The report intimated that the chief executives of Greater Glasgow and Clyde Health Board and Renfrewshire Council had agreed to extend Christine Lavery's appointment as Interim Chief Officer from 29 December 2021 until 31 March 2022. This extended appointment required to be ratified by the IJB and as such it be noted that Christine would continue to be a member of the IJB until that date.

DECIDED: That the extended appointment of Christine Lavery as Interim Chief Officer be ratified and that it be noted that Christine would continue to be a member of the Integration Joint Board.

3 Membership Update

Under reference to item 3 of the Minute of the meeting of the IJB held on 19 November 2021, the Clerk submitted a report providing an update on the membership of the IJB.

The report considered at the meeting on 19 November 2021 advised that Dorothy McErlean would retire from NHSGGC on 31 December and that Dr Shilpa Shivaprasad's membership of the IJB would expire on 22 February 2022.

It was noted that the NHSGGC Board had intimated that Ann Cameron Burns had been appointed as a voting member of Renfrewshire IJB with effect from 1 January 2022 replacing Dorothy McErlean and it was for the IJB to confirm the appointment.

The report proposed that Ann Cameron Burns be appointed to the IJB Audit, Risk and Scrutiny Committee as one of the Health Board voting members.

It was noted that no confirmation had been received regarding the reappointment or replacement for Dr Shilpa Shivaprasad and that a further report would be submitted to the next meeting of the IJB scheduled to be held on 25 March 2022.

DECIDED:

(a) That the IJB confirm that Ann Cameron Burns be appointed as a voting member of the IJB for NHSGGC with effect from 1 January 2022 for a period of three years;

(b) That Ann Cameron Burns be appointed to the IJB Audit, Risk and Scrutiny Committee as one of the Health Board voting members; and

(c) That it be noted that a further report would be submitted to the next meeting of the IJB to be held on 25 March 2022 regarding the reappointment or replacement for Dr Shilpa Shivaprasad with effect from 22 February 2022.

Sederunt

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

4 COVID-19 Emergency Governance Arrangements

Under reference to item 1 of the Minute of the special meeting of the IJB held on 14 January 2022, the Clerk submitted a report relative to COVID-19 emergency governance arrangements.

The report intimated that on 14 January 2022, the IJB authorised the Interim Chief Officer, in consultation with the Chair and Vice Chair of the IJB, to make urgent decisions where necessary arising from the impact of the Omicron variant of COVID-19 that required to be taken prior to this meeting.

The report provided an update on the current position and sought an extension of this delegated authority until the next IJB meeting on 25 March 2022.

DECIDED:

(a) That the update provided at section 3 of the report be noted;

(b) That it be agreed that the temporary measure for the Interim Chief Officer, in consultation with the Chair and Vice Chair of the IJB, to make urgent decisions where necessary arising from the impact of the Omicron variant of COVID-19 that required to be taken prior to the next meeting of the IJB, including on the temporary suspension of services and/or the redeployment of staff from areas to maintain service provision in priority area be extended; and

(c) That it be agreed that a report would be brought to the next scheduled meeting of the IJB on 25 March 2022 setting out the decisions taken by the Interim Chief Officer under the delegated powers authorised in this report.

5 **Rolling Action Log**

The rolling action log for the IJB was submitted.

DECIDED: That the rolling action log be noted.

Sederunt

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

6 **Chief Officer's Report**

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

The report provided detail on the impacts of the new Omicron variant including changes to guidance and restrictions which had since been implemented. The report noted that Omicron was highly transmissible resulting in a significant increase in infection numbers in Renfrewshire. Over the festive period and into January, this increased level of infection had resulted in significant increases in hospital admissions and in the need for higher levels of staff to self-isolate at any one time which was placing increasing pressure on services across the health and social care system.

The report also provided detail in relation to the refreshed response planning; staff testing, self-isolation requirements and allowed exemptions; COVID and winter flu vaccination programmes; care homes; the COVID assessment centre; PPE and staff testing; day support and respite; and mental health inpatient services.

On behalf of the IJB, the Vice Chair acknowledged the pressures on all IJBs and thanked the Interim Chief Officer and her team for the measures being taken to address these pressures. The Vice Chair further thanked Engage Renfrewshire for the support being provided to the IJB.

The Chair, also on behalf of the IJB, thanked staff who had worked so hard for such a long time and intimated that the report had given the IJB assurance and the IJB was supportive of the work being carried out.

DECIDED:

(a) That the updates provided on the spread of the Omicron variant, subsequent guidance from the Scottish Government and the HSCP's planning response, as detailed in sections 3 to 5 of the report, be noted;

(b) That the progress made in delivery of the flu and COVID booster vaccination programmes, as detailed in section 6 of the report, be noted; and

(c) That the operational service updates provided, as detailed in sections 7 to 11 of the report be noted.

7 Chief Officer's Operational and Policy Briefing

The Interim Chief Officer submitted a report providing an update on ongoing work and associated timescales for the development of the IJB's Workforce and Strategic Plans for 2022/25 and on several developments within Primary Care in Renfrewshire.

The report provided detail in relation to the provision of physical disability day services following the fire at the Disability Resource Centre in November 2021; the approval of the business case for development of a new-build satellite facility to supplement existing facilities at Bishopton; the Workforce Plan 2022/25; the formal consultation on the draft Strategic Plan 2022/25 which commenced on 1 December 2021; the submission of a Primary Care Improvement Plan (PCIP) local implementation tracker to the Scottish Government; mental health and wellbeing in Primary Care Services and St James Medical Centre, Paisley.

In relation to the request that a report be submitted to a future meeting of the IJB detailing the number of patients, GPs and Locum GPs in every Renfrewshire GP Practice, Dr Sutton advised that, in the first instance, this matter would require to be discussed with Lorna Kelly, Primary Care Support and the Interim Chief Officer and that, if this information was available, a report be submitted to a future meeting of the IJB.

In relation to the closure of St James Medical Centre, the Chair, on behalf of the IJB, acknowledged that this could not have been an easy decision for the sole partner of the medical centre and thanked Dr Stuart Sutton, Clinical Director, and his colleagues for all the work he had undertaken on this matter.

DECIDED:

(a) That the update provided on the Disability Resource Centre, as detailed in section 4 of the report, be noted;

(b) That the approval by NHSGGC of a business case for development of general medical and health and social care facilities in Dargavel, Bishopton, as detailed in section 5 of the report, be noted;

(c) That the updates provided on the development of the IJB's Workforce Plan 2022/25 and continued progress on consultation on the draft Strategic Plan 2022/25, as detailed in sections 6 and 7 of the report, be noted;

(d) That the HSCP's submission of the Primary Care Improvement Plan (PCIP) tracker, as appended to the report, to the Scottish Government at the end of November 2021 and the recent guidance released by the Scottish Government on the continued development of mental health and wellbeing support as part of Primary Care Services, as detailed in sections 8 and 9 of the report, be noted;

(e) That the update on St James Medical Centre and the supporting actions being taken to ensure continuity of provision for patients, as detailed in section 10 of the report, be noted; and

(f) That in relation to the request that a report be submitted to a future meeting of the IJB detailing the number of patients, GPs and Locum GPs in every Renfrewshire GP Practice, it be noted that Dr Sutton would discuss this matter with Lorna Kelly, Primary

Care Support and the Interim Chief Officer and that, if this information was available, a report be submitted to a future meeting of the IJB.

Sederunt

Alan McNiven and Dr Shilpa Shivaprasad left the meeting during consideration of the following item of business.

8 Financial Report 1 April to 30 November 2021

The Chief Finance Officer submitted a report relative to the revenue budget position at 30 November 2021 and the projected year-end position for the year ended 31 March 2022.

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

The IJB year-to-date position, including the impact of COVID-19 funding, was an underspend of £805,000 and the projected outturn for 2021/22 was an underspend of £1,201,000. It was noted that the current projections assumed that all COVID-19 related expenditure would be fully funded by the Scottish Government.

The report advised that the financial outlook for the IJB would be extremely challenging and that the IJB's transformation programme would be central to the IJB achieving financial sustainability in the medium-term. Therefore, as previously agreed by the IJB and to allow time for the IJB to develop and implement its transformation programme, any underspend in 2021/22 would be used to offset expected financial pressures in 2022/23 and beyond. The key pressures were highlighted in section 4 of the report.

The report provided information on responding to the COVID-19 pandemic; the current vacancy position; Scottish Government funding 2020/21; other delegated services; reserves; the Health Board budget offer 2021/22; and the adult social care pay uplift.

Appendices 1 to 5 of the report detailed the revenue budget position of the HSCP, Adult Social Care, Health, and Renfrewshire Council other delegated services; Appendices 6 and 7 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 8 to the report detailed the Scottish Government funding streams; Appendix 9 to the report detailed the movement in reserves; Appendix 10 to the report detailed the vacancy position for the HSCP as at 10 December 2021; and the letter confirming the final budget offer from NHSGGC formed Appendix 11 to the report.

DECIDED:

- (a) That the in-year position as at 30 November 2021 be noted;
- (b) That the projected year-end position for 2021/22 be noted;
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2020/21 be noted; and
- (d) That the final budget offer from NHSGGC, as detailed in Appendix 11 to the report, be noted and accepted.

9 **NHSGGC Specialist Children's Services Mental Health Recovery and Renewal - CAMHS Funding**

The Head of Health and Social Care submitted a report providing an update on proposals for the planned use of the first and second tranche of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23, specifically in relation to Specialist Children's Services (SCS) Children and Adolescent Mental Health Services (CAMHS).

The report intimated that on 5 May 2021, the Scottish Government wrote to all Health Boards and IJBs outlining Mental Health Recovery and Renewal Phase 1 funding for CAMHS of £6.1m to focus on three areas of improvement as detailed in the report. Further communication was received from the Scottish Government on 14 September 2021 outlining Phase 2 funding allocations.

The report advised that a NHSGGC CAMHS Mental Health Recovery and Renewal Programme Board had been convened which would oversee the significant work plan associated with the utilisation of funding. The Programme Board was chaired by the Chief Officer with strategic responsibility for CAMHS and that both the existing CAMHS Waiting List Initiative Group and the CAMHS Workforce Planning Group would report into the Programme Board.

A copy of the letter from the Scottish Government dated 14 September 2021 formed Appendix 1 to the report; Appendix 2 to the report detailed the proposed spend across the three priority areas and each individual IJB; Appendix 3 to the report detailed the proposed spend which would take place on a Board-wide level; and Appendix 4 to the report detailed the proposed spend for Renfrewshire including those being undertaken at a local level and the share of the Board-wide proposals.

DECIDED:

(a) That the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery and Renewal Priorities for CAMHS be noted;

(b) That it be noted that Renfrewshire CAMHS would work with colleagues across GGC with a centralised whole-system approach to increasing the CAMHS workforce, undertaken in the initial stages, the approach similar to that which was used for Action 15 monies in adult mental health with budget delegated thereafter;

(c) That the proposed spending priorities identified for Phase 1, as outlined in Appendix 4 of the report, for Renfrewshire as part of the wider plan be approved. In addition, where it was required to amend the workforce modelling in line with the ability to recruit to posts within the financial framework, that there was agreement to do so, without seeking further IJB approval; and

(d) That it be noted that the funding proposals for Phase 2 funding would be the subject of a further report.

Sederunt

Ann Cameron Burns left the meeting during consideration of the following item of business.

10 **Winter Planning and System Pressures: Funding Proposals**

The Head of Health and Social Care submitted a report providing an update on the funding received from the Scottish Government for winter planning for health and social care, including the proposed use of these funds to support the health and social care system over the winter period and to provide longer-term improvement in service capacity across health and social care systems.

The report intimated that on 5 October 2021, the Cabinet Secretary for Health and Social Care announced an investment of more than £300 million in recurring funding as a direct response to the intense winter planning and system pressures work that had taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

The report advised that these measures were in line with the principles of maximising capacity; ensuring staff wellbeing; ensuring system flow; and improving outcomes. These principles were designed to ensure the action taken now had a lasting and sustainable impact.

The report provided detail of the funding streams available and allocations for Renfrewshire and the system pressures evident within Renfrewshire and supporting proposals. It was noted that the investment being made available by the Scottish Government would be distributed to the health and social care system through a number of routes with responsibility for delivery being routed to IJBs, health boards and local authorities and the report highlighted those areas relevant to the IJB. The appendix to the report provided further detail on the investments identified by the HSCP.

It was proposed that a report be submitted to a future meeting of the IJB detailing the work being undertaken in relation to the recruitment and how the impact to the risk register was being mitigated. This was agreed.

On behalf of the IJB, the Chair thanked the Head of Health and Social Care and her team for the work being undertaken.

DECIDED:

(a) That the funding made available to support winter planning and system pressures within health and social care be noted;

(b) That the investment planned in the projects and interventions, outlined in the appendix to the report, in order to deliver on the outcomes set out by the Scottish Government be noted; and

(c) That a report detailing the work being undertaken in relation to recruitment and how the impact to the risk register was being mitigated be submitted to a future meeting of the IJB.

11 **NHSGGC Mental Health Strategy - Update on Implementation of Action 15**

The Interim Head of Mental Health, Addiction and Learning Disability Services submitted a report providing an update on Renfrewshire HSCP's current Action 15 status and developments.

The report intimated that the NHSGGC Adult Mental Health Strategy 2018/23 spanned both adult mental health inpatient and community services to ensure services were modern, patient focused, effective and efficient. The strategy took a whole-system approach, linking the planning of services across NHSGGC incorporating the planning priorities of the six HSCPs and was aligned with delivery of the Scottish Government's Mental Health Strategy 2017/27.

The report advised that the strategy had a range of workstreams that reported to a Programme Board led by Glasgow HSCP on behalf of the six HSCPs. Renfrewshire HSCP continued to work with HSCPs across the NHSGGC board area in developing a system-wide mental health contingency plan.

The report noted that Action 15 of the strategy was specifically related to improving access to treatment and the development of accessible, joined up services. Funding to support the delivery of this commitment had been provided to each integration authority. The share of the national workforce target was 179 additional mental health workers to be achieved within four years between 2018/22. It was noted that Renfrewshire HSCP had exceeded the target set of 27.2 and had recruited to 28 posts from allocated Action 15 funding. The Scottish Government invited Renfrewshire HSCP to make application for additional funding from Action 15 with the stipulation that posts be recruited to before the end of March 2022. Funding for a further 12 posts, amounting to £544,416.00 had been confirmed in late December 2021 and recruitment was now progressing to these posts.

It was noted that the HSCP's understanding was that it was the intention of the Scottish Government to confirm that funding for all Action 15 funded posts would be made permanent, however, formal communication was awaited.

DECIDED:

(a) That the work that had been progressed be noted; and

(b) That it be noted that a further, more comprehensive update, on the progress of the wider strategy including a revised financial framework would be submitted to the meeting of the IJB to be held on 24 June 2022.

12 **Climate Change Duties**

The Head of Strategic Planning and Health Improvement submitted a report relative to Renfrewshire IJB's annual report on compliance with climate change duties for 2020/21.

The report intimated that the Scottish Government required IJBs to prepare annual reports on compliance with climate change duties and that the 2020/21 report required to be submitted to the Sustainable Scotland Network by 30 November 2021. The 2020/21 report had been submitted by the due deadline and the report sought that the content of the report be approved retrospectively.

The report advised that Renfrewshire HSCP continued to support both Renfrewshire Council and NHSGGC in tackling the climate emergency and environmental challenges locally and across the Glasgow City Region.

DECIDED: That the content of the compliance with the climate change report 2020/21 be approved, retrospectively.

13 **Date of Next Meeting**

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 25 March 2022.

Valedictory

The Chair advised that Ken Graham would be retiring from Renfrewshire Council soon and that this would be Ken's last meeting of the IJB and advised that Ken had been the Clerk and Standards Officer to the IJB since inception. On behalf of the IJB, the Chair thanked Ken for the support, advice and assistance provided to him since becoming Chair of the IJB and for his competence. The Chair wished Ken best wishes for an active retirement.

Ken thanked the Chair for his kind words and advised that he had been in post since the start of the IJB and thanked all Chairs, members, and Chief Officers for the support given to him during that time

To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Clerk

Heading: Clerk and Standards Officer for the IJB

1. Summary

- 1.1 Ken Graham retired from Renfrewshire Council on 28 February 2022. As Head of Corporate Governance, Renfrewshire Council, Ken was Clerk to the IJB. Mark Conaghan has been appointed as Head of Corporate Governance, Renfrewshire Council, with effect from 1 March 2022 and will be Clerk to the IJB as of that date.
 - 1.2 At the meeting of the IJB held on 18 March 2016, the IJB considered a report providing an update on the integration of health and social care services in Renfrewshire. At this meeting it was noted that the Standards Commission of Scotland had issued an advice note on the requirement for all devolved public bodies to appoint a Standards Officer. The report proposed that Renfrewshire Council's Head of Corporate Governance be appointed to the role of Standards Officer for the IJB, and this was agreed. This appointment required to be approved by the Standards Commission and on 25 April 2016, the Standards Commission of Scotland advised that they approved the appointment of Ken, and his equivalent successors, to the role of Standards Officer for the IJB. In terms of this approval, Mark Conaghan, as Head of Corporate Governance, will be the Standards Officer for the Joint Board with effect from 1 March 2022.
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2. Recommendations

- 2.1 That it be noted that Mark Conaghan would be Clerk to the IJB with effect from 1 March 2022; and
 - 2.2 That it be noted that Mark Conaghan, as the Head of Corporate Governance, would be the Standards Officer for the IJB with effect from 1 March 2022.
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Implications of the Report

1. **Financial** - none.
2. **HR & Organisational Development** - none.
3. **Community Planning** - none.

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

List of Background Papers – none.

Author: Elaine Currie
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0141 618 7111

To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Clerk

Heading: Interim Chief Officer

1. Summary

- 1.1 The purpose of this report is to ask the Integration Joint Board to ratify the extended appointment of Christine Lavery as Interim Chief Officer for a further period until the permanent Chief Officer has been appointed.
- 1.2 The substantive recruitment process has now commenced and the post will be advertised this month. The IJB is asked to note the planned next steps and ratify the extended appointment until the permanent Chief Officer has been appointed. As such it be noted that Christine would continue to be a member of the IJB until then.

2. Recommendation

- 2.1 That the IJB ratifies the extended appointment of Christine Lavery as Interim Chief Officer and notes that Christine will continue to be a member of the Integration Joint Board until the permanent Chief Officer has been appointed.

3. Background

- 3.1 In terms of Section 10 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board is required to appoint as a member of staff, a Chief Officer.
- 3.2 A report to the IJB on 25 June 2021 advised that following a selection process the Appointment Panel decided to appoint Christine Lavery, one of the Health and Social Care Partnership's Heads of Service as Interim Chief Officer for a period of six months beginning on 28 June 2021.
- 3.3 At that meeting, the IJB ratified the appointment of Christine Lavery as Interim Chief Officer and noted that the Interim Chief Officer would be a member of the IJB.

- 3.4 A report to the IJB on 28 January 2022 advised that the chief executives of Greater Glasgow and Clyde Health Board and Renfrewshire Council had agreed to extend Christine Lavery's appointment as Interim Chief officer from 29 December 2021 until 31 March 2022. At the meeting, the IJB ratified the extended appointment of Christine Lavery as Interim Chief Officer and noted that Christine would continue to be a member of the IJB until that date.
- 3.5 The chief executives of Greater Glasgow and Clyde Health Board and Renfrewshire Council have agreed to extend Christine Lavery's appointment as Interim Chief officer from 31 March 2022 until the permanent chief officer is appointed. This extended appointment requires to be ratified by the IJB and as such it be noted that Christine would continue to be a member of the IJB until that date.
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Implications of the Report

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

List of Background Papers – none.

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0141 618 7111

To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Clerk

Heading: Membership Update

1. Summary

- 1.1 At meetings on 19 November 2021 and 28 January 2022 the Integration Joint Board (IJB) considered reports regarding the expiry of the period of membership of a number of its members.
 - 1.2 At the meeting on 28 January 2022, the meeting noted that Dr Shilpa Shivaprasad's membership of the IJB would expire on 22 February 2022. The NHS Board has intimated that it has been unable to source a replacement for Dr Shilpa Shivaprasad due to staffing pressures across the medical workforce. The IJB will be advised of Dr Shivaprasad's replacement once known.
 - 1.3 Diane Young, has resigned from her position with NHSGGC and the appointing body has advised that Diane will be replaced by Paul Higgins, Service Manager for Podiatry, with effect from 1 April 2022, for a period of three years. Paul will also replace Diane as a non-voting member of the IJB Audit, Risk and Scrutiny Committee with effect from 1 April 2022.
 - 1.6 At the meeting of the IJB held on 28 June 2019, it was noted that Margaret Kerr had been appointed as a non-executive director of NHSGGC Health Board and, as such, replaced Morag Brown in the position of voting member of Renfrewshire IJB, effective from 1 April 2019. Margaret's appointment as a non-executive director of the Health Board was for a period of four-years until 31 March 2023.
 - 1.7 The Integration Scheme states that:
 - 2.10. In accordance with the Integration Joint Board Order, the voting members of the IJB shall be appointed for a maximum period of 3 years. At the end of their term of office, if the IJB deems it appropriate, a voting member may be reappointed.
 - 1.8 In terms of the decision taken by the IJB on 28 June 2019, Margaret's continued membership as a voting member of the IJB until 31 March 2023 requires to be confirmed by the IJB.
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2. Recommendations

- 2.1 That the IJB note that the NHS Board has intimated that it has been unable to source a replacement for Dr Shilpa Shivaprasad due to staffing pressures across the medical workforce and that the IJB will be advised of Dr Shivaprasad's replacement once known;
 - 2.2 That the IJB confirm that Paul Higgins be appointed as a non-voting member to the IJB, with effect from 1 April 2022, for a period of three years;
 - 2.3 That the IJB confirm that Paul Higgins be appointed as a non-voting member to the IJB Audit, Risk and Scrutiny Committee, with effect from 1 April 2022; and
 - 2.3 That the IJB confirm that Margaret Kerr continue to be a voting member of the IJB until 31 March 2023.
-

Implications of the Report

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

List of Background Papers – none.

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IJB Rolling Action Log – 25 March 2022

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
25/06/21	Development of an Interim Workforce Plan 2021/22	Submit updates on progress in delivering actions to future meetings Submit draft workforce plan for 2022/25 for approval	Interim Chief Officer Interim Chief Officer	July 2022	Revised timeline set by Scottish Government is July 2022.
17/09/21	Unscheduled Care Commissioning Plan Update	Submit further update on the draft Design & Delivery Plan including the financial framework		end of 21/22	Report forms part of agenda
28/01/22	Interim Chief Officer	Submit report re extended appointment / appointment	Clerk	25 March 2022	Report forms part of agenda
	Membership Update	Submit report confirming Dr Shilpa Shivaprasad's reappointment / replacement / Diane Young / Margaret Kerr	Clerk	25 March 2022	Report forms part of agenda
	COVID-19 Emergency Governance Arrangements	Submit report detailing the decisions taken by the Interim Chief Officer under delegated powers	Clerk	25 March 2022	Report forms part of agenda
	Chief Officer's Operational and Policy Briefing	If information available, submit report to future meeting detailing number of patients, GPs and Locum GPs in Renfrewshire GP practices	Interim Chief Officer/Dr Stuart Sutton	25 March 2022	Update forms part of report on agenda
	NHSGGC Specialist Children's Services Mental Health Recovery and Renewal – CAMHS Funding	Submit report to future meeting in relation to funding proposals for Phase 2 funding	Head of Health & Social Care	September 2022	

	Winter Planning and System Pressures: Funding Proposals	Submit report to future meeting detailing work undertaken in relation to recruitment and how the impact to the risk register was being mitigated	Head of Health & Social Care	September 2022	
	NHSGGC Mental Health Strategy – Update on Implementation of Action 15	Submit report on the progress of the wider strategy including a revised financial framework	Interim Head of Mental Health, Addiction & Learning Disability Services	24 June 2022	



To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Interim Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity, including the HSCP's operational response to COVID-19. The report focuses on developments and activity since the last IJB on 22 January 2022.
- 1.2. The impact of the pandemic continues to fluctuate, evidenced through infection rates and hospitalisation figures which have again increased in recent weeks. However, for many people the severity of the virus appears to have significantly reduced and in response, the Scottish Government has published an updated Strategic Framework to set out the lifting of remaining legal restrictions in line with the objective of 'living with COVID'.
- 1.3. This paper also provides an update on operational services, including the agreement across NHS Greater Glasgow and Clyde for the closure of all remaining COVID Assessment Centres, reflecting reduced demand.
- 1.4. The HSCP had anticipated that this report would be the last separate COVID update report to the IJB. However, in light of the current position of increased infection rates and subsequent hospitalisations, a further update will be provided to the IJB at the next meeting in June 2022.

2. Recommendations

It is recommended that the IJB note:

- The implications of the Scottish Government's updated Strategic Framework and its overarching objectives (Section 4); and
- The updates provided on COVID services and the current impact of the pandemic on the provision of operational services (Sections 5 to 9).

3. Background

3.1. In January 2022, the IJB was updated on the significant impact of the spread of the Omicron variant over the Christmas and New Year period. Levels of infection in Renfrewshire and Scotland had reached 2,630 and 2,062 per 100,000 over a seven-day period and 1,562 people were in hospital with COVID on 16 January.

3.2. In the intervening period, levels of infection within the community decreased, but have again increased significantly as restrictions have eased. As of 15 March 2022, there are now 1,996 people in hospital in Scotland, and average cases per day have risen above 12,000. This level of cases and hospitalisation continues to place a high degree of pressure on acute services and subsequently on community health and social care as the level of hospital discharges increases. Nevertheless, it is clear that for the majority of people the overall severity of illness from COVID infection has reduced substantially.

4. Scottish Government's updated Strategic Framework

4.1. Reflecting the changing nature of the COVID pandemic, and the evidence gathered over the last three months that the Omicron variant causes typically less severe infection, the Scottish Government published an updated Strategic Framework on 22 February 2022.

4.2. As a result of this changing context, and the success of the vaccination programme and public health measures taken to date, the Strategic Framework sets out a staged approach towards easing protective measures which will support recovery from the pandemic and assist Scotland to 'live with COVID'. The overall objective in future will be to manage COVID-19 primarily through public health advice, vaccination, and treatment rather than legal restrictions. As such the following timelines were set out for the lifting of remaining legal restrictions:

- Vaccine certification no longer required from Monday 28 February, however any businesses wishing to continue to use the certification process voluntarily can do so.
- Current legal requirements on the use of face coverings, the collection of customer details for contact tracing purposes, and for businesses, service providers and places of worship to have regard to guidance on COVID and to take reasonably practicable measures were expected to be lifted on 21 March subject to the state of the pandemic. However, it was confirmed on 15 March 2022 that the requirement to wear face coverings would extend into April due to higher infection levels.

4.3. The approach to testing will evolve over coming months. From mid-April, people who are well and have no symptoms will no longer be advised to test twice weekly. People who test positive for COVID-19 will continue to be asked to self-isolate to reduce the risk of infecting other people, with any changes to current isolation periods being considered on an ongoing basis. Anyone visiting a care home or hospital will still be asked to do a lateral flow test in advance.

- 4.4. It has now also been confirmed that free access to lateral flow tests will end on 18 April except for those situations where testing continues to be advised for people working in health and social care or visiting vulnerable individuals in care home or hospital.
- 4.5. From the end of April 2022, the focus of testing will move from a population basis to testing for clinical care, surveillance and outbreak response. The general public will no longer be advised to test if symptomatic with guidance to stay at home if unwell. Test sites will also close at this time. Anyone visiting a care home or hospital will continue to be advised to do a lateral flow test in advance.
- 4.6. In setting out this strategic intent the Scottish Government also recognises that the future path of the pandemic is uncertain, with the possibility that new variants may emerge in future. Ongoing vigilance will therefore be required, with proportionate actions to be taken in response to any significant future changes.

5. COVID and Winter Flu Vaccination Programmes

- 5.1. The previous update to the IJB noted that the delivery of COVID and flu vaccination programmes had been successfully completed for all residents who were eligible within older adult care homes, and for those who are housebound. NHS Greater Glasgow and Clyde have lead responsibility for mass vaccination clinics and have continued to deliver vaccinations to those coming forward.
- 5.2. The HSCP's mobile vaccination team has continued to deliver vaccines to housebound residents where they have been identified however the number of vaccinations being provided has now decreased significantly. In addition, the team has sought to provide targeted vaccination clinics to vulnerable individuals to increase uptake, including within Renfrewshire's Alcohol & Drug Recovery Services for service users accessing Opiate Replacement Therapy (ORT); young people within secure accommodation units; and those that are homeless through 'back packing' clinics within homeless accommodation services and a mobile bus vaccination clinic in Ferguslie at the end of February 2022.
- 5.3. In addition, in February 2022, the Joint Committee on Vaccination and Immunisation (JCVI) agreed to extend the offer of vaccinations to children aged between 5 and 11 years old. This was confirmed by the Scottish Government on 16 February 2022, with appointments offered from mid-March. Children will only be offered the Pfizer vaccine and in most cases will receive a dose equal to a third of the amount administered to adults.
- 5.4. In addition to extending vaccinations to this age group, it was also confirmed that those aged over 75, older adult care home residents, and the immunosuppressed are now eligible for a second booster vaccination. For those over 75, appointments will commence from mid-March and for the immunosuppressed booster doses will be available from mid-April. There is a requirement for there to be a six-month gap between vaccine doses.

6. Care Homes

- 6.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. These Care Homes continue to see infection levels within staff and residents fluctuate.
- 6.2. At the time of writing, over half of these care homes have currently identified at least one staff member or resident with a positive COVID test in the preceding fourteen days. However, positive cases identified continue to be predominantly mild.
- 6.3. Through enhanced governance arrangements, the HSCP continues to ensure a timely and robust response to identified infections, including the deployment of supporting resources where necessary and appropriate, and the provision of expert clinical and care support to residents. The Clinical and Care Governance oversight meetings now convene on a weekly basis however this will remain under review.

7. COVID Assessment Centre

- 7.1. The COVID Assessment Centre (CAC) established at Linwood Health Centre in March 2020 has continued to provide a service for patients who are experiencing COVID respiratory symptoms. Demand for the service fell following the peak of Omicron infections, with a proportion of attendees attending the centre with COVID for assistance with other conditions, rather than for COVID. In addition, staffing of the CAC has continued to be challenging due to clinical staff and GP availability.
- 7.2. Recognising the decreased demand for CAC services, it was agreed across NHSGGC that all COVID Assessment Centres would close across the Board area. All remaining centres, including Linwood, are scheduled to close on 25 March 2022.

8. Day Support and respite

- 8.1. Day centres and respite services have continued to remain open to provide support to those in greatest need, supported by welfare calls, community outreach and digital engagement for those not currently attending a centre.
- 8.2. At the time of writing, 2m physical distancing remains in place across open day centres to support infection control. These arrangements are kept under ongoing review in line with the Scottish Government's updated Strategic Framework and subsequent guidance, and changes will be made in agreement with Renfrewshire Council.

9. Mental Health Inpatient Services

- 9.1. Mental Health inpatient services across Renfrewshire and NHS Greater Glasgow and Clyde are currently experiencing very high demand and the impact of COVID infections continues to be managed. At the time of reporting, no wards in Renfrewshire are currently closed to admissions as a result of COVID outbreaks. This follows the reopening of one ward in early March following an outbreak across a number of patients. All of those who tested positive in this outbreak were asymptomatic or experienced mild symptoms.

- 9.2. In support of the above measures to mitigate the spread of Omicron, 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.
- 9.3. The staffing position continues to be very challenging across mental health inpatient wards in NHSGGC, including Renfrewshire. Actions are in place to complement available staffing through use of the Nurse Bank, Agency staff and support, where possible and appropriate, from other services within the HSCP.
- 9.4. From Tuesday 25 January, adult mental health inpatients have been able to benefit from the support of one interchangeable visitor each day. Renfrewshire continues to provide flexibility wherever possible by arranging daily booking slots in all wards to ensure that every patient has access to a visitor for a limited period of time.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising during the COVID response and the Partnership's operational delivery are tracked and managed on an ongoing basis.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

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Any enquiries regarding this paper should be directed to Christine Lavery, Interim Chief Officer (christine.lavery@renfrewshire.gov.uk)



To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Interim Chief Officer

Heading: Chief Officer's Operational and Policy Briefing

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity since the previous update to the Board in January 2022, and additional policy developments that the HSCP is building into future workplans.
- 1.2. In particular, this report provides an update on the Scottish Government's publication of an analysis of the responses received to the National Care Service consultation undertaken in 2021, and further amendments to overall timescales for development of a Workforce Plan for 2022-25.
- 1.3. In addition, the paper also informs the IJB of progress in wider strategic planning activity being undertaken for Carers and for Palliative Care. Further Scottish Government policy developments are also incorporated within the latter sections of this report.

2. Recommendations

It is recommended that the IJB note:

- The Scottish Government's publication of an analysis of responses to the National Care Service consultation and a summary of findings (Section 4);
- The update provided on Scottish Government timelines for the submission of Workforce Plans for 2022-25 and work underway (Section 5);
- Further strategy development updates on the National Carers Strategy and Renfrewshire Palliative Care Strategy (Sections 6 and 7);

- Note the update provided on planned repairs to the Disability Resource Centre (Section 8);
- The policy developments identified, including a review of the healthcare response to winter 2021-22; the joint publication of the Coming Home Implementation Report by Scottish Government and COSLA; Audit Scotland's Briefing on Alcohol and Drug Services in Scotland and an update on the national mission to reduce drug deaths; and an update on indicative funding in future years to support mental health and wellbeing services within Primary Care (Sections 9 to 13);
- An update on current numbers of registered patients and GPs currently working in Renfrewshire (Section 14); and
- The key challenges and recommendations made within Audit Scotland's review of the NHS in Scotland 2021 and Local Government in Scotland: Financial Overview updates (Sections 15 to 16).

3. Background

- 3.1. The IJB previously received its first separate Operational and Policy Update report in January 2022. The purpose of these reports to provide an update to the IJB on emerging policy developments which impact upon, or may impact in future, on the IJB's Strategic Plans and the HSCP's management and delivery of operational services.
- 3.2. Emerging policy is discussed regularly by the HSCP's Senior Management Team and cascaded through service planning as required.

4. Analysis of the National Care Service Consultation published

- 4.1. On 10 February 2021, the Scottish Government published an analysis of the responses received during the National Care Service (NCS) consultation which closed on 2 November 2021. The analysis is available [here¹](https://www.gov.scot/publications/national-care-service-consultation-analysis-responses/documents/) and follows the earlier publication of engagement event summaries on 3 December 2021 and individual responses received by the Scottish Government on 1 February 2022.
- 4.2. A total of 1,291 responses were received by the Scottish Government from individuals and organisations. In undertaking an assessment of these, each response has been weighted equally. Therefore, responses from Renfrewshire IJB, Renfrewshire Council and NHSGGC would, for example, be weighted the same as that from an individual respondent.
- 4.3. Using this methodology, the analysis indicates that overall, a majority are broadly supportive of the proposals set out, including those to incorporate an extended range of services within the NCS. However, a number of challenges were also raised within responses. 33% of those who responded online stated that they were dissatisfied with the consultation process. Challenges raised included the extended scope of the proposals, the level of detail provided, and the length time provided within the consultation period. Several respondents

¹ <https://www.gov.scot/publications/national-care-service-consultation-analysis-responses/documents/>

also thought that the questions included were unclear or were leading respondents to a specific outcome.

- 4.4. In publishing the analysis, the Minister for Social Care stated that the Scottish Government would continue to engage with people with lived experience of services whether they are people accessing care and support, their families, care workers or providers. Over coming months, the Scottish Government will publish a Strategic Outline Case and Programme Business Case for the creation of the NCS and it is currently expected that draft legislation will be introduced within the Scottish Parliament in summer 2022. This legislation will take up to a year to scrutinise and develop given the complexity of proposals. The Scottish Government intends for the National Care Service to be in operation by the end of this Parliament.

5. Workforce Planning 2022-25

- 5.1. The previous operational and policy briefing for the IJB noted that timelines for submission of workforce plans for the period 2022-25 to the Scottish Government had been further extended. It is now understood that there will be a deadline of the end of Jul for the submission of draft plans, with a further three months to the end of October 2022 available for these plans to be approved through local governance routes.
- 5.2. The Scottish Government previously issued a template to be used for interim workforce plans for 2021-22, which enabled consistency across HSCTs and IJBs. At the time of writing, it is understood that the Scottish Government will not issue a common template for plans covering 2022-25 but will provide a checklist of areas which must be covered. The Scottish Government also recently published a national health and social care strategy, on 11 March 2022, which will assist in informing the contents of the new workforce plan.
- 5.3. The HSCT has commenced information gathering to enable development of the IJB's updated workforce plan and will continue to work with partners with NHSGHC to support consistency in approach. A key element of this Workforce Plan, which marks a change from previous versions, is a focus on capturing workforce considerations across the wider health and social care system in Renfrewshire where possible. Work underway includes:
- Engaging with third sector partners through the Voluntary Sector Group to understand current workforce challenges and gather available information.
 - Working with Scottish Care to understand the challenges faced by independent providers.
 - Assessing the breadth of support provided by unpaid carers.
 - Planning for a Strategic Planning Group session in April focused on workforce considerations.
 - Continuing to focus on staff health and wellbeing to ensure this forms a core part of workforce planning over the next three years.
- 5.4. Subject to any further changes to expected timescales, a draft plan will be brought to the IJB in June 2022, which the HSCT will then consult upon over the summer period.

6. National Carers Strategy and support for carers

- 6.1. The most recent national carers strategy Caring Together: The Carers Strategy for Scotland 2010-2015, set out actions to improve support to carers and informed the work to develop the Carers (Scotland) Act 2016. After the commencement of the Act in April 2018, the Government published a Carers (Scotland) Act 2016 National Implementation Plan. The most recent Implementation Plan was published in September 2021 and sets out outcomes and actions in relation to six key priorities for the implementation of the Act during the period 2021-23.
- 6.2. In February 2022, the Minister for Mental Wellbeing and Social Care, committed to the publication of a stand-alone Carers Strategy in late spring 2022. The intention is for the Strategy to have an immediate focus on COVID-19 recovery and a longer-term purpose of improving carer support in a meaningful and sustainable way.
- 6.3. The Carers (Scotland) Act 2016 requires Local Authorities to prepare and publish a carers' strategy, a short breaks statement and to set local eligibility criteria for carers. Renfrewshire's Adult Carer Strategy was approved by the IJB in June 2020 and sets out a preventative approach to supporting carers, with a key priority of identifying carers as early as possible. The HSCP's Adult Carer Eligibility Criteria were approved by the IJB in January 2018 and enable the HSCP to provide support to carers in different caring situations across a whole range of life circumstances. In addition, the HSCP's Short Breaks Statement was approved by the IJB in January 2019 and supports carers to understand what short breaks are available to them, how to access a break and any eligibility criteria that apply.
- 6.4. These documents must be reviewed after three years. The publication of the new national strategy will consequently help inform a planned review of Renfrewshire's Adult Carer Strategy over coming months. The Carers Planning Group will lead on this work which will begin in May 2022 with a consultation programme seeking views from carers and the wider public, with final approval of the documents being sought from the IJB in September 2022. The IJB will receive an update on the work in June 2022.

7. Renfrewshire Palliative Care Strategy

- 7.1. During autumn 2021 the HSCP and partners within the Palliative Care planning group completed a review to update previous work undertaken to develop a Palliative Care Strategy for Renfrewshire. This process considered changes required as a result of the impact of the COVID-19 pandemic on local provision.
- 7.2. This work was paused in December 2021 as a result of the emergence of the Omicron variant and the significant impact this has had on service provision and development over the winter period. However, work has now recommenced on finalising a draft of the strategy to be brought to the IJB in June 2022. Pending approval from the IJB, consultation on the strategy will be carried out over the summer with the objective of submitting a final version of the strategy to the IJB for approval in September 2022.

- 8. Update on the provision of day support for people with Physical Disabilities**
- 8.1. The previous Operational and Policy update to the IJB outlined the interim arrangements in place for physical disability day services following the fire at the Disability Resource Centre (DRC) in November 2021. Currently the Beechwood Community Centre, the Anchor Centre and Finding your Feet in St James House, Paisley are being used as alternative facilities. 65 service users are receiving one day of building-based services per week. In addition, the service is providing outreach support, digital group activities and welfare calls to a further 88 service users.
- 8.2. At the time of writing, work on repairs to the DRC is anticipated to start during March 2022, with an estimated date for completion of mid-June 2022. The use and capacity of the DRC following reopening will be determined by public health and infection control measures required at that time. A further update will be brought to the IJB at its June meeting.
- 9. Review of National Healthcare Response to Winter 2021-22**
- 9.1. On 14 February 2022, the Chief Operating Officer of NHS Scotland wrote to all Board Chief Executives to confirm the commissioning of a review of the healthcare planning and delivery response during winter 2021-22, to progress NHS recovery and strengthen winter planning for the future. This work will identify any changes required during the summer period to enhance national resilience and coordination.
- 9.2. The Scottish Government will also undertake their own lessons learned activity within Health and Social Care Directorates to clarify what went well and what did not go well, to identify any areas for improvement to be implemented in advance of winter 2022/23.
- 10. Publication of Report on Complex Care and Delayed Discharge**
- 10.1. The Scottish Government, jointly with COSLA, published 'Coming Home Implementation: A report from the working group on complex care and delayed discharge' on 21 February 2022. The report makes a number of recommendations for actions to be taken at national and local levels to reduce the number of delayed discharges and out-of-area placements for people with learning disabilities and complex care needs, in line with a vision that everyone's human rights are respected and protected, and that people are empowered to live their lives the same as everyone else.
- 10.2. The report sets out an objective that by March 2024, out-of-area residential placements and inappropriate hospital stays are greatly reduced. Out-of-area placements will only be made through individual, or family choices and people will only be in hospital for as long as they require assessment and treatment.
- 10.3. In doing so, the report recognises a range of barriers which have prevented further progress across Scotland. These are broad ranging and include, for example, the nature of care packages currently offered and challenges relating to the availability of suitable accommodation, a lack of providers able to provide the right level of support, and the recruitment and retention of

specialist staff. Examples of commissioning practices not including co-production were also highlighted.

- 10.4. The report's recommendations sit within a 'Coming Home Implementation Framework' and at a national level include (i) The Scottish Government and COSLA should make a policy commitment to take forward the framework; (ii) A sample Dynamic Support Register should be developed into a tool for national use to improve performance monitoring; (iii) the establishment of a National Support Panel to provide oversight and support for the Register; (iv) The creation of a National Peer Support Network to facilitate joint learning and sharing of best practice; and (v) further work should be undertaken to explore issues in relation to people with enduring mental health conditions who are subject to delayed discharge from hospital.
- 10.5. The Community Change Fund can be used locally to improve community-based support for people with complex care needs and reduce out-of-area placements. The report proposes a range of considerations for the funding including collaborative working with other HSCPs and the third sector, working jointly across Board areas and supporting system-wide workforce development and specialist training.
- 10.6. In addition, Health Boards, IJBs and Housing should assess opportunities for resource transfer to better utilise existing spend and multi-agency contingency planning should be in place for crisis situations. Partners should also ensure that appropriate housing for individuals is available within communities.
- 10.7. The HSCP is currently considering the findings of the report, in line with ongoing activity and the draft Strategic Plan for 2022-25 and will work with partners to develop additional local implementation plans for Renfrewshire where required. In this context, the NHSGGC-wide programme board met on 7 March 2022 to continue activity to implement the Coming Home recommendations which has been ongoing since publication of the initial report. Within Renfrewshire, a Dynamic Support / Risk Register has been in place since 2019.

11. Audit Scotland: Drug and Alcohol Services Update March 2022

- 11.1. On 8 March 2022, Audit Scotland published a high-level briefing providing an update on Drug and Alcohol Services across Scotland. This followed a previous update published in 2019 which highlighted that drug and alcohol-related deaths and morbidity remained high in Scotland compared to the rest of the UK and Europe. Audit Scotland plan to follow up this most recent briefing with more detailed work.
- 11.2. The briefing highlights that progress in addressing the economic, social and health challenges which contribute to drug and alcohol-related deaths has been slow since 2009, noting that "a lack of drive and leadership" had been shown by Scottish Government. The complexity of the delivery of drug and alcohol services is also noted, with many organisations working across different sectors, and as a result Audit Scotland identify the need for clearer accountability across all partners.

11.3. By April 2021, overall funding to Alcohol and Drug Partnerships (ADPs) had returned to approximately the same level as 2015 in cash terms but with no real terms increase in funding. From 2021/22 ADPs will receive a further £20m each year over five years and the Scottish Government has provided additional investment for new initiatives in recent years, including a new drugs deaths taskforce and evidence-based treatments and standards (as set out in section 12 below). It is noted, however, that it is too early to assess the effectiveness of these interventions and difficulties remain in tracking spending.

11.4. Work is underway to evaluate new initiatives and improve data availability however gaps remain. Audit Scotland note that greater focus is still required on addressing the root causes of drug and alcohol dependency and breaking the cycle of harm. It is recommended that the Scottish Government set out a clear integrated plan on how additional funding can be used most effectively and demonstrate how it is improving outcomes. This should be supported by good quality, frequent and timely data.

12. **Update on Scotland's National Mission to reduce drug deaths**

12.1. Separately to the Audit Scotland report noted above, the Minister for Mental Wellbeing and Social Care wrote to Chief Officers in February 2022 to provide an update on three key strands of activity being taken forward as part of the National Mission to reduce drug deaths and to request ongoing support for priority actions. This includes residential rehabilitation, Medical Assisted Treatment (MAT) Standards, and the development of a target covering the numbers of people accessing treatment. In providing this update, it was recognised that increasing provision will place additional pressure on capacity and further recruitment is therefore encouraged.

12.2. In summary, the progress highlighted includes:

- **Residential rehabilitation:** A commitment is in place to increase the number of publicly funded placements by 300% for that by 2026 at least 1000 people are funded for their residential rehabilitation. Work to deliver this target will include a focus on developing pathways into, through and from residential rehabilitation; developing a more effective mechanism for procurement of residential rehab, working with Scotland Excel; and implementing a monitoring, evaluation, and research programme to assess the impact of work undertaken.
- **MAT Standards:** Continued activity to embed these standards by April 2022, which the Minister recognises is a significant challenge, particularly with regards recruitment, retention, and training. Available investment is also accompanied by the MAT Implementation Support Team (MIST) support team to help embed standards and overcome key challenges.
- **Development of a treatment target:** A target to increase the number of people accessing treatment is currently under development and will be in place from April 2022. Initial targets will be set in 2022 covering those

receiving opiate substitute therapy, with further targets set in 2024 to cover all other drugs and alcohol.

13. Mental Health and Wellbeing in Primary Care Services: Scottish Government update

13.1. The previous operational and policy update to the IJB in January 2022 set out the Scottish Government's guidance to support the development of mental health and wellbeing interventions in Primary Care services (MHWPCSs). This includes the development of multi-disciplinary teams within Primary Care settings which will provide assessment, advice, support, and some levels of treatment for mental health, distress, or wellbeing to help individuals access the right support at the right time within their communities. It also builds on activity being undertaken through Action 15 funding and in Primary Care Improvement Plans, including the role of mental health and community link workers.

13.2. The Scottish Government issued a further update on 17 February 2022 to outline future projected levels of funding which are expected to reach £40m per year by 2024-25. Indicative funding for 2022-23 will be £10m and for 2023-24 this will increase to £20m. The National Oversight Group for MHWPCSs will make recommendations on the release of annual funding applications based on receipt of local plans. For Renfrewshire, the maximum annual funding available will be approximately £327k in 2022-23 and £653k in 2023-24.

14. Primary Care: Update on General Practice statistics

14.1. Previous IJB discussions requested further information, where available, on the current number of patients registered with GP practices in Renfrewshire and current numbers of GPs and locum GPs currently working within the authority.

14.2. Current data available from ISD Scotland, as part of Public Health Scotland, shows that as of January 2022 there were 186,239 patients registered with GP practices within Renfrewshire. Local data also shows that in early March there was a total of 158 GPs working within Renfrewshire, which includes GP partners, salaried GPs, trainees and those working under the GP retainer scheme. Members should note that these figures represent a headcount position and the Whole Time Equivalent of these posts may be less than this. The total figures are accurate at the point in time they were collated, however are subject to change over time.

14.3. It is not possible to provide a current figure on locum GPs currently working in Renfrewshire. Due to the nature of the role, these figures are subject to regular change dependent on local requirements.

15. Audit Scotland publication of 'NHS in Scotland 2021' Report

15.1. On 24 February 2022, Audit Scotland published its [annual report](#)² into the current position of the NHS in Scotland, covering 2021. The report has been

² <https://www.audit-scotland.gov.uk/news/reform-of-nhs-key-to-pandemic-recovery>

prepared within the context of the NHS's response to COVID over the last two years and it recognises the significant efforts of the workforce and NHS Boards to support people and implement a range of COVID services such as the vaccination programme over this period.

15.2. However, the report also recognises a range of challenges and issues faced by the NHS, including (i) the continued pressure the NHS is operating under, leading to an increased backlog of patients and longer waiting times; (ii) The impact of the pandemic on staff wellbeing and the importance of workforce planning considering historic challenges in recruiting enough staff with the necessary skills; (iii) a lack of robust data across key areas including workforce, primary, community, social care and health inequalities limits the NHS's ability to plan for recovery; and (iv) the NHS was not sustainable before the pandemic and responding to COVID has increased these pressures.

15.3. Reflecting the breadth and scale of these challenges, Audit Scotland also make a range of recommendations to be taken by the Scottish Government and also jointly by the Scottish Government and NHS Boards. In summary, these recommendations seek to:

- Maintain focus on wellbeing risks affecting staff across the health and social care workforce, including within the Scottish Government.
- Develop a sustainable solution for reducing delayed discharges.
- Improve the use of data and the publication of data to increase transparency.
- Work with patients to inform priorities for service delivery and communicate widely with the public on changes made to how services are delivered.
- Take a cohesive approach to tackling health inequalities and prioritising the prevention and early intervention agenda.

15.4. Audit Scotland also note that the Scottish Government plans to bring financial planning, service planning, workforce planning and capital investment together under a new Care and Wellbeing Portfolio, which has the potential help the NHS become sustainable. Such proposals are at an early stage however.

16. **Audit Scotland publication of 'Local Government in Scotland: Financial Overview 2020/21' Report**

16.1. Audit Scotland also published their 'Local Government in Scotland: Financial Overview 2020/21' on 10 March 2022. The report highlights that when OVID funding is excluded, there has been a real terms reduction of 4.2% to local government funding in Scotland since 2013/14. It also notes the increasing amounts of ring-fenced funding to meet Scottish Government priorities, which removes local discretion over how these funds can be used.

16.2. The report also highlights that pressures on Local Government funding continue to persist and that longer-term planning arrangements must be reviewed with the involvement of partners and communities. Whilst not specific to adult social care, this point remains highly relevant to services delegated to the IJB.

Implications of the Report

1. **Financial** – Indicative funding allocations for Renfrewshire to support Mental Health and Wellbeing within Primary Care Services are set out in Section 11 of this report.
2. **HR & Organisational Development** – No direct implications from this report. The HSCP will take forward workforce planning for 2022-25 in line with the updated timescales published by the Scottish Government.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
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** – No implications from this report.
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 Christine Lavery, Interim Chief Officer (christine.lavery@renfrewshire.gov.uk)

To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2021 to 31 January 2022

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 2022, and, the projected year end position for the year ending 31 March 2022.
- 1.2. The impact of COVID-19 on services delivered by the HSCP has been unprecedented and continues to create additional delivery and financial pressures for the HSCP as well as impacting on the HSCP's transformation and savings plans, which as previously reported are subject to ongoing review and realignment.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 January 2022;
- Note the projected year-end position for 2021/22; and
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2021/22.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £1,767k and the projected outturn for 2021/22 is an underspend of £2,111k (these figures include the impact of COVID-19). Members should note that the current projections assume that all COVID-19 related expenditure will be fully funded by the Scottish Government.

3.2.

Division	Year to Date Position	Projected Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £1,767k	Underspend £2,111k
Total Net COVID -19	Breakeven	Breakeven
Total Renfrewshire HSCP (inclusive of COVID-19)	Underspend £1,767k	Underspend £2,111k

3.3.

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

- **Employee costs net underspend of £285k:** as previously highlighted there are ongoing challenges in terms of recruitment and retention issues across all service areas. For a wide range of posts, we have tried to recruit on a number of occasions but have been unsuccessful due to availability of the skills mix required within the workforce market, especially in the current pandemic. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **Care Home Placements: underspend £2,020k:** similar to the position reported throughout 2020/21, the Care Home budget is projected to deliver a significant underspend in 2021/22. This position reflects the impact of COVID-19 on the ability of care homes to take new admissions, and greater numbers of clients choosing to remain at home for longer.
- **Transport: underspend £377k:** this underspend is reflective of services currently operating at a reduced capacity.
- **Prescribing: underspend £1,350k:** Similar to the position in 2020/21, prescribing volumes remain lower than in previous years with prices subject to fluctuation due to short supply; in addition, there are one-off windfalls from discount rebates and tariff swap reductions.
- **Care at Home: overspend of (£1,422k):** spend within care at home continues to increase as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget.

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

3.4.

The key pressures are highlighted in Section 4.

3.5.

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

4. Pressures

Delegated Health and Social Care Services (HSCP)	Year to Date Position	Year End Outturn
	Underspend £1,810k	Underspend £2,162k

- 4.1. The overall net underspend for the HSCP at 31 January 2022 is an underspend of £1,810k, with an anticipated year-end underspend of £2,162k, assuming that the current trajectory of spend continues throughout this financial year.
- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume any underspends are transferred to earmarked reserves at the year-end in line with Scottish Government funding arrangements.
- 4.3. The current and projected underspend includes a drawdown of £11,078k to date, from earmarked reserves as detailed in the following table and in Appendix 9.

Movement in Reserves

HSCP Funded Earmarked Reserves	Amounts Drawn Down in 2021/22
	£000's
Tec Grant	-16
Information Communication Funding - Care @ Home Scheduling System	-258
ICT / Systems Related:	-274
Mental Health Improvement Works	-31
Premises Related:	-31
PCTF Monies Allocated for Tests of Change and GP Support	-83
District Nurse Rolling Recruitment Programme	-24
HSCP Respiratory Nursing	-16
HSCP Transformation Programme Funding for Temp Staff in Post	-137
Renfrewshire Wide Prevention and Early Intervention Programme	-159
TOTAL HSCP FUNDED EARMARKED RESERVES	-724
Primary Care Improvement Program (19/20)_(20/21)	-2,458
ADP Funding	-170
Drug Death Task Force	-27
Mental Health Action 15 (19/20)_(20/21)	-763
DN Workforce Allocation 20/21	-69
Adult Support and Protection Grant	-64
Covid - Winter Planning	-1,649
Covid - Integration Authority Support	-5,155
Scottish Government Ring Fenced Monies	-10,355
TOTAL EARMARKED RESERVES	-11,078

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

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £411k	Underspend £487k

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

- *Continued pressures within the Care at Home service* – spend continues to increase as the service responds to both the need to support delayed discharges and unprecedented increasing levels of demand.
- *Care Homes* – Similar to the position in 2020/21, the Care Home budget is projecting a significant underspend reflecting the impact of COVID-19 on the ability of care homes to take new admissions. In addition, greater numbers of clients are choosing to remain at home for longer, which is in turn placing a significant pressure on our care at home services.

Mental Health Services	Year to Date Position	Year End Outturn
	Overspend (£534k)	Overspend (£641k)

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

Learning Disabilities	Year to Date Position	Year End Outturn
	Underspend £287k	Underspend £342k

4.7. The underspend within Learning Disabilities is mainly due to vacancies across all areas of the service which offset overspends within the Adult placement budget reflecting the impact of increasing demand.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £316k	Underspend £379k

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

Prescribing	Year to Date Position	Year End Outturn
	Underspend £1,142k	Underspend £1,370k

4.9. Prescribing volumes remain lower than in previous years with prices subject to fluctuation due to short supply. The year-end projected underspend reflects a combination of factors including one-off windfalls from discount rebates and tariff swap reductions which are summarised in the following table.

Spend Type	Variance	
	£'000	
Schedule 4 GIC (Gross Ingredient Cost - Main GP Prescribing Budget)	951	underspend
Invest to Save	19	underspend
Prescribing Other (includes transfer to Earmarked Reserves)	122	underspend
Gross Expenditure	1,092	underspend
Recovery of Discounts and Rebates	278	underspend
Net Position	1,370	underspend

5. Responding to the COVID-19 Pandemic

- 5.1. The CFO provides estimated costs of the partnerships response to the COVID-19 Pandemic to the Scottish Government through our Local Mobilisation Plan (LMP) Financial Tracker. This feeds into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflect regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.

The LMP financial tracker is submitted to the Scottish Government on a quarterly basis.

- 5.2. The following table summarises the main areas of expenditure which the HSCP has incurred to date and is projected to incur as a result of the current emergency arrangements. To date (in 2021/22) £5,640k has been spent responding to COVID-19, of which £1,232k relates to health services and, £4,408k relates to adult social care services.

Total Estimated Costs at 04/02/22							
Description of Cost Type	Health			Adult Social Care			TOTAL
	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	
	£000's	£000's	£000's	£000's	£000's	£000's	
Additional Staff Costs	205	36	240	1,211	405	1,617	1,857
Provider Sustainability Costs			-	2,069	308	2,378	2,378
PPE	27	-	27			-	27
Community Hubs	803	211	1,014			-	1,014
Loss of Income			-	531	111	642	642
FHS costs	68	-	68			-	68
Other Costs	130	132	262	596	220	817	1,079
TOTAL	1,232	379	1,611	4,408	1,046	5,453	7,064

- 5.3. Members should be aware that similar to the position in 2020/21, the actual impact may be higher or lower than currently estimated, depending upon a wide range of influencing factors including the impact of the staged approach to easing protective measures and the lifting of the remaining legal restrictions announced by Scottish Government. 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.

- 5.4. Currently costs are projected to continue until the end of 2021/22, with the exception of provider sustainability payments, which will continue until 30 June 2022, in line with the latest COSLA guidance.

6. Current Vacancy Position

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

- 6.2. Appendix 10 provides a summary of the number and type of vacancies and the areas/ posts where these vacancies arose.

7. Scottish Government Funding 2020/21

- 7.1. The 2020/21 allocations for the: Primary Care Improvement Fund (PCIF); Mental Health Action 15 (Action 15) and Alcohol and Drug Partnership (ADP) are summarised in Appendix 8. In addition, the following table provides members with the projected expenditure for each funding stream which would be transferred to earmarked reserves at the year-end (based on current projections) in line with Scottish Government requirements.

Funding Stream	Current Budget £m	Forecasted Expenditure £m	Anticipated Movement to Reserves £m
PCIF	5.637	4.081	1.556
Action 15	1.307	1.246	0.061
ADP	2.352	1.751	0.601
TOTAL	9.296	7.078	2.218

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

8. Other Delegated Services

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

- 8.2. The Projected outturn position to 31 March 2022 is an overspend of £51k for Housing Adaptations.

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

9. Reserves

- 9.1. It is important for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.
- 9.2. As detailed in Appendix 9, the opening IJB reserves position for 2021/22 was £27,007k. This figure comprised £21,226k of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £5,781k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.
- 9.3. As detailed in Appendix 9 and paragraph 4.3, based on current projections for 2020/21 a total of £11,078k of earmarked reserves have been drawn down to date. A new earmarked reserve totalling £2.7m has been created to fund the fixed term posts approved by the IJB on 17 September 2021.
- 9.4. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This includes Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.

10. Adult Social Care Pay Uplift

- 10.1. In line with the conditions of the Scottish Government's funding allocation of £48m to local authorities to enable the third and independent sectors employers to update the hourly rate of Adult Social Care Staff offering direct care in commissioned services payments have been backdated to the 1st December 2021.
- 10.2. All providers of commissioned services including Option 1 service users who may employ personal assistants were contacted as per the guidance laid down in the Scottish Government's Adult Social Care Pay Uplift Letter issued by the Director of Mental Wellbeing and Social Care 12th November 2021. However, due to the significantly low provider returns, a second communication was issued advising that the uplift payments would be made on the assumption that the conditions of the uplift would be met, and, that any non-compliance would result in the RHSCP recovering the monies paid.

- 10.3. The Scottish Government has confirmed it will provide additional funding to local authorities in their 2022-23 funding settlement that enable the RHSCP to increase pay from £10.02 to £10.50 for those staff providing direct care within Adult Social Care in the third and independent sectors. Renfrewshire Council/RHSCP will make payment on the assumption that the conditions of the uplift will be met and that any non-compliance will result in the RHSCP recovering the monies paid.
- 10.4. Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - to uplift pay for the workforce delivering direct care to at least £10.50 - has been fully delivered. Any remaining funds must be spent on uplifting pay for the directly employed workforce working within services.

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.

Author: Sarah Lavers, Chief Finance Officer

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Direction from the Integration Joint Board		
1.	Reference Number	250322-09
2.	Date Direction issued by IJB	25 March 2022
3.	Date from which Direction takes effect	25 March 2022
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, 280122-08
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 2022.

Appendix 1

HSPC Position not including COVID 19

HSCP Revenue Budget Position

1st April 2021 to 4th February 2022

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	67,994	12,255	-	3,336	-	83,586	83,351	235	0.3%	underspend
Property Costs	327	119	-	52	-	498	530	(32)	-6.4%	overspend
Supplies and Services	16,612	(11)	(10,212)	148	-	6,538	6,821	(283)	-4.3%	overspend
Third Party Payments	51,142	4,579	-	-	-	55,722	55,315	407	0.7%	underspend
Purchase Of Healthcare	2,377	275	-	21	-	2,673	2,669	3	0.1%	underspend
Transport	715	2	-	-	-	717	398	319	44.5%	underspend
Family Health Services	74,197	1,519	-	-	-	75,715	74,590	1,126	1.5%	underspend
Support Services	59	2	(2)	10	-	69	61	8	11.0%	underspend
Transfer Payments (PTOB)	5,663	3,396	-	-	-	9,060	9,086	(26)	-0.3%	overspend
Resource Transfer	17,997	1,256	(19,253)	-	-	-	-	-	0.0%	breakeven
Set Aside	53,948	1,144	-	-	-	55,093	55,093	-	0.0%	breakeven
Gross Expenditure	291,032	24,536	(29,466)	3,567	-	289,669	287,913	1,756	0.6%	underspend
Income	(25,586)	(6,178)	-	-	(3,567)	(35,331)	(35,341)	10	0.0%	underspend
NET EXPENDITURE	265,446	18,358	(29,466)	3,567	(3,567)	254,338	252,572	1,767	0.7%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Adults & Older People	57,206	6,133	(2)	541	(541)	63,337	62,926	411	0.6%	underspend
Mental Health	19,605	2,365	-	662	(662)	21,971	22,504	(534)	-2.4%	overspend
Learning Disabilities	14,562	995	-	-	-	15,557	15,269	287	1.8%	underspend
Children's Services	5,038	1,437	-	-	-	6,476	6,401	75	1.2%	underspend
Prescribing	30,635	660	-	-	-	31,295	30,153	1,142	3.6%	underspend
Health Improvement & Inequalities	679	228	-	247	(247)	908	862	46	5.1%	underspend
FHS	41,953	1,870	-	-	-	43,823	43,823	-	0.0%	breakeven
Resources	3,583	1,693	-	2,117	(2,117)	5,276	5,210	67	1.3%	underspend
Hosted Services	9,125	578	-	-	-	9,703	9,387	316	3.3%	underspend
Resource Transfer	17,997	1,256	(19,253)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	10,212	-	(10,212)	-	-	-	-	-	0.0%	breakeven
Set Aside	53,948	1,144	-	-	-	55,093	55,093	-	0.0%	breakeven
NET EXPENDITURE (before)	264,544	18,358	(29,466)	3,567	(3,567)	253,436	251,627	1,810	0.7%	underspend
Other Delegated Services	902	-	-	-	-	902	945	(43)	-4.8%	overspend
NET EXPENDITURE	265,446	18,358	(29,466)	3,567	(3,567)	254,338	252,572	1,767	0.7%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	81,093	14,665	-	3,999	-	99,757	99,472	285	0.3%	underspend
Property Costs	387	141	-	62	-	590	628	(38)	-6.4%	overspend
Supplies and Services	19,908	(13)	(12,254)	177	-	7,818	8,157	(339)	-4.3%	overspend
Third Party Payments	60,441	5,412	-	-	-	65,853	65,372	481	0.7%	underspend
Purchase Of Healthcare	2,852	330	-	25	-	3,207	3,203	4	0.1%	underspend
Transport	845	2	-	-	-	847	470	377	44.5%	underspend
Family Health Services	89,036	1,822	-	-	-	90,858	89,507	1,351	1.5%	underspend
Support Services	70	2	(2)	12	-	82	73	9	11.0%	underspend
Transfer Payments (PTOB)	6,693	4,014	-	-	-	10,707	10,738	(31)	-0.3%	overspend
Resource Transfer	21,596	1,507	(23,103)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
Gross Expenditure	347,659	29,255	(35,359)	4,274	-	345,830	343,731	2,099	0.6%	underspend
Income	(30,284)	(7,311)	-	-	(4,274)	(41,869)	(41,881)	12	0.0%	underspend
NET EXPENDITURE	317,375	21,944	(35,359)	4,274	(4,274)	303,960	301,849	2,111	0.7%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	67,794	7,291	(2)	643	(643)	75,083	74,596	487	0.6%	underspend
Mental Health	23,482	2,837	-	794	(794)	26,319	26,960	(641)	-2.4%	overspend
Learning Disabilities	17,228	1,177	-	-	-	18,405	18,063	342	1.9%	underspend
Children's Services	6,046	1,725	-	-	-	7,771	7,681	90	1.2%	underspend
Prescribing	36,762	791	-	-	-	37,553	36,183	1,370	3.6%	underspend
Health Improvement & Inequalities	815	274	-	296	(296)	1,089	1,034	55	5.1%	underspend
FHS	50,344	2,244	-	-	-	52,588	52,588	-	0.0%	breakeven
Resources	4,300	2,031	-	2,541	(2,541)	6,331	6,251	80	1.3%	underspend
Hosted Services	10,950	693	-	-	-	11,643	11,264	379	3.3%	underspend
Resource Transfer	21,596	1,507	(23,103)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
NET EXPENDITURE (before)	316,309	21,944	(35,359)	4,274	(4,274)	302,894	300,732	2,162	0.7%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,117	(51)	-4.8%	overspend
NET EXPENDITURE	317,375	21,944	(35,359)	4,274	(4,274)	303,960	301,849	2,111	0.7%	underspend

Appendix 2

HSCP Position including COVID 19

HSCP Revenue Budget Position
1st April 2021 to 4th February 2022

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	67,994	12,255	-	6,064	-	86,313	88,339	(2,026)	-2.3%	overspend
Property Costs	327	119	-	176	-	621	776	(155)	-24.9%	overspend
Supplies and Services	16,612	367	(10,212)	399	-	7,166	7,812	(646)	-9.0%	overspend
Third Party Payments	51,142	4,579	-	1,421	-	57,142	58,748	(1,605)	-2.8%	overspend
Purchase Of Healthcare	2,377	275	-	21	-	2,673	2,669	3	0.1%	underspend
Transport	715	2	-	-	-	717	398	319	44.5%	underspend
Family Health Services	74,197	1,519	-	56	-	75,771	74,703	1,068	1.4%	underspend
Support Services	59	2	(2)	10	-	69	61	8	12.3%	underspend
Transfer Payments (PTOB)	5,663	3,396	-	606	-	9,666	10,288	(623)	-6.4%	overspend
Resource Transfer	17,997	1,256	(19,253)	-	-	-	-	-	0.0%	breakeven
Set Aside	53,948	1,144	-	-	-	55,093	55,093	-	0.0%	breakeven
Gross Expenditure	291,032	24,914	(29,466)	8,751	-	295,231	298,887	(3,656)	-1.2%	overspend
Income	(25,586)	(6,177)	-	543	(9,294)	(40,514)	(45,936)	5,423	-13.4%	underspend
NET EXPENDITURE	265,446	18,736	(29,466)	9,294	(9,294)	254,717	252,950	1,767	0.7%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	57,206	6,133	(2)	541	(541)	63,337	62,926	411	0.6%	underspend
Mental Health	19,605	2,365	-	662	(662)	21,971	22,504	(534)	-2.4%	overspend
Learning Disabilities	14,562	995	-	-	-	15,557	15,269	287	1.8%	underspend
Children's Services	5,038	1,437	-	-	-	6,476	6,401	75	1.2%	underspend
Prescribing	30,635	660	-	-	-	31,295	30,153	1,142	3.6%	underspend
Health Improvement & Inequalities	679	228	-	247	(247)	908	862	46	5.1%	underspend
FHS	41,953	1,870	-	-	-	43,823	43,823	-	0.0%	breakeven
Resources	3,583	1,693	-	2,117	(2,117)	5,276	5,210	67	1.3%	underspend
Hosted Services	9,125	578	-	-	-	9,703	9,387	316	3.3%	underspend
Resource Transfer	17,997	1,256	(19,253)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	10,212	-	(10,212)	-	-	-	-	-	0.0%	breakeven
Set Aside	53,948	1,144	-	-	-	55,093	55,093	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	264,544	18,358	(29,466)	3,567	(3,567)	253,436	251,627	1,810	0.7%	underspend
Other Delegated Services	902	-	-	-	-	902	945	(43)	-4.8%	overspend
NET EXPENDITURE before COVID	265,446	18,358	(29,466)	3,567	(3,567)	254,338	252,572	1,767	0.7%	underspend
COVID 19	-	378	-	5,728	(5,728)	378	378	-	0.0%	breakeven
NET EXPENDITURE	265,446	18,736	(29,466)	9,294	(9,294)	254,717	252,950	1,767	0.7%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	81,093	14,665	-	7,251	-	103,009	105,412	(2,403)	-2.3%	overspend
Property Costs	387	141	-	209	-	737	921	(184)	-25.0%	overspend
Supplies and Services	19,908	440	(12,254)	478	-	8,572	9,347	(775)	-9.0%	overspend
Third Party Payments	60,441	5,412	-	1,679	-	67,532	69,429	(1,897)	-2.8%	overspend
Purchase Of Healthcare	2,852	330	-	25	-	3,207	3,203	4	0.1%	underspend
Transport	845	2	-	-	-	847	470	377	44.5%	underspend
Family Health Services	89,036	1,822	-	67	-	90,925	89,643	1,282	1.4%	underspend
Support Services	70	2	(2)	12	-	82	72	10	12.3%	underspend
Transfer Payments (PTOB)	6,693	4,014	-	716	-	11,423	12,159	(736)	-6.4%	overspend
Resource Transfer	21,596	1,507	(23,103)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
Gross Expenditure	347,659	29,708	(35,359)	10,436	-	352,444	356,766	(4,322)	-1.2%	overspend
Income	(30,284)	(7,310)	-	642	(11,078)	(48,030)	(54,463)	6,433	-13.4%	underspend
NET EXPENDITURE	317,375	22,398	(35,359)	11,078	(11,078)	304,414	302,303	2,111	0.7%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	67,794	7,291	(2)	643	(643)	75,083	74,596	487	0.6%	underspend
Mental Health	23,482	2,837	-	794	(794)	26,319	26,960	(641)	-2.4%	overspend
Learning Disabilities	17,228	1,177	-	-	-	18,405	18,063	342	1.9%	underspend
Children's Services	6,046	1,725	-	-	-	7,771	7,681	90	1.2%	underspend
Prescribing	36,762	791	-	-	-	37,553	36,183	1,370	3.6%	underspend
Health Improvement & Inequalities	815	274	-	296	(296)	1,089	1,034	55	5.1%	underspend
FHS	50,344	2,244	-	-	-	52,588	52,588	-	0.0%	breakeven
Resources	4,300	2,031	-	2,541	(2,541)	6,331	6,251	80	1.3%	underspend
Hosted Services	10,950	693	-	-	-	11,643	11,264	379	3.3%	underspend
Resource Transfer	21,596	1,507	(23,103)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	316,309	21,944	(35,359)	4,274	(4,274)	302,894	300,732	2,162	0.7%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,117	(51)	-4.8%	overspend
NET EXPENDITURE before COVID	317,375	21,944	(35,359)	4,274	(4,274)	303,960	301,849	2,111	0.7%	underspend
COVID 19	-	454	-	6,804	(6,804)	454	454	-	0.0%	breakeven
NET EXPENDITURE	317,375	22,398	(35,359)	11,078	(11,078)	304,414	302,303	2,111	0.7%	underspend

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2021 to 4th February 2022

Subjective Heading	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	27,279	2,277	-	1,432	-	30,988	32,540	(1,552)	-5.0%	overspend
Property Costs	298	92	-	110	-	500	609	(109)	-21.8%	overspend
Supplies and Services	1,466	10	-	5	-	1,481	1,515	(34)	-2.3%	overspend
Third Party Payments	51,142	4,579	-	1,421	-	57,142	58,748	(1,605)	-2.8%	overspend
Transport	711	2	-	-	-	712	393	319	44.8%	underspend
Support Services	59	2	(2)	10	-	69	61	8	12.3%	underspend
Transfer Payments (PTOB)	4,862	3,396	-	606	-	8,864	9,444	(580)	-6.5%	overspend
Gross Expenditure	85,817	10,359	(2)	3,584	-	99,758	103,310	(3,552)	-3.6%	overspend
Income	(22,898)	(5,643)	-	543	(4,127)	(32,124)	(36,205)	4,081	-12.7%	underspend
NET EXPENDITURE	62,919	4,716	(2)	4,127	(4,127)	67,633	67,104	529	0.8%	underspend

Care Group	YTD Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend YTD (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	41,034	3,574	(2)	286	(286)	44,607	44,041	565	1.3%	underspend
Physical or Sensory Difficulties	5,328	158	-	-	-	5,486	5,738	(251)	-4.6%	overspend
Learning Difficulties	13,545	913	-	-	-	14,458	14,300	158	1.1%	underspend
Mental Health Needs	2,436	77	-	-	-	2,513	2,491	22	0.9%	underspend
Addiction Services	575	(7)	-	30	(30)	569	534	35	6.1%	underspend
COVID 19	-	-	-	3,811	(3,811)	-	-	-	0.0%	breakeven
NET EXPENDITURE	62,919	4,716	(2)	4,127	(4,127)	67,633	67,104	529	0.8%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	32,239	2,691		1,693		36,623	38,457	(1,834)	-5.0%	overspend
Property Costs	352	109		130		591	720	(129)	-21.8%	overspend
Supplies and Services	1,732	12		6		1,750	1,790	(40)	-2.3%	overspend
Third Party Payments	60,441	5,412		1,679		67,532	69,429	(1,897)	-2.8%	overspend
Transport	840	2				842	465	377	44.8%	underspend
Support Services	70	2	(2)	12		82	72	10	12.3%	underspend
Transfer Payments (PTOB)	5,746	4,014		716		10,476	11,161	(685)	-6.5%	overspend
Gross Expenditure	101,420	12,242	(2)	4,235	-	117,895	122,093	(4,198)	-3.6%	overspend
Income	(27,061)	(6,669)		642	(4,877)	(37,965)	(42,788)	4,823	-12.7%	underspend
NET EXPENDITURE	74,359	5,573	(2)	4,877	(4,877)	79,930	79,305	625	0.8%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Older People	48,495	4,224	(2)	338	(338)	52,717	52,049	668	1.3%	underspend
Physical or Sensory Difficulties	6,297	187				6,484	6,781	(297)	-4.6%	overspend
Learning Difficulties	16,008	1,079				17,087	16,900	187	1.1%	underspend
Mental Health Needs	2,879	91				2,970	2,944	26	0.9%	underspend
Addiction Services	680	(8)		36	(36)	672	631	41	6.1%	underspend
COVID 19				4,504	(4,504)	-	-		0.0%	breakeven
NET EXPENDITURE	74,359	5,573	(2)	4,877	(4,877)	79,930	79,305	625	0.8%	underspend

Appendix 4

Health Revenue Budget Position 1st April 2021 to 31st January 2022

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	40,495	9,978	-	4,632	-	55,105	55,579	(474)	-0.9%	overspend
Property Costs	28	27	-	65	-	120	166	(46)	-38.1%	overspend
Supplies and Services	15,134	357	(10,212)	393	-	5,673	6,285	(613)	-10.8%	overspend
Purchase Of Healthcare	2,377	275	-	21	-	2,673	2,669	3	0.1%	underspend
Family Health Services	74,197	1,519	-	56	-	75,771	74,703	1,068	1.4%	underspend
Set Aside	53,948	1,144	-	-	-	55,093	55,093	-	0.0%	breakeven
Resource Transfer	17,997	1,256	(19,253)	-	-	-	-	-	0.0%	breakeven
Gross Expenditure	204,176	14,555	(29,464)	5,167	-	194,434	194,495	(61)	0.0%	overspend
Income	(2,551)	(534)	-	-	(5,167)	(8,252)	(9,594)	1,342	-16.3%	underspend
NET EXPENDITURE	201,625	14,021	(29,464)	5,167	(5,167)	186,182	184,901	1,281	0.7%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Addiction Services	404	658	-	23	(23)	1,062	1,105	(43)	-4.1%	overspend
Addiction Services - ADP	1,367	481	-	112	(112)	1,848	1,848	-	0.0%	breakeven
Adult Community Services	8,498	1,268	-	91	(91)	9,766	9,660	106	1.1%	underspend
Children's Services	5,038	1,437	-	-	-	6,476	6,401	75	1.2%	underspend
Learning Disabilities	1,017	82	-	-	-	1,098	969	129	11.8%	underspend
Mental Health	17,169	1,835	-	26	(26)	19,004	19,560	(556)	-2.9%	overspend
Mental Health - Action 15	-	453	-	636	(636)	453	453	-	0.0%	breakeven
Hosted Services	9,125	578	-	-	-	9,703	9,387	316	3.3%	underspend
Prescribing	30,635	660	-	-	-	31,295	30,153	1,142	3.6%	underspend
Gms	21,405	-	-	-	-	21,405	21,405	-	0.0%	breakeven
FHS Other	20,548	1,870	-	-	-	22,418	22,418	-	0.0%	breakeven
Planning & Health Improvement	679	228	-	247	(247)	908	862	46	5.1%	underspend
Primary Care Improvement Prog	-	2,657	-	2,048	(2,048)	2,657	2,657	-	0.0%	breakeven
Resources	3,583	(964)	-	69	(69)	2,619	2,552	67	2.5%	underspend
Set Aside	53,948	1,144	-	-	-	55,093	55,093	-	0.0%	breakeven
Resource Transfer	17,997	1,256	(19,253)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	10,212	-	(10,212)	-	-	-	-	-	0.0%	breakeven
Covid 19	-	378	-	1,917	(1,917)	378	378	-	0.0%	breakeven
NET EXPENDITURE	201,625	14,021	(29,464)	5,167	(5,167)	186,182	184,901	1,281	0.7%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	48,594	11,974		5,558		66,126	66,695	(569)	-0.9%	overspend
Property Costs	34	32		79		145	200	(55)	-38.1%	overspend
Supplies and Services	18,161	428	(12,254)	472		6,807	7,542	(735)	-10.8%	overspend
Purchase Of Healthcare	2,852	330		25		3,207	3,203	4	0.1%	underspend
Family Health Services	89,036	1,822		67		90,925	89,643	1,282	1.4%	underspend
Set Aside	64,738	1,373				66,111	66,111		0.0%	breakeven
Resource Transfer	21,596	1,507	(23,103)			-	-		0.0%	breakeven
Gross Expenditure	245,011	17,466	(35,357)	6,201	-	233,321	233,394	-73	0.0%	overspend
Income	(3,061)	(641)			(6,201)	(9,903)	(11,513)	1,610	-16.3%	underspend
NET EXPENDITURE	241,950	16,825	(35,357)	6,201	(6,201)	223,418	221,881	1,537	0.7%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	485	789		27	(27)	1,274	1,326	(52)	-4.1%	overspend
Addiction Services - ADP	1,640	577		134	(134)	2,217	2,217		0.0%	breakeven
Adult Community Services	10,197	1,522		109	(109)	11,719	11,592	127	1.1%	underspend
Children's Services	6,046	1,725				7,771	7,681	90	1.2%	underspend
Learning Disabilities	1,220	98				1,318	1,163	155	11.8%	underspend
Mental Health	20,603	2,202		31	(31)	22,805	23,472	(667)	-2.9%	overspend
Mental Health - Action 15		544		763	(763)	544	544	-	0.0%	breakeven
Hosted Services	10,950	693				11,643	11,264	379	3.3%	underspend
Prescribing	36,762	791				37,553	36,183	1,370	3.6%	underspend
Gms	25,686					25,686	25,686		0.0%	breakeven
FHS Other	24,658	2,244				26,902	26,902		0.0%	breakeven
Planning & Health Improvement	815	274		296	(296)	1,089	1,034	55	5.1%	underspend
Primary Care Improvement Prog		3,189		2,458	(2,458)	3,189	3,189		0.0%	breakeven
Resources	4,300	(1,157)		83	(83)	3,143	3,063	80	2.5%	underspend
Set Aside	64,738	1,373				66,111	66,111		0.0%	breakeven
Resource Transfer	21,596	1,507	(23,103)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
Covid 19		454		2,300	(2,300)	454	454		0.0%	breakeven
NET EXPENDITURE	241,950	16,825	(35,357)	6,201	(6,201)	223,418	221,881	1,537	0.7%	underspend

Appendix 5

Renfrewshire Council 'Other Delegated Services' 1st April 2021 to 4th February 2022

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	4	4	-	0%	breakeven
Transfer Payments (PTOB)	801	844	(43)	-5%	overspend
Gross Expenditure	1,039	1,082	(43)	-5%	overspend
Income	(137)	(137)	-	0%	breakeven
NET EXPENDITURE	902	945	(43)	-5%	overspend

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	701	745	(43)	-6%	overspend
Women's Aid	201	201	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	902	945	(43)	-6%	overspend

1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	260	260	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	15	15	-	0%	breakeven
Transport	5	5	-	0%	breakeven
Transfer Payments (PTOB)	947	998	(51)	-5%	overspend
Gross Expenditure	1,228	1,279	(51)	-5%	overspend
Income	(162)	(162)	-	0%	breakeven
NET EXPENDITURE	1,066	1,117	(51)	-5%	overspend

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

Appendix 6

2021/22 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2021/22 Renfrewshire HSCP Opening Budget:	74,359
<u>Reductions:</u>	
Transfer to ICT for Intune Licenses	-2
Adult Social Care Budget as reported @ 28th May 2021	74,357
<u>Budget Adjustments posted in month 9</u>	
<u>Recurring:</u>	
Transfer of Provider Pay Award Uplift Monies Payable 01/12/21	1,168
Adult Social Care Budget as reported @ 10th December 2021	75,525
<u>Budget Adjustments posted in month 11</u>	
<u>Non-Recurring:</u>	
Transfer of Interim Care Winter Planning Monies	1,323
<u>Recurring:</u>	
Transfer of Care @ Home Winter Planning Monies	2,051
Transfer of Living Wage Health & Social Care	1,031
Adult Social Care Budget as reported @ 4th February 2022	79,930

Appendix 7

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

<u>Budget Adjustments posted in month 7</u>	
<u>Additions</u>	
FHS Adjustment	198
<u>Reductions</u>	
RT Adjustment	-479
<u>Non-Recurring:</u>	
Transfer of Drugs Budget from Acute	30
Funding to Support DN course	15
COVID Funding	279
Workforce wellbeing	68
CAMHS New monies	791
Budget allocated as per 2020-21 Financial Allocation 31st October 2021	218,526
<u>Budget Adjustments posted in month 8</u>	
<u>Additions</u>	
Set Aside Adjustment	1,373
<u>Non-Recurring:</u>	
Apremilast Cam From Acute	37
Pharmacy Contribution	-169
ADP Programme	8
ADP Frontline	221
ADP Programme	569
MH Outcomes	291
MH Dementia	119
DN Tranche 2	64
Budget allocated as per 2020-21 Financial Allocation 30th November 2021	221,039
<u>Budget Adjustments posted in month 9</u>	
<u>Additions</u>	
Pay Award - Medical, Dental & band 8+	107
<u>Reductions</u>	
Adjustment to RT	-107
<u>Non-Recurring:</u>	
Apremilast Cam From Acute	92
Camhs Phase 2 Nd	104
Adp Navigator	15
Workforce Well Being	68
Gp Premises Improv	119
Drug death task force	141
Pcip Multi Team	550
Winter Monies - MDT	662
Budget allocated as per 2020-21 Financial Allocation 31st December 2021	222,790
<u>Budget Adjustments posted in month 10</u>	
<u>Non-Recurring:</u>	
Funding for Band 8c 0.5wte Chief Nurse	52
Further funding for extra Band2-4 HCSW	509
Apremilast Cam From Acute	42
Open University Students funding for 21/22 Q1&2	15
Link Worker £500 COVID 19 'Thank You' Payment	10
Budget allocated as per 2020-21 Financial Allocation 31st January 2022	223,418

Scottish Government Funding Streams

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

2020/21					2021/22				
Per Allocation Letter £m	Received @ 31st March £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m	Balance held by SG (Variance) £m	Per Allocation Letter £m	Received @ 31st Dec £m	Balance held by SG (Variance) £m	Drawdown from Reserves £m	Balance Earmarked Reserves £m
3.735	4.754	0.264	-2.458	0.000	5.815	3.179	2.636	2.458	0.000
0.815	1.333	0.130	-0.763	0.000	1.088	0.544	0.544	0.763	0.000
2.308	2.308	0.344	-0.577	0.000	2.218	2.218	0.000	0.134	-0.807
6.858	8.395	0.738	-3.798	0.000	9.121	5.941	3.180	3.355	-0.807

Movement in Reserves

HSCP Funded Earmarked Reserves	Opening Position 2021/22	Amounts Drawn Down in 2021/22	New Reserves		Closing Position 2021/22	Movement in Reserves 2021/22
	£000's	£000's	IJB Approved £000's	Awaiting IJB Approval £000's	£000's	£000's
Tec Grant	98	-16			82	-16
Information Communication Funding - Care @ Home Scheduling System	732	-258			474	-258
Analogue to Digital contribution to programme	434				434	0
Eclipse Support Costs (2 Year)	156				156	0
ICT / Systems Related:	1,420	-274	0	0	1,146	-274
Mental Health Improvement Works	395	-31			364	-31
Mile End Refurbishment	89				89	0
LA Care Home Refurbishment	300				300	0
Primary Care Support Building Works	30				30	0
Premises Related:	814	-31	0	0	783	-31
PCTF Monies Allocated for Tests of Change and GP Support	299	-83			216	-83
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHS	49				49	0
District Nurse Rolling Recruitment Programme	219	-24			195	-24
Training for Mental Health Officers in HSCP	288				288	0
Prescribing	2,000				2,000	0
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Y	1,080				1,080	0
Care @ Home Senior Lead (2 Year Funding)	206				206	0
HSCP Respiratory Nursing	421	-16			405	-16
HSCP Transformation Programme Funding for Temp Staff in Post	500	-137			363	-137
HSCP Transformation Programme Funding 20/21_23/24	1,329				1,329	0
HSCP Fixed Term Posts Funding			2,700		2,700	2,700
Renfrewshire Wide Prevention and Early Intervention Programme	193	-159			34	-159
Other:	6,584	-419	2,700	0	8,865	2,281
TOTAL HSCP FUNDED EARMARKED RESERVES	8,818	-724	2,700	0	10,794	1,976
Primary Care Improvement Program (19/20)_(20/21)	2,458	-2,458			0	-2,458
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises	224				224	0
ADP Funding	941	-170			771	-170
Reduce Drug Death Funding	104				104	0
Drug Death Task Force	141	-27			114	-27
Mental Health Action 15 (19/20)_(20/21)	763	-763			0	-763
DN Workforce Allocation 20/21	69	-69			0	-69
Henry Programme - Pre 5 Obesity Training	15				15	0
Health Visiting	32				32	0
Adult Support and Protection Grant	68	-64			4	-64
Covid - Winter Planning	1,649	-1,649			0	-1,649
Covid - Integration Authority Support	5,247	-5,155			92	-5,155
Covid - Community Living Change	697				697	0
Scottish Government Ring Fenced Monies	12,408	-10,355	0	0	2,053	-10,355
TOTAL EARMARKED RESERVES	21,226	-11,078	2,700	0	12,848	-8,378

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

OVERALL RESERVES POSITION	27,007	-11,078	2,700	0	18,629	-8,378
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HSCP Vacancy Position at 4th February 2022
Per Client Group

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	33.49	129.33	162.82
Mental Health	42.69	8.50	51.19
Learning Disabilities	3.42	14.28	17.70
Children's Services	8.41		8.41
Health Improvement & Inequalities			-
Resources	7.50		7.50
Hosted Services	14.99		14.99
TOTAL	110.50	152.11	262.61

HSCP Vacancy Position at 4th February 2022
Per Job Description

Job Description	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	15.50		15.50
ADRS Team Lead		1.00	1.00
ADRS Worker		1.50	1.50
Adult Services Co-ordinator		1.62	1.62
Bus Escort		0.68	0.68
Business Analyst		1.00	1.00
Care Home Manager		1.00	1.00
Care at Home Team Manager		1.00	1.00
Catering / Kitchen Assistant		0.65	0.65
Commissioning Officer		1.00	1.00
Community Alarm Responder		9.73	9.73
Community Link Team Manager		1.00	1.00
Community Meals Driver		0.29	0.29
Data Quality Assistant		2.63	2.63
Day Care Officer		2.00	2.00
Day Centre Officer		0.91	0.91
Day Service Assistant		5.04	5.04
Day Service Officer		1.74	1.74
Escort/ Attendant		1.01	1.01
Home Care Worker		51.06	51.06
Lead Officer Unscheduled Care Improvement		1.00	1.00
Medical & Dental	2.88		2.88
Mental Health Officer		2.50	2.50
Nursing Staff - Trained	50.49		50.49
Nursing Staff - Untrained	10.72		10.72
Occupational Therapist	3.53	0.10	3.63
Occupational Therapist Assistant	1.20		1.20
Operational Manager		2.00	2.00
Planning & Policy Development Officer		2.00	2.00
Professional Assurance Team Lead		1.00	1.00
Pharmacist	1.00		1.00
Physiotherapist	3.20		3.20
Podiatrist	13.99		13.99
Psychology	6.27		6.27
Rehabilitation Officer		0.50	0.50
SDS Financial Systems Support Assistant		1.00	1.00
Senior Day Service Officer		0.50	0.50
Senior Planning & Performance Development Worker		1.00	1.00
Senior Policy Development Officer		1.00	1.00
Senior Social Care Worker		1.00	1.00
Senior Home Support Worker		3.78	3.78
Senior Social Worker		1.00	1.00
Service Coordinator		4.00	4.00
Service Delivery Manager		4.00	4.00
Service Delivery Scheduler		1.62	1.62
Service Delivery Scheduler (temp)		1.43	1.43
Social Care Assistant		8.62	8.62
Social Care Assistant (Nights)		2.25	2.25
Social Care Worker		1.00	1.00
Social Work Assistant		2.50	2.50
Social Worker		14.00	14.00
Speech & Language Therapist	1.72		1.72
System Scheduler		4.00	4.00
Team Leader		1.00	1.00
Team Manager		3.50	3.50
Telecare Technician		0.95	0.95
TOTAL	110.50	152.11	262.61

To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Chief Finance Officer

Heading: 2022-23 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 2022/23 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:

- Agree to accept the delegated Adult Social Care Budget for 2022/23 (Appendix 2);
- Agree to accept the delegated Health Budget for 2022/23 (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 for the IJB in respect of any additional and/or recurring funding
- Approve a drawdown of reserves, if required, in order to fund any shortfall in funding for 2022/23; and
- Note that, as highlighted in Section 11 of this report, the 2022/23 budget proposals assume “business as usual”. The potential ongoing 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. 2022/23 Context

4.1. This report sets out the implications of the Scottish Government budget for 2022/23, the Bill for which was passed on 10 February 2022, and provides members with an overview of the IJB’s budget allocation for 2022/23.

4.2. Members will be aware that as a direct and ongoing consequence of the COVID-19 pandemic, the financial year 2021/22 – similar to the previous year – has presented financial challenges and complexities beyond anything we have experienced before. The impact of COVID-19 on services delivered by the HSCP has been unparalleled, requiring ongoing 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, along with the potential for future spikes in demand for services has and will continue to 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 2022/23 budget, recognising that the IJB’s immediate and medium-term priorities have changed considerably over the last 24 months. As noted in our new Medium Term Financial Plan 2022/23 -2024/25, (which has also been submitted to members for consideration at this meeting), the IJB’s medium term outlook remains uncertain, and as highlighted throughout 2021/22 there is the possibility that there will be a need for the budget position in 2022/23 to rely on the application of temporary financial flexibilities and non-recurring monies to deliver a balanced budget for 2022/23.

4.4. The Scottish Government has not provided detailed spending plans beyond their draft budget for 2022/23; despite hopes for a return to multi-year settlements, the 2022/23 budget was for one year only, with a commitment from the Scottish Government for a full Resource Spending Review in May 2022. The Review will aim to set out the government’s long-term funding plans and the roadmap for delivering key commitments, such as the establishment of the National Care Service (NCS). Nevertheless, the continuation of single-year settlements at this time is challenging for the IJB and continues the uncertainty

for our future medium term financial planning, as well as that of our funding partners.

- 4.5. The Scottish Government also announced a Public Sector Pay Policy for 2022/23. Whilst not directly setting local government pay (which is negotiated by local government separately), the policy acts as a reference point for all major public sector workforce groups across Scotland and provides important context for ongoing negotiations with trade unions. The policy sets a flat rate increase of £775 for those earning a salary up to £25k, £700 for those earning £25,000 to £40,000 and £500 for those earning above £40,000. It also sets a guaranteed wage floor of £10.50 per hour.
- 4.6. At this juncture, pay negotiations across the local government employee groups are ongoing and no agreement has yet been reached. However, COSLA has already raised with the Scottish Government that the underlying movement in the core local government settlement will be insufficient to fund a pay settlement at this level. This, combined with the high levels of inflation currently being experienced and which are forecast to remain high for some time, means it will present a challenging environment in which to reach agreement on pay levels. It is however important to note that the current increase to the IJB's base budget is not sufficient to fund a pay settlement above this level.
- 4.7. 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 the extent of which 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, a proportion of the 2021/22 transformation savings have fallen behind previously approved timescales.
- 4.8. 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 is a major priority for the IJB, to ensure we are in a positive financial position to react to a likely challenging and uncertain financial period going forwards.
- 4.9. 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 2022/23

- 5.1. On 9 December 2021, the Scottish Government published their draft budget for 2022/23. Included within the conditions of the draft budget was the continued prioritisation of financial support for social care and integration, with a further £554 million for investment in adult social care and integration.

Following the announcement of the Scottish Government's Draft Budget, the 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.

5.2. The letter specifically states the following:

"In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021/22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021/22 recurring budgets."

In summary:

- In 2022/23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2022/23 agreed recurring budgets.
- In 2022/23 Local Authority adult social care budgets for allocation to Integration Authorities must be £554 million greater than 2021/22 recurring budgets.

5.3. The indicative breakdown of the increased £554 million recurring allocation is included in the following table:

Funding	Scotland (£m)	Renfrewshire (£m)	Distribution Information
Living Wage	174.50	5.868	GAE for elderly and people with disabilities 3.39%
Care @ Home Capacity	124.00	4.102	GAE for community-based services 3.31%
Interim Care Winter Planning	20.00	0.662	GAE for community-based services 3.31%
Uprating of Free Personal Care	15.00	0.313	GAE for Personal and Nursing Care 2.09%
Carers Act	20.50	0.695	GAE for elderly and people with disabilities 3.39%
Social Care Investment	200.00	6.783	GAE for elderly and people with disabilities 3.39%
TOTAL	554.00	18.423	

5.4. This letter of the 9 December 2021 from the Director of Health Finance and Governance, is the basis on which NHSGGC and Renfrewshire Council have made their budget offer to the IJB for 2022/23.

5.5. In agreeing the 2022/23 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 are detailed in the HSCP's new Medium-Term Financial Plan 2022/23 -2024/25.

6. Summary of 2021/22 Budget Position

6.1. As reported throughout this financial year, the IJB will deliver an underspend on its core budget. The IJB projected year end underspend at 31 January 2022 is an underspend of c£2m which takes into account the impact of delivering additional services as part of the IJB's response to COVID-19, for which additional funding is provided by the Scottish Government at regular intervals.

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 2022/23.

7. Delegated Adult Social Care Budget 2022/23

7.1. As previously highlighted to the IJB in the regular budget monitoring reports to the IJB, in addition to the ongoing impact of COVID-19 across all service areas, similar to 2021/22, demographic and socio-economic factors will continue to drive significant demand and cost pressures for 2022/23 in the delegated Adult Social Care budget relating to:

- Funding of the 2022/23 pay award along with the impact of increases in NI contributions;
- Cost pressures arising from contractual arrangements which are subject to renewal;
- Financial impact of the Living Wage (Adult Social Care Pay uplift) across the sector;
- Increases associated with the National Care Home Contract including the rising costs of energy and insurance costs;
- 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 2022/23 linked to the areas highlighted above, and in Section 9 of this report, is likely to be in the region of a gross increase of circa £9.7 million.

7.3. Members are reminded that similar to 2021/22, 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 the '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 3 March 2022, Renfrewshire Council, following the Director of Finance and Resources recommendations, approved a recurring net uplift to the delegated Adult Social Care budget of £11.655 million. Subsequent to this recurring uplift being agreed by Renfrewshire Council, the Scottish Government provided further updates to the Council confirming additional funding to be passed through to the HSCP as follows:

- Additional investment in health & social care (£200m nationally) - £6.783m
- Social work capacity in adult care (£22m nationally) - £0.730m
- Mental Health Recovery & Renewal funding - £0.115m

Taking account of the adjustments above, the base budget for 2022/23 is therefore £93,639,535.

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

Delegated Adult Social care Budget 2022/23	Amount in £000's
2021/22 Adult Social Care Recurring Budget	74.357
Add:	
Renfrewshire share of £554 million for investment in social care and integration	18.423
Mental Health Recovery	0.115
Investment in Social Care Workforce	0.730
Base budget adjustment	0.015
Total Adult Social Care Recurring Budget 2022/23	93.640

- 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 2022/23 (Appendix 2). This budget offer is in line with the conditions of the letter of the 9 December 2021 from the Director of Health Finance and Governance, for the Scottish Government.

8. Delegated Health Budget 2022/23

- 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 2022/23 including:

- Pay Inflation and impact of increases in NI contributions;
- Inflationary linked increases on non-pay eligible budgets;
- Prescribing cost / volume / short supply impact; and

- 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 2022/23 linked to the areas highlighted above, and in Section 9 of this report, is likely to be in the region of a gross increase of circa £3.6 million.

8.3. As detailed earlier in this report, on 9 December 2021, the 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 2022/23 for NHS Boards. This included narrative which set out the expectations that:

- In 2022/23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 2% over 2021/22 agreed recurring budgets.

8.4. The NHSGGC budget offer for 2022/23 (Appendix 3), is based on an uplift of 2% reflecting the Board's uplift for 2022/23 and is in line with the letter of the 9 December 2021 from the 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 2022/23	Amount in £000's
2021/22 Delegated Health Recurring Budget	183,491
Add:	
2.0% uplift applied to eligible budgets (including prescribing)	2,616
National Insurance Increase	371
= Revised Budget After uplift	186,477
Set Aside Budget 21/22	66,111
2.0% uplift applied to set aside budget	1,322
Set Aside Budget 22/23	67,433
Total Delegated Health Recurring Budget 2022/23	253,911

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 2022/23 (Appendix 3) subject to final adjustments when the out-turn for the 2021/22 financial year has been finalised in relation to recurring budget adjustments at month 12, and any further funding allocated by the Scottish Government for the IJB in respect of any additional and/or recurring funding. This budget offer is in line with the conditions of the letter of the 9 December 2021 from the 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 recently revised 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 2022-2025. 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 maintains sufficient reserves to provide temporary funding to drive transformation, and, if required, the capacity 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.
- 9.3. The projected positive outturn for 2021/22, reflects ongoing challenges in terms of recruitment and retention issues across all service areas as well as a reduction in estimated prescribing related costs due to: prescribing volumes remaining lower than in previous years; prices subject to fluctuation due to short supply; and the impact of one-off windfalls from discount rebates and tariff swap reductions.
- 9.4. Despite the projected positive outturn for 2021/22 it is vital that the IJB continues to maintain 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.
- 9.5. Members are also reminded 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.
- 9.6. 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.
- 9.7. Over recent months, budget assumptions have been updated to reflect the impact of new statutory obligations and, increasing demographic and demand pressures.
- 9.8. 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.
- 9.9. The financial projections for 2022/23 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:** Despite hopes for a return to multi-year settlements, the Scottish Government 2022/23 budget was for one year only, with a commitment for a full Resource Spending Review in May 2022. The core local government revenue settlement for 2022/23 reflects a flat cash position, and therefore a real terms reduction, meaning their ability to further support

the HSCP is limited. The spending review may answer some questions in terms of the expected funding and governance arrangements for the NCS, but at this time the impact of this on future funding allocations from partners remains unclear. It follows then, that the continuation of single-year settlements at this time is challenging for the IJB and continues the uncertainty for our future medium term financial planning, as well as that of our partner organisations.

- **Demand led Pressures:** demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward, as illustrated by the changing needs of our communities during the pandemic.
- **Inflation and Contractual Commitments:** previous planning assumptions regarding anticipated annual increases to third parties for contracts such as the National Care Home Contract and Supported Living Framework have been overridden by the considerable spike in inflation in early 2022. Additionally, as part of its Budget for 2022/23 the Scottish Government has recommended a £10.50 minimum pay settlement from 1 April 2022, for adult social care workers in commissioned services, to support employee retention and begin to embed improved pay and conditions for care workers. This builds on the recent increase to a minimum of £10.02 implemented in November 2021 and has had a significant impact on contractual commitments.
- **Future Pay Settlements:** Employee costs represent circa 34% of the IJB's net budget and any increase in pay awards impacts directly on cost pressures for the IJB. Inflationary pressure in this area also represents a significant pressure for the IJB. The assumptions for pay reflect the current inflationary assumptions of both Partner bodies. Consideration is also given to the challenges of recruiting and whether pay settlements are keeping pace with industry standards, particularly in light of the considerable burden placed on employees in the health and social care sector throughout the pandemic.
- **Demographics, Deprivation and Health:** Our new Strategic Plan aims to shape our services around individuals and communities in Renfrewshire, taking cognisance of the changing demographic and their associated health and social care needs. It remains to be seen how detrimental the lasting impacts of COVID-19 will be on our communities, but with Renfrewshire already having the 9th highest share of deprived data zones nationally (of 32 areas) and with the understanding that the Four Harms of the pandemic will be more acutely felt in areas of deprivation, we can project that this will result in very marked negative impacts on population health in the future, and increased pressure on health and social care services as a direct result.
(<https://data.gov.scot/coronavirus-covid-19/>)

9.10. 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 2022/23. (Members should note that these scenarios are regularly updated to ensure that the CFO has early sight of any significant changes):

Type of Pressure	Using Medium Case Scenarios		
	Health £000's	Social Care £000's	Overall Position £000's
Contractual	515	3,824	4,339
Pay	1,856	1,999	3,855
Demand	795	2,327	3,122
Living Wage		1,503	1,503
Prescribing	459		459
Total Pressures	3,625	9,653	13,278

- 9.11. As previously discussed with members, the delegated health budget includes a number of budget areas which cannot be considered for planned savings, a summary of which is included in the following table. This shows that taking all of the above into account, the remaining budget against which any savings targets would need to be delivered is circa £25.5m, (10.02%) the majority of which are employee related budgets.

Health Budget Influencable Spend	22/23 £'000
2022-23 Budget	218,554
Add: Resource Transfer & Social Care Fund	35,357
	253,911
Less:	
Set Aside	-66,111
Resource Transfer	-23,103
Prescribing	-37,483
FHS	-52,547
Social Care Fund	-12,254
Mental Health (Per SG Direction)	-22,706
Health Visitors (Ring fenced Funding)	-3,943
ADP (Ring Fenced Funding)	-1,640
CAMHS (Ring Fenced funding)	-575
GP issues	-101
Hospices	-2,668
Equipu	-526
Rent Of Premises	-524
District Nursing (Ringfenced Funding)	-3,475
GP Appraisers	-808
	-228,464
= Remaining Budget against which Savings can be applied	25,447
% of Budget against which Savings can be applied	10.02%

- 9.12. As outlined in the new Medium Term Financial Plan 2022/23 -2024/25, and further described in this report, it is likely that from 2022/23, the budget position for IJBs will be subject to significant demand and cost led financial pressures.
- 9.13. In addition, it remains clear from Renfrewshire Council's own Revenue Budget and Council Tax 2022/23 report of 3 March 2022 that it anticipates it will be subject to significant financial pressure over the medium term with a risk of a further period of constraint and reduction in core funding for local governments 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 few years, the HSCP has benefited from resources passed through from Health as part of the local government finance 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 a progressively challenging financial position which may place the ability for any future 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 continue 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,
 - Maintain contingency reserves in line with Audit Scotland's previous recommendations which will be crucial in ensuring the financial sustainability of the partnership in the medium term.

10. Summary of 2022/23 Budget Position

	Total £000's
2021/22 HSCP Budget Rolled Forward to 2022/23	323,959
Add: HSCP Estimated Budget Pressures for 2022/23	
Contractual	4,339
Pay	3,855
Demand	3,122
Living Wage	1,503
Prescribing	459
	13,278
Add: New Posts Funded from Winter Monies	9,682
Add: 2% Uplift to Set Aside Budget	1,322
	11,004
HSCP Estimated Budget for 2022/23	348,241
Additional Funding Requirement for 2022/23	-24,282
Funded By:	
2022/23 Health Budget Uplift	2,987
2022/23 2% Uplift to Set Aside Budget	1,322
2022/23 Adult Social Care Budget Uplift	19,283
Winter Planning Monies from SG to NHSGGC	349
Total Increase in Partnership Funding	23,941
Drawdown from General Reserves to Cover Funding Gap	341
= 2022/23 HSCP Opening Budget	348,241

10.1. The table above, summarises the overall anticipated budget position for the IJB for 2022/23 reflecting:

- The pressures highlighted in Section 9 of this report;
- Costs associated with the implementation of the Winter Planning investment monies;
- Drawdown of general reserves to deliver non-recurring financial balance in 2022/23; and an
- Increase in Partnership funding in line with the conditions of the Scottish Government Budget for 2022/23.

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 2022/23, thereby enabling members to agree our partnership budget offers for 2022/23 and set a balanced budget for 2022/23.

11. **COVID-19**

11.1. IJB Members should note that the 2022/23 budget proposals are presented on the basis of "business as usual", however, ongoing and developing COVID-19 issues continue to 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.

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 2022-23. In addition, as highlighted in Section 11 of this report, the 2022/23 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

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Direction from the Integration Joint Board		
1.	Reference Number	250322-10
2.	Date Direction issued by IJB	25 March 2022
3.	Date from which Direction takes effect	25 March 2022
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 2022

Directorate for Health Finance and Governance
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Chief Executives, NHS Scotland

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

Issued via email

9 December 2021

Dear Chief Executives

Scottish Government Budget 2022-23

Following the announcement of the Scottish Government's Budget for 2022-23 by the Cabinet Secretary for Finance and the Economy 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 Cabinet Secretary has set out that this is a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government. As in previous years, the position set out in this letter will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Baseline Funding

All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of 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.

Boards should make appropriate provision for medical, dental and other staff groups, and expect to accommodate these costs within the baseline uplift.

Covid-19 Funding

We recognise the scale of anticipated Covid commitments and expenditure for 2022-23 and are keeping this under close review. To this end, we are currently seeking clarity on the level of Covid-19 funding that will be provided by HM Treasury in 2022-23. In addition however to the baseline uplift we will provide:

- an initial £30 million in 2022-23 on a recurring basis to support the permanent recruitment of Vaccination staff. Further funding will be provided following review of staffing models across NHS Boards.

- funding of £33 million for the first six months of 2022-23 for the National Contact Centre staffing and Test and Protect contact tracing staffing, £17.5 million for mobile testing units, and a further £4.1 million for the regional labs staffing in 2022-23.

We will set out more detail on overall financial support as we receive further clarity from HM Treasury and as planning arrangements are developed. We will continue to work closely with NHS Directors of Finance and Chief Financial Officers, to ensure that all appropriate steps are being taken to deliver value and efficiency across totality of spending.

Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
TOTAL	775.9	845.9	70.0

When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23 - see **Annex A**.

Core Areas of Investment

Further detail on funding allocations and arrangements will be set out by individual policy areas, however please note the overall funding committed:

Primary Care

Investment in the Primary Care Fund will increase to £262.5 million in 2022-23 as a first step to increasing primary care funding by 25% over the life of this Parliament. Funding will continue to support the delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.

Waiting Times Recovery

Investment of £232.2 million is being provided to support waiting times improvement, recovery and reform. This includes £60 million for NHS Recovery and an additional support for National Treatment Centres. As in previous years this includes £10 million for winter, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £246 million for Improving Patient Outcomes will be directed to a range of partners for investment to support mental health and children and young people's mental health. It will help fund a range of activities which support prevention and early intervention through offering a sustained increase in investment in mental health services. It will support our commitment to increase direct mental health funding by at least 25% over this parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan, published in October 2020, including significant funding to improve Child and Adolescent Mental Health Services and to reduce waiting times.

As part of the 2022-23 budget we are investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.

Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.

Trauma Networks

This funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26. Funding will support further investment in a range of community-based interventions, with a focus on supporting individuals and their families within their community, as well as an expansion of residential rehabilitation and improving delivery of frontline care as part of the overarching aim of reducing harms and avoidable deaths caused by substance misuse.

Health and Social Care Integration

In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

Capital Funding

Territorial Boards should assume a five per cent increase in their initial capital formula allocation. National Boards formula capital will be unchanged.

2022-23 Financial Planning

As previously confirmed, we will return to three year financial planning in 2022-23. It is expected that Boards will submit these plans in line with the timescales for three year operational plans, however we will provide further updates on this in advance of the new financial year.

It is recognised that some specific cost pressures have been highlighted by NHS Boards, such as those relating to CNORIS, Office 365 and PACS reprovisioning. We will undertake further work with Directors of Finance to determine the extent of these pressures and planning assumptions that should be made.

Yours sincerely

RICHARD MCCALLUM

Director of Health Finance and Governance

Annex A – Board Funding Uplifts

NHS Territorial Boards	2021-22 Allocation	Recurring Allocations**	Total 2021- 22 Allocation	Uplift***	Uplift	2022-23 Total Allocation	NRAC Funding	Distance from NRAC Parity
	£m	£m	£m	£m	%	£m	£m	%
Ayrshire and Arran	774.5	12.0	786.4	20.3	2.6%	806.8	0.2	-0.8%
Borders	222.7	3.7	226.3	8.5	3.7%	234.8	2.7	-0.8%
Dumfries and Galloway	320.6	5.2	325.8	8.3	2.6%	334.1	0.0	1.3%
Fife	712.6	11.2	723.8	25.5	3.5%	749.4	7.0	-0.8%
Forth Valley	569.4	9.2	578.7	19.4	3.4%	598.1	4.6	-0.8%
Grampian	1,027.9	17.6	1,045.5	26.7	2.6%	1,072.2	0.0	-0.5%
Greater Glasgow and Clyde	2,398.1	43.4	2,441.5	62.4	2.6%	2,504.0	0.0	1.9%
Highland	691.9	12.6	704.5	21.2	3.0%	725.6	3.1	-0.8%
Lanarkshire	1,286.1	20.2	1,306.3	40.6	3.1%	1,346.8	7.2	-0.8%
Lothian	1,569.5	26.0	1,595.5	43.8	2.7%	1,639.3	3.0	-0.8%
Orkney	54.8	0.9	55.7	1.4	2.6%	57.1	0.0	0.6%
Shetland	54.6	0.9	55.6	1.4	2.6%	57.0	0.0	2.4%
Tayside	819.9	14.4	834.4	22.2	2.7%	856.5	0.8	-0.8%
Western Isles	81.1	1.2	82.4	2.1	2.6%	84.5	0.0	12.1%
Territorials Total	10,583.7	178.5	10,762.2	303.9	2.8%	11,066.1	28.6	
NHS National Boards								
National Waiting Times Centre	60.9	4.9	65.9	2.2	3.4%	68.1		
Scottish Ambulance Service	283.7	14.2	297.9	8.0	2.7%	305.9		
The State Hospital	38.1	0.8	39.0	1.0	2.7%	40.0		
NHS 24	73.8	2.4	76.2	2.2	2.9%	78.4		
NHS Education for Scotland	471.7	8.3	479.9	12.4	2.6%	492.3		
NHS National Services Scotland	341.4	5.4	346.8	8.5	2.4%	355.3		
Healthcare Improvement Scotland	27.5	2.2	29.7	0.7	2.5%	30.4		
Public Health Scotland	48.6	1.7	50.4	1.7	3.4%	52.1		
Nationals Total	1,345.8	39.9	1,385.8	36.8	2.7%	1,422.6		
Total NHS Boards	11,929.5	218.4	12,148.0	340.7	2.8%	12,488.7		
Improving Patient Outcomes****	775.9		775.9	70.0		845.9		
Total Frontline NHS Boards*	11,816.2	200.9	12,017.1	387.4	3.2%	12,404.4		

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

** Includes recurring allocations from 2020-21 and funding for Agenda for Change and Medical & Dental pay uplift in 2021-22.

*** Includes funding for increased employer NI contributions and NRAC parity adjustments.

**** Restated for Mental Health and NHS Recovery Funding

Your Ref:
My Ref: AMacA/CB
Contact: Alastair MacArthur
Telephone Number: 0141-618 7363
Email: alastair.macarthur@renfrewshire.gov.uk
Date: 9 March 2022



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

Dear Sarah

2022/23 Financial Allocation from Renfrewshire Council

Renfrewshire Council agreed its budget for the financial year 2022/23 on 3 March 2022.

In setting the budget, Council agreed total funding to the Renfrewshire HSCP of £86,011,535.

The above amount reflects the pass through in full to the HSCP of Scottish Government funding received through the local government settlement and as outlined in Finance Circular 9/21 of £11,655,000 as directed by the Cabinet Secretary.

Subsequent to this amount being agreed by Council, the Scottish Government has provided further updates to Council confirming additional funding to be passed through to the HSCP as follows:

Additional investment in health & social care (£200m nationally) - £6.783 million
 Social work capacity in adult care (£22m nationally) - £0.730 million

Finally, within the funding outlined in Finance Circular 9/21 there is £0.115 million related to Mental Health Recovery & Renewal. This amount has now been confirmed as being related to services delivered by the HSCP, and therefore requires to be passed through.

Taking account of the adjustments above, the base budget for 2022/23 will therefore be £93,639,535.

Yours sincerely

Alastair MacArthur
Director



Finance and Resources
Director: Alastair MacArthur CPFA
 Renfrewshire House, Cotton Street, Paisley, PA1 1JB
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Greater Glasgow and Clyde NHS Board

JB Russell House
 Gartnavel Royal Hospital
 1055 Great Western Road
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 Tel. 0141-201-4444
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Date: 9th March 2022
 Our Ref: FMcE

Enquiries to: Fiona McEwan
 Direct Line: 07957638165
 E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Christine

2022/23 Indicative Financial Allocation to Renfrewshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2022/23. An update to this letter formally confirming your final allocation for 2022/23 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of future Covid-19 funding is determined.

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 2022/22 is 2.0% totalling £48.8m with a further allocation of £13.6m to support the increased employer national insurance costs arising from the UK Health and Social Care Levy.

The HSCP Settlement

The Scottish Government's budget letter issued on 9 December 2022 states that *"In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs."*

The total allocation uplift to all six HSCPs should be £21.1m based on the current recurring budget at 31 January 2022. This will be adjusted when the 2021/22 out-turn is finalised in April.

An indicative allocation based on Month 10 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2021/22 uplifted by 2.0% and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

Covid-19 Funding

As per the Scottish Government Letter issued on the 25th of February 2022 for further Covid funding in 2021/22:

"Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board."

Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2022/23:

- 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.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2022/23. In the meantime, this letter enables the HSCP to produce its financial plans for 2022/23.

Yours sincerely

Fiona McEwan

Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2022/23 (based on month 10 figures)

Spend Categories		Renfrewshire HSCP
		£000s
Family Health Services		53,626
FHS Income		(1,081)
Family Health Services Budget (Net)		52,545
Prescribing & Drugs		37,570
Non Pay Supplies		17,035
Pay		51,274
Other Non Pay & Savings		25,928
Other Income		(862)
Budget - HCH incl Prescribing		130,946
Total Rollover budget - NET		183,491
Adjustments:		
Non Recurring bud allocated to base		(153)
Budget Eligible for HCH & Prescribing uplift		130,793
<u>Uplifts</u>		
Scottish Government allocation	2.00%	2,616
Uplift for National Insurance increases	13.6 m	371
Total Uplift		2,987
Revised Budget		186,477
<u>Set Aside Budget</u>		
2021/2022 Value		66,111
Uplift @ 2%		1,322
2022/23 Value		67,433



To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Chief Finance Officer

Heading: Medium Term Financial Plan 2022 – 2025

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 medium term financial outlook for Renfrewshire IJB as set out in the attached Medium Term Financial Plan 2022/23 – 2024/25.
- 1.2 This Medium Term Financial Plan, for Renfrewshire IJB, outlines the financial challenges and opportunities the Health and Social Care Partnership (HSCP) faces over the next three years and provides a framework which will support the HSCP to remain financially sustainable. It will also complement the HSCP's new Strategic Plan, highlighting how the HSCP Medium Term Financial Planning principles will support the delivery of the IJB's strategic objectives and priorities.
-

2. Recommendations

It is recommended that the IJB:

- Note the assumptions and context of the financial plan for 2022/23 to 2024/25 and the levels of uncertainty that exists in relation to a range of these assumptions; and
 - Approves the Medium Term Financial Plan 2022/23 to 2024/25.
-

3. Background and Context

- 3.1 The IJB approved its first Financial Plan in September 2017. This was updated in the Medium Term Financial Plan 2020/21 – 2024/25 (approved by the IJB in November 2019) to reflect the anticipated financial challenges and opportunities that the partnership expected over that five-year period and to provide a framework which

would support the partnership to remain financially sustainable. It set out the IJB's **two-tiered model** for delivering financial sustainability **by addressing short-term financial pressures, through 'Tier One' savings** in Financial Year 2020/21, whilst embedding **a strategic approach to transformation through 'Tier Two'** from Financial Year 2021/22 onwards

3.2 The unforeseen events of the COVID-19 pandemic created considerable unanticipated pressures for the IJB and prompted a shift in the focus of the Health and Social Care Partnership (HSCP) and our partners' activities. Whilst many of the elements of our previous MTFP – including our **two-tiered model** - remain, the pandemic has accelerated the delivery of some of our objectives, made others increasingly important, and lowered the priority of some of our previously agreed actions. Alongside the development of the new Strategic Plan, it is consequently necessary to update our supporting MTFP.

3.3 Given the scale of uncertainty and current level of identified pressures on the delegated Health and Social Care budgets, it is important that the IJB plans for a range of potential outcomes from 2022/23 onwards. In addition, it is anticipated that moving forward beyond 2022/23 an annual saving requirement of significant scale is likely to continue over the medium term, re-enforcing the need for the IJB to plan over the medium to longer term on the basis of:

- Reducing resources with no certainty of any level of sustained growth;
- Rising costs and demand pressures to continue to feature in the IJB's financial outlook; and
- Increasing need to prioritise spend on the delivery of strategic priorities

4. **Medium Term Financial Outlook**

4.1 Looking into 2022/23 and beyond, it is anticipated that the public sector in Scotland will continue to face a very challenging short and medium-term financial outlook. There is significant uncertainty over what the scale of this likely reduction in available funding will be. It is therefore important that the IJB plans for a range of potential outcomes, ensuring sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years – with the likely scenario that a significant level of further recurring savings will be required.

4.2 As a consequence, the IJB's financial planning arrangements remain subject to active review using a scenario-based approach in recognition of the scale of variability in the potential funding for the IJB. It is therefore essential that the IJB continues to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB.

4.3 We must work to deliver both a balanced budget and continue to deliver accessible and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

5. Projected Budget Gap

- 5.1 In view of the current scale of uncertainty, a scenario-based approach continues to be adopted in line with the previous Financial Plan 2020/21 – 2024/25, where potential outcomes have been considered over: low, medium, high and worse case projected positions.
- 5.2 Using the above range of scenarios, current projections for the period 2022/23 – 2024/25 include a wide range of assumptions in respect of key cost pressures and demand, highlighting a potential budget gap within a range of **£37m to £48m** for this three-year period. On the basis of this estimated budget gap, and subject to clarification over the coming months and years, the Chief Finance Officer (CFO) recommends that the IJB progresses with a financial planning strategy based on the medium scenario of a budget gap within a range of **£13m to £14m** per annum, over this three-year period. This assumed budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations. In addition, it is important to note that these projections are prior to any mitigating action being taken.

6. Financial Challenge

- 6.1 As highlighted in section five of this report, 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 both the national context, and future funding contributions from partners for which there remains significant and real uncertainty.
- 6.2 Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position of each emerges:
- Future funding allocations from Partner Organisations
 - Demand led Pressures
 - Inflation and Contractual Commitments
 - Future Pay Settlements
 - Demographics, Deprivation and Health
 - Prescribing
- 6.3 Additional funding streams have been provided by the Scottish Government in respect of multi-disciplinary working, providing interim care, increasing Care at Home capacity and supporting staff health and wellbeing, amongst others. This will help to address recognised winter pressures and ongoing challenges presented by the pandemic. However, the difficulty in utilising ring-fenced and/or non-recurring funds, whilst seeking to continue to deliver business as usual and a balanced budget should not be minimised. Such funding terms impact directly on the nature of the investments which can be delivered in the time frame and in pursuit of the outcomes associated with the funding, and can be at odds with the approach that the IJB would take should funding be less constricted.

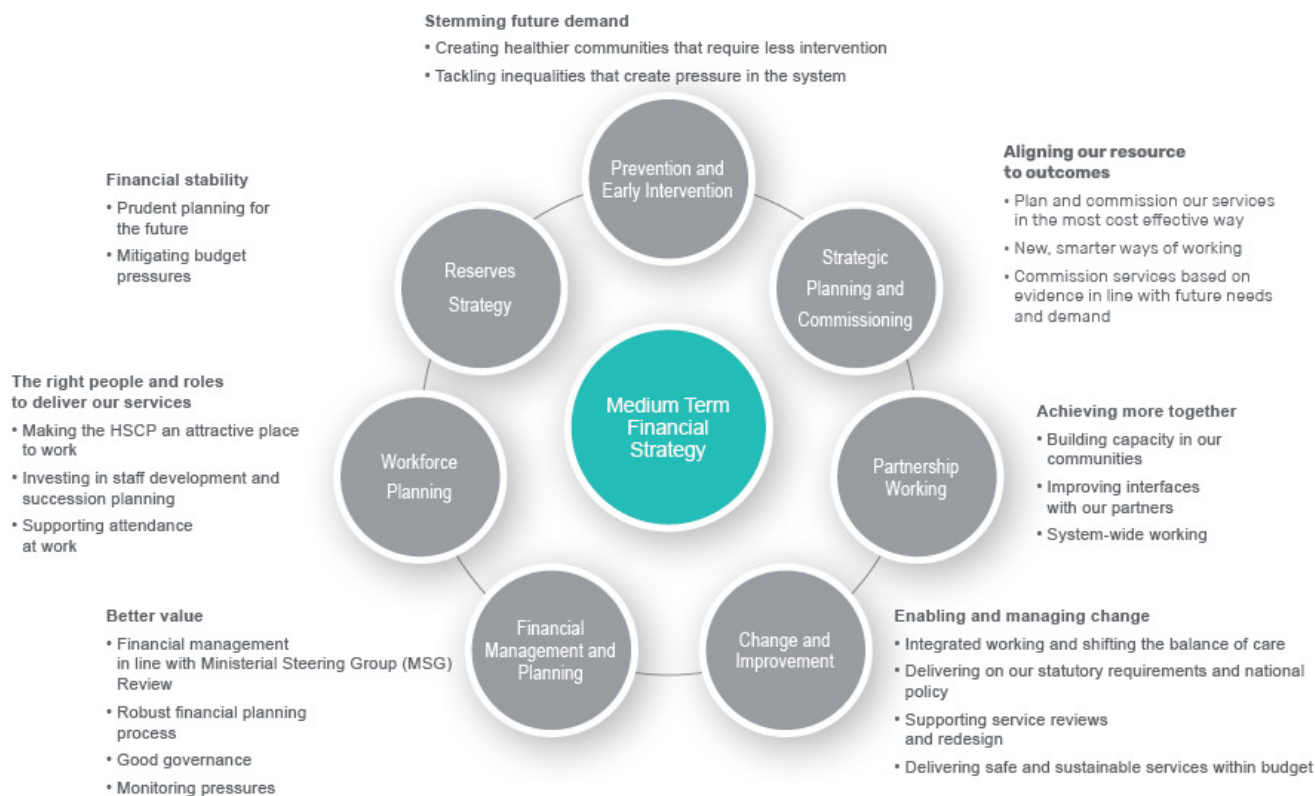
- 6.4 Looking beyond 2022 and into the longer term, it is inevitably more difficult to forecast. It is important that the IJB adopts a long-term strategy not just in planning the delivery of strategic outcomes and services, but also from a financial perspective to ensure that medium to long term risks to the IJB's financial sustainability are identified early, even though there may be uncertainty over their specific timing, scale and ultimate effect.

7. Responding to the Local Financial Challenge

- 7.1 Our previous MTFP set out the IJB's **two-tiered model** for delivering financial sustainability by addressing short-term financial pressures, through 'Tier One' savings in Financial Year 2020/21, whilst embedding a strategic approach to transformation, 'Tier Two' from Financial Year 2021/22 onwards.
- 7.2 COVID-19 significantly disrupted the IJB's delivery of its 2020/21 Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in-year (Tier One) savings. Transformation (Tier Two) changes were disrupted and delayed; as was work to bring forward and develop a second tranche of savings for 2021/22 and beyond. Nonetheless, the IJB remained focussed on delivering the transformation programme and seeking to deliver targeted savings where necessary, focusing on mitigating the risk of financial instability.
- 7.3 The COVID-19 response necessitated rapid and significant service change, and the IJB delivered with innovative and creative solutions to previously unanticipated challenges. From this, the IJB identified an opportunity to build on the successes of its initial response, through the implementation of plans for both the **recovery** of our services in the short to medium term - reflecting the NHS Remobilisation plan - and the **renewal**, or transformation, of our services in the medium to long term.
- 7.4 Accordingly, in the summer of 2020, the IJB approved the development of a **Recovery and Renewal Programme** in line with the two strands of activity set out within its transformation approach: (i) an outward focus on health and wellbeing projects; and (ii) internally-focused organisational change. The programme builds on and supports our **two-tier model** for delivering financial sustainability.

8. Medium Term Financial Strategy

- 8.1 Our Medium Term Financial Strategy remains as per our last MTFP. It has 7 components which collectively support the transformational change required to deliver financial balance. This strategy is set out in the following diagram.



8.2 In line with the above principles, the Chief Officer and Chief Finance Officer will work with IJB members to take forward our Medium Term Financial Strategy to deliver financial balance whilst delivering safe and sustainable services.

9 Reserves

9.1 The IJB approved its revised Reserves Policy in June 2020, in line with national guidance and good financial governance. This Reserves Policy updated our established framework within which decisions are made regarding the level of reserves held by the IJB, and the purposes for which they will be maintained and used. As per our policy, reserves are subject to ongoing review dependent on the financial position of the partnership.

9.2 At the time of writing this MTFP, the IJB holds general reserves of £5.8m which equates to circa 2% of the IJB's net budget, including set aside. This is in line with our current policy which proposes 2% as an optimum level of reserves, recognising prudent financial planning and budgetary constraints.

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** – n/a
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, delivery of agreed savings
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	250322-11
2.	Date Direction issued by IJB	25 March 2022
3.	Date from which Direction takes effect	1 April 2022
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 as outlined in the Medium Term Financial Plan.
7.	Full text of Direction	The Integration Scheme requires Renfrewshire Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes. Both Partners are requested to consider this Medium Term Financial Plan as part of their annual budget process for 2023 – 24 and 2024 – 25
8.	Budget allocated by IJB to carry out Direction.	Not relevant at this stage.
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	In line with the agreed Performance Management Framework of the Renfrewshire Integration Joint Board and the Renfrewshire Health and Social Care Partnership.
11.	Date of review of Direction	March 2023.



Renfrewshire Integration Joint Board

Medium Term Financial Plan 2022-2025



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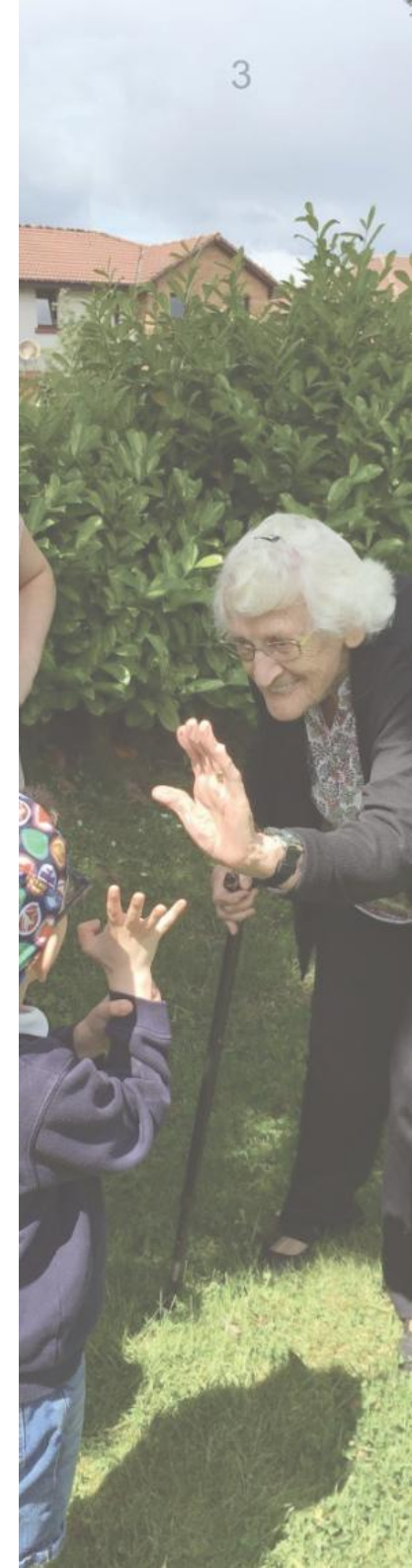
Executive Summary

The Renfrewshire Integration Joint Board (IJB) Medium Term Financial Plan 2020/21 – 2025/26 outlined the anticipated financial challenges and opportunities that the partnership expected over that five-year period and provided a framework which would support the partnership to remain financially sustainable. It was designed to complement the IJB's Strategic Plan, highlighting how the IJB's financial planning principles would support the delivery of the IJB's strategic objectives and priorities. It set out the IJB's **two-tiered model** for delivering financial sustainability **by addressing short-term financial pressures, through 'Tier One' savings** in Financial Year 2020/21, whilst embedding **a strategic approach to transformation through 'Tier Two'** from Financial Year 2021/22 onwards.

The unforeseen events of the COVID-19 pandemic created considerable unanticipated pressures for the IJB and prompted a shift in the focus of the Health and Social Care Partnership (HSCP) and our partners' activities. Whilst many of the elements of our previous Medium Term Financial Plan (MTFP) – including our two-tiered model - remain, the pandemic has accelerated the delivery of some of our objectives, made others increasingly important, and lowered the priority of some of our previously agreed actions. Alongside the development of the new Strategic Plan, it is consequently necessary to update our supporting MTFP.

The new Medium Term Financial Plan 2022 – 2025 reflects the impact of COVID-19 and other emerging issues facing the IJB. The MTFP is intended to outline, in broad terms, the specific service and funding issues over the next three-year period and how the IJB will work towards achieving financial sustainability and resilience, whilst delivering its priorities. It brings together a range of assumptions on future income and expenditure which allows us to identify where, and when, we can expect to face financial pressures. This new MTFP estimates a gross budget gap within a range of **£37m to £48m** over the next three years.

As was the case prior to the pandemic, the IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.



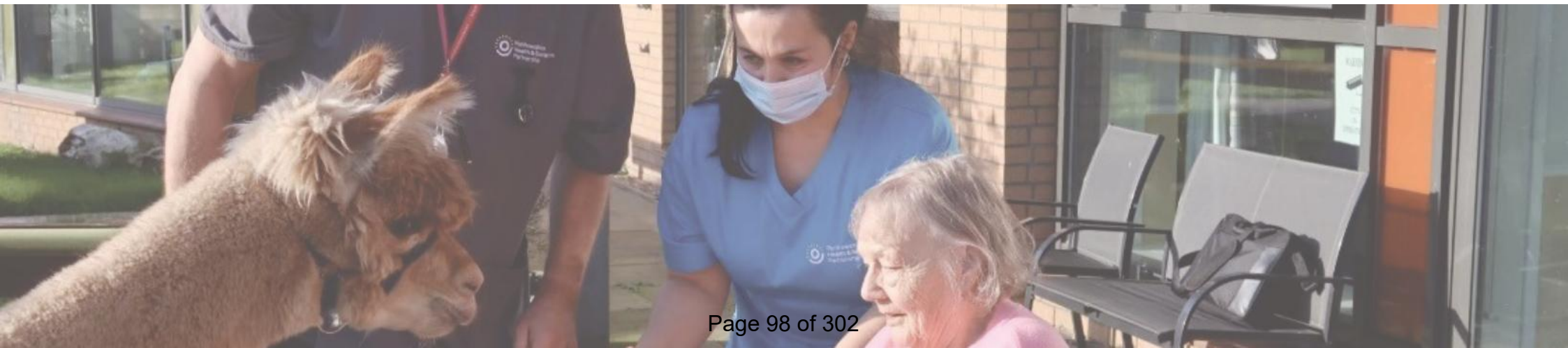
Purpose

This MTFP sets out the much changed national and local context within which the IJB will be working over the next three years and highlights the key financial challenges that it faces, as well as the strategic aims that it aspires to deliver and the community priorities that it strives to meet.

Renfrewshire IJB is the governing body of the HSCP and agrees an annual budget following the delegation of funding from its partners each financial year. The financial position for public services continues to be challenging, with the IJB operating within ever increasing budget restraints and pressures. This means the IJB must consider how it can improve the quality of services and achieve better outcomes for local people while containing or reducing costs. Critical to this, is ensuring the IJB have robust financial arrangements in place to deliver services within the funding available, and effective medium-term financial planning, aligning with the delivery of our new Strategic Plan.

This Plan will deliver a number of benefits to Renfrewshire HSCP including:

- Playing an important role in the HSCP's strategic planning process, to ensure that resources are targeted at the delivery of the priorities of the Strategic Plan
- Helping inform IJB decision making to effectively assess the potential financial impact of current and future decisions to ensure the HSCP remains financially sustainable
- Providing a basis for engaging with partner bodies in relation to the annual budget setting process
- Supporting the required transformation, to provide sustainable services to the local community to secure financial sustainability
- In line with national direction, supporting the delivery of the Strategic Plan and setting out our plans to progress the shift in the balance of care to a community setting, in readiness for the establishment of the planned National Care Service.



National Context

As with the Strategic Plan, the MTFP must be cognisant of, and responsive to, the national context. This includes both considerations around policy and the public health emergency caused by the COVID-19 pandemic. The impact of such issues on our ability to deliver services, how we deliver them, and on the budgets available to fund those services, has been acutely felt over the two years since March 2020 and shows little sign of abating.

The Economy

The Scottish economy is gradually re-adjusting to an environment largely without restrictions in place, although it continues to be influenced by legacy effects of past restrictions and imbalances in demand and supply which have emerged. At the same time, UK Government fiscal support has progressively been withdrawn, with the end of the furlough scheme and the temporary changes to VAT and Universal Credit. The result is a slow recovery, with the pace of this recovery hampered by supply chain disruption and inflationary pressures.

The Scottish Government published the 2022-23 Scottish Budget and the Medium-Term Financial Strategy on Thursday 9 December 2021. Despite hopes for a return to multi-year settlements, the 2022-23 budget was for one year only, with a commitment from the Scottish Government for a full Resource Spending Review in May 2022. The Review will aim to set out the government's long-term funding plans and the roadmap for delivering key commitments, such as the establishment of the National Care Service, addressed later in this plan. Nevertheless, the continuation of single-year settlements at this time is challenging for the IJB and continues the uncertainty for our future medium term financial planning, as well as that of our funding partners.

The Scottish Fiscal Commission expects the total Scottish Budget to increase by 10% in cash terms between 2022/23 and 2026/27, equivalent to a 1% increase in real terms, after adjusting for inflation.

Resource funding is expected to increase, while capital funding is expected to fall, as a result of changes in funding from the UK Government.

As highlighted in previous MTFPs and budget updates to the IJB, a large proportion of the Scottish Budget is now driven by devolved tax powers, this brings additional risk to the funding available for public services in Scotland with the performance of the Scottish economy becoming a key factor in the overall level of resources available to the Scottish Government.

Inflation

The volatility of UK inflation, impacted by record global energy cost rises, will present a considerable challenge to the IJB over the medium term. Currently at 5.5% - its highest level in almost 30 years - latest predictions from the Bank of England at the time of writing this Plan are that inflation will peak at 7.25% in April 2022, far exceeding the Bank's 2% target and greater still than the predictions at the close of 2021. Such pressure will impact both the sustainability of our external providers, who will struggle to cope with the rising cost of goods and services, and the IJB directly, as our providers may attempt to pass on those rising costs through proposed rate increases.



National Direction

National Care Service and NHS Recovery Plan

[The Independent Review of Adult Social Care](#), published in February 2021, set out the case for a new National Care Service (NCS) which aims to deliver consistent, high quality social care support in partnership with people who have a right to receive that support, unpaid carers, and the workforce.

The aspirations of the NCS represent a progression from the Scottish Government's [Health and Social Care Delivery Plan](#) and supports the Scottish Government's longstanding desire to shift the balance of where care and support is delivered from hospital to community care settings, and to individual homes where possible and appropriate. The review acknowledged that significant structural change and reform will be required in the establishment of such a service. It is currently expected that draft legislation will be introduced within the Scottish Parliament in summer 2022. The Scottish Government intends for the NCS to be in operation by the end of this Parliament in 2026.

The [Scottish Government's NHS Recovery Plan](#), published in August 2021, set out headline ambitions and actions to be developed and delivered over the following five years, aimed at reversing the damage inflicted on service levels due to the pandemic and delivering key reforms in the delivery of care. The recovery plan is backed with over £1 billion of targeted investment.

Audit Scotland

Audit Scotland has consistently highlighted the importance of developing medium and long-term financial plans that take account of forecast demand, noting that the lack of multi-year budgeting has made managing costs and potential funding shortfalls more difficult in the medium to longer term.

Additionally, it has noted the lack of progress in shifting resources from acute to community settings and preventative approaches - key for improving outcomes and reducing inequalities – as envisioned by Dr Campbell Christie more than a decade ago, in the [Commission on the Future Delivery of Public Services](#). It acknowledges that the proposed NCS goes beyond adult social care, setting out a vision to create a community health and social care service that supports people of all ages and with a wide range of needs. It also notes that **these plans are not costed** and that such reforms will take time to implement during a period when a number of services are in near-crisis, requiring immediate action to mitigate against serious risks to the delivery of care services for individuals.



In its January 2022 [Social Care Briefing](#), Audit Scotland noted that, whilst there remains much uncertainty about what social care reform will look like in terms of scope, the additional funding required to implement such change will need to be significant. Furthermore, this additional funding must be used effectively; services should not continue to be funded and delivered in the same way as they currently are.

In its report [NHS in Scotland 2021](#), published in February 2022, Audit Scotland stated that the NHS was not financially sustainable before the pandemic, and that responding to COVID-19 has increased those pressures. It notes that the NHS in Scotland continues to operate on an emergency footing and that reform must remain a focus, building on the innovation seen throughout the pandemic. Crucially, the public must be kept aware of and involved in changes to service provision. But, it notes, transforming services will be very difficult to deliver against the ongoing competing demands of the pandemic and an increasing number of other policy initiatives, such as plans for the NCS.

The report also notes that the Scottish Government plans to bring financial planning, service planning, workforce planning and capital investment together under a new Care and Wellbeing Portfolio, which has the potential to help the NHS become sustainable, but it is very early days. Audit Scotland concluded that the key to financial stability remains a clear focus on the Scottish Government's long-standing commitment to transform how health and social care services are delivered.

The concerns regarding short-term budget settlements and increasing demand, against the challenge of delivering massive transformational change whilst maintaining service delivery, are brought to the fore in Audit Scotland's [Local Government in Scotland Financial Overview 2020/21](#), published in March 2022. This report highlights that when COVID-19 funding is excluded, there has been a real terms reduction of 4.2% of local government funding in Scotland since 2013/14. It also notes the increasing amounts of ring-fenced funding to meet Scottish Government priorities, which removes any local discretion over how these funds can be used, thereby putting yet more stress on already diminishing budgets.

The report points out that the pressures on councils that existed before the pandemic persist, now with greater intensity, and that endeavouring to return services to pre-March 2020 levels isn't the solution; reviewing longer-term planning arrangements and involving communities and partner organisations to help redesign and reshape core services will be key.



UK and Scottish Legislative and Policy Changes

UK and Scottish Government legislation and policies and how these are funded can have implications for the IJB and its medium-term financial planning. There are a number of areas which may impact the IJB over the medium term, these include:

(i) Withdrawal from the European Union (Brexit)



One of the greatest risks to the economic outlook remains Brexit, with the increasingly realised view that this will have a long-term negative impact on the economy. The economic impact of Brexit could be to reduce Scotland's GDP by £9bn by 2030 compared to staying in the EU ¹. The negative impact on our supply chains and labour markets are now being exacerbated by increasing demand as the global economy recovers from COVID-19. The UK government is being forced to relax immigration rules for overseas care workers, in recognition of the severe and increasing problems with hiring and keeping staff after Brexit. Since our last MTFP, we also now have confirmation of a 'no-deal' outcome, requiring the Scottish Government, working with the wider UK Government, to support the economy through this protracted period of uncertainty.

(ii) Safe and Effective Staffing



The Health and Care (Staffing) (Scotland) Act 2019 makes statutory provision about appropriate staffing by the National Health Service and by providers of care services to enable safe and high-quality care and improved outcomes for service users. It applies to care services registered and inspected by the Care Inspectorate and has implications both for services delivered and those commissioned by the IJB. However, its implementation was delayed by the pandemic. The IJB will continue to closely monitor this legislation to enable any financial and operational consequences to be fully understood.

(iii) The Carers (Scotland) Act 2016



The Carers (Scotland) Act 2016 introduced Adult Carer Support Plans (ACSP) for adult carers, to identify the personal outcomes and individual needs for support of adult carers.

The IJB is well placed to meet the requirements of the Act and have detailed plans in place across Renfrewshire; The Carers Planning Group, which includes carers, the Carers Centre, and operational managers, is leading on implementing these regulations within Renfrewshire. Additional funding has been received by the IJB to support the implementation of the requirements of the Act.

¹ <https://www.gov.scot/news/bad-brexit-deal-for-scotland-1/>

(iv) Primary Care



In December 2020 the Scottish Government recognised the delay to the implementation and delivery of the new GP contract due, in part, to the pandemic. They renewed their commitment to ensuring the new GP Contract can be fully implemented and confirmed their commitment to additional investment of an extra £500 million per year for primary care funding. Some of this funding will flow to IJBs to deliver services which will support GP practices to become sustainable for the future, such as through the increased use of multi-disciplinary teams, £250 million of this additional investment will be utilised in direct support of general practice.

(v) Mental Health



The impacts of the pandemic at a societal level have meant that mental health has been brought to the fore like never before. The Scottish Government's Mental Health Strategy 2017-2027 was therefore further supported in October 2020 by the Mental Health Transition and Recovery Plan, which focussed on key areas of mental health need arising from the pandemic and associated lockdowns. Delivery of the plan was underpinned by a £120 million commitment through the Mental Health Recovery and Renewal Fund, announced in February 2021, some of which will flow to Renfrewshire and be used to deliver on this national commitment, including through the appointment of additional posts in Child and Adolescent Mental Health Services (CAMHS) to address the ongoing backlog in this area and the post-pandemic spike in demand.

(vi) Adult Social Care Pay Uplift



The Scottish Government, as part of its Budget for 2022-23 has recommended a £10.50 minimum pay settlement from 1 April 2022, for adult social care workers in commissioned services, to support employee retention and begin to embed improved pay and conditions for care workers. This builds on the recent increase to a minimum of £10.02 implemented in November 2021. The funding to meet this increase in costs was included as part of the 2022/23 budget allocation to IJB's.

(vii) Public Sector Pay Policy



Alongside the Adult Social Care Pay Uplift, the Scottish Government also announced a Public Sector Pay Policy for 2022/23. Whilst not directly setting local government pay (which is negotiated by local government separately), the policy acts a reference point for all major public sector workforce groups across Scotland and provides important context for ongoing negotiations with trade unions. The policy sets a flat rate increase of £775 for those earning a salary up to £25k, £700 for those earning £25,000 to £40,000 and £500 for those earning above £40,000. It also sets a guaranteed wage floor of £10.50 per hour.

At this juncture, pay negotiations across the local government employee groups are ongoing and no agreement has yet been reached. However, COSLA has raised with the Scottish Government that the underlying movement in the core local government settlement will be insufficient to fund a pay settlement at this level. This, combined with the high levels of inflation currently being experienced and which are forecast to remain high for some time, means it will present a challenging environment in which to reach agreement on pay levels.

Local Context

Role and Remit of Renfrewshire IJB

Renfrewshire IJB, formally established on 1 April 2016, has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Renfrewshire area. The functions which are delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014, are detailed in the formal partnership agreement between the two parent organisations, Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC).

This agreement, referred to as the Integration Scheme, is available within the IJB section of the HSCP's website at: [Health and Social Care Partnership > About Us > Integration Joint Board](#).

Under the requirements of the Act, Local Authorities and Health Boards must review Integration Schemes within five years of the scheme being approved in Parliament. On 19 February 2020, Renfrewshire Council's Leadership Board approved a revised version of the Integration Scheme for consultation. However, in light of the pandemic and associated disruption, the NHSGGC Board was unable to progress their statutory consultation of the revised Integration Scheme.

At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC to confirm the timescales for consultation, and subsequent approval of, Integration Schemes. The existing Integration Scheme will remain in place until this time.

The vision for the IJB is:

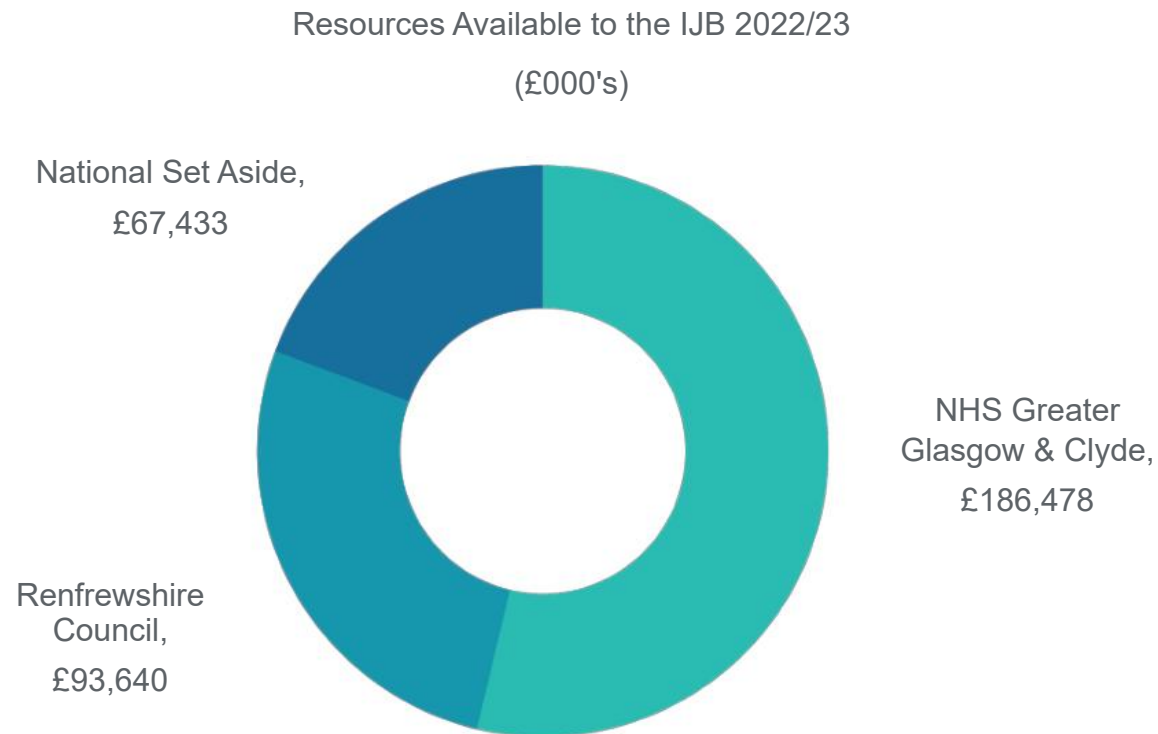
Renfrewshire is a caring place where people are treated as individuals and supported to live well.

The IJB's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan.



Our Budget

Renfrewshire IJB delivers and commissions a range of health and adult social care services to the population of Renfrewshire. This is funded through budgets delegated from both Renfrewshire Council and NHS GGC. The resources available to the IJB in 2022/23 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, are circa **£348m**.



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £67m. This budget is in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area. The Set Aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. The IJB is responsible for the strategic planning of these services but not their operational delivery.

Hosted Services

On behalf of the six HSCPs within NHSGGC, Renfrewshire is the host partnership for Podiatry services and Primary Care Support and Development. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such, the IJB is considered to be acting as 'principal', therefore the full costs of these services are included within all financial statements for the services which it hosts. There are no financial transactions between each HSCP for hosted services, however information regarding the proportionate costs incurred by each HSCP are included in the Annual Accounts for each of the six IJBs.

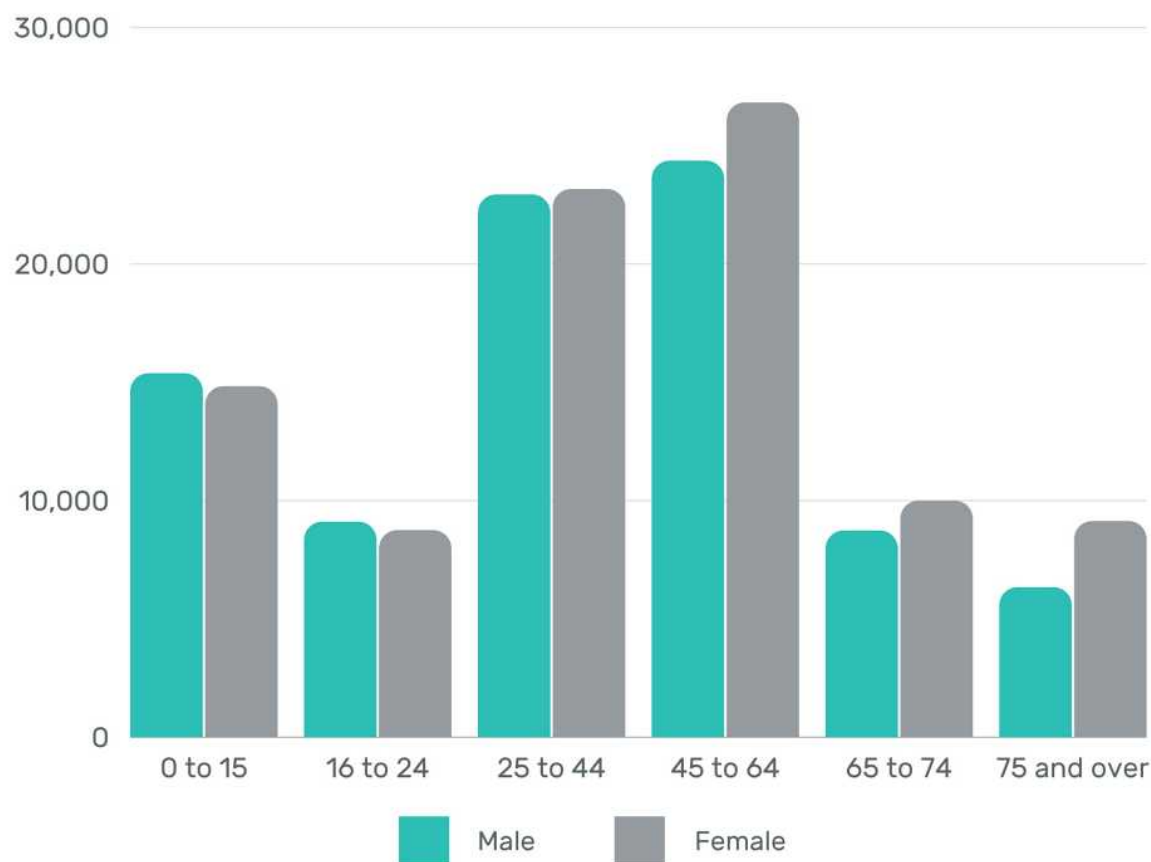
The following table provides details of the services hosted by the remaining IJBs within NHSGGC:

Host	Service
East Dunbartonshire	Oral Health
East Renfrewshire	Learning Disability Tier 4 Community & Others
	Scottish Centre of Technology for the Impaired
Glasgow	Continence
	Sexual Health
	MH Central Services
	MH Specialist Services
	Alcohol & Drugs Hosted
	Prison Healthcare
	HC in Police Custody
West Dunbartonshire	MSK Physio
	Retinal Screening

A Profile of Renfrewshire

Our Demography

According to the latest official statistics from the National Records of Scotland (NRS), the population of Renfrewshire is 177,390. The breakdown of this figure into age groups and sex is shown in the following graph. There are more women than men in every age group, except for those aged 0-15 and 16-24.



Renfrewshire Population

179,390

0.2% increase from 2019

51.6%
female48.4%
male**Ethnicity**

National Records of Scotland data in 2020 shows that in Renfrewshire:



The Black, Asian and Minority Ethnic (BAME) population accounts for 2.8% of the overall local population

4,781 people

65% are Asian, 17% are African, 9% are from multiple ethnic backgrounds, 2% Caribbean and 7% from other ethnic groups

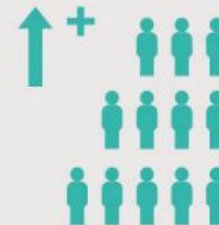
**30,182** (16.8%)
children aged 0-15**115,055** (64.1%)
adults aged 16-64**34,153** (19%)
adults aged 65 and over

The population will increase to

181,091**0.9% increase**

on 2020 population

The 75 and over population will increase to

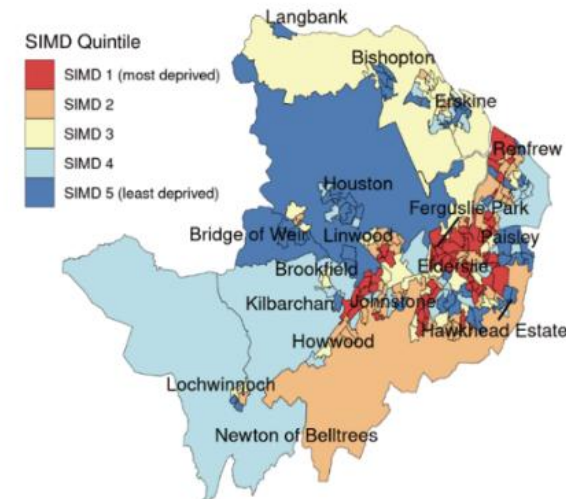
17,247**11.6% increase**

on 2020 75+ population

Deprivation and Inequalities

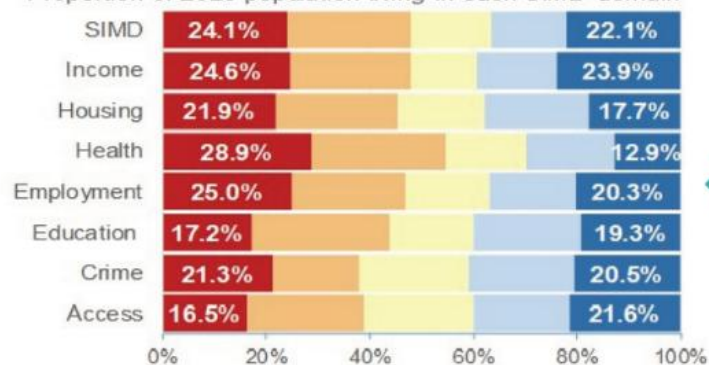
The Scottish Index of Multiple Deprivation (SIMD) assesses 6,976 small areas known as 'data zones'. 2020 figures show:

- There are **2 'data zones'** in Renfrewshire within the **10 most deprived** zones nationally
- Almost **25% of all data zones** in Renfrewshire are in the **20% most deprived nationally** (24.1% of 2020 population)
- Renfrewshire has the **9th highest share of deprived data zones** nationally (of 32 areas)



Renfrewshire HSCP

Proportion of 2020 population living in each SIMD domain



Individual SIMD Domains show that

Renfrewshire is more deprived compared to the Scotland average for **Employment, Crime, Housing and Income**.

These social and economic inequalities can **impact on self-esteem, happiness and participation in local communities** and lead to **poorer physical and mental health**. In Renfrewshire, **28.9% of residents** are in the **20% most-deprived areas nationally** within health indicators.

Scottish Government SIMD 2020 v2, National Records of Scotland

Projected Population Change

The average age of the population of Renfrewshire is projected to increase as the baby boomer generation ages and more people are expected to live longer. The 75 and over age group is projected to see the largest percentage increase overall, with an anticipated 21.1% rise in this age group by 2028². While many older people are expected to enjoy better health than their predecessors did at an equivalent age, they will still have significant health needs living with potentially multiple and complex conditions. The impact of this will be a steadily increasing demand on our health and social care services, including: Care at Home, Residential and Nursing Care Homes, increases in demand for community-based healthcare, equipment and adaptations, increased demand for GP services and an increase in prescribing costs.

² https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/renfrewshire-council-profile.html#population_projections

The impact of COVID-19 on our communities

The impact of the pandemic on the people of Renfrewshire and throughout Scotland has been profound and will be felt for years to come. The Scottish Government is collecting and monitoring information in what they refer to as the Four Harms of COVID-19³. These are the direct health impact of COVID-19, other health impacts, societal impacts, and economic impacts.

Direct Health Impact

In Renfrewshire, the direct health impact of the pandemic was acutely felt in infection and death rates. By March 2022:



more than 56,500 cases have been recorded in Renfrewshire, equating to a rate of 31,501.2 per 100,00 population, against the Scottish rate of 26,840.1 per 100,000 population.



487 people died within 28 days of being identified as a COVID-19 case by a positive test since the start of the pandemic, equating to 271.5 per 100,000 population, against the Scottish rate of 197.4 per 100,000 population.



On a positive note, Renfrewshire has kept pace with the Scottish average on vaccination uptake, with 92.2% of people aged 12 and over having had their first dose, 87.1% having had their second, and 71.7% having had their booster or third dose, against the Scottish uptake rates of 92.3%, 86.9% and 71.9% respectively⁴.

Other Health Impacts

COVID-19 is also having a wider impact on health and social care through its impact on services and how people are accessing and using those services. These changes will have an impact on people's health in both the short term and long term.



A theme throughout this MTFP is the increased demand for services across the health and social care partnership, which is expected to continue as the full impact of the pandemic becomes known. This includes significant increases in demand for, and complexity of, care at home support, and increased demand for CAMHS support.

³ <https://data.gov.scot/coronavirus-covid-19/>

⁴ <https://coronavirus.data.gov.uk/>

Societal Impacts



The Scottish Government acknowledges that, whilst the restrictions put in place have slowed the spread of the virus, these same restrictions have been the cause of broader societal harms, including a sharp increase in people feeling isolated and anxious, and a negative impact on children's education and wellbeing. This has resulted in increased demand for Mental Health services in Renfrewshire; a trend replicated across the country.

Economic Impacts



Public Health Scotland notes that the economy, and the consequences this has for employment, income, public services and the environment, are important determinants of population health and health inequalities. Similar to other areas in Scotland with high deprivation rates, Renfrewshire saw marked increases in unemployment and claims for Universal Credit at the start of the pandemic. Whilst these have improved over time, they are yet to return to pre-pandemic levels. This is likely to result in very marked negative impacts on population health in the future, and increased pressure on health and social care services as a direct result.



Strategic Objectives

Our Strategic Plan for 2022-2025 takes a different approach to identifying our objectives compared with our previous Strategic Plan; focusing on a range of themes which underpin how we deliver services, rather than looking at individual service areas themselves.

We aim to shape our services around individuals, unpaid carers and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. We seek to support the person rather than a condition or particular demographic with a focus on helping people to live independently, exercise choice and control over their care and support, and where necessary access the appropriate specialist support to help their recovery and rehabilitation where this is possible.

This approach underpins our Strategic Plan and will be facilitated by a change in the way we use our financial resources, by investing in Healthier, Connected, Enabled, Empowered and Sustainable futures for the people of Renfrewshire.

The outcomes we aim to achieve:

How this links to our financial planning:



People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.

Where possible, we will aim to shift the balance of spend over time towards preventative support from reactive support. Investing in services which provide care and support 'up stream', to reduce or delay the requirement for more serious interventions. This 'invest to save' approach is essential and can reduce future costs however the impact of investment now may not be realised for several years.

Example: using new recurring monies from the Scottish Government, we are investing in the creation of new posts within the Health Improvement Team which will focus on tackling the fundamental causes of inequality in the health of our population as well as the lifestyle behaviours which impact on it.



People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.

We will continue to invest in local third sector and community-based provision to reflect the importance of local support helping people to be independent. We will continue to contribute to early intervention by developing the support available to unpaid carers and people in need, such as through the appointment of Community Link Workers, Mental Health and Wellbeing Workers and Welfare Rights Workers.

Example: using procurement, commissioning and contracting in a more collaborative fashion, we will augment existing funding streams – such as alcohol and drug commission monies - where possible, to further develop and widen the reach of services already in existence, to deliver better outcomes whilst still achieving best value.



Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.

Since the last MTFP, we have invested significant amounts of new resources (including winter funding monies, PCIP, Action 15, and other funding streams) to augment the management and delivery of core clinical services to support key national priorities, such as the delivery of delayed discharge targets, District Nursing, and Adult and Children's Mental Health Services. We will continue to invest in specialist roles and where possible, support the provision of specialist and multi-disciplinary care in community settings. We will also continue to support the delivery of joint plans across NHSGGC, such as the Joint Commissioning Plan for Unscheduled Care, and, we will build on the reforms to urgent care achieved during the pandemic.

Example: in addition to the targeted funding from the Scottish Government for CAMHS, we are investing in innovative roles such as waiting list coordinators, to help release clinical capacity and help address demand pressures.

Example: as part of our work to deliver on the new GP contract we are using non-recurring monies to invest in additional treatment rooms across Renfrewshire, creating a more flexible infrastructure to support adaptable clinical spaces in order to support multi-disciplinary teams in community settings and in turn reduce the pressure on our GP community.



People access the right care at the right time and place and are empowered to shape their support at every stage of life.

We are committed to investing in a broader range of community-based models of support which will give people more choice, control and flexibility over when and where they access services including how they use their Self-Directed Support budgets. This will include widening access to digital solutions, where appropriate.

We recognise that this will impact on our profile of spend which will need to adapt in future years with an increasing move away from investing in existing services to better reflect the choices of our service users, and provide sufficient funding to enable them to access services in a multi-dimensional way. This will require new financial and commissioning processes to be put in place which are flexible enough to adapt to meeting individual and collective needs.

Example: we are progressing plans to recover and develop day opportunities and explore wider flexible community-based models which, where appropriate for each person, will provide additional choice beyond existing services and support innovative use of our buildings.



We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

Taking a structured, risk assessed and prioritised approach, which is critical given the level of uncertainty we face going forward, we will deliver best value by investing in service re-design through our transformation programme.

We will also consider who is best placed to provide support – recognising it is not always the HSCP – and we will support the development of our workforce to adapt to changing ways of working.

Working towards delivering on the outcomes of our other themes will also help achieve longer-term sustainability. Where savings are required, we will endeavour to protect the themes set out in our Strategic Plan. However, in turn, it is hoped ultimately that through the delivery of the Strategic Plan, supported by the MTFP and our forthcoming Market Facilitation Plan and the NCS, the need for future savings will be minimised.

Example: we recognise there will need to be greater investment in technology to support people to remain in the community longer. We are doing this in various ways, such as through our continued rollout of our Totalmobile scheduling system and ECLIPSE case management system which will deliver better productivity and more effective ways of working, with the ultimate goal of assisting us to achieve better outcomes for the children, adults and families in our communities.

Our previous Strategic Plan was aligned to our Market Facilitation Plan, which aimed to inform, influence and adapt service delivery to offer a diverse range of sustainable, effective and quality care so that people can access the right services for themselves and their families at the right time and in the right place. Whilst it has been necessary to update our Strategic Plan and MTFP in the wake of COVID-19, we are cognisant that these updates have been undertaken at a time of uncertainty arising from the impact of the pandemic, and the further detail which is arising from the Independent Review of Adult Social Care and the consultation on the establishment of the proposed NCS. Taking this into consideration, we do not think that it is appropriate to set out a revised Market Facilitation Plan at this time. We will, however, take the opportunity to evaluate the impact of the pandemic on the nature of demand for our services and will use this to inform the development of an updated plan during 2022/23.

This updated plan will help to inform financial planning and ultimately how we allocate our resources moving forward, and will reflect:

- Available data on projected drivers of demand
- The importance of collaboration and co-production in market shaping
- Our themes, with a focus on investing in 'Healthier Futures' and 'Connected Futures'
- Our financial plan and continued financial constraints.

Strategic Commissioning Process

Strategic Commissioning is a core component of the IJB's approach to understanding how the needs of our population are changing, and how health and social care services in Renfrewshire need to respond. The process we follow is set out below. We recognise that this process cannot be carried out in isolation but must be delivered collaboratively. We are also committed to delivering commissioning effectively – aligned to our MTFP - and have created an expanded commissioning team to support our work who sit within the Chief Finance Officer's (CFO) portfolio of responsibilities.

Consideration of current approaches to commissioning has been a key strand of the Independent Review of Adult Social Care. The IJB is highly supportive of identifying ways to improve how we commission and will work to adopt agreed recommendations.



Workforce Planning

The IJB and HSCP's approach to workforce planning is driven by national, regional, and local strategies and policies which set the context and direction of travel for the provision of health and social care in Renfrewshire. During 2021/22 the HSCP operated under a one-year interim workforce plan, which reflected the priority of the IJB of ensuring the wellbeing of staff and continuing to respond to, and recover from, the COVID-19 pandemic.

Our interim plans sought to address a number of challenges, many of which have been visible for several years. These include:



Hard to fill vacancies reflecting a national shortage of staff in key service areas such as CAMHS, Psychotherapies, Addictions, School Nursing, District Nursing and Care at Home



Impact of COVID-19 on staff burnout and health and wellbeing



The pace of recruitment processes, which can vary on a role-to-role basis



Increased staff absences due to sickness and self-isolation in addition to existing vacancies



An observed reduction in the number of applicants for a range of roles, with increased difficulties in attracting staff to come to work in the challenging health and care sector



Varying rates of pay and conditions across HSCPs nationally and within NHSGGC, with the need to 'fish in the same pond' with a limited number of applicants – reinforcing the importance of working across the Board area and sectors to attract new recruits



Inadvertent impact of government policy making some posts more attractive than others, for example the potential for funding for Healthcare support workers attracting staff from other services such as Care at Home



The potential for the social care pay uplift – government funding for commissioned services only – to attract staff away from HSCP roles.

The Scottish Government published independent research on the influence of national and local labour markets on the social care sector in March 2020 (pre-pandemic) which contained the following findings regarding recruitment and retention in the sector including:

- Social care employers face difficulties in recruiting and retaining staff, particularly staff that provide direct care and support.
- Almost two-thirds of employers in the study were recruiting at the time of the research and around a third of these reported having hard-to-fill vacancies.
- Half of employers who expect to recruit in the next year report that they will do so to expand their workforce and 71% expect to recruit to replace staff who might leave.
- Replacing staff is expected to be more common in more urban settings and remote island communities, while workforce expansion plans are greater in larger cities.
- Oxford Economics employment forecasts (commissioned by Skills Development Scotland) suggest that the social care workforce will grow by 5%, or 8,000 jobs, between 2019 and 2029.

Last year, the Care Inspectorate and the Scottish Social Services Council jointly published a report on vacancies reported by care services as at 31 December 2020. It showed the level of reported vacancies in social care was more than three times that across all types of employers. The report found that East Ayrshire (47% of services), Edinburgh (47% of services) and **Renfrewshire (44% of services)** had the highest proportion of services with vacancies of all local authority areas.

The IJB's new three-year workforce plan is due to be implemented later this year, covering the period 2022-2025. The three-year plan will continue to address the above challenges, providing further detail on how the IJB will endeavour to ensure that the workforce is adequately resourced and has the qualifications, knowledge, skills and resilience required to deliver safe, fit for purpose services that deliver real improvements to the health and wellbeing of Renfrewshire's population. A key element of this workforce plan will be further consideration of actions which can be taken to enhance recruitment and retention of staff locally. This will include:

- Proposals to develop, test and review a risk-based approach, based on staff turnover across the partnership, to progressing recruitment on a permanent basis where funding for posts is currently available on a non-recurring basis, and
- The creative use of reserves to develop an in-house training academy to nurture and grow our own talent.

The new workforce plan will help inform the assumptions used to estimate overall pay costs in future iterations of this MTFP.

Financial Performance

Similar to many aspects of the economy, the impact of the pandemic has been severe for public services. Budgetary restraints and financial pressures linked to reducing resources, a changing demographic and increased demand for services continue to be compounded by the ongoing pandemic response.

Through regular updates to the IJB from the CFO and by ensuring decisions are taken to support medium and long-term financial sustainability, the HSCP has successfully managed to deliver year on year financial balance. This has been achieved through a combination of:

- Flexible use of recurring and non-recurring resources.
- Drawdown of earmarked reserves in order to deliver on specific commitments including, for example, Primary Care Improvement Plan (PCIP) and Alcohol and Drug Partnership (ADP).
- Delivery of approved savings through the Change and Improvement Programme; and other operational efficiencies which delivered a significant underspend in 2021/22 reflecting the impact of COVID-19 on some areas of activity including: recruitment to key posts; the effects of the pandemic on Older People's Care Home admissions; reduction in prescribing costs.
- Funding in advance of need, e.g. ongoing requirement for Personal Protective Equipment (PPE) and the potential for additional staffing costs and support to social care providers.



Medium Term Financial Outlook

It is widely expected that the public sector in Scotland will continue to face a very challenging short and medium-term financial outlook. Whilst the provision of recurring winter planning monies, covered below, has cushioned the financial blow in 2022/23, there remains significant uncertainty over what the scale of the likely reduction in available funding will be over the medium term.

It therefore remains important that the IJB ensures sufficient flexibility to manage in a sustainable manner the position which emerges over the next few years – with the likely scenario that a significant level of further recurring savings will be required.

As a consequence, the IJB's financial planning arrangements remain subject to active review using a scenario-based approach in recognition of the scale of variability in the potential funding for the IJB. As a result, it is essential that the IJB continues to plan for a range of potential outcomes across its key financial risks and challenges, and the likely impact these could have on the financial sustainability of the IJB. It is therefore important to be clear that within the current models of working, it is highly likely that the IJB will be required to deliver further recurring savings. This will mean that the IJB needs to consider what can safely be delivered. We must work to deliver both a balanced budget and continue to deliver accessible and safe services. After many years of budget reductions, it is fair and reasonable to state that these dual objectives cannot be assured.

Projected Budget Gap

The IJB's scenario-based approach considers potential outcomes over: low, medium, high and worse-case projected positions. The low projection provides a more optimistic outlook, while the worse-case indicates the position if pressures emerge at the higher end of current projections.

Using the above range of scenarios, current projections for the period 2022/23 to 2024/25 include a wide range of assumptions in respect of key cost pressures and demand, highlighting a potential budget gap within a range of **£37m to £48m** for this period (Appendix 1). On the basis of this estimated budget gap, and subject to clarification over the coming months and years, the CFO recommends that the IJB progresses with a financial planning strategy based on the medium scenario of a budget gap within a range of **£13m to £14m** per annum, over this three-year period. This assumed budget gap does not take into account potential additional funding for any pressures from either the Scottish Government or our partner organisations. In addition, it is important to note that these projections are prior to any mitigating action being taken.

Although the medium-term financial outlook focusses on the likely cost pressures that the IJB can expect over the next three years, this can be further extrapolated to a longer period such as 10 years, where (using the same wide range of assumptions) it is estimated that the cost pressures could be in the range of **£134m to £176m** (Appendix 2). However, the further into the future we look the less assurance we can take from these assumptions.

Winter Planning

On 5 October 2021, the Cabinet Secretary for Health and Social Care announced an investment of more than £300 million in recurring funding being put in place nationally, with the aim of supporting health and social care services over the winter months of 2021/22 and beyond. A range of non-recurring funds have also been provisioned.

These measures are in line with the principles of:

1. **Maximising capacity** – through investment in new staffing, resources, facilities and services.
2. **Ensuring staff wellbeing** – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. **Ensuring system flow** – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. **Improving outcomes** – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

In terms of the share of funding allocations for Renfrewshire, this amounts to:

Funding Stream	Financial Year	
	2021/22 (confirmed)	2022/23 (anticipated)
Multi-disciplinary working (including the recruitment of additional health and social care staff)	£0.662m non-recurring	£1.324m recurring
Providing Interim Care	£1.323m non-recurring	£0.662m non-recurring
Increasing Care at Home capacity	£2.051m non-recurring	£4.104m recurring
Supporting staff health and wellbeing	£135,836	nil

The additional funding streams provided by the Scottish Government are welcomed and will help to address recognised winter pressures and ongoing challenges presented by the pandemic. However, the difficulty in utilising ring-fenced and/or non-recurring funds, whilst seeking to continue to deliver business as usual and a balanced budget, should not be minimised. Such funding terms impact directly on the nature of the investments which can be delivered in the time frame and in pursuit of the outcomes associated with the funding, and can be at odds with the approach that the IJB would take should funding be less constricted.

Pressures

Detailed below are the main areas of cost pressures and demand which will be subject to ongoing review as clarification of the position of each emerges. These assumptions are based on the budget position and assumptions as at 28 January 2022, and represent a similar – if amplified – picture to the pressures we identified in our previous MTFP.



Future funding allocations from Partner Organisations: As previously noted, despite hopes for a return to multi-year settlements, the Scottish Government 2022-23 budget was for one year only, with a commitment for a full Resource Spending Review in May 2022. The core local government revenue settlement for 2022-23 reflects a flat cash position, and therefore a real terms reduction, meaning their ability to further support the HSCP is limited. The spending review may answer some questions in terms of the expected funding and governance arrangements for the NCS, but at this time the impact of this on future funding allocations from partners remains unclear. It follows then, that the continuation of single-year settlements at this time is challenging for the IJB and continues the uncertainty for our future medium term financial planning, as well as that of our partner organisations.



Demand led Pressures: demographic and socio-economic demand led cost pressures continue to be a key financial risk moving forward, as illustrated by the changing needs of our communities during the pandemic. Our **Recovery and Renewal Programme** will be progressed throughout the term of this plan, to help to mitigate the financial impact of these pressures whilst seeking to achieve better outcomes for communities.



Inflation and Contractual Commitments: previous planning assumptions regarding anticipated annual increases to third parties for contracts such as the National Care Home Contract and Supported Living Framework have been overridden by the considerable spike in inflation in early 2022.



Future Pay Settlements: Employee costs represent circa 34% of the IJB's net budget and any increase in pay awards impacts directly on cost pressures for the IJB. Inflationary pressure in this area also represents a significant pressure for the IJB. The assumptions for pay reflect the current inflationary assumptions of both Partner bodies. Consideration is also given to the challenges of recruiting and whether pay settlements are keeping pace with industry standards, particularly in light of the considerable burden placed on employees in the health and social care sector throughout the pandemic.



Demographics, Deprivation and Health: Our new Strategic Plan aims to shape our services around individuals and communities in Renfrewshire, taking cognisance of the changing demographic and their associated health and social care needs. It remains to be seen how detrimental the lasting impacts of COVID-19 will be on our communities, but with Renfrewshire already having the 9th highest share of deprived data zones nationally (of 32 areas) and with the understanding that the Four Harms of the pandemic will be more acutely felt in areas of deprivation, we can project this will result in negative impacts on population health in the future, and an increase in pressure on health and social care services as a direct result.

Sensitivity Analysis

In order to test the assumptions used in the modelling of our four scenarios (low, medium, high and worse case), sensitivity analysis was carried out to determine the impact of any material changes on our current assumptions.

The following table shows the impact if our key assumptions increase by 1%. For example, if pay inflation was 1% higher than the assumptions which have been made, this would represent an additional cost of £1,116k in 2022/23.

Sensitivity Analysis - Impact of 1% change in Assumptions	22-23	23-24	24-25
	£000's		
Contractual Pressures	604	610	616
Pay Pressures	1,116	1,127	1,138
Demand Pressures	803	811	819
Living Wage	320	323	326
Prescribing	376	380	384
TOTAL	3,219	3,251	3,283

Impact on Funding

The IJB is reliant on funding from Renfrewshire Council and NHSGGC. These Partners' contributions are contingent on their respective financial planning and budget setting processes, as well as the financial settlements which each body receives from the Scottish Government. Using the IJB's 2022/23 budget as a baseline, the following table shows the impact of a change of 1% in the contribution from our partner organisations.

Sensitivity Analysis - Change in Partnership Contributions	2022/23 Base Budget	Impact of 1% change in Partnership Contributions
	£000's	
Renfrewshire Council Contribution	93,640	936
NHSGGC Contribution	186,478	1,865
NHSGGC Set Aside	67,433	674
TOTAL	347,551	3,476

Services will continue to transform; however, it is unlikely that demand as a result of demographics, health and deprivation can be funded purely from transformation. Based on cost and demand growth pressures used in the sensitivity analysis conducted, it remains clear that there is a need for significant increases in some budgets on an annual basis to reflect the likely increase in demand reflective of the need of our service users.

Medium Term Financial Strategy

Our Medium-Term Financial Strategy has seven components which collectively support the transformational change required to deliver financial balance whilst delivering safe and sustainable services. This strategy is set out in the following diagram:

Stemming future demand

- Creating healthier communities that require less intervention
- Tackling inequalities that create pressure in the system

Financial stability

- Prudent planning for the future
- Mitigating budget pressures

The right people and roles to deliver our services

- Making the HSCP an attractive place to work
- Investing in staff development and succession planning
- Supporting attendance at work

Better value

- Financial management in line with Ministerial Steering Group (MSG) Review
- Robust financial planning process
- Good governance
- Monitoring pressures



Aligning our resource to outcomes

- Plan and commission our services in the most cost effective way
- New, smarter ways of working
- Commission services based on evidence in line with future needs and demand

Achieving more together

- Building capacity in our communities
- Improving interfaces with our partners
- System-wide working

Enabling and managing change

- Integrated working and shifting the balance of care
- Delivering on our statutory requirements and national policy
- Supporting service reviews and redesign
- Delivering safe and sustainable services within budget

Revised Risk Framework

The IJB's Risk Management Framework was revised in March 2021 in recognition of the impact of COVID-19 on all aspects of the IJB's responsibilities. The revised 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 yet flexible approach to managing risk within the complex environment in which the IJB operates, and it will be reviewed regularly to ensure it remains robust and effective.

The revised Framework includes updates to the IJB's risk tolerance statement to provide greater flexibility, a refresh of the approach to risk management governance, and a review of roles and responsibilities within the Framework. It also provides a consistent approach for identifying and managing key risks and issues. In particular, there are a number of financial challenges facing the IJB which have the potential to affect the financial sustainability of the partnership, with consequent impact to service delivery, including:



Future funding levels from our partner organisations



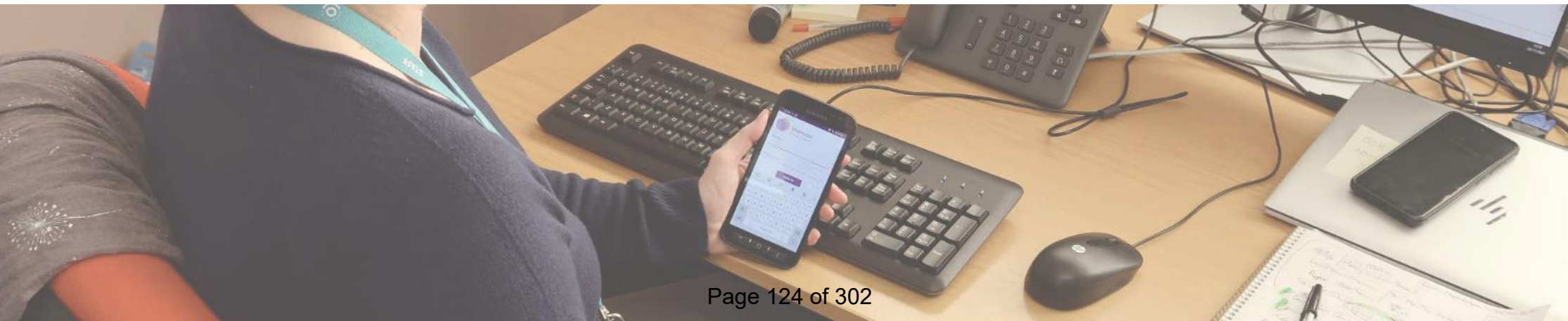
The terms attached to funding streams (particularly where ring-fenced and/or time limited)



The expectation that services implemented specifically to address issues during the pandemic will continue, whilst their funding streams may not, and



Our ability to recruit and retain quality staff to continue to deliver services at current or increased levels.



Responding to the Local Financial Challenge

As noted at the start of this document, our previous MTFP set out the IJB's **two-tiered model** for delivering financial sustainability by addressing short-term financial pressures, through 'Tier One' savings in Financial Year 2020/21, whilst embedding a strategic approach to transformation, 'Tier Two' from Financial Year 2021/22 onwards.

COVID-19 significantly disrupted the IJB's delivery of its 2020/21 Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in-year (Tier One) savings. Transformation (Tier Two) changes were disrupted and delayed; as was work to bring forward and develop a second tranche of savings for 2021/22 and beyond. Nonetheless, the IJB remained focussed on delivering the transformation programme and seeking to deliver targeted savings where necessary, focusing on mitigating the risk of financial instability.

The COVID-19 response necessitated rapid and significant service change, and the IJB delivered with innovative and creative solutions to previously unanticipated challenges. From this, the IJB identified an opportunity to build on the successes of its initial response, through the implementation of plans for both the **recovery** of our services in the short to medium term - reflecting the NHS Remobilisation plan - and the **renewal**, or transformation, of our services in the medium to long term.

Accordingly, in the summer of 2020, the IJB approved the development of a **Recovery and Renewal Programme**. The programme builds on and supports our **two-tier model** for delivering financial sustainability.

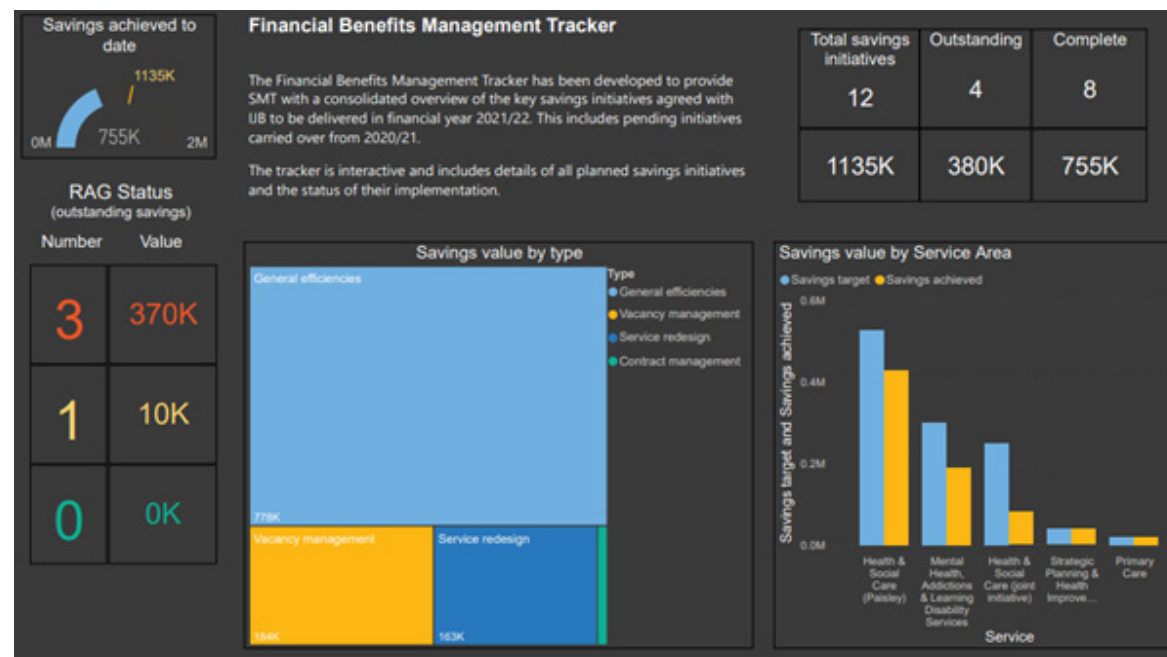


Tier One - Savings

Responding to the disruption of plans to deliver our two-tier model, the HSCP's Senior Management Team (SMT) has implemented a rolling process to enable the identification of savings opportunities which can contribute to the ongoing sustainability of the IJB's financial position and ensure the continued delivery of best value. The identification and delivery of tier one savings will continue throughout the term of this MTFP.

Each savings opportunity is subject to rigorous assessment of possible risks and expected impact to ensure that these are appropriately managed. Where necessary, equality impact assessments (EQIAs) are carried out to determine and manage any potential unintended negative impact on the different groups of citizens covered under the Equality Act 2010. The delivery of agreed savings is coordinated and tracked through a financial benefits management tracker which provides the SMT with a consolidated overview of the key savings agreed with the IJB, and the status of their implementation. This ensures early awareness of any blockers or challenges to delivery, and for corrective measures to be put in place, where necessary.

An illustration of the tracker from the mid-point of 2021/22 is included below. This shows that by the mid-point of the year the IJB had delivered savings of £755k (67%) against a full year target of £1,135k. Of the savings agreed, those relating to general efficiencies accounted for the highest value, with smaller values targeted against vacancy management, service redesign and contract management. This snapshot of the tracker illustrates that, of the remaining £380k of savings to be delivered in-year, three savings initiatives – to a value of £370k – had a Red RAG status, indicating challenges in their delivery and prompting the SMT to focus resources to support their progression.



Tier Two – Recovery and Renewal (Transformation)

As outlined above, our **Recovery and Renewal Programme** was developed in 2020 to capitalise on the successes and gains of our response to COVID-19. The programme aims to keep the momentum generated during a period of rapid service change and to progress with further transformative projects, informed by learning from the pandemic. The programme effectively expands the remit of tier two of our model for delivering financial sustainability.

Given the need to continue to deliver our essential operational activities effectively and safely it was, and continues to be, necessary to flex the scale of recovery and renewal activity. That said, the IJB has been able to progress with a number of initiatives through our Recovery and Renewal Programme to date, including:



Funding for a range of community-led health and wellbeing projects through the Strategic Planning Group, including a project to develop inclusive, multi-lingual information for those most at risk and isolated in BAME communities



The development of a Renfrewshire Recovery Hub, providing a shared resource for supporting recovery in both mental health and addictions



The roll out of technology to support patient and service user access, enabling service users to continue to access services where face-to-face interactions have not been possible, through the use of NHS 'Near Me' for consultations with GPs in Primary Care, and within Community Mental Health and Addiction services, which has allowed us to maximise capacity within these services, and



Embracing hybrid working by supporting staff to work from home where appropriate to do so; capitalising on lessons learned from the early days of the pandemic and offering more flexible ways of working for staff.

Further scoping work will take place in early 2022/23 to determine the transformation projects of greatest strategic importance for the IJB and the communities it serves, including how the IJB will deliver on the aims of the Unscheduled Care Plan, to be progressed over the next few years.

Reserves Policy

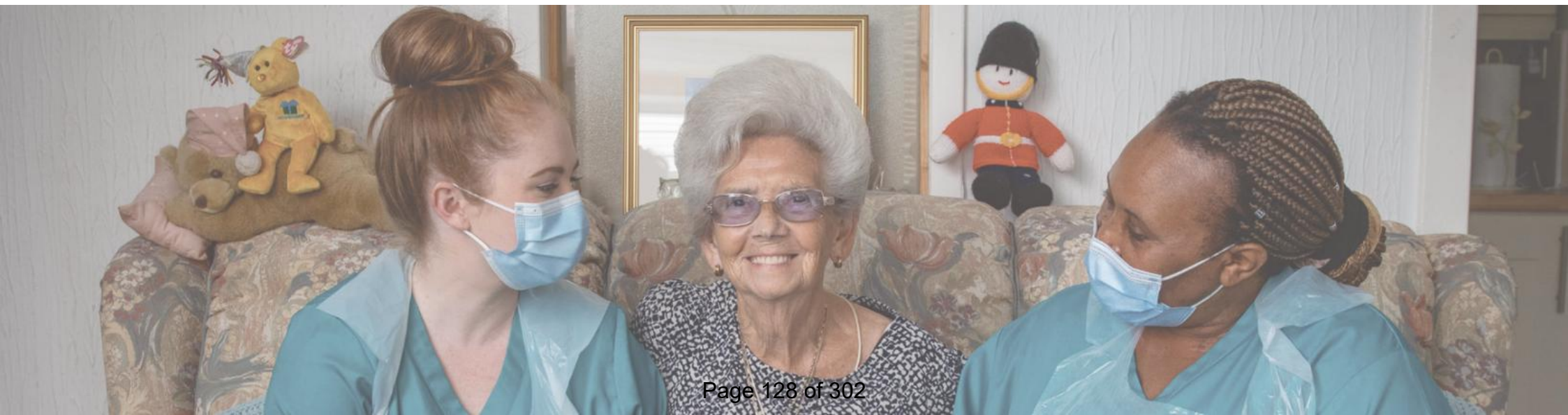
It is important for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure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

The Local Authority Accounting Panel (LAAP) Bulletin recommends that the level of reserves held should be based on the advice of CFOs. This can be expressed either as a level of balance in cash or percentage terms taking into account relevant local circumstances, with a level of general reserves being set which is appropriate to the level of risk which the organisation is exposed to over the medium term. The guidance also warns that it is not prudent for reserves to be deployed to finance recurrent expenditure.

The IJB approved its revised Reserves Policy in June 2020, in line with national guidance and good financial governance. This Reserves Policy updated our established framework within which decisions are made regarding the level of reserves held by the IJB, and the purposes for which they will be maintained and used. As per our policy, reserves are subject to ongoing review dependent on the financial position of the partnership. Our current policy proposes 2% as an optimum level of reserves to be built up over time, in addition to any identified earmarked reserves which are excluded from this calculation. This is a continuation of our previous reserves policy, recognising prudent financial planning and budgetary constraints. The % to be held being dependent on the year-end position and ability at that time to transfer monies into a reserve for future use.

At the time of writing this MTFP, the IJB holds general reserves of £5.8m which equates to circa 2% of the IJB's net budget, including set aside.

As part of the final budget report for 2021-22 and in line with the policy, the IJB will consider options for the creation of earmarked reserves to best meet future identified needs and facilitate investment in the most vulnerable people in Renfrewshire.



Estimated Impact of Cost and Demand Pressures for the Three-Year Period 2022-25

(assuming no additional funding from SG or Partner Organisations and prior to mitigating action being taken)

Based on recurring budget 2021 / 22	22 / 23	23 / 24	24 / 25	TOTAL
LOW SCENARIO				
Contractual pressures	£4,050,931	£4,361,363	£4,519,397	£12,931,691
Pay pressures	£3,415,655	£1,790,156	£1,831,726	£7,037,537
Demand pressures	£3,006,941	£2,773,916	£3,347,817	£9,128,673
Living wage	£1,503,328	£1,555,538	£1,579,541	£4,638,408
Prescribing	£277,860	£1,286,331	£1,331,353	£2,895,544
Total pressures	£12,254,714	£11,767,304	£12,609,834	£36,631,853
MEDIUM SCENARIO				
Contractual pressures	£4,338,700	£4,694,536	£4,863,138	£13,896,374
Pay pressures	£3,855,485	£2,078,488	£2,126,948	£8,060,920
Demand pressures	£3,122,105	£2,893,687	£3,472,378	£9,488,171
Living wage	£1,503,328	£1,555,538	£1,579,541	£4,638,408
Prescribing	£459,325	£1,470,093	£1,528,897	£3,458,315
Total pressures	£13,278,943	£12,692,342	£13,570,902	£39,542,187
HIGH SCENARIO				
Contractual pressures	£4,651,175	£5,050,294	£5,230,869	£14,932,338
Pay pressures	£4,569,155	£2,697,121	£2,759,773	£10,026,050
Demand pressures	£3,237,269	£3,013,458	£3,596,940	£9,847,668
Living wage	£1,503,328	£1,555,538	£1,579,541	£4,638,408
Prescribing	£640,790	£1,653,855	£1,728,278	£4,022,923
Total pressures	£14,601,718	£13,970,266	£14,895,402	£43,467,386
WORSE SCENARIO				
Contractual pressures	£4,951,297	£5,394,759	£5,586,605	£15,932,661
Pay pressures	£5,386,539	£3,421,893	£3,501,072	£12,309,504
Demand pressures	£3,352,434	£3,133,229	£3,721,502	£10,207,165
Living wage	£1,503,328	£1,555,538	£1,579,541	£4,638,408
Prescribing	£1,003,720	£1,837,616	£1,929,497	£4,770,833
Total pressures	£16,197,318	£15,343,036	£16,318,217	£47,858,571

Estimated Impact of Cost and Demand Pressures for the Ten-Year Period 2022-32

(assuming no additional funding from SG or Partner Organisations and prior to mitigating action being taken)

Based on recurring budget 2021 / 22	22 / 23	23 / 24	24 / 25	25/ 26	26/27	27/28	28/29	29/30	30/31	31/32	TOTAL
LOW SCENARIO											
Contractual pressures	£4,050,931	£4,361,363	£4,519,397	£4,744,606	£4,979,362	£5,228,324	£5,482,306	£5,747,639	£6,024,871	£6,314,573	£51,453,372
Pay pressures	£3,415,655	£1,790,156	£1,831,726	£1,874,265	£1,917,796	£1,962,342	£2,007,926	£2,054,574	£2,102,311	£2,151,160	£21,107,911
Demand pressures	£3,006,941	£2,773,916	£3,347,817	£3,641,862	£2,357,932	£2,962,973	£3,002,387	£3,043,376	£3,086,002	£3,130,331	£30,353,537
Living wage	£1,503,328	£1,555,538	£1,579,541	£1,608,615	£1,638,982	£1,737,830	£1,776,233	£1,816,440	£1,858,537	£1,902,613	£16,977,658
Prescribing	£277,860	£1,286,331	£1,331,353	£1,377,950	£1,426,179	£1,476,095	£1,527,758	£1,581,230	£1,636,573	£1,693,853	£13,615,181
Total pressures	£12,254,714	£11,767,304	£12,609,834	£13,247,299	£12,320,250	£13,367,564	£13,796,610	£14,243,259	£14,708,293	£15,192,531	£133,507,659
MEDIUM SCENARIO											
Contractual pressures	£4,338,700	£4,694,536	£4,863,138	£5,106,711	£5,360,548	£5,630,393	£5,904,680	£6,191,233	£6,490,642	£6,803,525	£55,384,107
Pay pressures	£3,855,485	£2,078,488	£2,126,948	£2,176,542	£2,227,297	£2,279,241	£2,332,400	£2,386,805	£2,442,484	£2,499,468	£24,405,157
Demand pressures	£3,122,105	£2,893,687	£3,472,378	£3,771,407	£2,492,658	£3,103,088	£3,148,107	£3,194,924	£3,243,612	£3,294,246	£31,736,213
Living wage	£1,503,328	£1,555,538	£1,579,541	£1,608,615	£1,638,982	£1,737,830	£1,776,233	£1,816,440	£1,858,537	£1,902,613	£16,977,658
Prescribing	£459,325	£1,470,093	£1,528,897	£1,590,053	£1,653,655	£1,719,801	£1,788,593	£1,860,137	£1,934,542	£2,011,924	£16,017,018
Total pressures	£13,278,943	£12,692,342	£13,570,902	£14,253,327	£13,373,140	£14,470,353	£14,950,013	£15,449,539	£15,969,818	£16,511,776	£144,520,153
HIGH SCENARIO											
Contractual pressures	£4,651,175	£5,050,294	£5,230,869	£5,494,261	£5,768,686	£6,060,973	£6,357,177	£6,666,620	£6,989,935	£7,327,787	£59,597,776
Pay pressures	£4,569,155	£2,697,121	£2,759,773	£2,823,886	£2,889,495	£2,956,634	£3,025,339	£3,095,647	£3,167,596	£3,241,224	£31,225,871
Demand pressures	£3,237,269	£3,013,458	£3,596,940	£3,900,951	£2,627,384	£3,243,204	£3,293,827	£3,346,473	£3,401,223	£3,458,161	£33,118,890
Living wage	£1,503,328	£1,555,538	£1,579,541	£1,608,615	£1,638,982	£1,737,830	£1,776,233	£1,816,440	£1,858,537	£1,902,613	£16,977,658
Prescribing	£640,790	£1,653,855	£1,728,278	£1,806,051	£1,887,323	£1,972,252	£2,061,004	£2,153,749	£2,250,668	£2,351,948	£18,505,917
Total pressures	£14,601,718	£13,970,266	£14,895,402	£15,633,764	£14,811,870	£15,970,893	£16,513,579	£17,078,929	£17,667,959	£18,281,733	£159,426,111
WORSE SCENARIO											
Contractual pressures	£4,951,297	£5,394,759	£5,586,605	£5,869,088	£6,163,347	£6,477,297	£6,794,613	£7,126,110	£7,472,467	£7,834,394	£63,669,978
Pay pressures	£5,386,539	£3,421,893	£3,501,072	£3,582,090	£3,664,991	£3,749,818	£3,836,616	£3,925,431	£4,016,310	£4,109,302	£39,194,063
Demand pressures	£3,352,434	£3,133,229	£3,721,502	£4,030,495	£2,762,110	£3,383,319	£3,439,546	£3,498,021	£3,558,833	£3,622,076	£34,501,566
Living wage	£1,503,328	£1,555,538	£1,579,541	£1,608,615	£1,638,982	£1,737,830	£1,776,233	£1,816,440	£1,858,537	£1,902,613	£16,977,658
Prescribing	£1,003,720	£1,837,616	£1,929,497	£2,025,972	£2,127,271	£2,233,634	£2,345,316	£2,462,582	£2,585,711	£2,714,996	£21,266,314
Total pressures	£16,197,318	£15,343,036	£16,318,217	£17,116,261	£16,150,705	£17,581,898	£18,192,323	£18,828,584	£19,491,859	£20,183,382	£175,609,580



To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Strategic Plan 2022-25

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. Summary

- 1.1. Following the formal consultation on the Integration Joint Board's (IJB) draft Strategic Plan for 2022-25 during December 2021 and January 2022, this report provides an overview to the IJB of the feedback received during the consultation period. This paper also describes how, where appropriate, this feedback has been reflected within the final version of the Strategic Plan, which is provided as an appendix to this paper for the IJB's approval.
- 1.2. The report also sets out next steps, which will be focused on the finalisation of Annual Development Plans for each Care Planning Group, which will set out actions to be taken in Year 1 of the Plan in alignment with the agreed strategic objectives. These actions will be linked to existing performance indicators where possible. Where necessary additional measures will be identified to enable progress to be tracked and reported to the IJB through existing performance management processes.

2. Recommendations

It is recommended that the IJB:

- Approve the final version of the Strategic Plan 2022-25; and
- Note the next steps outlined regarding the creation of a Strategic Delivery Plan which will be brought to the IJB in June 2022 for approval.

3. Background

- 3.1. Renfrewshire's Integration Joint Board (IJB) is required by the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') to produce a Strategic Plan on how community health and social care functions delegated to it by Renfrewshire Council and NHS Greater Glasgow and Clyde (GGC) will be planned and delivered over the medium term (three years).

- 3.2. Previous updates provided to the IJB have described the progress made in developing a 'framework' for the Strategic Plan 2022-25, and in November 2021 the IJB approved a draft version of the Plan for formal consultation. This consultation period ran from 1 December 2021 to 31 January 2022, with additional time in February 2022 for the IJB's partners in NHS GGC and Renfrewshire Council to provide formal feedback. Section 5 of this paper provides a summary of the nature and detail of the feedback received and how this has been reflected within the final Strategic Plan.

4. Summary of the formal consultation process followed

- 4.1. The HSCP sought to consult widely on the Strategic Plan over the agreed consultation period. It is recognised, however, that the impact of the Omicron variant on service provision and the general public during this period will have impacted upon the ability of a number of stakeholders to respond as they may have intended.

- 4.2. The breadth of consultation undertaken included:

- The launch of an online survey through the HSCP's consultation webpage, setting out a range of questions to obtain feedback on the Plan's themes, challenges identified, strategic objectives and any feedback on proposed changes.
- The creation of a Strategic Plan mailbox for additional feedback outwith the questions included within the survey.
- Engagement with Care Planning Groups and Partnership fora to gather feedback using a set of questions consistent with those included in the online survey. This has included two sessions with each Group to gather initial feedback as part of the consultation process and to commence the development of annual development plans. Further engagement was also undertaken with the Carers Centre to discuss feedback provided.
- Engaging with NHS GGC through the Corporate Planning team and formal governance structures. This included a presentation of the draft Plan to the Corporate Management Team (CMT) and Finance Planning and Performance (FP&P) Committee in December 2021, followed by further attendance at FP&P in February 2022 to outline how feedback received would be reflected in the Plan and supporting documents.
- The HSCP also presented the draft Plan to Renfrewshire Council CMT prior to commencement of the consultation period, and formal feedback was received following agreement of this at the Leadership Board in February 2022. Additional formal feedback on the Plan was also provided by the Chief Social Work Officer, Children's Services Social Work and the Place Strategy Team.
- Engagement with Renfrewshire Council Housing Services to further develop the Housing Contribution Statement, supported by the Strategic Planning Group's Housing as a Health Issue subgroup. This subgroup is chaired by a Registered Social Landlord (RSL) Chief Executive and provide input and challenge to the development of the Statement.

5. Feedback received and subsequent updates to the Strategic Plan

- 5.1. Each element of feedback received through the formal consultation period has been reviewed, categorised and where appropriate reflected in the final Strategic Plan. A full audit trail of the HSCP's assessment and response to a total of 144 comments has been created, with each point categorised under a number of common themes identified: (i) positive feedback; (ii) accessibility and language used in the Plan; (iii) strengthening content; (iv) workforce challenges; (v) measuring impact; and (vi) other comments and feedback which was noted but not reflected in the Plan. These are summarised over the following paragraphs.

Positive feedback

- 5.2. Many positive comments on the Strategic Plan were received throughout the consultation period. These included feedback on the case studies used, the layout of the Plan, and the focus on themes, challenges and strategic objectives. The Plan on a Page was also highlighted as being helpful in showing how the Plan was structured in a simple way.
- 5.3. In addition, several respondents complimented the level of detail provided in the Plan and the use of case studies and photographs throughout. Others also noted the focus on partnership working which is central to the Plan, and the collaborative approach taken to develop its content.

Accessibility and Language Used

- 5.4. Some comments received noted that the Plan contains a lot of detail which is not as accessible for all who would be interested in reading the document. The HSCP can confirm that alongside the detailed document and online text version of the Plan, an Easy Read version has also been developed to widen access. These different versions of the Plan have received very positive comments.
- 5.5. In addition, several comments identified small changes that could be made to language at points throughout the Plan to make it clearer. Where possible changes reflecting the points raised have been made. In particular, the Plan has been updated to refer to 'unpaid carers' rather than 'carers' throughout and efforts have been made to ensure plain English is used. It is noted, however, that due to the complexity of health and social care services, and the specialist services provided, this has not been possible in all instances.
- 5.6. A concern was also raised by the representatives for unpaid carers that the language used to describe the strategic objective within Empowered Futures for the future provision of day support was focused on a move away from existing buildings. This objective has therefore been clarified to capture both the importance of service recovery and the ongoing exploration of wider community-based models of care which, where appropriate, provide greater choice for individuals beyond existing services.

Strengthening Content

- 5.7. A number of respondents highlighted opportunities to strengthen elements of the content within the Plan. Comments were received on the outcome that the

'Connected Futures' theme seeks to achieve, and this has now been broadened to reflect the importance of supporting people to live safely as well as independently within their community. In addition, the order of the five themes has been updated following feedback to place 'Sustainable Futures' as the fifth theme within the Plan rather than first. This more accurately reflects the person-centred focus the Strategic Plan seeks to achieve.

- 5.8. The draft Plan agreed by the IJB included an early summary of the Housing Contribution Statement. As mentioned, further work has been undertaken to develop the Housing Contribution Statement and this has been reflected in the updated summary included within the body of the Plan. The approach that has been taken places the role of housing as a key element of the Plan. This is in line with Scottish Government guidance on Strategic Commissioning Plans which states that 'the housing contribution is strongest where the statement is not confined to an appendix in the plan but where housing and its contribution are reflected throughout the plan'. Enhancements have also been made throughout to reinforce references to the importance of housing beyond the Housing Contribution Statement.
- 5.9. Existing content on equalities has also been broadened to incorporate human rights, and the Plan's focus on inequalities also more clearly shows social and economic inequality alongside health inequalities.
- 5.10. The strategic context within the final Plan has been reviewed to reflect new strategies which have been published since the draft document was approved, including the Scottish Government's Strategic Framework and the National Strategy for Economic Transformation which have been published in recent months. The nine national health and wellbeing outcomes, referred to within the draft Plan, have now been included to support easy reference to the strategic objectives which have been set.

Workforce Challenges

- 5.11. Many respondents, including NHS GGC and Renfrewshire Council, noted and agreed with the workforce challenges highlighted in the consultation draft of the Plan. These include issues relating to recruitment and retention and the impact of the pandemic on staff health and wellbeing. A number felt that further detail on these could be included in the Strategic Plan.
- 5.12. The HSCP fully agrees with the points raised in feedback which underline the need for continued focus on supporting resilience and development within our workforce. The Plan has been updated to reflect key workforce challenges and to note the development of a supporting workforce plan for 2022-25 over the coming months, which will be essential in enabling the delivery of the Strategic Plan itself. This work will provide greater detail on actions to address workforce challenges and will also link to the National Health and Social Care Workforce Strategy, which was published on 11 March 2022. Consequently, there have not been significant changes to the Strategic Plan in this regard.

Measuring Impact

- 5.13. Ongoing engagement with our partners during the consultation period has considered next steps in implementation of the Plan, and the importance of

providing clarity on targets, key indicators and the process that will be followed to evidence the impact of the actions taken to implement the Plan. The 'Monitoring and Evaluating Our Progress' section has consequently been updated to reflect this feedback.

- 5.14. However, specific targets and measures have not been included within the Strategic Plan. This is due to the nature of the document itself, and the potential for circumstances to change significantly over the course of the Plan. Consequently, an annual Strategic Delivery Plan will be developed to evidence how the agreed strategic objectives will be progressed each year, and this progress will be captured within the Annual Performance Report (APR). The delivery plan will also be informed by annual development plans for each Care Planning Group to provide an additional layer of detail. Specific targets will also be agreed and documented within joint plans with our partners. Further detail on these aspects is provided in Section 6 below.

Feedback noted but not reflected

- 5.15. A few comments received expressed a view that the Strategic Plan should be structured around each individual care group. As noted in previous updates to the IJB, the creation of a Plan based around themes rather than individual care groups was agreed collaboratively with partners within the Strategic Planning Group. However, in recognition that individual stakeholders may wish to seek further information on individual care groups, annual development plans will be created, as noted in 5.14.
- 5.16. Requests were made from some respondents to further develop the focus on COVID and its impact within the Plan and a request was made to provide additional detail on the potential structural and resource impacts of forthcoming National Care Service (NCS) proposals. Both of these points are recognised however in updating the Plan it was felt that there is sufficient detail on the impact of COVID provided, supported by case studies. It was also felt that the level of uncertainty which exists around NCS proposals prevents any additional level of detail being provided at this stage, as any points made would be highly likely to change or adapt in future.

6. Next Steps

- 6.1. Should the IJB approve the final version of the Plan provided, the HSCP will publish the final Plan and share with partner organisations. The online version text and Easy Read versions of the consultation draft will also be updated to reflect the changes that have been made.
- 6.2. As previously outlined, the HSCP will develop a first Strategic Delivery Plan for Year 1 of the Plan. This will be brought to the IJB in June 2022 for approval. Care Planning Groups will also progress development of annual development plans to inform the Delivery Plan, describing the actions each care group will take in year one of the Strategic Plan period help deliver the strategic objectives which have been identified.
- 6.3. Each annual Strategic Delivery Plan will set out success measures and milestones to enable progress monitoring and these will be embedded within the IJB's existing performance management arrangements. Where relevant,

actions will be linked with existing national, GGC and local performance indicators, and the IJB will be able to monitor progress through the APR. This process is set out within the Strategic Plan on page 70.

- 6.4. In addition, where the Strategic Plan has included objectives relating to wider plans and strategies including, but not limited to, the Primary Care Improvement Plan, the Joint Unscheduled Care Commissioning Plan (and the reduction of delayed discharges), the Remobilisation Plan and the Social Renewal Plan, specific targets will be set and monitored within the governance arrangements for those plans. This will help avoid duplication whilst ensuring that linkages between the plans are managed effectively.
- 6.5. As noted in the Chief Officer's Policy Update to this meeting, and above in Section 5, the HSCP will develop a Workforce Strategy for 2022-25 for publication by October 2022 in line with Scottish Government timescales. This, alongside the Medium-Term Financial Plan which has been submitted to the IJB for approval at this meeting, will be critical in supporting the achievement of the objectives set out in the IJB's new Strategic Plan.

Implications of the Report

1. **Financial** – No implications from this report. However, the IJB's Medium Term Financial Framework submitted to this IJB for approval will support delivery of the Strategic Plan 2022-25.
2. **HR & Organisational Development** – No implications from this report. A Workforce Plan for 2022-25 will be developed and will reflect the key challenges and objectives set out within the Strategic Plan. Scottish Government timelines indicate finalisation of new Workforce Plans by October 2022.
3. **Community Planning** – The Strategic Plan has been developed in partnership and reflects the IJB's role within the context of Community Planning. It sets out how health and social care will be delivered jointly within Renfrewshire to improve outcomes for local communities.
4. **Legal** – This paper sets out the approach to meeting the statutory strategic planning requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – An Equality Impact Assessment (EQIA) has been undertaken on the final Strategic Plan and will be published alongside the Plan on the HSCP's website. Identified actions will be taken forward alongside implementation of the Plan.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: N/A

Author: David Fogg, Strategic Lead and Improvement Manager

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

1.	Reference Number	250322-12
2.	Date Direction issued by IJB	25 March 2022
3.	Date from which Direction takes effect	1 April 2022
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 (2022-25) as set out in Appendix 1, as advised and instructed by the Chief Officer and within the budget levels outlined below.
8.	Budget allocated by IJB to carry out Direction.	The Plan sets out the overall strategic direction for services delegated to the IJB for the period 2022-25. Current budget settlements are on an annual basis. For 2022-23 this is circa £348m including set aside.
9.	Outcomes	The functions will be carried out in a manner consistent with the strategic objectives and outcomes set out in Appendix 1, the Strategic Plan 2022-25.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	March 2023.



Shaping our future

Renfrewshire IJB's
Strategic Plan 2022-25



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Foreword

An introduction from our Chief Officer and the Chair of Renfrewshire IJB

This is Renfrewshire Health and Social Care Partnership's (HSCP) third Strategic Plan since it was established in 2016.

We have made good progress towards delivering on the priorities agreed in our most recent Plan, which covered 2019-2022. In that period, our Plan considered each individual Care Group in detail and identified priority areas which the HSCP would strive to deliver upon, alongside our partners.

However, for over half the duration of our previous Plan, the HSCP and wider society have been responding to the COVID-19 pandemic.

The pandemic has had a significant impact on everyone's lives and in many areas, we have worked flexibly to refocus our priorities to adapt to the needs of the rapidly changing environment.

This Plan looks to continue to progress those priorities which have increased in importance in the last 24 months.



John Matthews OBE
Chair, Renfrewshire
Integration Joint Board



Christine Lavery
Interim Chief Officer,
Renfrewshire HSCP

The following sections provide further information on how we have developed this Plan, and the context in which we have engaged with a range of people, groups and organisations to develop a set of agreed priorities.

We have taken a different approach to identifying our objectives, focusing on a range of themes which underpin how we deliver services, rather than looking at individual service areas themselves. We have also sought to place equalities and lived and living experience at the heart of our Plan.

This Plan is for the health and social care system in Renfrewshire, not just the Partnership. Its wider context remains challenging with the potential for significant future change in how social care services are delivered across Scotland. We also continue to deliver COVID-specific services which were unanticipated only a short time ago.

We would like to thank everyone involved in developing this Plan. Renfrewshire HSCP is a people organisation, providing support for people, by people. We are immensely lucky to have such dedicated staff who more than ever, through the pandemic, have shown their commitment to the people of Renfrewshire they care for and support.

Only by continuing to work together can we realise our vision:

Our vision is for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

Introduction

Overview of our Services

Overview of the HSCP's Services

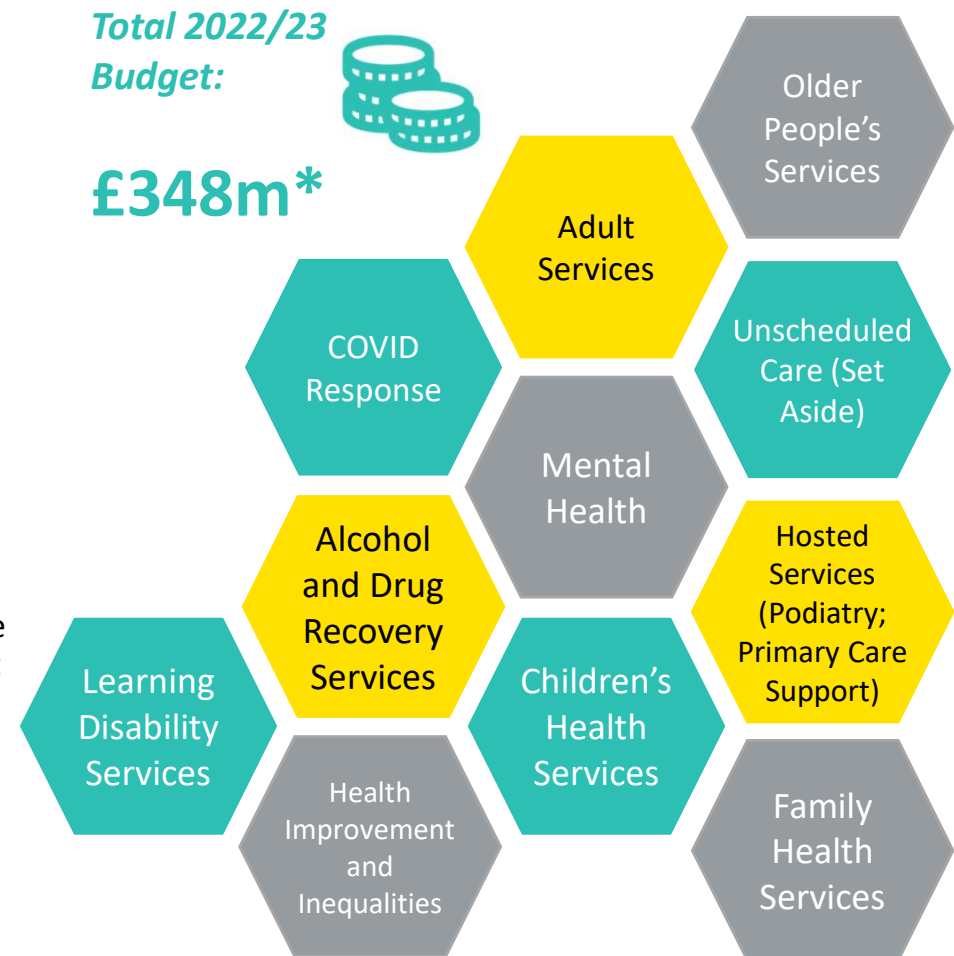
Our Strategic Plan covers the breadth of services integrated within Renfrewshire, as agreed by NHS Greater Glasgow and Clyde and Renfrewshire Council. We deliver adult social care services and all community health services for adults and children, with a core objective of shifting the balance of care from acute settings to supporting people in their communities and closer to home wherever possible. Further detail on delegated services can be found within the Integration Scheme.

The HSCP works closely with our partners to ensure that services are planned and delivered collaboratively and on a 'whole system' basis. This includes, for example, the Renfrewshire Alcohol and Drug Partnership, Integrated Children's Partnership and working closely with Housing Services. This helps to ensure that adults and young people are able to access support that is joined up and shaped around them rather than by organisational structures. In addition to our delegated services, the HSCP, since March 2020, also delivered an ongoing response to the pandemic alongside our partners.

Localities

Our services are delivered within two geographical localities (Paisley and West Renfrewshire) and each has a Locality Manager co-ordinating a range of multi-disciplinary teams and services. In addition, our 28 GP practices in Renfrewshire operate within six clusters which each contribute to oversight of the local healthcare system within their geographies.

When planning services we seek to reflect the diverse needs of our communities in how they are delivered and we adapt where it is appropriate to do so. The HSCP is also a key partner within Renfrewshire's Community Planning Partnership.



**rounded figure - projected at time of writing*

About this Plan

Our approach to developing the Strategic Plan

Developing this Plan

This Strategic Plan is one element of the very complex landscape in which health and social care is provided to local citizens. In developing this Plan, the HSCP and partners were focused on ensuring that collaboration and engagement were at the heart of co-produced themes and objectives.

This process of engagement has helped us to shape the approach and structure of our Strategic Plan for 2022-25 and we have sought to reflect feedback throughout. This Plan looks very different to our previous Strategic Plan, with a focus on our Strategic Themes rather than a detailed overview of each Care Group the HSCP supports. We believe that this better represents how people utilise health and social care support in Renfrewshire – people are not defined

by a diagnosis or the nature of support they access. To provide further detail we will supplement this Plan with an annual Strategic Delivery Plan. This will be informed by annual development plans for each Care Group, setting out objectives for each year of the Plan. These Year 1 plans will be published in June 2022 and will provide further information on specific priorities for each Care Group.

Our annual approach reflects the difficulty many stakeholders have identified in thinking about the next three years while we have been responding to the pandemic. We recognise this challenge and have therefore aimed to set out an overarching direction of travel in this document.

The diagram below sets out the collaborative approach taken to developing this Plan.



About this Plan

Shaping our Plan around consultation and engagement

Developing and testing our Plan through consultation and engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out particular requirements for the development of strategic plans to ensure that stakeholders are fully engaged in the preparation, publication and review of the Strategic Plan. Recognising that this Plan reflects the needs of our communities, and will be jointly delivered with our partners, each stage of the development process has centred on robust consultation to inform the approach taken and objectives identified.



Developing our approach, themes and priorities

5

Sessions with the Strategic Planning Group

2

IJB Development Sessions

18

Sessions with partners and Care Group leads to develop approach

17

Care Group workshops to identify challenges and priorities

Formal Consultation

25,871

Social media views

1,900

Views of the consultation platform

38

Stakeholder engagement sessions

144

Comments analysed

Our Methods of Engagement and Consultation



Virtual meetings and discussions



In-person engagement



Promotion through existing channels and partner networks



Targeted communications



Formal consultation with prescribed and extended consultee groups

Our Plan on a Page

How the elements of our Strategic Plan fit together

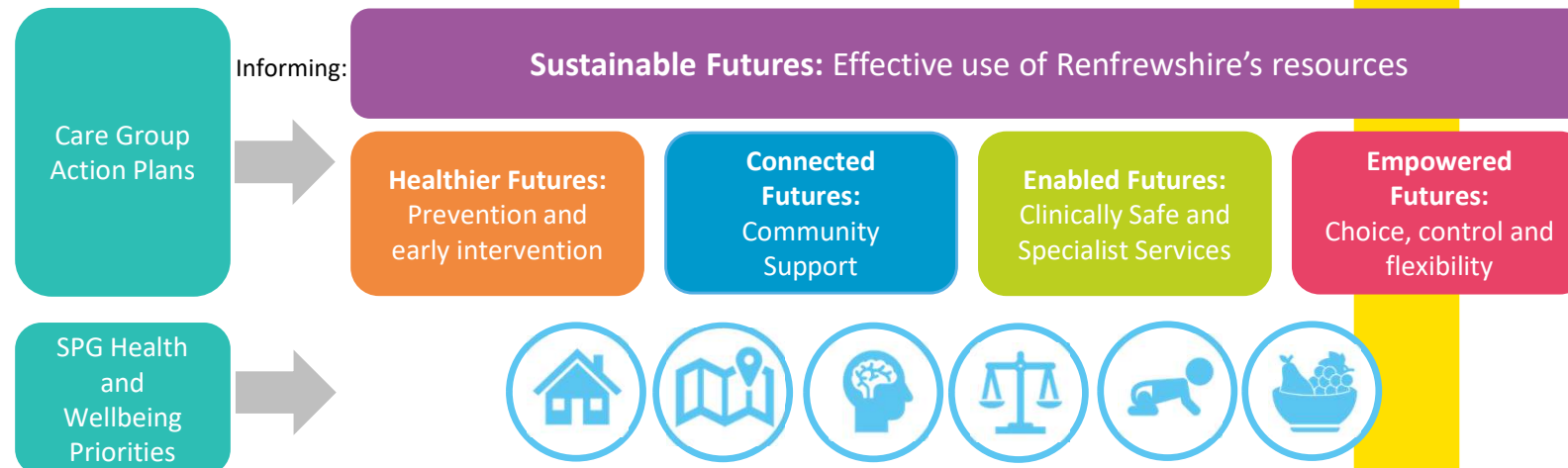
The context of our Strategic Planning includes...



The objectives of these drivers will be delivered by...

'Shaping our Future' around each person

and focusing activity on our themes...



Which are also enabled, informed and delivered through a range of strategies and plans...



The Strategic Context

Related Strategies

The national and local strategy and policy context for health and social care is increasingly complex and continues to evolve, not least as a result of COVID-19 and the impact that this has had on the way in which services are accessed and delivered. National legislation and policy, aligned with local frameworks and strategies, exist to provide guidance to Partnerships.

As a result, our Plan will not be delivered in isolation, but needs to reflect, interact with, and support the delivery of each of these policies and strategies. We provide an indicative, but not exhaustive, view of related plans and strategies below, and provide further details on the 9 national health and wellbeing outcomes on the following page.

National Context

Legislation and Policy

- Social Work (Scotland) Act 1968
- Community Care and Health (Scotland) Act 2002
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014
- Children and Young People (Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015
- Carers (Scotland) Act 2016
- Social Security (Scotland) Act 2018
- The 2018 General Medical Services Contract in Scotland

Strategies and Guidance

- A National Clinical Strategy for Scotland
- Realising Realistic Medicine
- Health and Social Care Standards
- Getting it Right for Every Child
- A Fairer Healthier Scotland 2017-2022
- Public Health Scotland's Strategic Plan 2020 to 2023
- Digital Health and Social Care
- SDS Framework of Standards
- IRASC and National Care Service Consultation, 2021
- NHS Recovery Plan, August 2021
- SG Strategic Framework, 2022
- COVID Recovery Strategy, 2021
- National Strategy for Economic Transformation, 2022

Local Context

Strategies and Guidance

NHS Greater Glasgow and Clyde

- NHS GGC Remobilisation Plan(s)
- Turning the Tide through Prevention
- Unscheduled Care Commissioning Plan
- Moving Forward Together
- Adult Mental Health Strategy

Renfrewshire Council

- Social Renewal Plan
- Renfrewshire Council Plan
- Local Housing Strategy
- Renfrewshire's Plan for Net Zero
- Renfrewshire's Economic Recovery Plan

Joint Plans

- Integrated Children's Services Plan
- Local Outcome Improvement Plan
- Primary Care Improvement Plan

[9 National Health and Wellbeing Outcomes](#) (set out on the following page)

The Strategic Context

Further details on the national health and wellbeing outcomes

Scotland's national health and wellbeing outcomes aim to ensure that IJBs (and HSCPs), Local Authorities and Health Boards are clear about their shared priorities by bringing together responsibility and accountability for their delivery. They provide a framework for planning health and social care services and for the strategic objectives set out under this Plan's themes. Each objective has been aligned with the national outcomes that it will support to deliver. The nine outcomes are:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 7: People who use health and social care services are safe from harm.

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

The Strategic Context

Renfrewshire's current demographics; NRS 2020 mid-year estimates

Renfrewshire Population

179,390

↑ 0.2% from 2019



48.4%



51.6%



30,182 (16.8%)

children aged 0-15



115,055 (64.1%)

adults aged 16-64



34,153 (19.0%)

adults aged 65 and over

Ethnicity

National Records of Scotland data in 2020 shows that in Renfrewshire:

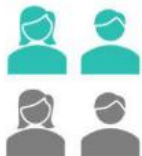


The **Black, Asian and Minority Ethnic (BAME)** population accounts for **2.8%** of the overall local population

This equates to **4,781 people**. Of these, **65%** are **Asian**, **17%** are **African**, **9%** are from **multiple ethnic backgrounds**, **2%** **Caribbean** and **7%** from **other ethnic groups**

The population will increase to

181,091



0.9% increase
on 2020 population

The **75 and over** population will increase to **17,247**



11.6% increase
on 2020 75+ population

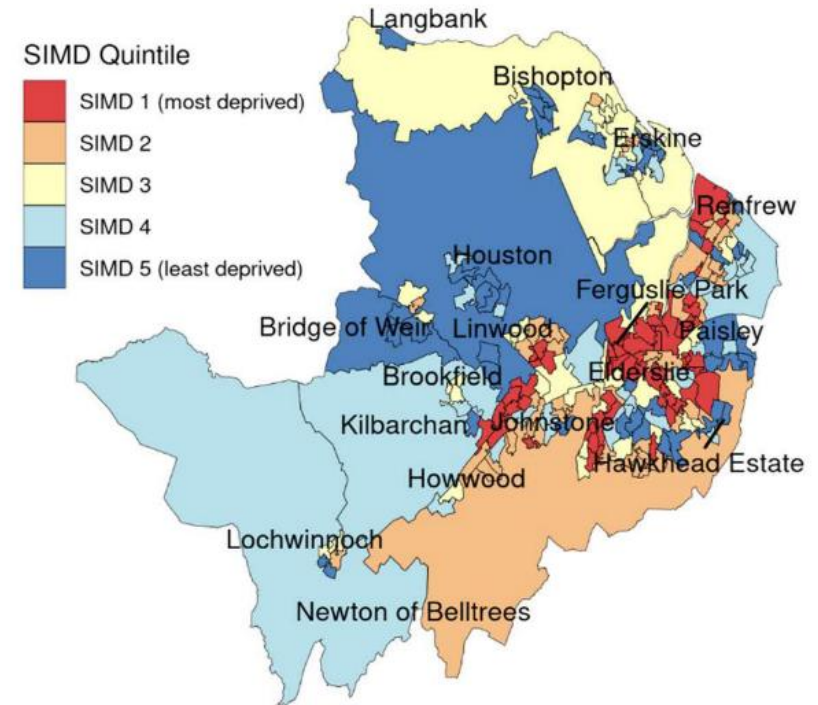
The Strategic Context

Renfrewshire's current demographics: Social and economic inequalities

Deprivation and Inequalities

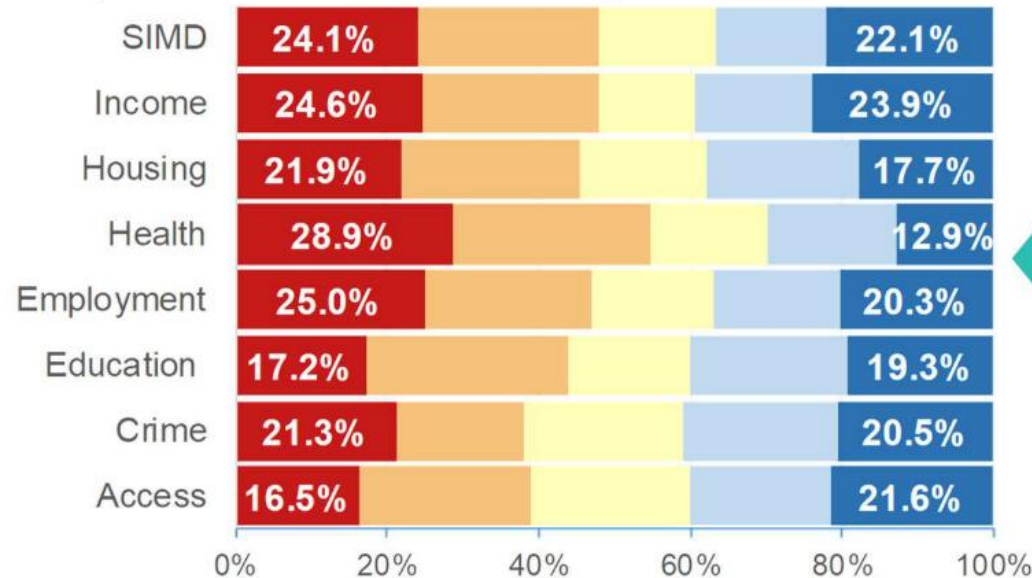
The Scottish Index of Multiple Deprivation (SIMD) assesses 6,976 small areas known as 'data zones'. 2020 figures show:

- There are **2 'data zones'** in Renfrewshire **within the 10 most deprived** zones nationally
- Almost **25% of all data zones** in Renfrewshire are in the **20% most deprived nationally** (24.1% of 2020 population)
- Renfrewshire has the **9th highest share of deprived data zones** nationally (of 32 areas)



Renfrewshire HSCP

Proportion of 2020 population living in each SIMD domain



Individual SIMD Domains show that

Renfrewshire is more deprived compared to the Scotland average for **Employment, Crime, Housing and Income**.

These social and economic inequalities can **impact on self-esteem, happiness and participation in local communities and lead to poorer physical and mental health**. In Renfrewshire, **28.9%** of residents are in the **20% most-deprived areas nationally** within health indicators.

The Strategic Context

Renfrewshire's current demographics: Health Inequalities

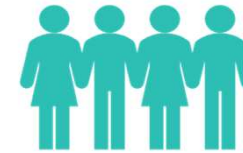
As part of the Fairer Scotland Duty, we will assess how our actions can reduce inequalities. We will work with partners to address the socio-economic and health inequalities outlined, including mitigating the negative impacts of the pandemic on our most vulnerable and disadvantaged communities.



People with a disability are **twice as likely to face isolation** and **71% have difficulty taking part in things locally** (Glasgow Disability Alliance Action Research 2018)



It is estimated that in 2019/20 **6,997 (23.1%) children in Renfrewshire were living in poverty** after housing costs. This is **almost 1 in every 4 children**.



Compared with the least deprived areas, in the most deprived communities across Scotland*:

- people are **9 times more likely** to have an alcohol-related admission to hospital.
- people are **18 times more likely** to have a drug-related death
- the rate of **premature deaths (age 15-44)** is almost **five times higher**.
- the rate of probable deaths by suicide is **three times the rate** of least deprived areas.
- **men** are likely to live **19 fewer years** and the gap has increased by 1.3 years since 2008.
- **women** are likely to live **13.9 fewer years** and the gap has increased by 1.6 years since 2008.



**National Records of Scotland, 2021 and ScotPHO indicators*

The Strategic Context

The Impact of COVID

Delivering in unprecedented circumstances

COVID-19 continues to have an unprecedented impact on every aspect of life within Renfrewshire, nationally and globally. We have all had to adapt and respond to the greatest personal and collective challenge many of us have faced in our lifetimes. We recognise the incredible input of staff within healthcare, social care and primary care who have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe, and also the additional burden placed on unpaid carers and people who received health and social care support.

Many lives have been lost, and Renfrewshire IJB and HSCP extend our sympathies to everyone affected. We also know that the pandemic has exacerbated existing inequalities in our communities and hit the most vulnerable hardest, for example impacting on health and wellbeing, income and employment, and increasing social isolation.

There was an almost 20% increase in referrals to Recovery Across Mental Health (RAMH) services in April-September 2021 compared to same period in 2020.

A Renfrewshire Carers Centre survey found that 95% of unpaid carers felt their emotional health and wellbeing were affected by the pandemic. 78% stated their caring role increased to over 50 hours per week in mostly personal care.

Reflecting COVID-19 in our Strategic Plan 2022-25

Looking to the future, the COVID vaccination programme has had a significant impact on the links between infections, hospitalisations and deaths. However, we know that we must learn to live with COVID and that the emerging recovery will last well into the term of our Strategic Plan. Indeed, at the time of developing this Plan the impact of increasing demand on our A&E services and hospital admissions is clearly evident and is expected to continue. The Scottish Government's Strategic Framework, published in February 2022, along with future strategies will help shape how we and our partners work as organisations.

We have therefore developed a set of principles for this recovery which have informed the priorities we have identified. These are set out below.

COVID-19 Recovery: Our Principles

- Maintaining Health and wellbeing
- Focusing on service stability
- Maintaining flexibility in our pandemic response
- Evaluating COVID practice and impact and building on what works

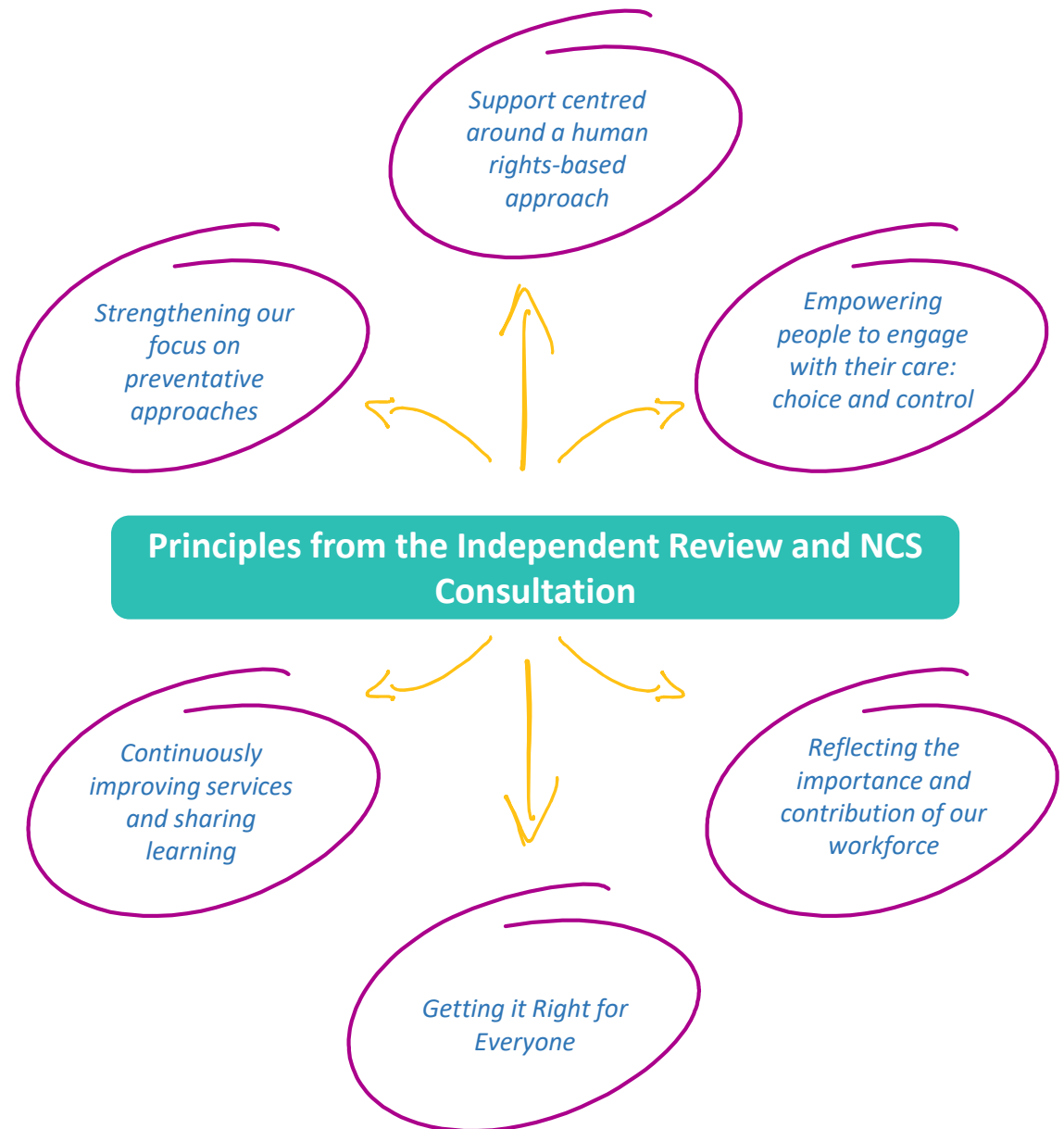
The Strategic Context

The Independent Review of Adult Social Care and the National Care Service (NCS)

The COVID-19 pandemic has shown the incredible strengths of community health and social care, but also the real challenges that face the sector. The Independent Review of Adult Social Care, and the subsequent consultation on proposals to create a National Care Service, were undertaken in response to the pandemic to consider how social care in Scotland can be further developed.

The National Care Service consultation, launched in August 2021, set out proposals for a National Care Service which built upon the recommendations of the Independent Review. These proposals are wide ranging and may lead to significant structural change within the sector over coming years. The extent and nature of this is currently unclear. This means there is a high level of uncertainty over the future structure of health and social care in Scotland at this time. Our Strategic Plan does not aim to address this.

However, the Independent Review and Consultation also set out broad principles for the future of health and social care which in our view all stakeholders will support and wish to progress. We have sought to include these throughout our Plan.





Focusing on equalities and human rights throughout our Plan...

During the last three years, we have demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all. Our commitment to ensuring equality and supporting peoples' human rights continues to be central to this Strategic Plan.

Focusing on equalities and human rights in our Plan

Enabling everyone to have equal access to health and social care

During the last three years, Renfrewshire HSCP has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all, in meeting our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Our commitment to ensuring equality and supporting individuals' human rights continues to be central to this Strategic Plan.

Protected characteristics



We have outlined actions throughout this Plan to help us deliver on our 2020-2024 Equality Action Plan. We will:

- Build Unpaid Carer friendly communities and increase the number of unpaid carers being identified.
- Work towards the LGBT Youth Scotland Charter of Foundations Award and become a champion of LGBT inclusion through development of an LGBTQ+ charter.
- Continue to co-fund a post to establish an integration network forum (IN-Ren), to co-ordinate and promote partnership across support, resources and services available to people from BAME communities.
- Improve the experience of people with physical disabilities and those with sensory impairments through our Independent Living Care Group.
- Continue to deliver training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias. Our IJB, SPG and Senior Management Team have already undertaken this Unconscious Bias training.
- Continue to tackle stigma in all its forms.

"The information you shared with our participants will go a long way to encourage improving mental health and wellbeing activities among ethnic minority communities but will be highly appreciated if more resources are provided to support our work."

Chinenye Anameje from Pachedu

Delivering in partnership

Our Strategic Planning Group is co-chaired by Engage Renfrewshire and involves a wide variety of stakeholders. Partnership working has played a key role in building trusting relationships between partners and members of the public alike.

This Plan is for the Health and Social Care system in Renfrewshire, not just the IJB and HSCP. This section provides further examples of how services are delivered in partnership to improve outcomes for people.

Delivering in Partnership: Responding to COVID

Partnership working throughout COVID

A partnership approach to health and wellbeing

The HSCP is committed to collaborative working and has a strong track record of delivering with our partners. So, when the pandemic began to impact upon people's lives across Renfrewshire, we had the infrastructure and relationships already in place to provide a quick, flexible response to address people's rapidly changing needs in this challenging period.

This approach has resulted in a variety of new or enhanced support for individuals. Some examples of these are highlighted below.

"In many ways, the crisis has brought Strategic Planning Group members closer than ever; the relationships formed and developed during 2020 are strong. A recognition perhaps, that only in working together can we possibly tackle the aftermath of the pandemic, because we need one another".

Karen McIntyre, Engage Renfrewshire, Co-chair of the Strategic Planning Group

COVID Assessment Centre (CAC)

The CAC ensured that COVID-19 symptomatic people could be cared for within the community, while also ensuring hospital and GP capacity was used for those with the most serious illnesses.

Carers Centre Practical Support

The Carers Centre ensured that unpaid carers continued to get the support they needed, ensuring they could access practical things like PPE, providing devices to get online and moving support online so unpaid carers could access training, group support and social events.

'Hear for you' helpline

'Hear For You' is a free phone service, managed by RAMH, and designed to provide support for anyone who wants to talk about their feelings around the practical, emotional and financial impact that COVID-19 has had on their lives.

Neighbourhood Hubs

The Hubs recruited local volunteers to carry out a range of tasks for people who had to shield or self-isolate. This included delivering food packages, befriending, delivering medicines, and dog walking.

Befriending Support

Befriending gives people who may be lonely or socially isolated the opportunity to talk to someone in person or by phone. Some of our partners, such as Roar - Connections for Life and Active Communities, have volunteers who have been carrying out this vital role during the pandemic.

Renfrewshire Bereavement Network

A funded collaboration, led by Accord Hospice, the Bereavement Network provides support to people experiencing loss or dealing with grief by offering access to the most appropriate advice, guidance and counselling from a single point of access.

Delivering in partnership: Care Homes

A multi-disciplinary approach to safeguarding residents and staff during COVID

Supporting Care Homes during COVID

A further example of partnership working during COVID is the Renfrewshire Clinical and Care Oversight Group which was established at the beginning of the pandemic. The group was created to support the newly established Multi-Disciplinary Team (MDT) and to strengthen and enhance professional clinical and care oversight of **care homes** and **care at home services**.

This approach builds upon existing good practice, and brings together colleagues from the HSCP, Public Health and the Care Inspectorate. Residents' wellbeing is our primary focus, and this way of working enables faster access to specialist support from a range of sources, such as the HSCP Clinical Director and Senior Clinician, HSCP Chief Nurse, HSCP Contracts and Commissioning Manager, Service Planning and Policy Manager, Chief Social Work Officer and the Chief Executive's Service.



It's great to know we can call and ask for advice. The direction is good and is developing into much more of a team involvement - encouraging for all staff and residents.

Independent Renfrewshire Care Home provider feedback

Building upon success to help shape the future

New collaborative forums created during the pandemic, such as the care home peer group which provides a forum for clinical and care advice and support to all registered homes in Renfrewshire, have brought additional value and we are considering how these may be continued in the long term.

We also recognise the value of investing in our care homes nursing team who have continued to deliver great results, despite being subject to significant pressure and increasing demand. Over the last year, Renfrewshire has funded an additional three Care Home Liaison Nurses and four trainee Advanced Nurse Practitioners to help support the delivery of care within Renfrewshire care homes.

This investment will be enhanced by NHS GGC's Multi-Disciplinary 'Care Homes Collaborative' teams, which will provide access to a range of specialist support for Care Homes, including dietetics and tissue viability.

The HSCP are also strengthening Partnership working with Independent Sector providers through a three-year commitment to support a dedicated Scottish Care, Independent Lead post. This will help us ensure equity of information, shared vision, learning and representation to help achieve a mixed provision of care that is fit for purpose.

Delivering in partnership: C&YP Mental Health

Working together to improve mental health for children and young people (C&YP)

In Renfrewshire a range of services are delivered by the HSCP and partners to support children, young people, families and unpaid carers in relation to children and young people's mental health and wellbeing.

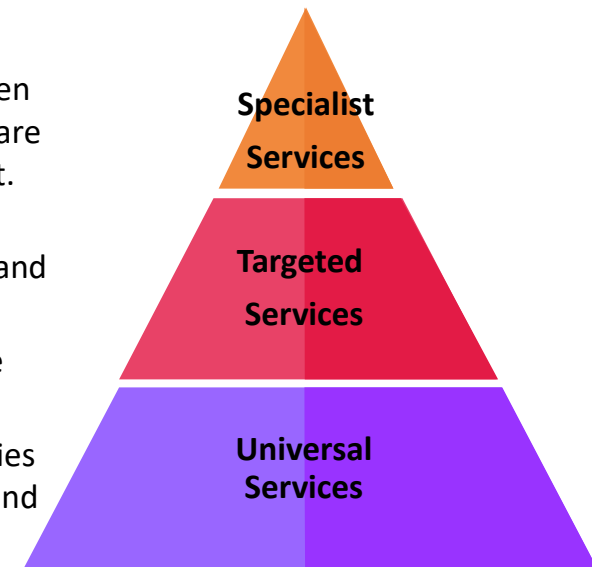
Renfrewshire Integrated Children's Service planning partnership, including third sector organisations, to support the development of the REN 10 service.

Renfrewshire Council and NHS GGC to take forward The Promise, ensuring our care experienced young people are listened to and receive the best possible support.

Renfrewshire Council Children's Services to embed the School-based Counselling Service, and with **Third Sector organisations** to develop evidence-based interventions for children and young people.

Renfrewshire HSCP provides a range of services including:

- **Specialist:** Our CAMHS team, a tier 3 specialist service, works to ensure that children and young people up to age 18 with moderate to severe mental health difficulties are identified and have access to appropriate assessment, interventions and treatment.
- **Targeted:** Introducing the school nursing mental health and wellbeing pathway to quickly identify children experiencing poor mental wellbeing, offering assessment and evidence-based interventions.
- **Universal / Targeted:** Health Visiting teams promote secure attachments to ensure that children grow up in a close and loving environment.
- **Universal:** Health Improvement work with third sector partners who support families in the Perinatal period (the period during pregnancy and up to a year after birth), and with Early Years establishments to deliver protective messages.



Our objective for the next three years is to improve children and young people's experience of services by:

- Investing in the expansion of the multidisciplinary CAMHS team
- Expanding and refocusing the school nursing team
- Working with partners to support the development of evidence-based tier 2 services such as REN 10 and School Counselling
- Developing a Young Persons' Mental Wellbeing Service as a test of change

Delivering in partnership: Alcohol & Drug Recovery

How services are working together to reduce harm

Tackling Alcohol and Drug Harm in Renfrewshire

Renfrewshire, like many other areas, has continued to experience a range of issues in relation to alcohol and drugs. Driven by concerns about the levels of harm being experienced by local people, partners established an independent Commission in 2019 to assess the true impact of alcohol and drugs in Renfrewshire. The commission builds on the extensive collaborative work already planned or undertaken by the Alcohol and Drug Partnership:

- Establishment of an **Overdose Response Team** to provide a rapid response to near-fatal overdoses.
- Enhanced access to **residential rehabilitation placements** as part of choice of treatment options.
- Implementing the **Medication Assisted Treatment Standards** established by the National Drug Death Taskforce.
- Recruitment of a dedicated **ADP Drug Death prevention Officer**, to work with partners to reduce drug-related deaths.
- Focus on **Assertive Outreach** supported by a Harm Reduction Mobile Unit to provide health care and harm reduction services in communities.




We are working with the Alcohol and Drugs Programme Board to support delivery of some of the Alcohol and Drug Commission's recommendations, including:

- Developing a programme to ensure services in Renfrewshire are **trauma informed and responsive**.
- Further developing a peer support model to ensure **recovery and lived experience** is valued in Renfrewshire.
- Recruiting a partnership officer to **change alcohol policy**.
- Carrying out an independent **review of existing family support provision** to identify gaps in support for families of people in crisis.
- Aiming to develop **wrap around support for people with complex needs** who potentially need support from different services and organisations.
- Developing a **Language Matters Initiative** to help challenge preconceptions and stigma around alcohol and drug use.

There were 67 drug-related deaths in Renfrewshire during 2020, this is the highest number in a decade and an increase of 49% compared to 2019. These, and recent alcohol-related death statistics, make clear the critical importance of the continued delivery of the above areas to achieve positive outcomes in relation to alcohol and drugs. This is a priority for all Community Planning Partners.

Our Strategic Themes and Health and Wellbeing Priorities



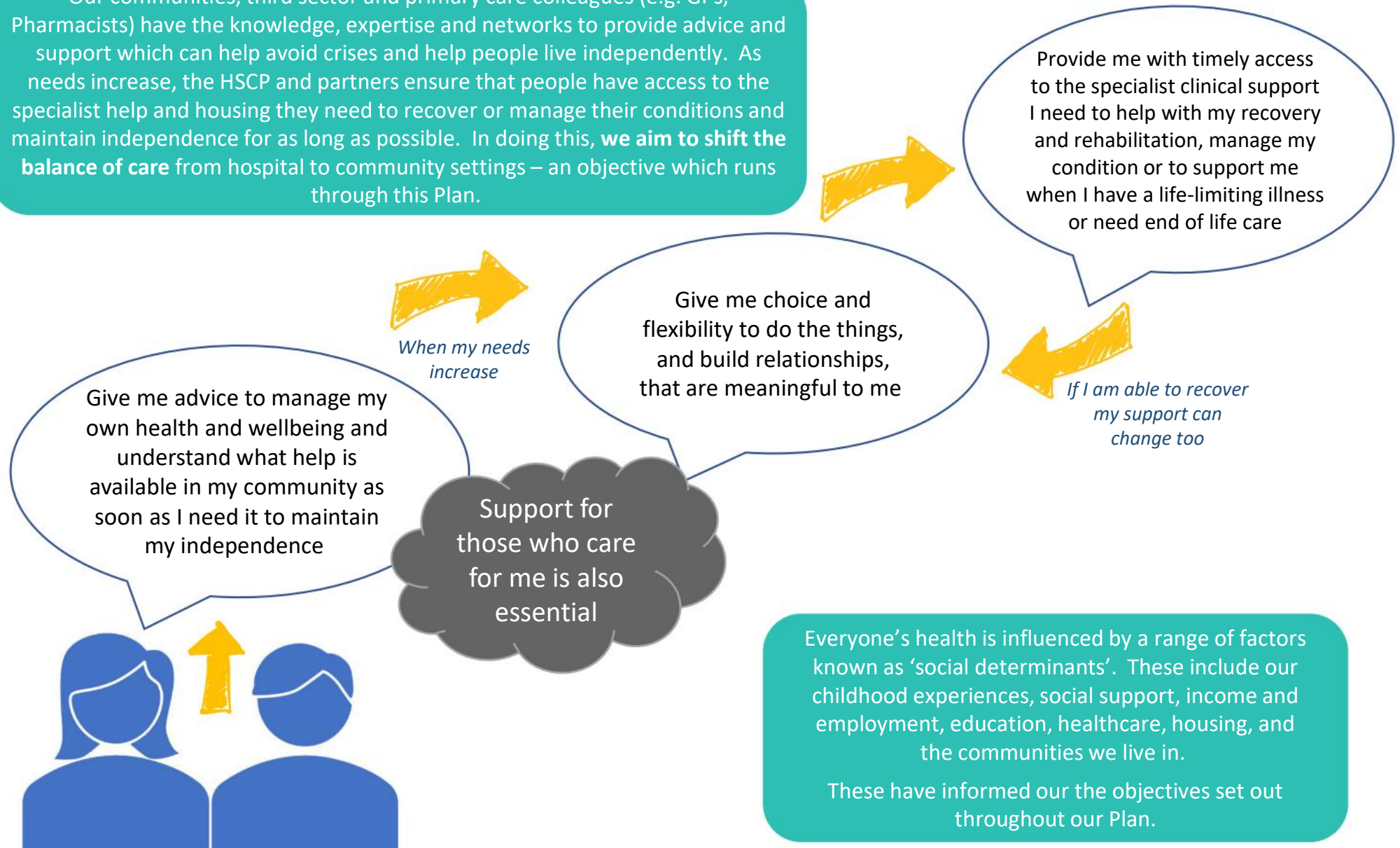
"If care is to be person-centred, then what it looks like will depend on the needs, circumstances and preferences of the individual receiving care. What is important to one person in their health care may be unnecessary, or even undesirable, to another. It may also change over time, as the individual's needs change"

Health Foundation, 2016

'Shaping Our Future' around each person

Developing our objectives around the needs of people and communities

Our communities, third sector and primary care colleagues (e.g. GPs, Pharmacists) have the knowledge, expertise and networks to provide advice and support which can help avoid crises and help people live independently. As needs increase, the HSCP and partners ensure that people have access to the specialist help and housing they need to recover or manage their conditions and maintain independence for as long as possible. In doing this, **we aim to shift the balance of care** from hospital to community settings – an objective which runs through this Plan.



'Shaping Our Future' around each person

Focusing our activity around themes which reflect our support to people

The previous page outlines how we aim to shape our services around individuals, unpaid carers and communities to support everyone in Renfrewshire to live meaningful lives and achieve their hopes and aspirations. This underpins our Strategic Plan, through which we are **'Shaping Our Future'**. We will do this through a focus on delivering the following outcomes within our **five key themes**:



People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.



People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.



Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.



People access the right care at the right time and place and are empowered to shape their support at every stage of life.



We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

Shaping services through people's voices and experience

Embedding lived and living experience in how we plan and deliver services

We are committed to listening to the voices of people with lived and living experience at every stage of the development and delivery of our services. Their ideas and insight can help us to tailor services to ensure they meet the range of needs and challenges that people face every day.

We recognise though that while we have good examples of how we do this working with a number of our care groups, we have not progressed as far in some areas. This is a key area of focus in this Plan and we have refreshed our Care Planning Groups to help develop and deliver this Plan (more detail is provided on the next page).

We will continue to learn from where we do this well, for example in the development of the CIRCLE Recovery Hub and through our implementation of peer support models to support people to recover from addictions or mental ill-health. We will also continue to work with our partners to identify opportunities to improve. This commitment is embedded in many of the strategic objectives outlined in this Plan.

"It's amazing. This place is a complete blank canvas and it's all about what the service users want to see. Being in recovery, we know that you can feel invisible, but CIRCLE aims to reiterate that our service users are here and they're contributing to society again."

CIRCLE (Continuing in Recovery Changes Lives Entirely) has been developed to provide enhanced recovery-focused and trauma-informed support to local people who are on an addictions and/or mental health recovery journey. CIRCLE will provide people with improved recovery opportunities and improved links to and from other related services, ensuring individuals feel sufficiently supported throughout their journey. This will increase opportunities for people to have more independence and choice on how they manage their own recovery.



The development of our themes

Determining strategic objectives for our Plan

The Role of Care Planning Groups in defining our objectives

Our five themes represent a different approach from our 2019-22 Plan, which was structured around each care group. While this Plan does not focus on individual care groups, our themes have been agreed with our refreshed Care Planning Groups and our strategic objectives have been identified through engagement and discussion with them and a range of partnership forums.

In addition to supporting the definition of the objectives described in this Plan, our Care Planning Groups will also lead the delivery and monitoring of supporting actions within our services over the lifetime of our Plan. We will develop an Annual Strategic Delivery Plan, outlining how we will deliver the strategic objectives identified and this will be informed by annual development plans for each care group. These will be published for Year 1 in June 2022.

Linking our Strategic Planning to our Workforce Plan

As we developed our Plan, many conversations with our Care Groups and partners highlighted the impact of the pandemic on our workforce and a number of significant challenges. These include recruitment and retention, staff wellbeing, training and development, and an ageing workforce. We recognise that this Plan will only succeed if these challenges can be addressed and have referenced them throughout our themes. However, we have not gone into detail in this Plan.

In later 2022, we will publish a 2022-25 Workforce Plan, setting out our plans to address these issues in the next 3 years. This will be aligned with our Strategic Plan and the new National Health and Social Care Workforce Strategy.

Our Care Planning Groups (HSCP-led)

Learning Disabilities	Autism
Older People	Unpaid Carers Strategy Group
Independent Living	Palliative Care Strategy Group
Mental Health & Wellbeing	

Our Partnership Planning Groups

Primary Care	Adult and Child Protection Committees
ADP and Alcohol and Drugs Commission	Community Planning Partnership
NHS GGC Mental Health Steering Group	Integrated Children's Partnership
NHS GGC Unscheduled Care Group	Future Paisley

Healthier futures

Healthier Futures...

For every care group, and our wider population, there are things that can help prevent ill-health, both physical and mental. These can also enable people to remain at home for longer, delay the need for medical intervention and ultimately achieve better outcomes for people.

Healthier Futures

Prevention and Early Intervention



What do we mean by Prevention and Early Intervention?

For every care group, and our wider population, there are things that can help prevent ill-health, both physical and mental, enable people to remain at home for longer, delay the need for medical intervention and ultimately achieve better outcomes for people. However, preventative factors can be challenged by deep-rooted inequalities which impact on the health and wellbeing of our local residents.

Early intervention can include providing people with information about services and resources in their local areas, promoting active and healthy lifestyles and providing training on specific topics. We can also look to intervene at the earliest stages in life to support our children to have the best start possible.

Community-led support and joint working with our partners, the third sector and community groups is vital to tackling these challenges, as well as encouraging people to ask for help or advice at an early stage before they feel they are at crisis point. If we intervene early we can build on the breadth of skills and experience of people in Renfrewshire to create capacity within our communities and help people maintain their health and independence.

“Social Care should be a springboard not a safety net”

Quote from the Independent Review of Adult Social Care



The outcome we want to achieve:

People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.

Key Challenges

- Whilst the importance of prevention and early intervention is fully recognised, it can sometimes be difficult to measure the impact of prevention when it causes something *not* to happen.
- Many benefits of preventative and early intervention activity are more likely to be visible in the medium- to long-term. They need to be delivered alongside actions which meet short-term priorities.
- Moving towards a preventative focus requires changes to the HSCP's existing models of care and continued development of links between Health Improvement and frontline services.
- Tackling deep-rooted health inequalities is complex and can only be effectively achieved through partnership-working over a long period. In addition, Renfrewshire has high levels of health inequality, as is set out in the demographics section of this plan.

Healthier Futures

Strategic Objectives



Reference	Description	National Outcomes
Healthier.1 New activity	Implement a local Strategic Group for suicide prevention and collaboratively develop a Renfrewshire suicide prevention strategy, which should reflect the priorities set out in the new Suicide Prevention Strategy for Scotland (in development).	<ul style="list-style-type: none"> • Outcome 1 • Outcome 4 • Outcome 5 • Outcome 7
Healthier.2 Continuing activity	Work collaboratively with individuals and families with lived and living experience, as well as frontline workers and partners, to tackle stigma through training and awareness raising (for example around mental health, alcohol and drug use), and encourage early engagement with services and support recovery.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 3 • Outcome 4 • Outcome 5 • Outcome 7
Healthier.3 Continuing activity	Work with partners to review existing information and advice sources for people in Renfrewshire, such as ALISS (A Local Information System for Scotland) to ensure that information on local and national support is available to people when they need it and in the format they need.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 2 • Outcome 6 • Outcome 9
Healthier.4 Continuing activity	Continue to work with partners to support the health and wellbeing of young people and contribute to the Scottish Government's mission to end child poverty, through (i) supporting delivery of income-based targets within the Child Poverty (Scotland) Act; (ii) delivering Local Child Poverty Action Report actions; (iii) supporting Renfrewshire's Tackling Poverty Programme; (iv) supporting the delivery of actions in the Tackling Child Poverty Delivery Plan 2022-26; and (v) working with the Scottish Government's Family Nurse Partnership (FNP) programme to improve antenatal health and birth outcomes, child health and development and parents' economic self-sufficiency.	<ul style="list-style-type: none"> • Outcome 5 • Outcome 9
Healthier.5 New activity	Work with Renfrewshire Council and third sector partners to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 4 • Outcome 6 • Outcome 7



Reference	Description	National Outcomes
Healthier.6 Continuing activity	Work with partners within the Alcohol and Drug Partnership (ADP) to prevent alcohol & drug related deaths across Renfrewshire through the ongoing development and implementation of the Drugs Deaths Prevention Action Plan.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 4 • Outcome 5
Healthier.7 Continuing activity	Continue to work collaboratively with partners to further develop our joint approach to frailty and falls prevention pathways within communities and acute settings, aiming to maintain/improve health and wellbeing while avoiding harm from frailty.	<ul style="list-style-type: none"> • Outcome 2
Healthier.8 New activity	Our new Sexual Health Planning Group will co-ordinate efforts to address teenage pregnancy and STI rates in Renfrewshire and to undertake a range of work focussed on helping children and young people have positive, healthy and mutually respectful relationships. This includes continued delivery of: (i) the Early Protective Messages (EPM) programme in early years settings; and (ii) the Mentors in Violence Prevention (MVP) programme to staff supporting young people.	<ul style="list-style-type: none"> • Outcome 4 • Outcome 5
Healthier.9 Continuing activity	Through our CAHSC (Culture, Arts, Health and Social Care) group, we will lead work with colleagues and partners involved in the Future Paisley programme, to develop a range of arts and culture-based activities in a variety of settings to improve health and wellbeing.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 4 • Outcome 5 • Outcome 6
Healthier.10 Continuing activity	As part of Renfrewshire's ongoing commitment to tackling Gender Based Violence (GBV), ensure that Sensitive Routine Enquiry is embedded in key HSCP services (or settings).	<ul style="list-style-type: none"> • Outcome 3 • Outcome 7

Healthier Futures: Some Examples

Prevention and Early Intervention



Falls Prevention

'80andUp' is a new funded project in Renfrewshire, including Roar - Connections for Life, HSCP and GP practices. It aims to help stop the active elderly from falling and uses evidence-based advice and exercises to prevent falls.

Between December 2020 and March 2021, 81 patients who were 80 or older, consented to take part in this initiative. Early feedback has been positive and suggests that with help from Roar – Connections for Life, it has allowed them to walk more and walk with more confidence. Evidence suggests this simple intervention will reduce falls and fractures, preventing hospital admissions as well as improving quality of life for those taking part.

"I fell in the shower while on holiday and if I had not received the training from Roar – Connections for Life on how to get myself back up I dread to think what would have happened. I remembered all the trainer had told us and eventually managed to get back on my feet. I'm so thankful I had done the training!"

Betty, 75, commenting on Falls training provide by Roar – Connections for Life.

Perinatal work – Home Start

Home Start Renfrewshire received funding from the HSCP to develop a programme which offers parents who have, or are at risk of developing, mental ill health during the period of pregnancy and up to a year after birth, the chance to take part in a peer support and parenting support model which also offers active 'hand-holding' for parents who need to access specialist counselling. The parenting support programme element increases attachment between parents and child.

The HSCP Health Improvement Team have devised a package of support for the Home Start team ranging from provision of health resources to sourcing and delivering robust training when gaps or areas for development have been identified, such as delivery of the Understanding Dads Perinatal Mental Health Training (Fathers Network / NHS GGC).





Connected futures

Connected Futures...

Supporting people in their communities can ultimately lead to better outcomes for people – keeping people safe, preventing ill-health and ultimately helping people to live as independently as possible, for as long as possible.

Connected Futures

Community Support



What do we mean by Community Support?

A vibrant community-led approach to supporting people, alongside the services provided by the HSCP and partners, can make a significant contribution to prevention and early intervention and improve the health and wellbeing of our citizens.

Where people have long-term conditions or are recovering from more intensive health and care interventions, the provision of support focusing on individuals' strengths and abilities within a community setting can lead to better outcomes. The benefits of community-led support have also been clear throughout the COVID-19 response.

As we move through recovery and further transformation of our services, the HSCP and partners will work to further strengthen the thriving ecosystem of advice, support and care already provided in our local communities.

"We must shift beyond the mindset of existing systems and services to embrace individual and community capacities, and collaborative opportunities to enable innovative support mechanisms"

Quote from the Independent Review of Adult Social Care



The outcome we want to achieve:

People are supported to recover, or manage disabilities and long-term conditions, and to live as safely and independently in their own home or community as possible.

Key Challenges

- People, families and unpaid carers can find it difficult to access information about services and support available to them, and to know what questions to ask.
- Ensuring all parts of the health and care system, (e.g. HSCP services, primary care and the third sector) are fully aware of community support available.
- Support to unpaid carers is a key element of community support however many people don't always recognise themselves as such, and the HSCP may not be able to identify everyone with caring responsibilities.
- Working with partners, ensuring people (including but not limited to older people, children with additional needs, the care experienced, and those in kinship care) have access to suitable accommodation which enables them to live as independently as possible.

Reference	Description	National Outcomes
Connected.1 Continuing activity	Develop and implement a Renfrewshire Dementia Strategy, reflecting the objectives and priorities of the forthcoming National Dementia Strategy.	<ul style="list-style-type: none"> • Outcome 2 • Outcome 3 • Outcome 6
Connected.2 Continuing activity	Support people to live well by strengthening links between community resources and primary care, through the testing and evaluation of new roles in several GP practices (Mental Health and Wellbeing Workers and Welfare Rights Workers) and maximising the impact of Community Link Workers.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 2 • Outcome 4 • Outcome 5
Connected.3 New activity	Build unpaid carer-friendly communities across Renfrewshire so that unpaid carers can access the support they need to continue to care. This will increase the number of unpaid carers being identified by a wide-reaching awareness and development programme with our services, acute and community health partners, the voluntary sector and communities, and run campaigns targeting communities of unpaid carers less well known to us.	<ul style="list-style-type: none"> • Outcome 6
Connected.4 Continuing activity	Embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services (ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support. This includes delivery of the new Mental Health and Addictions Recovery Hub (CIRCLE) and increasing Peer Support Worker capacity.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 3 • Outcome 4 • Outcome 5
Connected.5 New activity	Work with our partners to help children and young people and their families get appropriate and timely support to improve their mental wellbeing through a multi-agency community-based family support service.	<ul style="list-style-type: none"> • Outcome 4 • Outcome 5 • Outcome 6

Social Prescribing

We have commissioned 'We Are With You' to place a Community Link Worker in every Renfrewshire GP practice. These workers support people who might otherwise visit their GP with non-medical issues such as loneliness, isolation or financial worries. They do this by delivering 1-1 supportive sessions and / or signposting people to an appropriate activity or service to meet their specific needs. This relieves some of the pressure on GPs and means that people with non-medical issues can access help in a more holistic way.

"The creation and enjoyment of the arts helps promote holistic wellness and can be a motivating factor in recovery. Including the arts in healthcare delivery has been shown to increase positive clinical outcomes for patients while also supporting other stakeholders, including healthcare providers, the patient's loved ones and the wider community."

World Health Organisation

Culture, Arts, Health and Social Care

The Culture, Arts, Health and Social Care (CAHSC) Group was established during the City of Culture bid process, recognising the positive impact that arts and culture can have on health and wellbeing. Part of the Future Paisley programme, the group co-ordinates a range of activities, from the Renfrewshire strand of the Scottish Mental Health Arts Festival to arts in hospitals initiatives. Over the next 2 years the group aims to increase the range of arts and culture-based opportunities in health and care settings, and for people at risk of health inequalities, and the Mental Health Arts Festival will be further developed to reach even more people.





Enabled Futures...

At different times we will all need to access specialist support to help us recover from illness, to manage long-term conditions, and to keep us safe. This could include access to primary care services, support with our mental health, or support to recover from alcohol or drug-related addictions. Helping people to get back on their feet and supported at home and in their community is essential.

Enabled Futures

Clinically Safe and Specialist Services



What do we mean by clinically safe and specialist services?

At different times we will all need to access this specialist support to help us recover from illness, to manage long-term conditions, and to keep us safe. This could include access to primary care services, support with our mental health, timely access to rehabilitation services, or support to recover from alcohol or drug-related addictions.

We will help people to access appropriate specialist support in the most suitable setting. This could be in a hospital, but we are focused on shifting the balance of care and preferably people will be able to access such support in our communities. Care will be provided as close to home as possible and should help avoid unnecessary attendance and admissions to hospital. We will also continuously improve service quality, supported by Clinical and Care Governance.

In doing so, we also want to ensure that we do not over-medicalise the treatment and care we provide for people. Working with partners, we will build on individuals' strengths, skills and abilities to aid their recovery.

"Keep no patient in hospital a day longer than is absolutely necessary. The patient may have to recover not only from illness or injury but from hospital"

Florence Nightingale, 1878



The outcome we want to achieve:

Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.

Key Challenges

- Wait times across services have increased as a result of the pandemic and demand increasing following the easing of restrictions. We expect that some people will need more intensive support.
- Maintaining low levels of delayed discharges within a pressurised system.
- Primary Care services are facing unprecedented levels of demand with a significant increase in mental health problems and people suffering deterioration in chronic diseases because of the impact of COVID-19.
- Tackling all forms of stigma around accessing specialist services.
- Specialist skills across services, including but not limited to Primary Care, CAMHS, Psychotherapies and Mental Health, are in short supply nationally.
- Expectations of what specialist services provide can differ from clinical opinion and the aim of preventing over-medicalisation.

Reference	Description	National Outcomes
Enabled.1 Continuing activity	Work with NHS Greater Glasgow and Clyde (NHS GGC) and other HSCPs to continue activity to reduce unnecessary attendance at A&E, reduce hospital admissions and lengths of stay in hospital. This includes working to implement (i) opportunities to shift the balance of care; and (ii) joint commissioning plans for Unscheduled Care.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 2 • Outcome 3 • Outcome 4 • Outcome 9
Enabled.2 New activity	Work with partners in NHS GGC and other HSCPs to build on and further coordinate the positive developments achieved in reforming urgent care during the pandemic, including Mental Health Assessment Units, GP Out of Hours, Urgent Care Resource Hubs and the flow navigation centre.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 2 • Outcome 3 • Outcome 9
Enabled.3 Continuing activity	Continue to embed multidisciplinary team working across HSCP services to enhance person-centred care, including but not limited to (i) progression of Renfrewshire's Primary Care Improvement Plan objectives; (ii) delivery of the Care Home Hub model developed during the COVID pandemic; and (iii) implementation of service changes identified through the 'winter funding' process.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 2 • Outcome 4 • Outcome 8 • Outcome 9
Enabled.4 New activity	Work with NHS GGC and HSCP partners within the board area to deliver the Strategic Pharmacy Framework with (i) an empowered pharmacy workforce enabled to work at the highest level of practice and (ii) enhanced public awareness of the community pharmacy options available to them.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 4 • Outcome 7 • Outcome 8 • Outcome 9
Enabled.5 Continuing activity	Seek to minimise delayed discharges through the HSCP's programme of work to support prompt discharge from hospital. Within this we will continue to support the aim of discharging people for assessment through Renfrewshire's Home First approach.	<ul style="list-style-type: none"> • Outcome 2 • Outcome 3 • Outcome 4 • Outcome 9

Reference	Description	National Outcomes
Enabled.6 New activity	Work in partnership with Renfrewshire Council's Children's Services to implement the National Neurodevelopmental Pathway (NDP) and ensure linkages are developed to support transition across services.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 4
Enabled.7 New activity	Improve patient experience of our services by reducing the waiting times for access to CAMHS. We will do this by investing in the expansion of the multidisciplinary team and streamlining patient pathways within Children and Adolescent Mental Health Services (CAMHS) to identify and eliminate delays.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 3 • Outcome 7 • Outcome 9
Enabled.8 Continuing activity	Continue to modernise the nursing, midwifery and allied health professions (AHP) workforce to be fit for the future and maximise their contribution to shifting the balance of care to community and primary care settings. This includes the continued development of Advanced Practice Roles across Mental Health, Addictions and Children's Health Services and we will evaluate emerging evidence to influence future delivery models.	<ul style="list-style-type: none"> • Outcome 1 • Outcome 2 • Outcome 8 • Outcome 9

Enabled Futures: Some Examples

Clinically Safe and Specialist Services



Mental Health Assessment Units (MHAUs)

MHAUs are a specialist service which provide assessment, diagnosis and management to patients who are in Mental Health crisis or distress and would have sought assistance at an Emergency Department or via Police Scotland and the Scottish Ambulance Service. MHAUs offer a single point of access for emergency mental health assessment 24/7.

Clearer ways to access the Units have been agreed with Acute Hospitals to reduce footfall within Emergency Departments due to the impact of the pandemic. This has reduced the number of people who need to attend the Royal Alexandra Hospital Emergency Department.

Advanced Nurse Practitioners (ANP)

Our Advanced Nurse Practitioners (ANPs) work across multi-disciplinary teams and are clinical leaders who manage the care of their patients. They aim to improve the patient's experience, whilst relieving some of the pressures on GPs.

Our ANPs have supported 75% of GPs so far in Renfrewshire and data between 2019 and March 2021 suggests 89% of consultations with ANPs were completed independently (i.e., did not require onward GP referral), contributing to avoidance of admission and unnecessary appointments where appropriate.

My Diabetes My Way

The local diabetes interface group aims to improve care for people with diabetes. The group promotes the use of My Diabetes My Way (MDMW) which gives people access to information to help them understand their diabetes, see their blood results and follow their blood pressure readings. Patients are also supported by Multi-Disciplinary Teams (MDTs) to access care in a seamless way, improving the care they receive.

Together, these support people to better control their diabetes with fewer complications. This leads to fewer admissions to hospital and longer and healthier lives.



A photograph of a four-piece band performing on a stage. The band members are wearing red t-shirts with a logo that says 'THE GATEWAY CLASS'. They are playing electric guitars and singing into microphones. The stage is decorated with colorful streamers in blue, yellow, and purple. A large black speaker is visible on the left. In the top right corner, there is a logo consisting of a red dashed semi-circle with the text 'Empowered futures' next to it.

Empowered futures

Empowered Futures...

As we develop our services, we will ensure the support provided by the HSCP, and in communities, broadens the choice available for people to meet changing demand. Support will be built around individuals' needs and where appropriate, provide options which move beyond more traditional, often building-based, service models.

Empowered Futures

Choice, Control and Flexibility

What do we mean by choice, control and flexibility?

Enabling people to exercise choice control and flexibility over the services they access, and when and where, has been at the heart of national policy for several years. It was embedded in the Social Care (Self-directed Support) (Scotland) Act 2013 and was a central theme within the Independent Review of Adult Social Care (and subsequent consultation).

Over the course of our previous Strategic Plans, Renfrewshire HSCP has supported increasing numbers of people to have control over their budget. We recognise, though, that we have further to go in improving the choice and flexibility available to people locally.

As we develop our services we will ensure that the support provided by the HSCP and in communities broadens the choice available for people to meet changing demand. Support will be built around individuals' needs and where appropriate, provide options which move beyond existing service models.

"A person-centred approach to social care support must be premised on ensuring citizens are able to fully exercise autonomy and choice in the supports available to them"

Quote from the Independent Review of Adult Social Care



The outcome we want to achieve:

People access the right care at the right time and place and are empowered to shape their support at every stage of life.

Key Challenges

- Maximising opportunities for people to share their lived experience.
- Centre-based services remain highly valued however they do not meet the changing demands and choices of many people supported by the HSCP – this requires us to consider how to develop care to provide greater flexibility and choice.
- Shaping services to enable greater choice, control and flexibility which reflects the broad range of needs and experiences of people who use services and unpaid carers can bring uncertainty and requires ongoing engagement and support for people.
- The transition between services for examples between Children's Services and Adult Services, and transitions to CAMHS can be difficult for young people and their families.
- Increasing digital participation and inclusion and ensuring support is accessible for all, whilst ensuring this does not inadvertently exclude people.
- Developing person-centred employability approaches and supporting people into employment.

Reference	Description	National Outcomes
Empowered.1 New activity	Recover and develop day opportunities and explore wider flexible community-based models which, where appropriate for each person, provide additional choice beyond existing services and support innovative use of our buildings.	<ul style="list-style-type: none"> • Outcome 2 • Outcome 3 • Outcome 4 • Outcome 6 • Outcome 9
Empowered.2 Continuing activity	Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services and development of new forms of support, including ensuring 'The Promise' commitments are embedded for young people with lived experience.	<ul style="list-style-type: none"> • Outcome 3 • Outcome 4
Empowered.3 New activity	Work with Renfrewshire Council to improve the experience of young people with autism or with a learning disability making the transition to adult services through review of existing pathways and information available for individuals and their families to exercise choice and control. These pathways will meet the specific educational, employment and housing needs of each individual.	<ul style="list-style-type: none"> • Outcome 4 • Outcome 5 • Outcome 6
Empowered.4 New activity	Deliver a Renfrewshire autism action plan to improve opportunities and outcomes for people with autism, with an initial focus on practical community-based support around life skills, reducing social isolation, benefits, housing and employment.	<ul style="list-style-type: none"> • Outcome 4 • Outcome 5 • Outcome 6
Empowered.5 Continuing activity	Continue to prioritise equalities and human rights to ensure our services are inclusive and provide equality of access to information, support and involvement. We will aim for our services are fully accessible to people with a physical disability or sensory impairment by engaging and communicating in the most appropriate and effective way. This will include refreshing and building on our BSL (British Sign Language) action plan.	<ul style="list-style-type: none"> • Outcome 3 • Outcome 4 • Outcome 5

Reference	Description	National Outcomes
Empowered.6 New activity	As part of mainstreaming equalities, we will develop an LGBTQ+ charter, continue to co-fund the IN-Ren Network Officer post hosted by our partner Engage, and deliver training for our staff.	<ul style="list-style-type: none"> • Outcome 3 • Outcome 4 • Outcome 5
Empowered.7 Continuing activity	Anticipatory Care Planning (ACP) is a priority. We will work with staff groups across all sectors to promote planning conversations that can be recorded in a shareable format via clinical portal, supported by staff attending training to have the competence and skill to have sensitive discussions with patients. This will also contribute to our objective to achieve year on year increases in our use of Anticipatory Care Plans that are reflective of people's individual wishes, inclusive of times where the individual does not wish to have this conversation. We will work with primary care governance groups to enhance the quality of Anticipatory Care Planning and increase the number of people with an eKIS (electronic key information summary).	<ul style="list-style-type: none"> • Outcome 3 • Outcome 7
Empowered.8 Continuing activity	In Renfrewshire, palliative care is everybody's business. We will deliver Renfrewshire's updated Palliative Care and End of Life Care Strategy in partnership, with a particular focus on (i) improving access for all; (ii) improving pathways between services; and (iii) providing training and information across services to broaden understanding of generalist and specialist forms of palliative and end of life care. We will do this with the aim of meeting the emotional support needs of families and unpaid carers and supporting the wellbeing of staff.	<ul style="list-style-type: none"> • Outcome 3 • Outcome 6 • Outcome 7 • Outcome 8

Empowered Futures: Some Examples

Choice, Control and Flexibility



Autism Reference Group

We have been engaging with the autistic community in Renfrewshire to better understand their priorities and how we can work together to achieve the best outcomes for individuals. In our most recent 'in-person' event, the group worked together to develop a 'mind map' diagram as a basis for how we might work better together in future. We are encouraging additional work with the Autism Lived Experience Group to agree our strategy implementation plan.



Carers' Passport Scheme trial: feedback

"What a wonderful, life changing experience the Carers' Passport scheme trial has been for me. Due to my daughter's illness, I picked up a lot of weight being isolated at home and stress eating. I became unwell myself and my mental health was in a very bad state. I now really understand the positive effect exercise has on mental health and have found that elusive fitness bug that I never understood before. The potential for healing is quite amazing."



Sustainable Futures...

Our aim is to work collaboratively across sectors to deliver integrated services and maximise the impact of our people and resources.

Sustainable Futures

Effective Use of Renfrewshire's Resources



What do we mean by effective use of our resources?

As we have outlined in previous Strategic Plans, the medium-term financial outlook for public services continues to be very challenging. Increasing demands such as an ageing population place greater pressure on the Partnership's available budgets and people. COVID has also significantly impacted on our staff and we recognise the immeasurable contribution and effort of unpaid carers, which has increased during the pandemic and supports the overall sustainability of our services.

We need to ensure that the services we provide are financially and environmentally sustainable and provide value for money. This will require us to make difficult decisions to ensure that resources are effectively targeted.

Further service transformation will be essential. This will consider how services are delivered and how our workforce is supported to deliver in changing circumstances. There is also an opportunity to consider how Renfrewshire's resources, as a whole, can contribute to improving outcomes, and partnership working with providers and public and third sector partners will be an essential strand of the health and care system in Renfrewshire.

"We recognise the financial sustainability challenges of the pre-COVID health and care system. We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities."

Quote from the NHS Recovery Plan, 2021



The outcome we want to achieve:

We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

Key Challenges

- Remobilising services, using a consistent approach and pace, whilst maintaining flexibility and supporting staff with their health and wellbeing.
- Ongoing financial and demand pressures meaning savings continue to be required.
- Recruitment and retention challenges, including a shortage of care workers and specialist skills nationally and fixed term funding for posts, continues to stretch our workforce and impact on options for staff peer support and development opportunities.
- The HSCP's proposed transformation programme was paused due to the pandemic – the need for service redesign remains essential.
- Quantifying the full extent of health and social care support provided across Renfrewshire as part of efforts to utilise our combined resources.
- Shifting the balance of care and investment in prevention and early intervention needs to happen alongside ongoing service provision.

Sustainable Futures

Strategic Objectives



Reference	Description	National Outcomes
Sustainable.1 New activity	Prioritise recovery from COVID at a consistent pace and develop transformation plans to reflect (i) national and local plans; (ii) staff wellbeing (iii) the themes and objectives set out in this Plan; (iv) the complexity of need arising from the pandemic's impact such as increased mental ill-health and prevalence of long COVID; and (v) the requirements for a National Care Service. This will also link with any programme of work for the National Centre for Sustainable Development.	<ul style="list-style-type: none"> • All outcomes
Sustainable.2 Continuing activity	Work with partners, providers and the third sector to gather available data on health and social care demand and provision in Renfrewshire and develop a refreshed Market Facilitation Plan which sets out how service provision will be shaped in line with the themes set out in this Plan.	<ul style="list-style-type: none"> • Outcome 2 • Outcome 4 • Outcome 5 • Outcome 9
Sustainable.3 New activity	Develop a Climate Change (Net Zero) action plan for HSCP services to reflect and support Renfrewshire Council's Plan for Net Zero, working with the Council's Climate Change Sub-committee, and taking into account the Scottish Government's commitments in the 2021-22 Programme for Government.	<ul style="list-style-type: none"> • Outcome 9
Sustainable.4 Continuing activity	Further develop how the HSCP works in partnership with the third sector, partners and providers, building on the positive developments achieved during COVID. We will embed coproduction in service design to ensure Renfrewshire's resources are structured around supporting people in the most meaningful way to them.	<ul style="list-style-type: none"> • All outcomes

Sustainable Futures

Strategic Objectives



Reference	Description	National Outcomes
Sustainable.5 Continuing activity	Work with our partners to deliver joint strategic objectives and plans, including (but not limited to) Moving Forward Together, Renfrewshire's Social Renewal Plan (developed with the Community Planning Partnership), and the Children's Integrated Partnership Plan.	<ul style="list-style-type: none"> • Outcome 9
Sustainable.6 Continuing activity	Review the Unpaid Carer Short Breaks Services Statement and strengthen the partnership approach to supporting unpaid carers to access personalised breaks from caring, using innovative ways to achieve positive outcomes and sustain carers in the essential support they provide.	<ul style="list-style-type: none"> • Outcome 6
Sustainable.7 New activity	Work with partners to develop and implement a Workforce Plan for 2022-25, considering both the HSCP and wider health and social care system and with a focus on enhancing recruitment and retention, training and development, career pathways and employability opportunities.	<ul style="list-style-type: none"> • Outcome 8 • Outcome 9

Sustainable Futures: Some Examples

Effective Use of Renfrewshire's Resources



RLDS: Using Digital to stay in touch during COVID

Amidst the challenges of the pandemic, Renfrewshire Learning Disabilities Service (RLDS) worked hard to find alternative ways to connect with and support people.

Through crisis we identified an opportunity and worked collectively across the service to find ways to digitally include and engage with as many individuals as possible, source equipment, upskill / develop and most importantly build real and meaningful content.

Staff, supported by people and unpaid carers, came together to develop this new approach and the online groups and support have been highly valued. A video created to showcase the changes made can be found [online](#).



Community In-Reach Service: A recent case study

The Community In-Reach service aims to prevent unnecessary admissions and re-admissions to hospital.

As a recent example, the service supported an individual with a diagnosis of Bi-Polar Effective Disorder following admission to hospital. Over the course of several discussions, a therapeutic relationship was established, and the individual was supported to agree a comprehensive package of care to help sustain a safe and supported discharge plan. With consent, the individual's referrals were implemented, and family were kept in regular contact.

This person has since had the longest period without readmission being needed due to the coordinated discharge planning in place.

Improving Health and Wellbeing in our Communities

Renfrewshire Strategic Planning Group's Health and Wellbeing Priorities

The Development of Health and Wellbeing Priorities for Renfrewshire

Renfrewshire HSCP has agreed with Community Planning partners that it will coordinate Renfrewshire's approach to improving health and wellbeing in our communities. In response, our Strategic Planning Group (SPG) has agreed six health and wellbeing priorities, which are described below. We also feature some examples of projects funded to deliver against these priorities on the following pages. These priorities support the delivery of the themes set out in this Strategic Plan and in particular align with the focus of the HSCP and our partners on prevention and early intervention and the development of support within our communities to improve the wellbeing of local citizens.



Healthy and Active Living

Making healthy choices easy choices by ensuring that being active and eating well are accessible, affordable, enjoyable and local. Building resilience and capacity within local communities in a scalable and sustainable way.



Inequalities

Reducing the health inequalities currently present in Renfrewshire and subsequently improving health outcomes in particularly affected groups e.g., BAME (Black and Minority Ethnic); people in lower socio-economic groups.



Place and Connectedness

Helping people feel connected to their communities and addressing loneliness and social isolation by raising awareness, promoting access to information and engaging with the most at risk through neighbourhood initiatives.



Early Years and Vulnerable Families

Developing support for children in their early years up to 5 years of age, or pre-school; and vulnerable families disadvantaged by adverse circumstances or inequalities that can lead to poorer health, developmental and educational outcomes.



Mental Health

Addressing the low-level mental health issues that affect people on a daily basis by providing accessible information on, and developing, appropriate supports.



Housing as a Health Issue

Recognising the importance that housing plays in people's health and wellbeing and working together to prevent homelessness, support older people, and recover from the COVID-19 pandemic.

Improving Health and Wellbeing in our Communities

Examples of some of our funded projects



Place and Connectedness



We are working alongside Roar – Connections for Life to improve connectedness and reduce loneliness and isolation, focussing initially on the East End of Paisley. A community fun day took place in August 2021 to begin the conversation about what would help and a number of local groups and organisations are now involved in a Connectedness Network.



Mental Health



RAMH received funding from us to create information about what supports are available to people in a range of languages, and to circulate them in hard copy as well as digitally. This was in recognition of the fact that lots of people, particularly people from black and ethnic minority communities, often don't have access to online resources.



Improving Health and Wellbeing in our Communities

Examples of some of our funded projects



Walk leaders in action!



Healthy and Active Living



Active Communities and Renfrewshire Leisure have been working together with a number of other local organisations to make healthy choices easy choices by ensuring that being active and eating well are accessible, affordable, enjoyable and local. They have trained local people to become community health champions and aim to develop a network of local tutors who can train people in the likes of physical activity, healthy eating and positive mental health.



Inequalities



We are providing funding to Renfrewshire's new Integration Network. 'IN-Ren', to enable the co-ordinator to focus on health inequalities. IN-Ren is a forum for people from minority ethnic backgrounds which will allow them to become more involved in all aspects of community planning. Our aim is to work with the Network to ensure more diversity in all of our groups so that we can address the significant inequalities that exist for people from minority ethnic communities.



Improving Health and Wellbeing in our Communities

Examples of some of our funded projects



Children and Vulnerable Families



Families Together is an HSCP funded project, delivered by Home Start and other partners, to support families with the transitional experiences in early years to nursery and school. The focus is on families who have not previously engaged with pre-school establishments for many reasons, including lack of confidence and trust. Groups meet in a range of locations and provide face to face interaction and family time outwith the family home.



Future Focus

As well as continuing to build on and embed the work currently underway, we will also focus on the following over the next 3 years:

Priority	What we will do	National Outcomes
Housing as a Health issue	<ul style="list-style-type: none"> Develop a peer led approach to prevent homelessness. Work with housing colleagues across sectors to meet objectives outlined in the Housing Contribution Statement. 	Outcome 2
Poverty	Work with Community Planning partners to alleviate the health issues caused by poverty, including for people with disabilities.	Outcome 5

The Role of Housing in Improving Health and Wellbeing

A Summary of our Housing Contribution Statement

Good housing is central to tackling some of the most pressing health challenges and plays a critical role in improving health, wellbeing and social care outcomes for people in Renfrewshire.

Our aim is to ensure that people have access to the right home; one that is accessible, warm, safe, secure and affordable, in the right place, with the right support, to ensure that people live longer, healthy lives in their own community.

The Housing Contribution Statement is the 'bridge' between strategic housing planning and the Strategic Plan. It identifies the contribution of the housing sector in meeting our agreed outcomes.

The two key themes that interlink these plans are:

- 1. Housing as a health issue; and***
- 2. Supporting people to live independently in their own home***

These themes are woven throughout the Strategic Plan and Housing Contribution Statement. However, these commitments should not be viewed in isolation but as key elements of delivering effective health and social care to the people of Renfrewshire.

“The right to an adequate standard of housing is inextricably linked to the right to the highest attainable standard of health. We can’t have one without the other. The right to health is an inclusive right. This means that it is not just the health service that should meet these standards, everything that influences our health should be accessible, available, appropriate and high quality if we are to have a healthier Scotland”

Matt Lowther, Blog on Public Health Scotland website, 2019

The National and Local Housing Policy Context

A Summary of our Housing Contribution Statement

Housing to 2040: National Strategy

In March 2021, the Scottish Government set out the first ever long-term National Housing Strategy (LNHS), which set out a clear vision for housing and a supporting route map. This route map includes four key elements:

- (i) More homes at the heart of great places.
- (ii) Affordability and choice.
- (iii) Affordable warmth and zero emissions homes.
- (iv) Improving the quality of all homes.

Renfrewshire's Local Housing Strategy

The Local Housing Strategy (LHS) sets out the strategic approach of the Council and its partners in delivering high quality housing and housing-related services across all tenures to meet identified need across Renfrewshire. The development of the LHS is undertaken in consultation with key partners and stakeholders with local communities, housing associations and Renfrewshire's Health and Social Care Partnership all actively involved in the process and reviewed annually.

The strategic priorities outlined in the LHS ensure provision and access to a home as well as preventing and addressing homelessness. With appropriate structures in place to deliver the right support for people, be that through physical assets or having the right people in place to deliver support within our communities, we can support those at risk of homelessness and enable people to live at home for longer as their needs change.



**The Local Housing Strategy 2022-27 will be submitted to Renfrewshire Council later in 2022 for final approval*

Partnership Working and Local Governance

A Summary of our Housing Contribution Statement

Effective partnership working enhances levels of openness and engagement and allows us to maximise the contribution that each partner can make to the quality of service delivery, and to the health and wellbeing of individuals, families and communities.

The social housing sector plays a pivotal role in our joined-up collaborative approach in Renfrewshire which enables us to improve the outcomes for local people. Their continued involvement provides them with an opportunity to directly influence local policy.

There are several elements of governance which support delivery of the Housing Contribution Statement and ensure clear alignment between all elements of local housing strategy:

- Integration Joint Board
- Strategic Planning Group
- Housing as a Health Issue Subgroup
- HSCP and Communities and Housing Liaison Group
- Housing Providers' Forum
- Rapid Rehousing Transition Plan Steering Group
- Housing-led Regeneration Partnership Board

Therefore, the shared outcomes, priorities and actions that are set out in the following sections have been influenced and agreed by the wider partnership.

FLAIR is The Federation of Local Housing Associations in Renfrewshire and East Renfrewshire and is a partnership of six housing associations including: Bridgewater, Ferguslie, Linstone, Paisley, Williamsburgh and Barrhead.

FLAIR is a key strategic partner in Renfrewshire and plays an active role in the Strategic Planning Group and chairs the Housing as a Health Issue Subgroup. In addition, each of the local housing associations is a member of the Rapid Rehousing Transition Plan Steering Group and the Housing Providers' Forum.



Strategic Priorities

Strategic Priority 1: The supply and delivery of housing is increased across all tenures to meet the housing needs of different groups and create attractive and sustainable places.

Strategic Priority 2: People live in high quality, well managed homes in sustainable neighbourhoods.

Strategic Priority 3: Address the challenges of the climate emergency, delivering homes that are warm and energy efficient, and ensure fuel poverty is minimised.

Strategic Priority 4: Preventing and addressing homelessness with vulnerable people getting the advice and support they need.

Strategic Priority 5: People can live independently for as long as possible in their own home and the different housing needs of people across Renfrewshire are being met.



Theme 1: Housing as a Health Issue

A Summary of our Housing Contribution Statement

There is a fundamental relationship between housing, health and wellbeing and it is widely accepted that health is largely shaped by factors beyond access to healthcare. The factors that influence health are also known as the social determinants of health.

To improve health and wellbeing and tackle health inequalities everyone should have access to a warm, dry, safe, affordable home which meets their needs. We recognise that housing can influence health through condition, overcrowding, security of tenure and matching people's housing needs with an appropriate home.

It is therefore essential that new and existing housing supply recognises these factors.

Social Determinants of Health



What we know:



Theme 1: Priorities and Actions

A Summary of our Housing Contribution Statement



Priorities

Tackling deep-rooted health inequalities in our most deprived communities
 Tackling fuel poverty
 Supporting Renfrewshire's ambition to be net zero by 2030
 Support the implementation of the recommendations from Renfrewshire's Alcohol and Drugs Commission
 Provision of appropriate services and accommodation for homeless clients with complex needs and support a 'No wrong door approach' to the prevention of homelessness.

Reference	Action	National Outcomes
HCS 001	<p>Support the development of the Council's innovative Regeneration and Renewal Programme to:</p> <ul style="list-style-type: none"> • Deliver energy efficient and digitally enabled homes in sustainable locations which reflect Renfrewshire Council's commitment to net zero carbon emissions, which will reduce poor energy efficiency as a driver for fuel poverty. • Develop and implement a multi-disciplinary approach to neighbourhood renewal plans and investing in our communities. 	<p>National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>
HCS 002	Support the delivery of energy improvements to existing social housing stock across all tenures and support owners to undertake energy efficiency improvements through area-based schemes.	
HCS 003	Building on the rapid rehousing approach to ensure access to specialist services is readily available via robust pathways for homeless people with complex needs, including mental health and harmful alcohol and/or drugs use.	
HCS 004	Continue to strengthen our approach to prevention and repeat homelessness by providing holistic wraparound support to households in Renfrewshire, regardless of tenure, whose life is being affected by alcohol and/or drugs. This will be enhanced by the fuller programme of work which has been developed in response to the recommendations of the independent Alcohol and Drugs Commission.	
HCS 005	Developing an integrated approach to housing advice across Renfrewshire, building on existing offerings from the Council and the Linstone Housing Hub funded by the HSCP.	

Theme 2: Supporting People to Live Independently at Home

A Summary of our Housing Contribution Statement

We will support people to live independently in a home of their own that meets their needs. In order to achieve this, we will ensure that person-centred services are provided at the point of when required.

We will continue to focus on prevention, early intervention, and enablement which will include the provision of adaptations and technology enabled care.

We will also continue to provide lower-level preventative services which will keep the home hazard free and enable people to maintain their independence and remain in their homes comfortably, safely and securely.



What we know...



The number of people in the 65 to 74 year old age group will increase by 20% and the proportion of those aged 75 years and over is expected to increase by 21%



Poor accessibility puts disabled people and older people at risk of injury, stress and isolation



People with learning disabilities are sometimes living outwith their local authority area in institutional settings which may impact negatively on quality of life and outcomes for them and their families



61,000

people need adaptations to their home



approximately

1%

of housing is fully accessible for wheelchair users



10,000

disabled people are on housing waiting lists

A 2018 report by the Equality and Human Rights Commission on housing issues affecting disabled people highlighted that in Scotland:

Theme 2: Priorities and Actions

A Summary of our Housing Contribution Statement



Priorities

Provision of appropriate housing and support that meets people's individual needs including: older people; those with a physical or learning disability; and patients being discharged from long term mental health wards.

Improve delayed discharge and reduce inappropriate out of area placements for people with learning disabilities and complex needs.

We will achieve this by providing:

- Appropriate and affordable housing to meet their needs.
- Lower-level preventative services, including aids and adaptations.
- Support the provision of a Care and Repair Service, including a small repairs service for older and disabled people.

Reference	Description	National Outcomes
HCS 006	Across all care groups, build on our existing intelligence and assess future demand for specialist accommodation in light of the COVID-19 pandemic and the Scottish Government's proposal to introduce a new Accessible Standard by 2025/26.	National Outcome 2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
HCS 007	Ensure the transition pathway for young people with a learning disability includes early engagement with them and their carers regarding supported living requirements.	
HCS 008	Developing pathways for long-term mental health inpatients to be discharged from hospital to appropriate supported accommodation.	
HCS 009	Increase our capability for technology-enabled care and undertake an analogue to digital transition programme for community/ group alarms.	
HCS 010	Work in partnership with care providers to undertake joint recruitment drives to ensure we can have the capability to meet future service needs and demands.	
HCS 011	Build upon our existing work to develop models of creative and innovative supported living opportunities for people with learning disabilities of all ages, which ensures anticipatory care planning with a focus on the needs of older carers.	
HCS 012	Support the implementation of the recommendations from "Coming Home Implementation: A report from the working group on complex care and delayed discharge" to improve delayed discharge and reduce inappropriate out-of-area placements for people with learning disabilities and complex needs.	

Occupational Therapists New Build Council Houses

Occupational Therapists adhere to housing legislation, ensuring good practice where houses are allocated to support people with current and long-term needs, thus ensuring best use of stock. Between 2018 and 2021, Housing Occupational Therapists completed approximately 1361 housing and/or property assessments. Approximately 20% of newly built council houses in Dargavel Village were allocated to mobility applicants, along with 15% of new build council properties in Johnstone.



"The property I was living in was not suitable for my physical health and mobility needs, as I was unable to access essential rooms and my local community. I received an assessment from housing occupational therapist who supported me with re-housing suitable to my needs, this support has been lifechanging. As I have now moved into my new home, which is fully accessible, I have regained my independence. I am now able to complete my shopping, attend health appointments and social activities. If I wasn't allocated this property, I would have been relying on statutory services and informal support. Moving into this house has drastically changed my life for the better. I can now access all the rooms in my home, use my electric wheelchair to go shopping or meet family and friends independently." **Mr McCarry**

Our 'Enabling' Plans and Strategies



We have a range of critical enabling policies and plans which provide the foundations for us as an organisation to deliver on our objectives and priorities. They inform our Strategic Plan and also help us to deliver on our priorities. Central to this is workforce planning because our staff are our greatest asset, and we are committed to supporting them through access to development opportunities and empowering individuals to maximise the contribution they are able to make.

The 'Enablers' of our Strategic Plan

Common foundations which help us to deliver our Plan

As our 'Plan on a Page' sets out, the HSCP has identified several key 'enablers', which are those areas of activity which apply across all of the services provided and activity undertaken by the Partnership. These enablers inform this Strategic Plan and are the foundations which ensure that we are equipped as an organisation to deliver on our objectives and priorities. We set out on this and the following page why they are important for us and how we will take forward activity in these areas.



Workforce and Organisational Development



Digital & Data

Why this enabler is important	Key Challenges
Supporting our workforce beyond the pandemic is critical to our success. Alongside this we need to ensure that we address emerging working challenges such as recruitment and retention whilst providing access to development opportunities and empowering our staff to maximise the contribution they are able to make.	<ul style="list-style-type: none"> • Ongoing recruitment and retention challenges in several services (Care at Home, District Nursing, CAMHS, Psychotherapies). • Our Staff are exhausted due to demands of the pandemic on our services. • Our workforce is ageing, a challenge faced nationally. • Ensuring staff have access to the training and development they want and need to develop their careers. <p>Enabler 1: We will develop a Workforce Plan for 2022-25 setting out how we will address these challenges.</p>
Digital technology has been a crucial element of our pandemic response. It provides us with the opportunity, where appropriate, to broaden how people are informed about, and access, services. It can also help people to maintain their independence for longer.	<ul style="list-style-type: none"> • The HSCP's technology infrastructure is provided by our partner organisations and our systems are not all fully integrated. Our partners also maintain separate digital strategies and governance. • Enhancing digital participation whilst recognising that digital technology is not appropriate in all circumstances – it must be part of a mixed approach to service provision. • Maximising our use of data to inform service development. <p>Enabler 2: We will agree digital priorities with our partners, reflecting the updated national Digital Health and Care Strategy and local needs.</p>

The 'Enablers' of our Strategic Plan

Common foundations which help us to deliver our Plan



Property



Communication and Engagement



Clinical and Care Governance

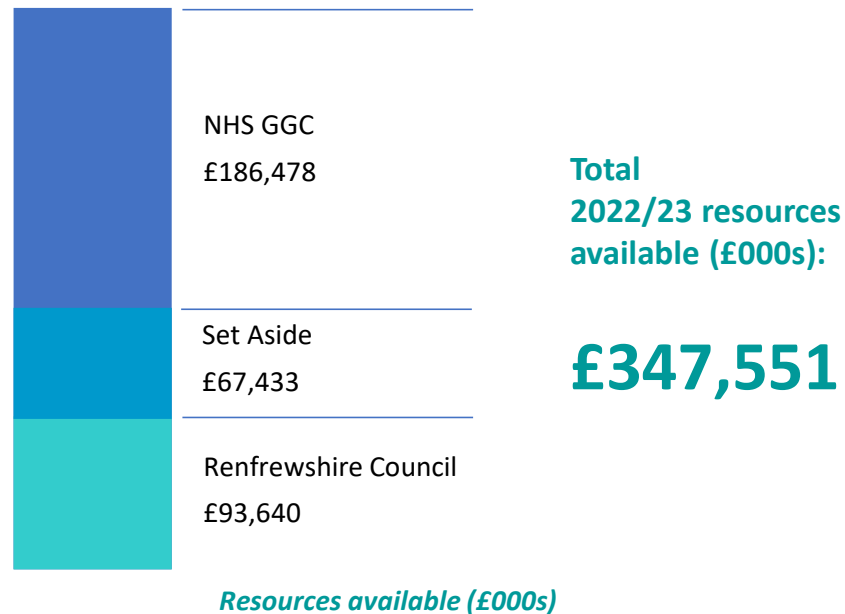
Why this enabler is important	Key Challenges
<p>The HSCP utilises a broad property portfolio which is collectively owned or leased by NHS GGC and Renfrewshire Council. This property needs to help us deliver services in changing ways, reflecting new ways of working. We work closely with our partners to ensure our buildings match our needs into the future.</p>	<ul style="list-style-type: none"> • Shaping our estate to reflect the changes and impact of COVID will take time, ensuring that our use of property works for services and staff. • Creating a coherent property strategy across the NHS and Council estate is inherently complex. <p>Enabler 3: We will work with NHS GGC and Renfrewshire Council to agree joint property priorities.</p>
<p>Communicating and engaging well is at the heart of providing effective services. Our approach, developed during the pandemic, gives us a range of tools for involving people in conversation around our services during this Plan. We will continue to develop our approach to involve communities and those with lived and living experience.</p>	<ul style="list-style-type: none"> • Communicating digitally where face to face is not possible extends our reach but does not meet everyone's needs. • Every individual and group will have communication preferences which can differ from others. <p>Enabler 4: We will refresh our Participation, Engagement and Communication (PEC) Strategy and implement through a supporting PEC group.</p>
<p>Clinical and care governance is our system that ensures our care and outcomes are of a high standard for users of services. This governance does not exist in isolation but overlaps with our themes and other enablers</p>	<ul style="list-style-type: none"> • Service capacity and increasing demand as we move through and out of the pandemic. • Recruitment and retention (as noted under workforce) which is required to continuously improve the quality of care. <p>Enabler 5: We will maintain and refine our Clinical and Care Governance monitoring and reporting arrangements.</p>

The Financial Context

Medium-Term Financial Planning

Our Current Use of Resources

In 2022/23 the resources available to Renfrewshire IJB are projected as follows:



A Refreshed Financial Plan

The Medium Term Financial Plan 2020/21 – 2025/26 outlined the anticipated financial challenges and opportunities the Health and Social Care Partnership expected over that five-year period, and provided a

framework which would support the HSCP to remain financially sustainable. It was designed to complement the HSCP's Strategic Plan, highlighting how the HSCP's financial planning principles would support the delivery of the IJB's strategic objectives and priorities.

The unforeseen events of the COVID-19 pandemic created considerable unanticipated pressures for the IJB and prompted a shift in the focus of the HSCP and our partners' activities. As noted previously in this Plan, the pandemic has accelerated the delivery of some of our objectives, made others increasingly important, and lowered the priority of some of our previously agreed actions. Alongside the development of this Strategic Plan, it is consequently necessary to update our supporting Medium Term Financial Plan.

The new Medium Term Financial Plan 2022/23 – 2025/26 reflects the impact of COVID-19 and other emerging issues facing the HSCP. The Plan is intended to outline, in broad terms, the specific service and funding issues over the next three-year period and how the IJB will work towards achieving financial sustainability and resilience, and delivering its priorities. The IJB's financial planning arrangements remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios. This helps us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.

The Financial Context

Medium-Term Financial Planning

National Context & Planning Uncertainties

As with this Plan, the Medium Term Financial Plan must be cognisant of, and responsive to, the national context. This includes both considerations around policy but also the public health emergency caused by the COVID-19 pandemic. The impact of such issues on our ability to deliver services, how we deliver them, and on the budgets available with which to fund those services, has been acutely felt over the past 18 months and shows little sign of abating.

Examples of these contextual factors include, but are not limited to:

COVID-19 & NHS Recovery

The pandemic has had far-reaching consequences for Scotland's public services and finances, and it will continue to have an impact in the future. The Scottish Government's NHS Recovery Plan, published in August 2021, states its intention to increase NHS capacity by at least 10% in order to address the backlog in care and meet ongoing healthcare needs. The Plan identifies required investment of more than £1 billion to deliver improvements over the next five years, and sustainable services for the future.

National Care Service

As previously covered, the result of the consultation on the establishment of a National Care Service in Scotland may lead to significant structural change in the sector, impacting service providers and HSCPs alike.

Whilst such change is not expected imminently, the Medium Term Financial Plan will focus on the delivery of the priorities of the Strategic Plan and the principles set out in the Independent Review and NCS Consultation which can be delivered upon in advance of any necessary legislation and structural changes.

Supply Chain and workforce challenges

The impact of Brexit on the health and social care sector continues to emerge. Supply chain issues are being experienced nationally and globally, and health and care services continue to face shortages across the workforce in key services. These issues are dovetailing with the impacts of the pandemic, compounding already challenging circumstances. The MTFP will consider how the IJB's resources can be best targeted to address the ongoing effect of this.

Other Challenges

The examples highlighted within the national context are not exhaustive. The complexities here also extend, but are not limited to, the planning uncertainties facing the IJB in terms of national environmental policy and the commitment that Scotland will be a net-zero society by 2045.

The Scottish Government's Programme for Government also states the intention to hold a new independence referendum in the first half of the parliamentary term should the COVID crisis have passed.

The Financial Context

Medium-Term Financial Planning

Local Context

The local context also remains very uncertain. Health inequalities, made more challenging and exacerbated by the pandemic, are expected to continue to increase demand on health and social care services in Renfrewshire. The full extent of this is still to be determined however, evidence suggests that demand for mental health support in particular will rise, along with the potential impacts of long COVID. Our local response to these issues will require a targeted approach.

In addition, Renfrewshire's own target to be carbon neutral by 2030 will require consideration of how we invest in goods and services in the future to ensure the IJB is operating to support delivery of these targets.

Ongoing Financial Challenges

The Scottish Government published the 2022-23 Scottish Budget and the Medium Term Financial Strategy on Thursday 9 December 2021. Despite hopes for a return to multi-year settlements, the 2022-23 budget was for one year only, with a commitment from the Scottish Government for a full Resource Spending Review in May 2022. The Review will aim to set out the government's long-term funding plans and the roadmap for delivering key commitments, such as the establishment of the National Care Service. Nevertheless, the continuation of single-year settlements at this time is challenging for the HSCP and continues the uncertainty for our future medium term financial planning, and that of our funding partners.

Even with the commitment of the Scottish Government to increase spend in health and social care, we anticipate the

challenge to the IJB to deliver a balanced budget over the next three-year period will be considerable. Future pay settlements, contractual commitments, and rising prescribing costs are expected to continue to add to the challenge facing the IJB in the medium term.

The volatility of UK inflation, impacted by record global energy cost rises, will also present a considerable challenge. Currently at 5.5% - its highest level in almost 30 years - latest predictions from the Bank of England at the time of writing this Plan are that inflation will peak at 7.25% in April 2022, far exceeding the Bank's 2% target. Such pressure will impact both the sustainability of our external providers, who will struggle to cope with the rising cost of goods and services, and the HSCP directly, as our providers will have little choice but to pass on those rising costs to us.

Adding to these challenges is the aforementioned issue of recruitment and retention, intensified by the high levels of non-recurring monies; fixed term funding making roles less attractive and diminishing our candidate pool.

The IJB's Risk Framework will help address risks to delivery of the MTFP and the reshaping of our transformation programme will help to meet these challenges. However, a significant budget gap is still expected.

In this context, the HSCP's Senior Management Team has implemented a rolling process to identify savings proposals which can contribute to financial sustainability and ensure the continued delivery of best value. Each proposal is subject to rigorous risk and impact assessment of possible risks and, where necessary, equality impact assessments (EQIAs) are also carried out to determine and manage any potential unintended negative impact on the different groups covered under the Equality Act 2010.

Market Facilitation

Setting out our principles for future commissioning

The Current Context for Market Facilitation

The development of Market Facilitation Plans or Statements is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014. These plans aim to inform, influence and adapt service delivery to ensure that the right services are available at the right time.

Renfrewshire HSCP published a Market Facilitation Plan in 2019. This Plan set out the key drivers which would shape local health and social care services, the HSCP's priorities and how we would focus our activity to deliver them, and the interdependencies with our financial plans.

The direction of travel that we have set out in this Strategic Plan, described through our strategic themes and health and wellbeing priorities, represent in many ways a progression of the objectives we set out in our 2019 Market Facilitation Plan. This Plan can help our third sector and providers consider how their services can develop.

Many of the challenges we face now, and will face in the future, remain the same. However, we also recognise that this Strategic Plan has been developed at a time of uncertainty and taking this into consideration, we do not think that it is appropriate to set out a revised Market Facilitation Plan at this time. We will take the opportunity to evaluate the impact of the pandemic on the nature of demand for our services and will use this to inform the

development of an updated plan during 2022/23.

The Role of the Strategic Commissioning Process in shaping the future of our services

Strategic Commissioning is a core component of the HSCP's approach to understanding how the needs of our population is changing, and how health and social care services in Renfrewshire need to respond. We recognise that this process cannot be carried out in isolation but must be delivered collaboratively. We are also committed to delivering commissioning effectively and have created an expanded commissioning team to support our work.

Consideration of current approaches to commissioning has been a key strand of the Independent Review of Adult Social Care. The HSCP is highly supportive of identifying ways to improve how we commission and will work to adopt agreed recommendations.

Market Facilitation Principles

In summary, our future Market Facilitation Plan will reflect:

- Available data on projected drivers of demand
- The importance of collaboration and co-production in market shaping
- Our themes, with a focus on investing in 'Healthier Futures' and 'Connected Futures'
- Our financial plan and continued financial constraints

Lead Partnership Responsibility

Services hosted by Renfrewshire HSCP

Podiatry

Renfrewshire HSCP is responsible for the strategic planning and operational budget of all issues relating to Podiatry across the six Health and Social Care Partnerships within NHS GGC. Podiatrists are health care specialists in treating problems affecting the feet and lower limbs. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections.

NHS Greater Glasgow and Clyde employs approximately 180 podiatrists (excluding vacancies) in around 60 clinical locations spread across the six Health and Social Care Partnerships.



The Podiatry Service currently (Nov 2021) provides care to around 22,000 patients across the NHSGGC Board area.

Key priorities for the Podiatry service include:

- Supporting person-centred care through development of feedback mechanisms.
- Delivering a new virtual patient management approach.
- Delivering efficient and value management through service analytics and quality, and ensuring the right shape for the team.
- Reducing the incidence of avoidable pressure damage by 20% by December 2022.

Primary Care Support

Primary Care Support (PCS) is also hosted by Renfrewshire HSCP. The team works across NHS GGC to support GP and Community Optometry primary care contractors. This includes managing contracts and payments, any changes to practices, linking with eHealth and Premises on support to contractors, and working with HSCPs on future planning and the Primary Care Improvement Plans (PCIPs).



The PCS team works with over 1300 GPs and over 700 Optometrists and their staff, across 234 GP Practices and 181 Optometry practices.

Priorities for the period 2022-25 include:

- Supporting COVID recovery.
- Implementation of significant new national IT systems.
- Ongoing support to practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development.
- Supporting GP Clusters and Quality Improvement.
- Improving data on outcomes, workforce and activity.
- Continued redesign across the six PCIPs and implementing current and future national GP contract changes.
- Further development of shared care and interface approaches between Community Optometry and Ophthalmology.

Monitoring and evaluating our progress

Measuring the impact of our Plan

Measuring the impact of our Strategic Plan

We manage our performance using our Strategic Plan and Performance Indicators (PIs) to ensure we complete the priority activities we have committed to. Each year we will produce a Strategic Delivery Plan that defines our objectives and outcomes that are aligned to National, NHS GGC and Local priorities. Where appropriate, we will set targets and milestones to monitor the impact of our performance in an effective and transparent way.

Our Care Groups will create Annual Development Plans to inform the Delivery Plan and will use these as part of the day-to-day management of our services, aligning tasks and activities to the strategic objectives in the Strategic Plan.

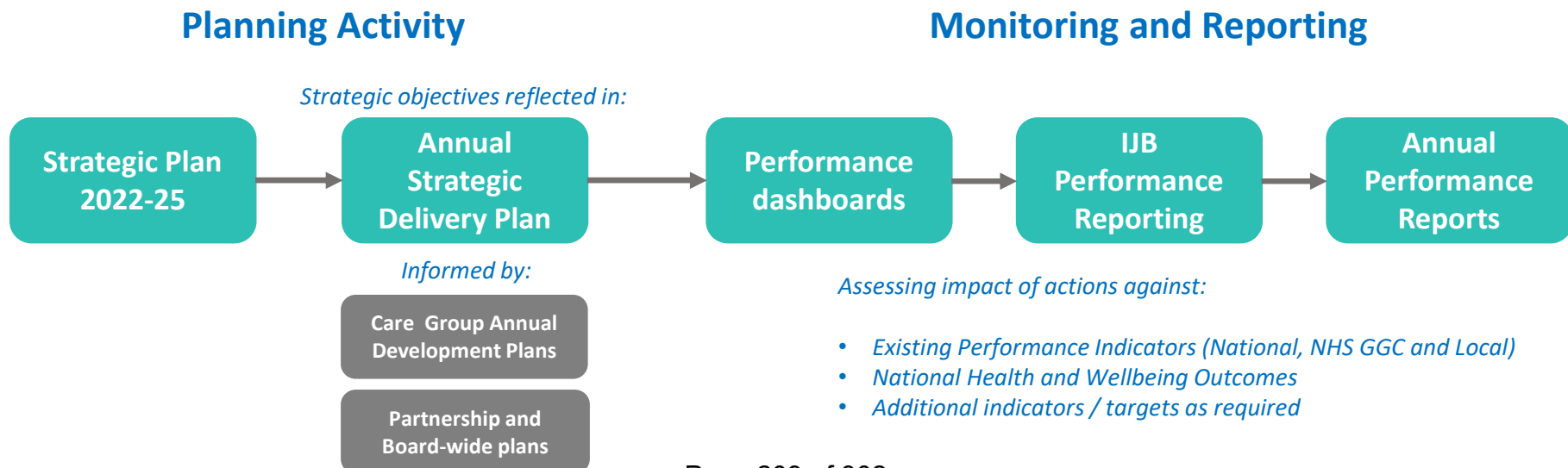
The HSCP has created Care Planning Groups to provide a consistent approach across all service areas and the Strategic Planning and Health Improvement Team will work closely with the groups to evidence the impact of the ongoing activity.

Monitoring and reporting our performance

Our approach to performance monitoring includes the steps set out in the diagram below. Performance is presented at all Integration Joint Board meetings and our [Annual Performance Reports](#) are published each year at the end of July. These reports look back on each financial year, reflecting Renfrewshire HSCP's performance against agreed local and national performance indicators and in delivering the commitments set out within the IJB's Strategic Plan.

As can be seen throughout this Plan, we have aligned our priorities with the National Health and Wellbeing outcomes to ensure a clear link to national policy.

In addition, performance dashboards will be implemented to support each Care Planning Group monitor progress using relevant indicators from the IJB Performance Scorecard.



Publications in Alternative Formats

We are happy to consider requests for this publication in other languages or formats such as large print

Please call: 0141 618 7629

Or email: Renfrewshire.hscp@ggc.scot.nhs.uk

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RenfrewshireHSCP

To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Head of Strategic Planning and Health Improvement

Subject: Unscheduled Care Performance 2021/22

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

1. Summary

- 1.1 The purpose of this report is to update on Renfrewshire Health and Social Care Partnership's (HSCP) Ministerial Strategic Group (MSG) Unscheduled Care indicators. The data presented in this paper is the most up to date confirmed figures for Renfrewshire.

2. Recommendation

It is recommended that the IJB:

- Note Renfrewshire HSCP's unscheduled care performance.

3. MSG Unscheduled Care Indicators

- 3.1 We continue to monitor progress on our unscheduled care performance measures during 2021/22 as part of our overall performance management process. The main unscheduled care indicators included in this paper are:

- Delayed Discharges at census point (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+)

- 3.2 The impact of the Omicron variant has caused significant challenges across Health and Social Care. The effect has been a slowing and reversal of much of the progress made in reducing Delayed Discharges in the autumn months.

3.3 Significant work continues to be undertaken in Renfrewshire and across NHSGGC. Our discharge huddles meet three times per week to expedite the discharge process and our collaborative work to reduce the time patients are delayed in hospital continues.

3.4 Renfrewshire HSCP continues to work closely with the other five HSCPs in Greater Glasgow and Clyde, the NHS Board and the Acute Services Division on the Board wide Unscheduled Care Improvement Programme. Members will note that an update on the final Design and Delivery Plan for this programme is the subject of a separate paper to this meeting.

4. Delayed Discharges (18+)

4.1 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.

4.2 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.

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

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

4.4 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.

4.5 Delayed Discharges at Census Point (18+)

Table 1 shows the average number of delayed discharges recorded at census point (the last Thursday of the month) from Jan 2021 to December 2021, compared with the same period in 2020.

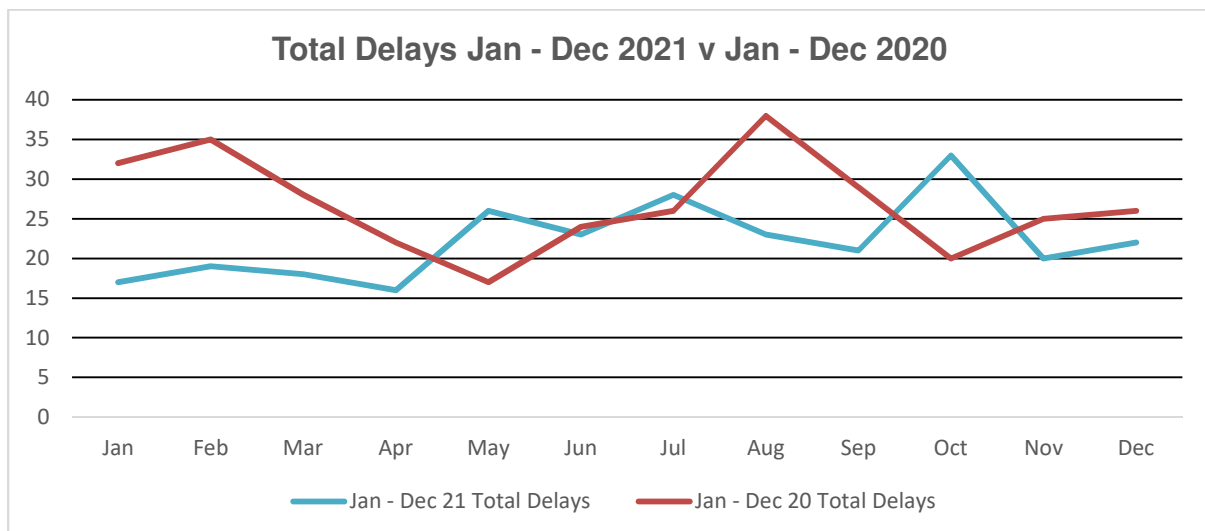
Table 1: Average Standard and Code 9 delays (18+) at census point

Delayed Discharges daily average at monthly census point	Jan 21 - Dec 21			Jan 20 - Dec 20		
	Total Delays 22	Standard Delays 7	Code 9s 15	Total Delays 27	Standard Delays 12	Code 9s 15
Range from Jan to Dec	(16 – 33)	(3 – 19)	(11–19)	(17–38)	(4–26)	(9-20)

- The average total delays per day for 2021 showed an 18.5% decrease compared to 2020
- The average standard delays per day for 2021 decreased by 41.7% compared with performance in 2020
- The average Code 9 delays per day for 2021 remained the same as the performance in 2020

4.6 Graph one shows the movement between calendar years 2020 and 2021 for the total number of delays at census point.

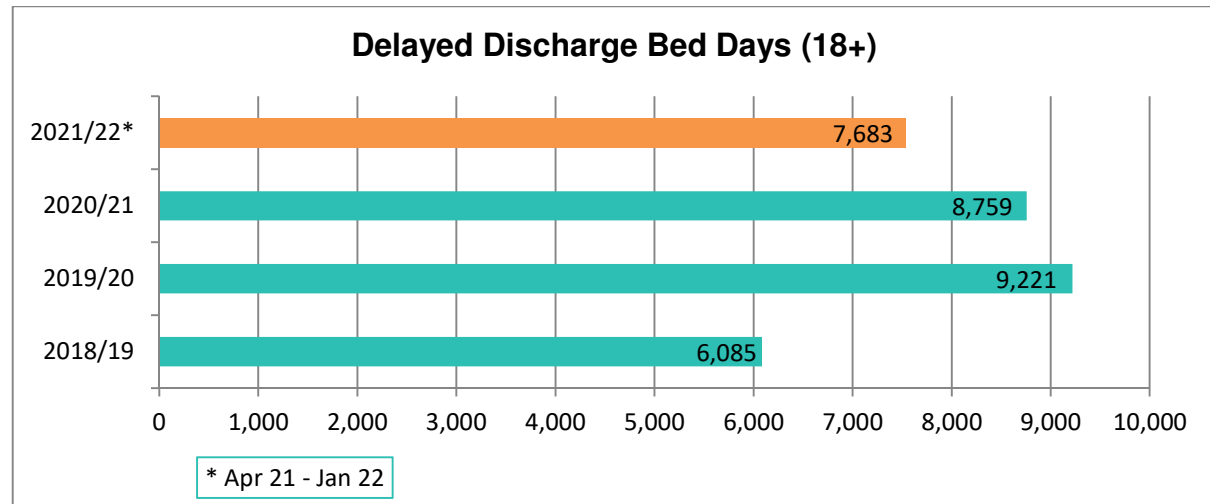
Graph 1: Total Delays at census point Jan - Dec 2021 v Jan - Dec 2020



5. Delayed Discharge Bed Days Lost (18+)

5.1 The number of delayed discharge bed days lost (18+) from April 2021 to January 2022 was 7,683 compared to 7,531 for the same period in the previous year. Graph 2 shows performance from 2018/19.

Graph 2: Delayed Discharge Bed Days (18+) 2018/19 - January 2022

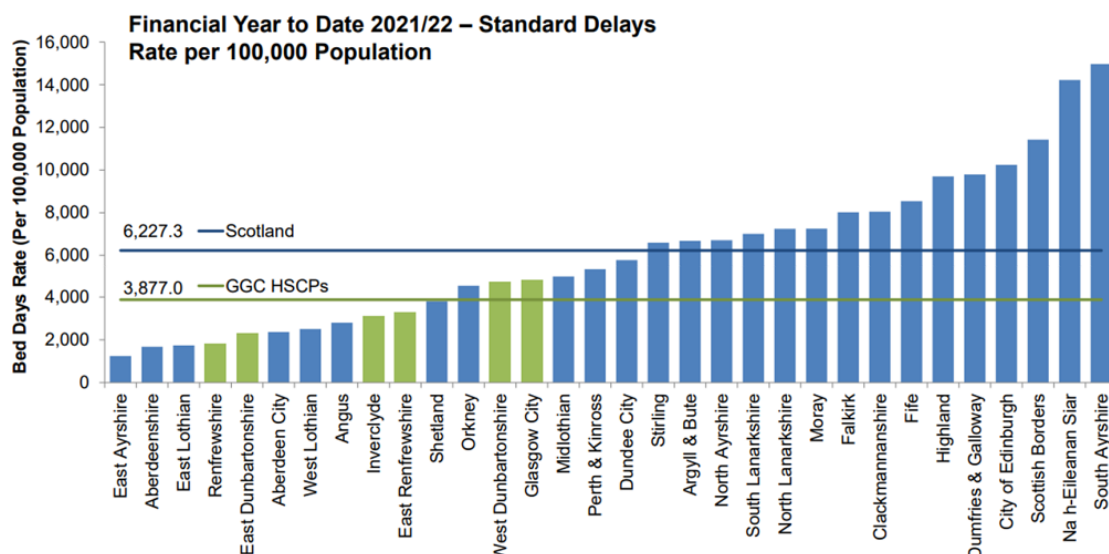


5.2 Bed Days Lost excluding Code 9s

Within a national context, Renfrewshire's delayed discharge performance is strong with regard to bed days lost due to standard delays. For the period April to December 2021, Renfrewshire was ranked fourth out of the thirty two Local Authority areas with 2,656 bed days lost. This equates to a rate of 1,825 per 100,000 population. The range varies from a rate of 1,237.6 at position one, to 14,969.1 at position 32. The national average was 6,227.3 and the Greater Glasgow and Clyde average was 3,877.

Graph 3: Delayed Discharge Bed Days April 2021 to December 2021 by HSCP

Financial Year to Date 2021-22 - Delayed Discharge Bed Days April to December 2021 by HSCP

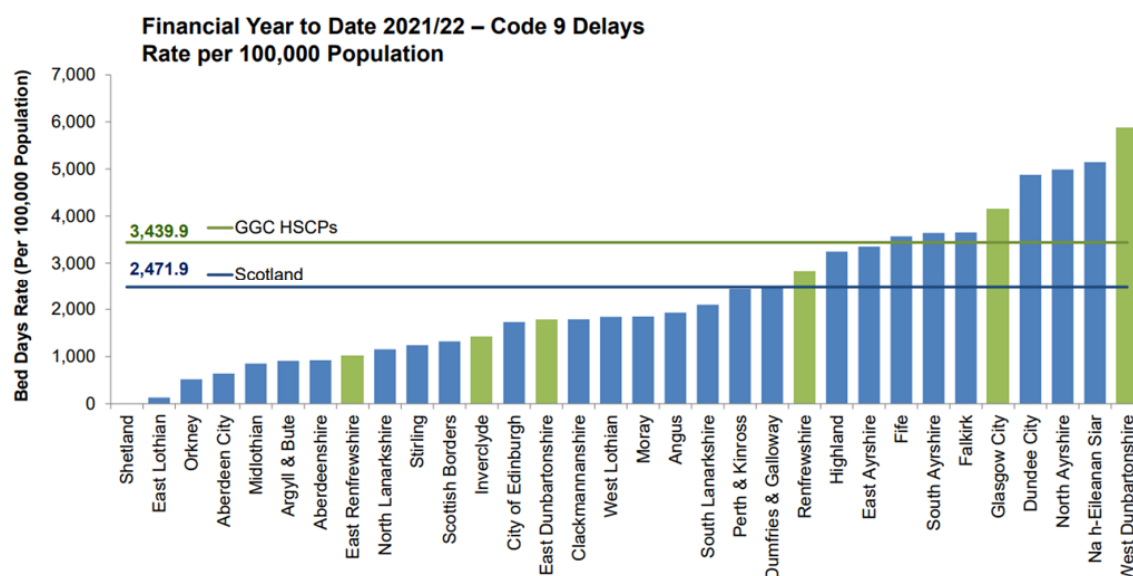


5.3 Bed Days Lost, Code 9s

Performance on bed days lost due to Code 9 delays has been more challenging in Renfrewshire. For the period April to December 2021, Renfrewshire was ranked twenty second out of the thirty two Local Authority areas with 4,094 bed days lost for the period April to December 2021. This equates to a rate of 2,813.1 per 100,000 population. The range varies from a zero rate at position one, to 5,873.9 at position 32. The Scottish average was 2,471.9 and the Greater Glasgow and Clyde average was 3,439.9

Graph 4: Code 9 Delayed Discharge Bed Days April 2021 to December 2021 by HSCP

Financial Year to Date 2021-22 - Delayed Discharge Bed Days April to December 2021 by HSCP



6. Issues that Impact on Delayed Discharge Performance

6.1 Despite the difficulties posed throughout the pandemic, the HSCP has maintained a pro-active approach to reducing delayed discharges with a home first approach considered in all cases. We are discharging patients 7 days a week and using interim care beds when needed.

6.2 The following are the key issues that have impacted on delayed discharge performance, in relation to both average number of delays and bed days lost.

6.2.1 Care at Home Capacity

The Care at Home Service has continued to be affected by high rates of staff sickness absence which, combined with staffing vacancies, has resulted in the service operating with the equivalent of 30% of staff unavailable as at 28/01/2022. These factors impacted on capacity planning, in turn affecting care package availability for discharge. The Care at Home Service is currently meeting all hospital discharge

requests at this time, supporting those in greatest need as defined by the eligibility criteria.

The Care at Home Service works closely with external providers to gain additional capacity. External framework providers are now accepting new referrals as well as restarts and the recent set up of a new 'off-framework' provider has given capacity in some areas with further growth potential.

We continue to focus and drive forward Care at Home recruitment. The recruitment process to fill vacant posts is on-going and rolling adverts continue for care at home workers with interviews scheduled.

6.2.2 Care Home Availability

Care Home availability has continued to fluctuate with COVID-19 outbreaks resulting in infection control issues restricting available placements and reducing placement option choices for patients and their families. This situation changes on a daily basis and is continuously monitored.

6.2.3 Adults with Incapacity (AWIs)

While timescales for AWI/Guardianships are not within our control, we have a pro-active approach with families and solicitors on a case-by-case basis. Cases are regularly reviewed and solicitors are contacted frequently to ensure cases are progressed as swiftly as possible.

6.2.4 Specialist Facilities

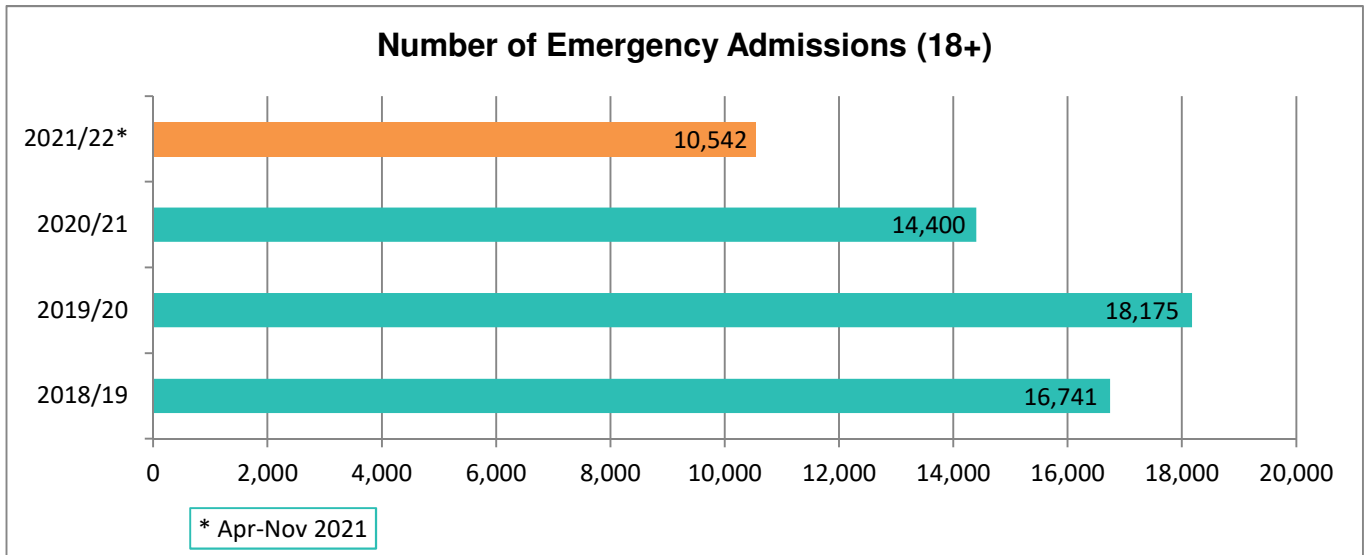
A number of patients recorded as Code 9 delays have very specific care needs requiring highly specialised individual care. There is a limited number of service providers at both local and national level which, at current available capacity, is insufficient to meet the present demand for care packages.

7. Number of Emergency Admissions (18+)

7.1 Graph 5 shows 10,542 emergency admissions from April to November 2021. This was an 11% increase on the same period in 2020 (9,499).

The number of emergency admissions in April to November 2020 decreased from the previous year due to the pandemic. While the rates have increased in 2021, this performance still reflects a 13.7% decrease in the pre-pandemic numbers reported for April – November 2019 (12,217).

Graph 5: Number of Emergency Admissions (18+)

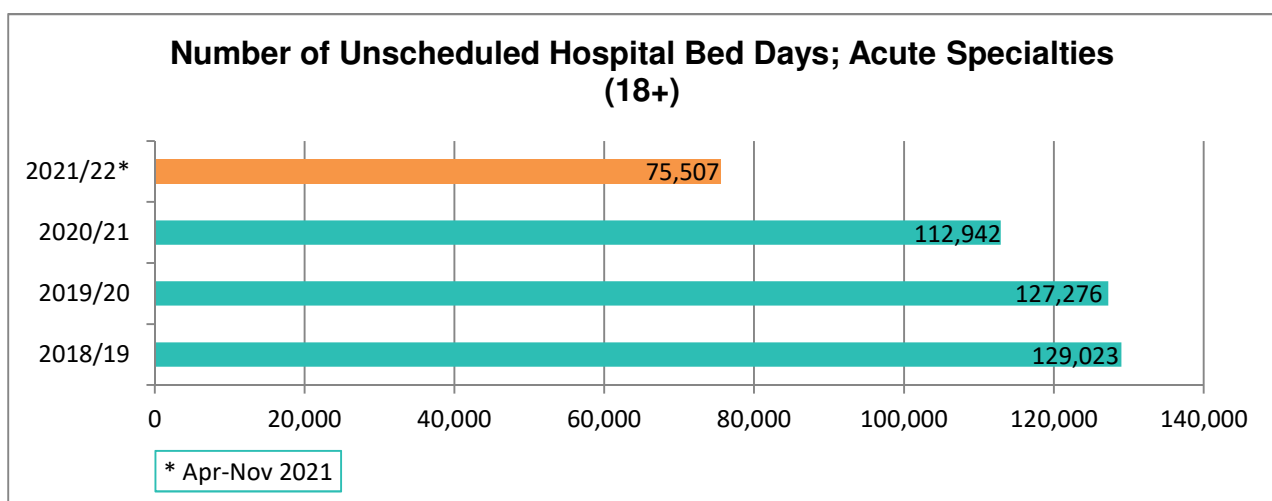


8. Number of Unscheduled Hospital Bed Days; Acute Specialties (18+)

8.1 The number of unscheduled hospital bed days (acute) for the period April to November 2021 was 75,507. This was a 5.1% increase on the same period in 2020 (71,845).

Similar to the performance for emergency admissions, the number of unscheduled hospital bed days (acute) for the period April to November 2020 decreased from the previous year due to the pandemic. While the rates have increased in 2021, this performance still reflects a 10.2% decrease in the pre-pandemic numbers reported for April – November 2019 (84,043).

Graph 6: Unscheduled Hospital Bed Days; Acute Specialties (18+)

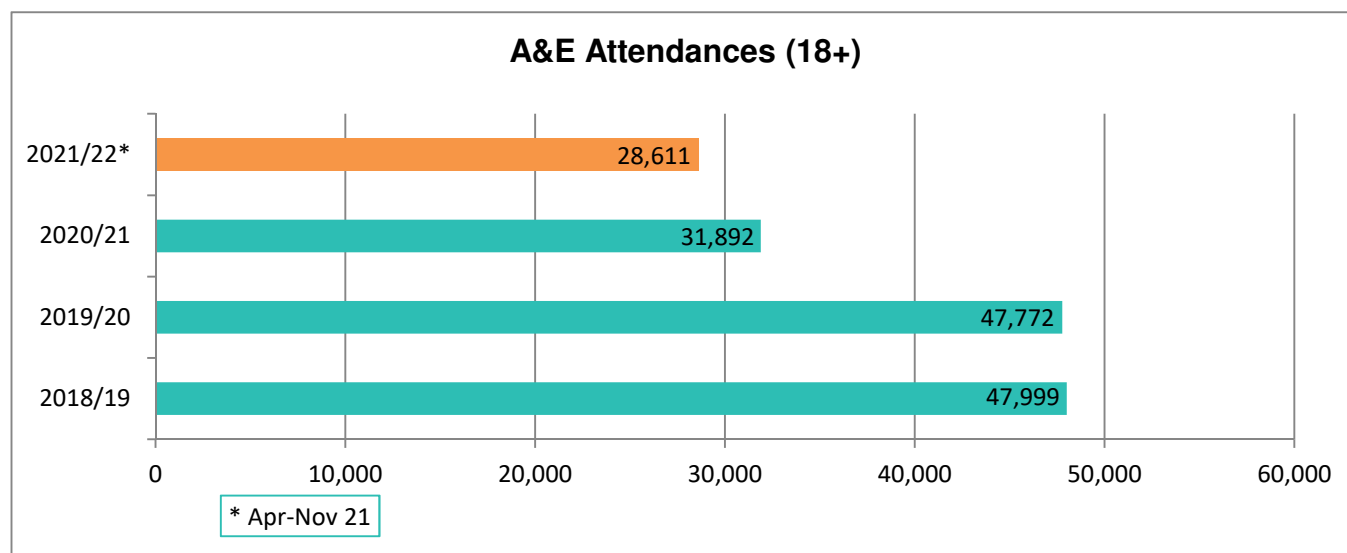


9. A&E Attendances (18+)

9.1 The number of A&E attendances (18+) for the period April to November 2021 was 28,611. This was a 35.3% increase on the same period in 2020 (21,151).

The number of A&E attendances (18+) for the period April to November 2020 decreased from the previous year due to the pandemic. While the rates have increased in 2021, this performance still reflects a 12.7% decrease in the pre-pandemic numbers reported for April to November 2019 (32,781).

Graph 7: A&E Attendances (18+)



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

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To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Head of Health and Social Care

Subject: Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23-2024/25)

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 To present the Design and Delivery Plan as the updated and refreshed Board-wide Strategic Commissioning Plan for Unscheduled Care.
- 1.2 At its meeting in September 2021 the IJB received a report on the Board-wide draft Unscheduled Care Commissioning Plan, which was subsequently agreed by the other five HSCPs in NHSGGC. Since then, comments have been received on the draft progress made on a number of key actions. In addition, the Scottish Government allocated winter planning monies, which were considered at the January IJB meeting and the Financial Framework has been updated to reflect this.
- 1.3 This report presents the updated unscheduled care programme in the form of the final Design and Delivery Plan for the period 2022/23 to 2024/25. Similar reports are being considered by the other five HSCPs in NHSGG&C and the Health Board.

2. Recommendations

It is recommended that the IJB:

- Approve the Design & Delivery Plan 2022/23-2024/25 (attached in Appendix 1) as the updated and refreshed Board-wide unscheduled care improvement programme;
- Approve the Financial Framework outlined in Section 6 of the Plan (attached in Appendix 2);
- Note the performance management arrangements to report on and monitor progress towards delivery of the Plan;
- Receive a further update on the delivery of the programme towards the end of 2022/23; and

- Note that the Plan will be reported to all six IJBs simultaneously and also separately to the NHSGGC Board's Finance, Audit and Performance Committee.

3. Purpose and Background

- 3.1 The purpose of this report is to present to the IJB the final version of the HSCP led NHSGGC Unscheduled Care Programme. An update was provided to the IJB in September 2021. The plan fulfils the IJB's strategic planning responsibility for unscheduled care services as described in the Integration Scheme, and updated the plan presented to IJBs in 2020.
- 3.2 An update, while the Design and Delivery Paper was being finalized was approved by the other five HSCTs in GG&C in 2021. The plan was developed in partnership with the NHS Board and Acute Services Division and built on the GGC Boardwide Unscheduled Care Improvement Programme (<http://www.nhsggc.org.uk/media/245268/10-unscheduled-care-update.pdf>) which was integral to the Board-wide Moving Forward Together programme (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf).
- 3.3 Since the original plan was developed in early 2020 there has been considerable change in the health and social system overall as a result of the coronavirus pandemic, and a national redesign of urgent care implemented. While many of the actions in the draft plan approved by IJBs remain relevant, some needed updating to reflect the changed circumstances arising from our response to the pandemic, and additional actions added on the new challenges being faced by the health and social care system. This is a reflection of the need for the constant review and updating of such a large-scale strategic system wide change programme as unscheduled care in Scotland's biggest, most complex, and diverse health and social care economy with many moving and interrelated parts.
- 3.4 In addition further work has been undertaken on engagement and the development of financial and performance frameworks to support delivery of the programme overall.

4. Unscheduled Care Programme

- 4.1 The purpose of the plan is to show how we aim to respond to the pressures on health and social care services in NHSGGC and meet future demand. The plan explains that with an ageing population and changes in how and when people chose to access services, change was needed and patients' needs met in different ways, and with services that were more clearly integrated, and the public better understood how to use them.
- 4.2 The programme outlined in the plan is based on evidence of what works and estimates of patient needs in NHSGGC. The programme was focused on three key themes following the patient journey:

- **early intervention and prevention** of admission to hospital to better support people in the community;
- **improving hospital discharge** and better support of people to transfer from acute care to community supports; and,
- **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.

4.3 The draft also describes how we needed to communicate more directly with patients and the general public, to ensure that people know what service is best for them and can access the right service at the right time and in the right place.

5. **Design and Delivery Plan**

5.1 The final Design & Delivery Plan attached updates the actions in the draft unscheduled care plan. The refreshed programme follows through on the three key themes from the 2020 plan, and shows the key priorities to be progressed this year (phase 1), actions for 2022/23 (phase 2) and future years (phase 3).

5.2 An updated action plan is included in annex B, and revised performance trajectories included. It is projected that the overall impact of the programme on emergency admissions (65+), taking account of future population increases and current trends, as currently funded, has the potential to reduce emergency admissions for over 65s by 5% during 2022/23.

6. **Financial Framework**

6.1 A financial framework has been developed in partnership with all six IJBs and Greater Glasgow and Clyde NHS Board to support the implementation of the Design and Delivery Plan. It should be noted that this has been completed on a 2022/23 cost base. The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

6.2 The investment required to deliver on Phase 1 priorities has been fully costed and is included in the Financial Framework (see annex F of the Design and Delivery Plan). This highlights the need for £33.130m of investment across Greater Glasgow and Clyde, of which £11.128m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. Of the recurring funding of £11.128m required, only £5.089m of funding has been able

to be identified on a recurring basis. £1.012m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all IJBs until funding is secured.

- 6.3 Funding is in place for phase 1 implementation in Renfrewshire HSCP, with the exception of the funding for the Mental Health Assessment Units. Recurring funding from Scottish Government continues to be pursued for these.
- 6.4 Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phases 2 and 3 have funding which has already been secured in some IJBs. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. Details can be found in the Design and Delivery Plan.
- 6.5 The different Actions within the plan are noted in the Appendix 2 along with a summary of the Financial Framework for the 6 HSCPs.

Implications of the Report

- 1. **Financial** – The IJB's budget for 2021/22 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). Section 7 of the Plan outlines the financial framework to deliver against the phased approach. This has highlighted a gap between current available financial resources and the funding required to deliver the programme in full across NHSGGC. Funding is in place for phase 1 implementation in Renfrewshire HSCP. This plan represents the first step in moving towards delegated budgets and set aside arrangements for Greater Glasgow and Clyde.
- 2. **HR & Organisational Development** – None at this stage. Work force plans will be developed for each work stream.
- 3. **Community Planning** – None
- 4. **Legal** – The Integration Scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.
- 5. **Property/Assets** – None
- 6. **Information Technology** – None
- 7. **Equality & Human Rights** – None at this stage. An EQIA will be completed during phase 1
- 8. **Health & Safety** – None
- 9. **Procurement** – The HSCP's Strategic Commissioning Plan for Unscheduled Care will comply with these requirements
- 10. **Risk** – A risk analysis will be developed alongside the detailed action plan.
- 11. **Privacy Impact** – None

List of Background Papers – Joint Commissioning Plan June 2020.

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Final Draft Design & Delivery Plan – version 6 – 14.03.2022



**EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP**



**Renfrewshire
Health & Social Care
Partnership**



**West Dunbartonshire
Health & Social Care Partnership**

NHS GREATER GLASGOW & CLYDE

**UNSCHEDULED CARE
JOINT COMMISSIONING PLAN**

**DESIGN & DELIVERY PLAN
2022/23-2024/25**

March 2022

EXECUTIVE SUMMARY

Integration Authorities have responsibility for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as unscheduled hospital care and is reflected in the set aside budget. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

In recent years unscheduled care services in Greater Glasgow & Clyde have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. While we perform well compared to other health and social care systems nationally, and overall the system is relatively efficient in managing high levels of demand, we struggle to meet key targets consistently and deliver the high standards of care we aspire to. Change is needed therefore if we are to meet the challenges ahead.

The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation. This plan updates the unscheduled care Joint Commissioning Plan agreed by IJBs in 2020, and refreshes this Board-wide programme in the light of national changes introduced in 2020 and takes account of the impact of COVID-19. Our objective in refreshing this plan is to ensure that the programme remains relevant and tackles the challenges that face us now.

The plan is focused on three main themes reflecting the patient pathway:

- prevention and early intervention with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;
- improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community.

Essentially our aim is that each patient is seen by the right person at the right time and in the right place. For acute hospitals that means ensuring their resources are directed only towards people that require hospital-level care.

The emphasis is on seeing more people at home or in other community settings when it is safe and appropriate to do so.

The plan includes proposals for a major and ongoing public awareness campaign so that people know what services to access when, where and how. We will also work with patients to ensure they get the right care at the right time.

Analysis shows that a number of services could be better utilised by patients such as community pharmacists. But we also need to change and improve a range of services to better meet patients' needs e.g. falls prevention services.

Not all the changes in this plan will take effect at the same time. Some need to be tested further and others need time to be fully implemented. Work to measure the overall impact of the programme is in hand and we will issue regular updates and reports on progress.

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1. PURPOSE

- 1.1 The purpose of this plan is to re-fresh and update the Joint Strategic Commissioning Plan approved by IJBs in early 2020, and to present a revised Design and Delivery Plan for the period 2022/23-2024/25.

2. INTRODUCTION

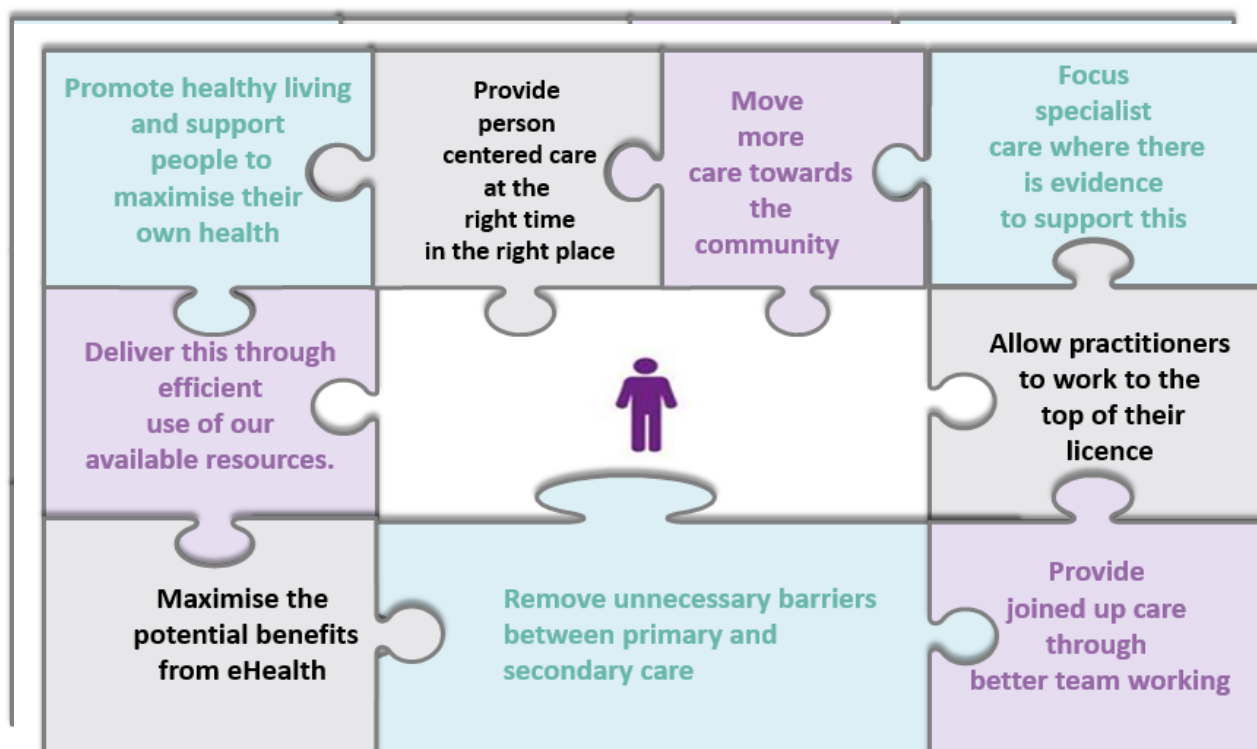
- 2.1 This plan updates the draft Joint Strategic Commissioning Plan approved by Integration Joint Boards (IJBs) last year and (<https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf>). takes into account the impact of the Coronavirus pandemic, including the delivery of improvements introduced in 2020.
- 2.2 This Board-wide programme was developed by all six Health and Social Care Partnerships (HSCPs) jointly with the Acute Services Division and the NHS Board in response to an unprecedented level of demand on unscheduled care services, and as a first step towards delegated budgets and to developing set aside arrangements for Greater Glasgow and Clyde. While NHSGGC performs well compared to other health and social care systems nationally, and the system is relatively efficient in managing significantly higher levels of demand than in other Boards, we struggled to meet key performance targets. In particular we have struggled to deliver the four hour standard of 95% on a consistent basis and in 2019/20¹ we reported performance at 85.7%.
- 2.3 The COVID-19 pandemic has brought a series of new challenges, some of which will be explored further in this plan. The combination of reduced demand as a result of COVID-19 and new or redesigned services introduced has resulted in an improvement in performance against the four hour standard reporting 92.0% for 2020/21. Section 4 and annex A and B shows performance pre, during and post pandemic and illustrates that although demand reduced during the pandemic there is evidence that demand is on a rapid trajectory towards pre pandemic levels.
- 2.4 The 2020 draft plan outlined a major change programme to meet the challenge of what was then considered to be a continual year on year increase in urgent care demand. The aim of the programme was and remains to change the system so that patients are seen by the right person at the right time and in the right place, and in this way be more responsive to patients' needs. The emphasis continues to be on seeing more people at home or in other community settings when it is

¹ 2019/20 has been used as the baseline year for this plan as it was the last full year before activity levels were affected by the pandemic

safe and appropriate to do so and this has been further substantiated through a national programme of service redesign.

2.5 This direction of travel outlined in the Board-wide *Moving Forward Together* strategy continues to be the overarching ambition of our collective improvement efforts (https://www.nhsggc.org.uk/media/251904/item-10a-paper-18_60-mft-update.pdf) and as illustrated in figure 1 below.

Figure 1 – Moving Forward Together



2.6 The 2020 global pandemic changed everything. Levels of unscheduled care attendances were significantly reduced and admissions also reduced albeit not to the same extent. Emergency activity reduced overall as a direct consequence of the 'lockdown' measures and the significant restrictions on delivering elective procedures in a safe way for both patients and staff, as we focused on reducing the spread of the virus. New pathways and responses were introduced for COVID-19 patients and suspected COVID-19 patients. GPs, community health services, acute hospital services and other services changed how they delivered services to the public. Patient behaviour also changed. And new services such as the Mental Health Assessment Units, Community Assessment Centres and Specialist Assessment and Treatment Areas were established.

2.7 While some aspects of the original programme were progressed, albeit not as quickly as previously planned, other aspects were paused, modified or accelerated. It is right then at this juncture to re-fresh and update the programme to reflect the changed circumstances we are now operating in.

2.8 The remainder of this Design and Delivery plan :

- updates on progress against the actions in the draft programme agreed by IJBs;
- reflects on the impact of the pandemic on unscheduled care activity;
- updates on what was delivered in 2020 including the national redesign of urgent care;
- describes the re-freshed programme to be continued, and the content of the design and delivery phases;
- explains our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outlines the performance and financial framework to support the delivery; and,
- describes the organisational governance arrangements that have been developed to ensure appropriate oversight of implementation of the plan.

3. UNSCHEDULED CARE JOINT COMMISSIONING PLAN 2020

3.1 The original unscheduled care improvement programme approved by IJBs in 2020 was prepared in and informed by the pre-pandemic days during 2019 and 2018. At that time unscheduled care services in NHSGGC were experiencing year on year increases in demand (e.g. A&E attendances, emergency admissions etc.) and there was evidence that some patients who attended A&E could be seen appropriately and safely by other services. In analysing demand at that time it was also acknowledged that the health and social care system was confusing for both patients and clinicians, with routes to access services not always clear or consistent. In addition we were also missing some key national and local targets (e.g. A&E four hour standard and delayed discharges). The conclusion was that to meet this challenge we needed to improve priority areas across the unscheduled care delivery system so that we could better meet current and future demand, and provide improved outcomes for patients.

3.2 The 2020 programme was based on the best available evidence of what works². As a result the plan had 25 actions that were constructed around the patient pathway. The programme focused on three key themes:

- **prevention and early intervention** with the aim of better support people receive the care and treatment they need at or close to home and to avoid hospital admission where possible;
- **improving the primary and secondary care interface** by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions; and,
- **improving hospital discharge** and better supporting people to transfer from acute care to appropriate support in the community.

3.3 The pandemic had a huge impact on the programme. Some of the original actions were paused during the pandemic (e.g. anticipatory care plans) some were overtaken by events (e.g. shorter waiting times in MIUs) and others were progressed but to a revised timeline (e.g. frailty pathway). The programme was described as a five year change programme with some actions being implemented sooner than others (e.g. improving delays), and some that required testing and evaluation before wider implementation (e.g. hospital at home).

3.4 Key achievements over the past 12 months have been:

- the introduction of a policy of signposting and re-direction in Emergency Departments for patients who could safely and appropriately be seen by other services;
- improvements in urgent access to mental health services through the introduction of mental health assessment units;
- improvements to discharge planning by the implementation of our discharge to assess policy;
- increased access to professional to professional advice across multiple specialties allowing GPs to make direct contact with clinical decision makers to obtain advice on further treatment for patients avoiding unnecessary hospital attendances; and,
- the Board has introduced and maintained new services and access routes to deliver a dedicated COVID-19 pathway as part of the pandemic response and national remobilisation plans.

² Imison C, Curry N, Holder H, Castle-Clarke S, Nimmons D, Appleby J, Thorlby R and Lombardo S (2017), *Shifting the balance of care: great expectations. Research report.* Nuffield Trust.

4. IMPACT OF THE PANDEMIC

4.1 As explained above the global pandemic has had a massive impact on services, patients and the unscheduled care demand. The situation we face now in 2022 is significantly different from that in 2019 or early 2020. The data presented in annex A and B shows that during 2020 compared to the years before the pandemic our traditional access routes experienced a significant reduction as a consequence of the public lockdown as demonstrated in the 2020/21 activity data below:

- A&E reduced by 32.6% and MIU attendances reduced by 45.3%;
- GP referrals to the acute hospital assessment units (AUs) reduced by 55.7% however this is largely due to a change in access routes associated with COVID-19 and is further explained in 4.3 below; and,
- overall emergency admissions reduced by 17.7% compared to 2019/20.

4.2 As part of the COVID-19 response we did however see increases in hospital and primary care activity due to COVID-19. The introduction of a designated access route for patients with COVID-19 symptoms was established in April 2020 in the form of:

- **Community Assessment Centres (CACs)** - dealing with COVID-19 and suspected COVID-19 patients taking referrals directly from GPs and the national NHS24 public access route. During the 2020/2021 year there were 21,673 attendances to the eight Covid-19 centres in GG&C allowing GPs to maintain a service avoiding symptomatic patients; and,
- **Specialist Assessment and Treatment Areas (SATAs)** – providing a designated acute hospital pathway receiving patients from all urgent care services including GPs, A&Es and NHS24. During the 2020/21 year there were 40,802 attendances to acute hospital assessment units. In total the AUs and SATAs reported 71,553 attendances an overall increase of 3%.

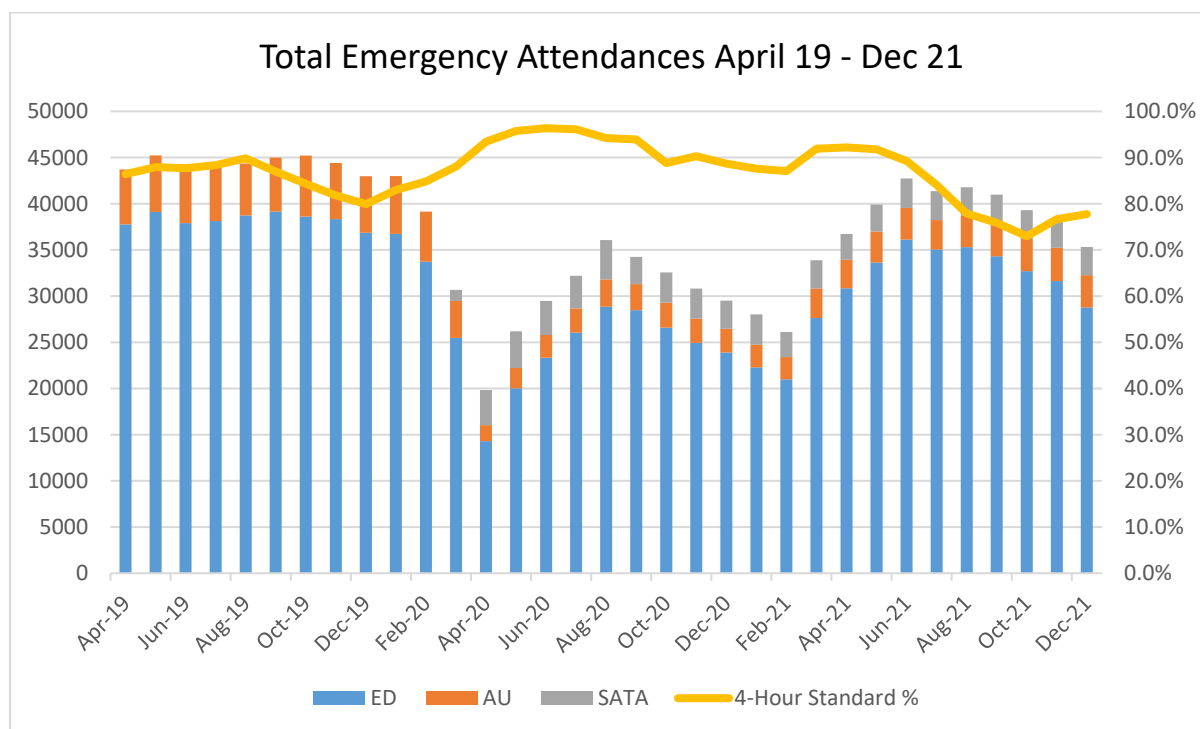
4.3 To ensure direct access for patients who required access to mental health service the Board established two new Mental Health Assessment Units (MHAUs). This provides direct access to specialty avoiding more traditional referral routes from A&E, Scottish Ambulance Service and the Police. During the period April 2020 to February 2021 there were 7,474 direct attendances to MHAUs.

4.4 The demand profile for unscheduled care has however changed, and the Board is experiencing a step change in demand in line with the success of the vaccination programme and easing of restrictions.

4.5 Figure 2 below shows activity over the period April 2019 to December 2021 for emergency hospital attendances including A&E, Assessment Units, and SATA (for COVID-19) and excluding the minor injury units (MIU).

4.6 This profile demonstrates the importance of the need to deliver on the improvement actions to ensure patients are seen in the right place by the right service at the right time.

Figure 2 - Hospital Emergency Attendances



4.7 Innovation in how we deliver services to our patients has been accelerated through the use of digital technology and there have been significant step changes in service:

- GPs introduced telephone triage and Near Me consultations;
- mental health and other services introduced virtual patient management arrangements; and,
- specific pathways were introduced for COVID-19 patients in both acute and primary care settings across a range of service and specialties to allow patient consultations to continue.

4.8 The Scottish Government has prioritised four virtual pathways as part of an on-going national response to the pandemic – work on two of these is included in this plan – further work on the others is in hand. The four priority pathways are:

- the national roll out of Covid remote health monitoring;
- optimising hospital at home services (see section 5.19 below);
- community respiratory rapid response pathway (see section 5.20 below); and,
- Out-patient parental antibiotic therapy (OPAT) including anti-viral treatment.

4.9 These changes will continue to evolve as we deliver further opportunities for service design as the programme progresses. The changing profile of demand, and evidence from the pandemic recovery phase, means we will need to continually assess the impact of the pandemic on services as we go forward.

4.10 As a consequence of the significant impact of the pandemic and the associated changes in unscheduled care demand and activity during 2020 we have re-visited the original timescales as described in the Joint Commissioning Plan (JCP) and refreshed the actions to reflect the current position. We outline these in the next section.

5 DESIGN AND DELIVERY PLAN

5.1 In this section we describe the revised and updated programme to take into account of the changed circumstances we now face. The revised programme now has three phases of delivery:

- **Phase 1 – 2022/23** – implementation of the national redesign of urgent care and associated actions from the 2020 programme;
- **Phase 2 – 2023/24** – consolidation of the national programme and implementation of the remaining actions from the 2020 programme; and,
- **Phase 3 – 2024 onwards** – further development of the programme including evaluation and roll out of pilots and tests of change.

Phase 1 – 2022/23

5.2 In phase one of this programme the focus and delivery of change and improvement was on responding to the pandemic and implementation of the emerging National Redesign of Urgent Care Programme. A number of step change projects that were grounded in the ambitions of the JCP have been implemented, these include:

5.3 **Flow Navigation Centre (FNC) implementation** - Our Flow Navigation Centre went live on 1st December 2020 supported by a soft launch. The admin hub operates 24/7 receiving all Urgent Care Referrals from NHS24. The clinical triage team currently operate from 10am – 10pm, with this deemed optimal based on a review of attendance profiles.

- 5.4 During this phase we have delivered a **Minor Injury Pathway** which incorporated a direct referral for remote triage and review. This provides the opportunity to deliver a scheduled care approach for individuals who do not require an urgent response/intervention. A temporary winter pathway to GGH (GGH MIU went live on 18th January 2021) to provide an alternative service within Glasgow however this has been largely underutilised as patients have now become more accustomed to the designate centres in Stobhill and the Victoria.
- 5.5 In the first six months of operation the FNC has completed virtual consultations for 7,000 patients with 32% of those being seen, treated and discharged without the need for further assessment.
- 5.6 **Signposting and Redirection Policy** - our signposting and redirection policy for Emergency Departments within NHS Greater Glasgow & Clyde was approved October 2020. National guidance was issued in November 2021. Implementation of this policy and supporting standard operating procedures aim to ensure Emergency Department attendees are appropriately reviewed in line with their presentation. The purpose of the policy is not to turn attendees away from the ED, but to direct patients to another appropriate service where their healthcare need can be met, and minimising the risk to themselves and others in overcrowded EDs. These processes also reduce the potential for crowding in the ED by maximising use of safe alternatives for attendees to access care.
- 5.7 It is recognised that ED signposting and redirection form part of a broader aim across the health and social care environment to ensure patients receive the right care, at the right time and in the right place.
- 5.8 **Primary Care Interface: alternatives to admission** has been extended to multiple specialties across NHSGGC. Professional to Professional Advice services through telephone and app technology are in place and working well. Surgical hot clinics and rapid access to frail elderly clinics are in place as well as the ability for GPs to request advice about patients rather than a direct referral. A pathway to provide access to the Assessment Unit (AU) for patients with DVT and cellulitis has also been implemented.
- 5.9 Across NHSGGC 212 GP practices have accessed advice via a telecoms application and the number of professional to professional calls made continues to increase month on month. The successful launch of Medical Paediatric Triage Referral Service in March 2020 has contributed to an overall rise since July 2020 and this service continues to receive the highest number of calls relative to other specialties. In addition from June 2021 the Mental Health Assessment Units have implemented the professional to professional advice service complimented by a new SCI Gateway referral process and uptake has been strong.

5.10 Mental Health Assessment Units (MHAUs) our two MHAUs were established in 2020 in response to the COVID-19 pandemic and consolidated through the winter period with a full redesign of the urgent care pathways and access routes. These units have continued to reduce demand on secondary care services by reducing footfall through Emergency Departments. The referral pathway provides an immediate route out of ED for those who present directly, with vulnerable patients largely being managed away from the stressful ED environment. The MHAUs also provide an alternative to patients who would otherwise have been conveyed to ED by SAS or Police Scotland. Between December 2020 and March 2021 there were a total of 4,400 patients seen through our MHAUs.

5.11 COVID-19 Community Assessment Centres (CACs) – these centres were also developed in response to the COVID-19 pandemic, and directed symptomatic patients who are potentially COVID-19 positive to separate facilities for assessment away from primary care and acute hospital services. Access to CACs is via NHS24. At the peak week in January 2021 there were a total of 566 attendances with 74% of these being maintained within the community with no hospital follow up required.

5.12 Restructuring of GP Out of Hours (GPOOH) - a new operating model introduced an appointments based service with access via NHS24 offering telephone triage. Those requiring a 4 hour response receive an initial telephone consultation by Advances Nurse Practitioners or GPs working in the service, including the use of 'Near me' consultation. This reduced the need for in person attendances by 60% freeing capacity to deal flexibly with other competing demands.

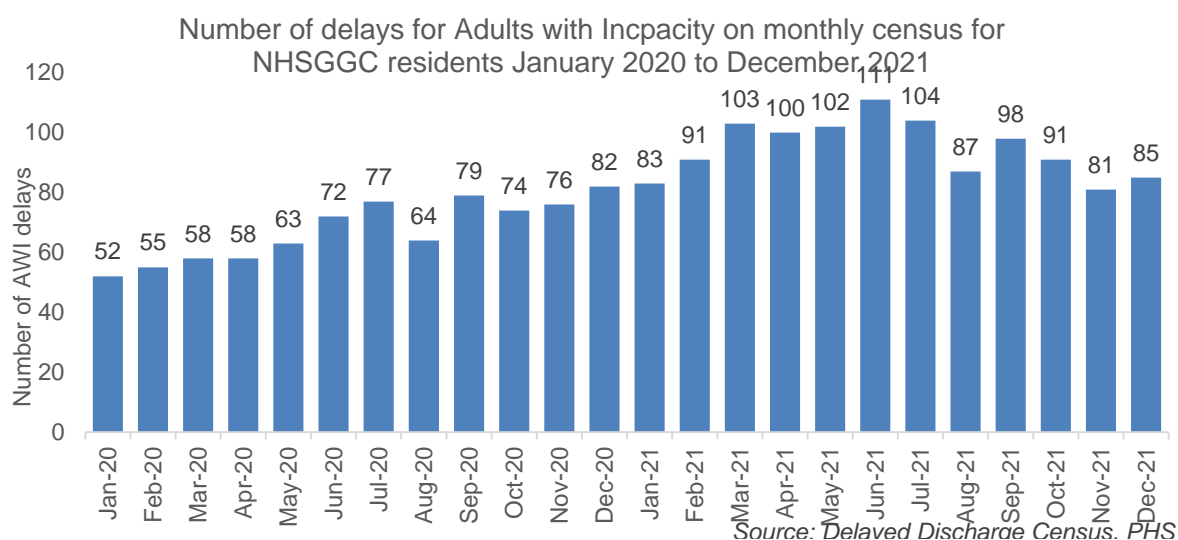
5.13 Urgent Care Resource Hub Model - HSCPs launched their Urgent Care Resource Hub models in January 2021. This model was established to bring together OOHs services in the community, enhancing integration and the co-ordination of care. The hub provides direct professional to professional access across the health and social care OOHs system and delivers a whole system approach to unscheduled and/ or emergency care via NHS 24.

5.14 Delayed Discharge we developed a response to delays that has seen a reduction in our non AWI delays in hospital across all of our sites. HSCPs adopted daily huddle approaches to problem solve and remove roadblocks to delays. Additionally we adopted process changes to the discharge process leading to the development and implementation of a new Discharge to Assess Policy as part of the overall discharge process. Joint working led to agreement with all six HSCPs and Acute on a standard operating procedure to improve effectiveness and reduce the risk of potential delays. This response builds on our 'Home First', if not home, why not ethos. A suite of patient communication

materials have been developed and distributed to key areas within the acute setting launching the Home First branding and outlining the benefits of being cared for at home or in a homely setting, once medical care is no longer required.

5.15 **AWI delays** have been a particular challenge during 2020/21 and 2021/22 as shown in figure 3. Since the Equality and Human Rights Commission ruling we have not been able to discharge patients to off-site beds with the consequence that the proportion of AWI delays is disproportionate to the overall number of delayed discharge patients. A peer review process is planned with a view to identify if there is learning and best practice clinical to ensure our process is as effective and efficient as possible. As there is constant pressure on the system to effectively manage the inpatient capacity across NHSGGC the aim is to ensure that the practice and process adopted is optimised for both patients and the overall health care service.

Figure 3 – AWI delays 2020-2021



Phase 2 - 2023 -2024

5.16 During 2022 we will design a programme to deliver on a number of the actions continuing to align and be guided by the National Redesign of Urgent Care five national strategic priorities. The visual in figure 4 below encompasses the key actions to be delivered in the next phase.

Figure 4 - Phase 2 Unscheduled Care Improvement Programme Core Projects

Patient Flow & Flow Navigation Centre Processes	Optimising Discharge and Reducing Delays	Prof to Prof	MSK	Falls & Frailty
<ul style="list-style-type: none"> • ED Processes • 4 hour standard • Demand Prediction & Capacity Mgmt • FNC Process Optimisation (workflow) 	<ul style="list-style-type: none"> • 'Home First' application of Discharge to Assess • Development of 'Hospital in Reach' processes • AWI Peer Review 	<ul style="list-style-type: none"> • Scheduling urgent care to Medical and Surgical AU's • Community Pharmacy integration with GP in/out of hours and the FNC • SAS – access to FNC and Community Services prof to prof (falls, care homes, COPD) • Whole System Redirection (mutual aid FNC/GPOOHs/ OOHUCRH etc.) 	<ul style="list-style-type: none"> • Develop MSK local FNH/onward community referral pathways and outflow services to reduce hospital and primary care based services • Development of NHS24 Physio resource to deliver National 111 MSK service 	<ul style="list-style-type: none"> • Frailty Screening Tools • Anticipatory Care Planning • Falls Prevention & Management • Frailty at the Front door • Coordination & Integration of Community Models • Hospital at Home - Glasgow City Test of Change

5.17 NHSGGC's response to Phase 2 of the National Redesign of Urgent Care will be to further develop the Flow Navigation Centre and work will continue to develop and redesign urgent care pathways across the whole system over the next 18 months to include:

- **Primary Care/Acute Interface** – we will continue to develop pathways to convert unplanned to planned care with particular focus on scheduling urgent care within Assessment Units. Pathways under review and development include: Care Homes (Falls), Head Injury, Heart Failure and Outpatient Parental Antibiotic Therapy (OPAT) service are being progressed as pathfinders in NHSGGC.

- **MSK** – development of NHS24 Physio resource and local Flow Navigation Centre (FNC)/onward community referral pathways to reduce hospital and primary care based services (Nat No.5)
- **Community Pharmacy** – integration with GP in/out of hours and the FNC and to include signposting and direction from MIU/ED for minor illness (Nat No.1)
- **SAS** – development of Community Services and FNC prof to prof to access out of hospital/GP referral pathways e.g. COPD, Falls, Care Homes (Nat No.4)
- **Mental Health** - pathway development to include referrals from GP in/out of hours and the Flow Navigation Centre through prof to prof and scheduled virtual assessments (Nat No.3). This will build on the MHAU pathway fully embedded during 2020.
- **Waiting times** - additional non-recurring support to improve access and waiting times for scheduled care at QEUH and GRI to reduce times patients waiting for procedures delayed due to Covid and avoid the likelihood of them attending A&E.

5.18 Our Falls & Frailty Delivery Programme has six key priority areas of focus within Phase 2. The figure below illustrates the work streams and the key enablers to support the design and delivery of the programme.

Figure 5 - Falls & Frailty Programme Phase 2 Delivery Work streams



5.19 The approach agreed to drive and manage delivery has a strong focus on joint planning and active collaboration. Work streams have been implemented for each of the priority actions with HSCP and Acute leads appointed to each:

- identification and screening of frailty within the population – to identify those over 65 living in the community with frailty using a frailty assessment tool, measuring deterioration over time and considering pathways to support triggered by frailty score;
- Anticipatory Care Planning – to increase anticipatory care planning conversations and ACPs available via Clinical Portal and the Key Information System (KIS) to support people living with frailty to plan for their future care needs, and when appropriate death. A baseline of 512 ACPs available on Clinical Portal was recorded in March 2021 by May this had increased to over 800;
- Falls Prevention & Management – to develop and implement a falls prevention and management strategy and policy with a view to preventing falls in the community and reducing unscheduled admissions for falls related injury, including care homes;
- Frailty @ the Front Door - enhanced presence by Frailty Team at the acute front door with direct access to a range of community services supporting joint patient centred planning to ensure the right care is given in the right setting, whether that is hospital, at home or in a homely setting;
- co-ordination and integration of community models - review of current models/pathways and developing refreshed pathways to plan, support and coordinate the patients' journey from pre-frail through to end of life, supporting them to remain at home or a homely environment, ensuring when an intervention is required it is delivered in the right place, delivered by the right person and at the right time; and,
- Hospital @ Home - testing the concept of the Hospital @ Home model and principles. Initial Test of Change in South Glasgow over 12 months with a view to a system wide redesign, subject to evaluation and learning.

5.20 In addition phase 2 of the programme will take forward in GG&C the national work on developing virtual capacity for resilience and recovery. The most recent programme launched in January 2022 is aimed at 'Developing Virtual Capacity' and includes:

- COVID remote health monitoring pathway;
- community respiratory rapid response pathways; and,
- expanding OPAT to include antiviral treatment.

5.21 This Scottish Government RUC programme aligns with the NHSGGC Joint Commissioning Plan. The national focus has assisted in some case to accelerate implementation plans, with additional funding but also in building

consensus and shaping public acceptance for changes. It is expected that this focus will continue and complement delivery of the Joint Commissioning Plan.

5.22 Key enablers have been identified to support delivery including Communication, IT and infrastructure and workforce:

- **Communication & Engagement Plan** - we fully intend to build on the positive GGC OOH Communication and Engagement programme. An overarching Communication Plan will be developed for 2022/23 for all stakeholders. The plan should seek to develop key principles, common language and key messages and where appropriate join up the learning, and recommendations from activity across GGC from programmes including East Renfrewshire Talking Points, Compassionate Inverclyde and the Glasgow City Maximising Independence programme. Learning from service users and their family/carers input and involvement will be key to helping us develop the plan. A Corporate Communications plan will be considered with quarterly updates generated and shared.
- **IT & Infrastructure eHealth Digital Solutions** – on-going challenges exist regarding interfaces between core systems and shared access to electronic patient information to deliver care closer to home. In the absence of shared systems across community teams, acute, primary care etc. we continue to develop processes with numerous work arounds that are not 'lean' and create barriers to sharing key patient information.
- **Workforce** – we face a significant challenge around workforce, in particular access to clinicians with advanced clinical assessment and management skills, whether this is ANPs or Advanced Allied Health Professionals. This has been evident across the Primary Care Improvement Plan and the Memorandum of Understanding resulting in 'in=post' training and mentoring taking place to develop the skills required.

5.23 Annex C shows the Design & Delivery plan priorities phased and where actions sit within the three priority areas of early intervention and prevention, primary & secondary care interface, and hospital discharge.

Phase 3 - 2024 and onwards

5.23 While a number of actions within the original Joint Commissioning Plan remain outstanding this does not mean they will not be designed for delivery within this timeline. As dependences become apparent and opportunities develop, and as appropriate resource and funding support are available, proposals will be developed and approval sought.

6 ENGAGEMENT

Patient Engagement

6.1 We are conscious we need to do more to engage with patients, carers and the general public and their representatives about what we are trying to achieve through this programme. It is our aim that all aspects of the programme (e.g. falls and frailty) will involve patients directly. Further information on how this will be achieved will be communicated through our HSCP engagement channels and networks.

6.2 We are also conscious that we need to communicate better with the general public about what services to access when and for what. That's why the first key action in our programme is on communications, and developing a public awareness campaign. This will be an ongoing action over the course of the programme.

Staff Engagement

6.3 This programme has significant changes for staff too in the way we delivery services, and develop new pathways. We will consult with and engage with staff in taking these changes forward, and regularly report to Staff Partnership Forums as we go forward.

Clinical Engagement

6.4 During 2021 we have continued to review our stakeholders, as part of this process we have reviewed representation across all three acute sectors. This has resulted in increased engagement with Clinical Service Managers, Consultant Physicians in Medicine for the Elderly, Chief Nurses, ED consultants and AHPs.

Primary Care

6.5 In 2020 we held a number of engagement sessions with GPs across NHSGGC. The engagement and involvement of GPs in shaping and developing this programme is crucial. We need to recognise that unscheduled care is a key issue within primary care too as most patient contact is by its nature unscheduled.

6.6 We will continue to engage with GPs across NHSGGC both in the development of this programme and its implementation as GP feedback on progress is also important. We will do this at various levels by:

- engaging with GPs and their representatives on specific aspects of the programme e.g. ACPs, falls & frailty etc.;

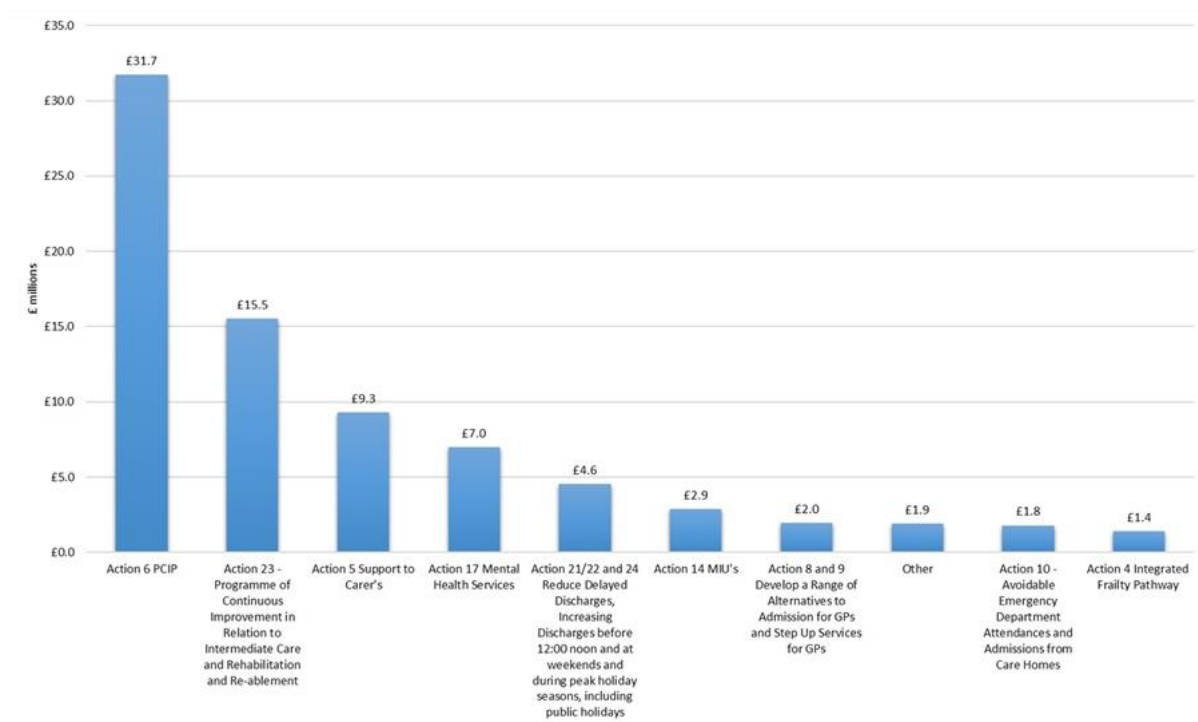
- engaging with GPs through established structures such as GP committees, primary care strategy groups, QCLs etc.; and,
- engaging at HSCP and NHSGGC levels including arranging specific set piece events / sessions at appropriate times.

6.7 A key take away message from the engagement with GPs was that the unscheduled care programme needed to specifically recognise and include the contribution of PCIP to this agenda. The PCIP and unscheduled care programme direction of travel are closely aligned and are essentially about patients being seen by the right person at the right time. To recognise and acknowledge the contribution of PCIP more clearly within the re-freshed unscheduled care programme we have broadened this aspect of the plan include an action to support GPs to operate as expert medical generalists by expanding primary care teams so GPs can focus on managing complex care for vulnerable patients within community settings, and as part of our prevention and early intervention strategies.

7. FINANCIALFRAMEWORK

- 7.1 In this section we outline the financial framework to support delivery of the plan. A number of the proposals in this plan are already funded in HSCPs or the Acute Services Division. Others will need additional or a shift in resources to support implementation.
- 7.2 In 2019/20 unscheduled care was estimated to cost GG&C £444.3m. With a budget of £415.1m identified by GG&C Health Board. This is a shortfall in funding of £29.2m and represents a significant financial risk to GG&C Health Board and the six IJBs with strategic responsibility for this area. The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.
- 7.3 This budget shortfall impacts on the IJBs' ability to strategically plan for unscheduled care. Nationally there is an expectation that IJBs, through commissioning plans, can improve outcomes and performance in relation to unscheduled care, which in turn will support the release of resources to support investment in primary care and community services. This was reiterated in the Scottish Government's Medium Term Financial Plan which assumes that 50% of savings released from the hospital sector will be redirected to investment in primary, community and social care service provision.

7.4 The ability to achieve this in GG&C is hindered by the existing financial position outlined at 7.2. above, and effectively means that there are no funds which can be released to support the investment required, which mean that each partner will be responsible for funding their own investment. There is already significant investment in community care settings to support unscheduled care, with existing investment totalling £78m.



7.5 The Joint Commissioning Plan identifies a number of key actions which require financial investment to deliver on the priorities within the Plan. The financial framework developed has highlighted a significant gap between current available financial resources and the funding required to deliver the programme in full. This will require the adoption of a phased implementation programme, where delivery is contingent on funding becoming available.

7.6 The investment required to deliver on Phase 1 priorities has been fully costed and the investment required is attached in annex D. It should be noted that this has been completed on a 2022/23 cost base. This highlights the need for £36.824m of investment, of which £14.822m is required on a recurring basis and £22.002m is required non-recurrently. Full funding for the non-recurring investment has been found with partner bodies utilising reserve balances or managing within existing budgets to deliver the funding required. This includes a one-off investment of £20m which has been identified by the Health Board to support this programme. This will be used to kick-start this programme by delivering waiting times activity which was delayed due to COVID. A significant

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proportion of this activity will be delivered from hospitals and clinics within the boundary of Glasgow City, particularly the GRI and QUEH. This will also have a positive impact on unscheduled care levels and support delivery of the Unscheduled Care Design and Delivery Plan reducing the time patients are waiting for procedures and thereby the likelihood of them attending A&E.

- 7.7 Of the recurring funding of £14.822m required, only £8.864m of funding has been able to be identified on a recurring basis. £1.273m of the funding gap relates to MHAU's for which recurring funding is still to be put in place by Scottish Government. The remaining funding gap recognises the challenge which all IJBs and the Health Board have had in securing full funding for Phase 1. This has implications for the delivery of the plan, even for Phase 1, with actions not able to be fully implemented in all geographic areas until funding is secured. The table below highlights the Actions where partial implementation is proposed at this stage due to the funding gap which exists.

Table 1 - actions partially deferred for implementation or at risk – no funding in place (for detail on actions see annex D)

Action	Glasgow City	Inverclyde	East Ren	West Dun	East Dun	Renfrew	Health Board
Action 1 Comms	√	√	√	√	√	√	n/a
Action 2 ACP	√	X	√	√	√	√	n/a
Action 4 Frailty	√	√	√	√	√	√	n/a
Action 9 Step Up	√	√	√	√	√	X	n/a
Action 10 Care Homes	√	√	√	√	√	√	n/a
Action 13 Service in ED	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 14 MIUs	n/a	n/a	n/a	n/a	n/a	n/a	X
Action 24 Improvement	√	√	√	√	√	√	n/a

- 7.9 Phase 2 and 3 will be costed fully as tests of change and work streams further develop their proposals. Some actions in Phase 2 and 3 have funding which has already been secured in some geographic areas. As a result, this investment is planned to proceed now as part of an early adoption of Phase 2 and 3. These have been highlighted in annex D.

8 PERFORMANCE FRAMEWORK

- 8.1 In this section we look at the performance framework to support delivery of the programme and the key measures we will use to monitor and assess progress. We also include an estimate of the potential impact on emergency admissions.
- 8.2 It is essential that we develop a performance framework to support all levels of data and information required including high level management reporting at both GGC and HSCP levels; operational management data to support local planning and monitoring and wider data to support targeted review and improvement activity at HSCP and locality/community levels.
- 8.3 A Data, Information & Knowledge work stream has been developed with key stakeholders to develop the framework and build the requirements for the single repository to be used across HSCPs. The work stream has developed the key indicators we propose to use to measure the impact of our programme as outlined in annex E. Figure 6 provides a pictorial example of the levels of data within the performance framework, with the high level data required to evidence impact example presented

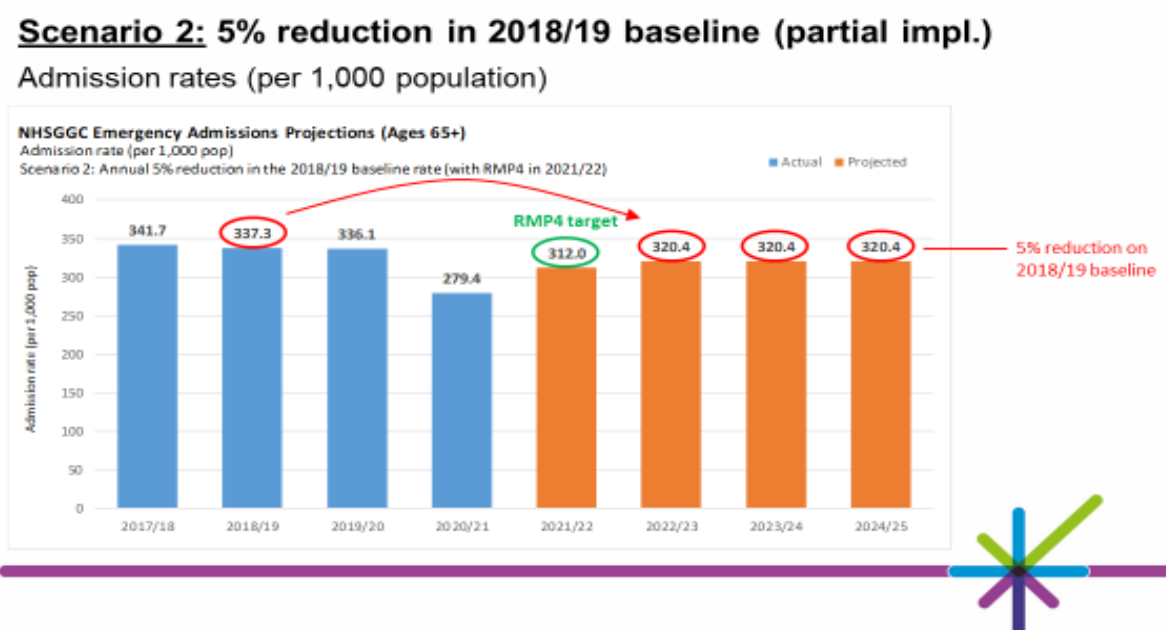
Figure 6 – Performance Management Framework



- 8.5 In a large and complex system such as NHS GGC with many moving parts estimating and forecasting the impact of specific interventions is never an exact science. As we have seen in 2020 and in 2021 there are many factors that can influence the impact of any given intervention – many of which are not in our direct control e.g. changes in the economy. Forecasting or estimating the potential impact of such a wide ranging programme as described in this plan on Scotland's largest health and social care system is even more difficult when looking into future years, and beyond Covid.
- 8.6 The numbers presented below should therefore be viewed with extreme caution and should not be considered as a firm guarantee of the impact of this programme; the projections are a guide and our best estimate based on what we know of the health and social care system in NHS GGC. These numbers will need regular review and updating as we go forward to take account of progress in implementing the programme.
- 8.7 In providing an indication of the potential impact of the programme we have looked at emergency admissions as this is a key indicator of unscheduled care demand, and can also lead to delayed discharges (another key indicator). Reducing emergency admissions can alleviate pressure in other parts of the system such as A&E, GP assessment units and in primary care. We specifically look at emergency admissions for the 65+ population as they account for approximately 40% of all emergency admissions in GGC.
- 8.8 To reach our estimate we have looked at current rates of admission by head of population for different age groups and taken into account the population projections for future years (see annex F). We present three scenarios in annex F recognising that the programme as a whole is not currently fully funded (see section 7 above):
- a do nothing scenario with no implementation of the programme showing the impact demographic changes might have on current rates;
 - a partial implementation of the programme taking into account that significant parts of the programme are funded non-recurrently; and,
 - full implementation showing what might be the case should the programme in its entirety be fully funded on a recurrent basis.
- 8.9 Below we show the partial implementation scenario (see annex E for the detail) that illustrates the impact of the programme could (with all the caveats outlined above) result in a reduction in the rate of emergency admissions for over 65s from 337.3 in 2018/19 (the last pre-Covid year) to 320.4 in 2022/23 – a reduction of 5%. This estimate takes into account the demographic changes forecast in

NHSGGC over this period and also current projections for 2021/22 included in RMP4.

Figure 7 – projected change in rate of emergency admissions for over 65s in NHSGGC (based on 2018/19 baseline)



8.10 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.

Benefits Realisation

8.11 It is extremely challenging to draw a direct line in relation to the impact of activities currently underway and planned as part of Phase 2 delivery of this improvement programme. In many cases it is a sum of parts that result in a cumulative and measurable improvement. At the time of writing, work is progressing to develop outcome and process measures for each work stream. Below is a summary of the expected benefits of some of the actions that have been outlined:

Flow Navigation Centre (FNC)

8.12 The implementation of our Flow Navigation Centre during phase 1 realised significant benefits. The initial aim was to redirect up to 15% of the 2019 levels

of self-referrals the equivalent of 96 consultations over 24 hours and 74 over 12 hours. The FNC has carried out 7,000 virtual assessments in the first six months with 36.7% of patients seen treated and discharged without the need for an ED or MIU attendance. Phase 1 has resulted in 2,569 patients avoiding attendance at ED/MIU, Phase 2 will work to increase this by 2,405 to 4974 patients in 6 months and therefore an estimated attendance avoidance of 9,948 per annum.

Increasing ACP & KIS availability

- 8.13 There is strong evidence from studies demonstrating that an ACP and a coordinated team-based approach with a clearly identified population that is at high risk of hospitalisation can reduce ED attendance, admission rates and occupied bed days. This approach to care also leads to an increased likelihood of being allowed to die at home. Our GGC activity is targeting those at high risk of hospitalisation including our care home residents and those with long term conditions.
- 8.14 Palliative Care - a recent retrospective Scottish study reviewing 1304 medical records of peoples who died in 2017 from 18 practices across 4 Scottish health boards, concluded that people with KIS were more likely to die in the community (home, care home or hospice) compared to those without one (61% versus 30%). NHSGGC reported n12, 612 deaths in 2019/20, 53.6% of these were within a community setting and the remaining 46.4% of deaths occurred in Acute Care. During 2019/20 there were 6045 admissions to hospitals across GGC resulting in death with an average LOS of 19 days. Our aim is to target ACP's for long term conditions and palliative care to achieve a 1% increase in the number who are supported with palliative care to die comfortably at home this could result in a saving over 1100 bed days and would reduce admissions by 60.
- 8.15 Pilot work by the Edinburgh city HSCP supporting the adoption of ACP in care homes and their aligned GP practices, saw a 56% reduction in avoidable hospital admissions and 20% reduction in A&E admission from care homes. A similar pilot in Lanarkshire in 2009 reported a reduction in the number of Accident and Emergency attendances, number of patients with an emergency inpatient admission, and a reduced total length of hospital stay following the introduction of anticipatory care planning in 8 care homes
- 8.16 In 2019/20 ED/AU attendances for over 65 years were n113, 283 with n65, 857 converting to an emergency admission. The majority of these admissions were to orthopedics, medical, surgical and care of the elderly. Non elective bed days in this period was n191, 212 therefore we can estimate 2.9 days average length of stay with 46% of these within care of the elderly wards. ACP conversations

and sharing of the key information could reduce the number of ED attendances and admissions for a number of these patients as evidence above.

8.17 ACPs available on Clinical Portal across GG&C i.e. those added by Community teams has seen a marked increase from January to June 2021 with 386 ACPs created in this period compared with 192 in January to June 2020. This improvement can be accredited to the activity being undertaken as part of the ACP Work Stream newly invigorating the activity and also as a consequence of Covid19. In total 851 ACPs are available on Clinical Portal as of June 2021, compared with only 9 available in 2019. Through the activity of the ACP improvement project we aim to significantly increase the number of ACPs available, the number has increased by over 100% in the first 6 months of 2021. We will aim to achieve a further 100% increase in the following 6 months till end of March 2022 and an estimated 20% reduction in admissions for those who have an ACP resulting in 340 avoided admissions and an estimated bed reduction of 986 (at 2.9 days LoS).

Falls Prevention & Management

8.18 About a third of people over 65 years old living in the community fall each year and the rate of falls related injuries increases with age. The Care Inspectorate recently reported that Falls are recorded as a contributing factor in 40% of care home admissions.

8.19 Falls incidence in care homes is reported to be about three times that in the community. This equates to rates of 1.5 falls per care home bed per year. Falls can have serious consequences, e.g. fractures and head injuries. Around 10% of falls result in a fracture. Most fall-related injuries are minor: bruising, abrasions, lacerations, strains, and sprains. However falls can also have a psychological impact, even in the absence of injury. Fear of falling is extremely common, can curtail physical activity and activities of daily living and lead to social isolation – even within the care home environment.

8.20 During 2019/20 across GGC there were n6,618 ED attendances for falls related incidents in our over 65 years population with n2,478 (37%) resulting in a hospital admission. Out of the 2,478 admission, 575 (23%) had a stay of 3 days or less utilising around 900 bed days. Through a number of actions within the falls work stream we will aim to reduce the number of individuals with short stays of 3 days or less by 10% saving at least 90 bed days per year.

8.21 January – June 2021 Scottish Ambulance Service (SAS) attended to n6051 fallers over 65 years in the community, including Care Homes. Conveyance to ED followed for n4652, 77% of calls. Work with SAS to reduce conveyance by

a further 10% (465). A number of actions within the Falls Prevention & Management plan will contribute to a reduction in ED attendance and unplanned admissions such as:

- 1) using the Care Home Falls Pathway incorporating the Flow Navigation Centre for clinical triage assessing the need for urgent response and opportunities to plan any required diagnostics and or referral to community teams for support; and,
- 2) working more closely with SAS to reduce conveyance to hospital using FNC and the general falls prevention training and local HSCP action plans.

Frailty@ the Front Door

8.22 During the test of change week there were on average of 25 patients with frailty attending per day. On average eight were discharged each day following a length of stay of two days. The average LoS for patients over 75 years is ten days therefore we can estimate that we saved eight bed days per patient through new processes and ways of working. Over seven days this equates to 3228 bed days; the equivalent of nine hospital beds.

8.23 Bearing in mind this is on one hospital site. If scaled up across three sites given QEUH accounts for 30% of activity, this could result in saving of up to 27 beds every day over a 12 month period.

Discharge to Assess Policy impact on 11B & 27A

8.24 During financial year 2019/20 there were 10,654 bed days lost to 11B (awaiting community assessment) this has improved by 45% in 2020/21 with 5,826 bed days lost recorded. Bed days lost to 27A (wait for intermediate care) reduced by 29% n4652 in 2021 compared with n6579 in 2019/20. We will continue to embed the D2A Policy and Home First ethos encouraging strong communication and MDT working to discharge individual's home at the earliest opportunity to reduce the risk of deconditioning within the hospital setting.

8.25 In doing so we will aim to reduce the bed days lost to 11B codes by a further 10% aiming to save a further 580 bed days by end of March 2022. Bed days lost to 27A hasn't evidenced as big an improvement; this could be attributed to the challenges of COVID reducing the ability to discharge patients to another setting. We will seek to improve the bed days lost while waiting on an intermediate care placement by a further 2% aiming to save 93 bed days.

Mental Health Assessment Units

- 8.26 Total referrals to MHAUs in May 2020 totalled 442 compared to 1443 referrals in May 2020. This illustrates the significant growth in direct referrals to the MHAU's facilitating access for ED's SAS and the Police service and we anticipate this is having a positive overall effect on both ED attendances and admission rates. The average number of MHAU attendances referred by EDs was on average 314 per month over the three months to May 2021. We can therefore estimate that there will be 3,768 ED attendances avoided through this service over a 12 months period.
- 8.27 The development of our work streams to deliver step change will require key outcome and process measures to be developed to measure impact with a view to informing decisions regarding scale up or change of approach. These will be reported at HSCP and GGC level using locality team data in most cases.
- 8.28 It is the intention to develop mid-year and end year performance reports to allow the full impact to be monitored going forward.
- 8.29 Projection modelling and what if scenario planning tools are being explored in collaboration with Public Health Scotland Local Intelligence Support Team (LIST). A work plan is being developed at the time of writing this paper.

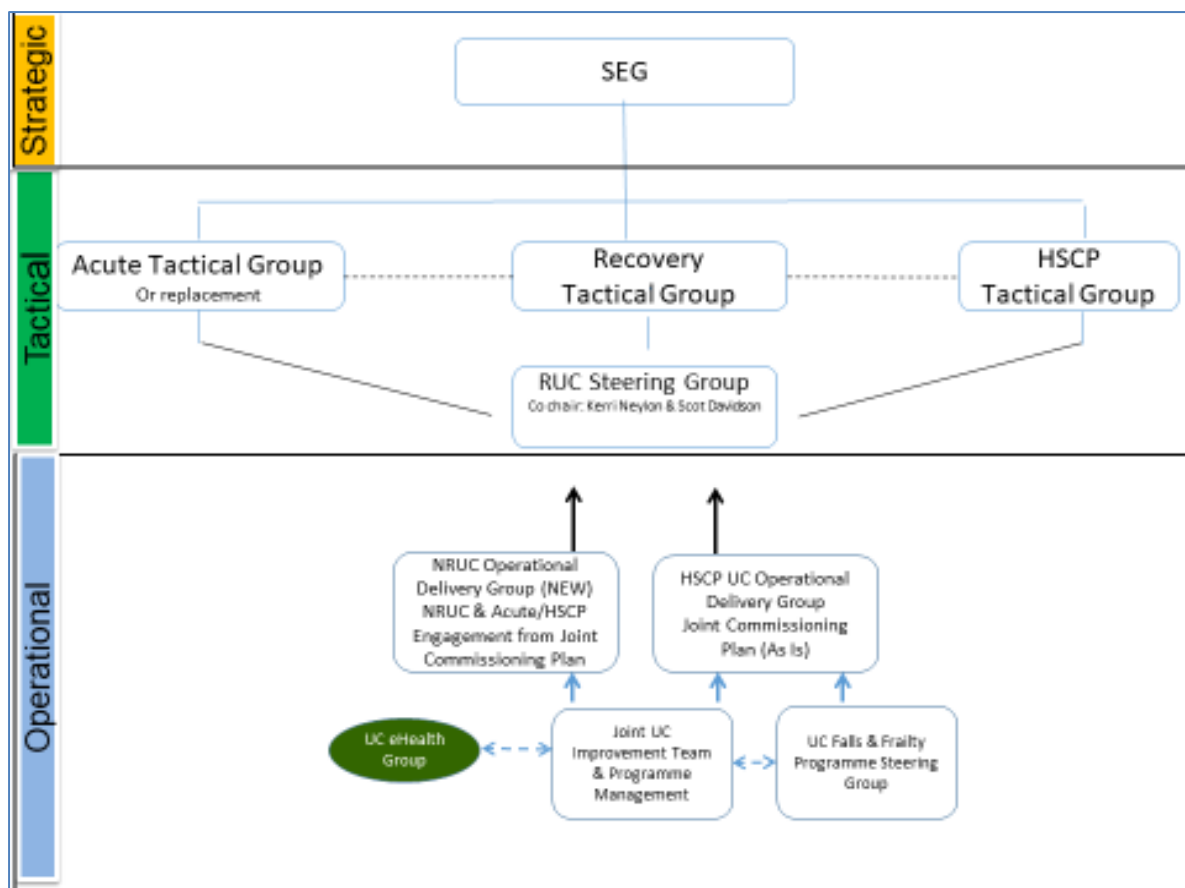
9 GOVERNANCE ARRANGEMENTS

- 9.1 Governance arrangements have been updated to reflect the complexity of the Unscheduled Care programme. The approved structure is shown in figure 7 below. This structure will:
- facilitate strategic direction and operational leadership of UC;
 - provide accountability for developing strategy and design via the Steering Group;
 - demonstrate responsibility for implementation via Delivery Groups;
 - embed the Programme Management approach to provide assurance that the programme is appropriately managed; and,
 - to ensure alignment to system wide UC service profile.
- 9.2 At a strategic level the overall programme will report to the Strategic Executive Group (SEG) to provide oversight and overall governance assurance. As deemed appropriate there will be escalation to Corporate Management Team (CMT).

9.3 At tactical level reporting will continue to HSCP Tactical and Acute Tactical Group to steer, approve and sponsor the on-going unscheduled care programme activity including JCP and National Redesign of Urgent Care. The Recovery Tactical Group will approve and jointly agree project plans, assess proposals for cross system redesign and prepare update papers for SEG in conjunction with RUC Steering Group.

- **Redesign of Urgent Care (RUC) Group** - the role of this group is to develop a cross system approach to redesign, delivery of project plans for Redesign of Urgent Care including CACs, FNC, MHAUs. This will be a key group to link and engage with both Acute & HSCP Tactical groups. This group will also ensure links with Acute Clinical Governance, Acute Partnership Forum, GP Sub and Area Partnership Forum;
- **NRUC Operational Delivery Group** – this is new group within the governance structure. This group will bring together the operation delivery of the NRUC and both Acute and HSCP engagement from the Joint Commissioning Plan;
- **HSCP Unscheduled Care Delivery Group** – this group is responsible for designing and delivering a programme to achieve the ambition set out in the Joint Commissioning Plan;
- **Joint UC Improvement Team & Programme Management** - this team support the development, design and delivery of the JCP & NRUC using a project management approach to provide assurance.

Figure 8 – Unscheduled Care Governance Arrangements



10 PROGRESS REPORTING

- 10.1 Progress on implementation of each action in the phases outlined above will be reported routinely firstly to the HSCP Delivery Group and then quarterly to the RUC Steering Group, Tactical Groups and onto SEG. Annual updates will also be provided to IJBs and the Health Board.
- 10.2 Where appropriate escalation of issues or areas of concern will be reported timeously.
- 10.3 Performance reports on the KPIs in annex E will be submitted monthly in line with existing performance reporting for delays, the four hour target, A&E attendances and other key measures.
- 10.4 The Data, Information & Knowledge work stream will develop a Standard Operating Procedure providing guidance to support reporting across all levels via appropriate governance routes.

11 NEXT STEPS

11.1 This Design and Delivery Plan provides an update on the 2020 Joint Commissioning Plan for unscheduled care services agreed by IJBs and refreshes our approach in line with the new baseline adjusted for the impact of COVID-19.

11.2 This revised plan has:

- reported on progress against the actions in the original 2020 programme agreed by IJBs;
- reflected on the impact of the pandemic on unscheduled care activity;
- reported on what was delivered in 2020 including the national redesign of urgent care;
- outlined a re-freshed and updated programme, and the content of the different delivery phases;
- explained our proposals for ongoing engagement with clinicians, staff, patients and carers;
- outlined the supporting performance and financial framework; and,
- the organisational governance arrangements to ensure appropriate oversight of implementation of the plan.

11.3 The plan will be presented to IJBs, the Health Board and be the subject of ongoing engagement as outlined in section 4 above, and progress reports issued at regular intervals.



NHS GREATER GLASGOW & CLYDE

UNSCHEDULED CARE JOINT COMMISSIONING PLAN

DESIGN & DELIVERY PLAN 2022/23-2024/25

ANNEXES

March 2022

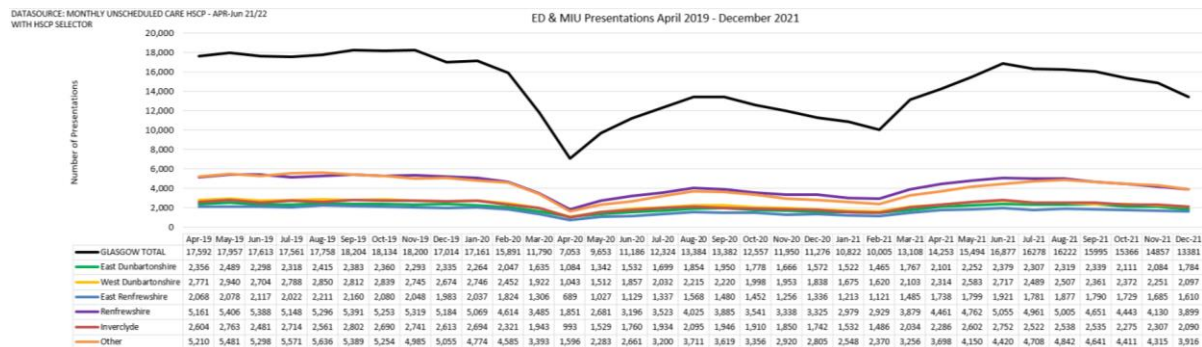
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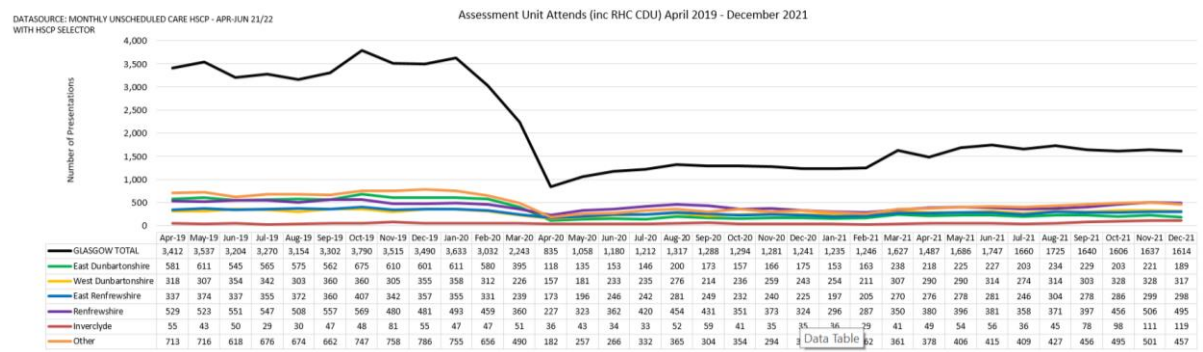
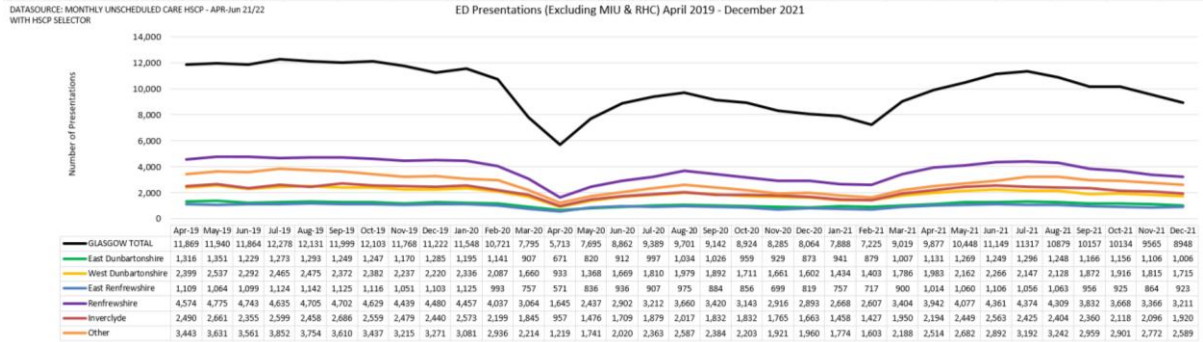
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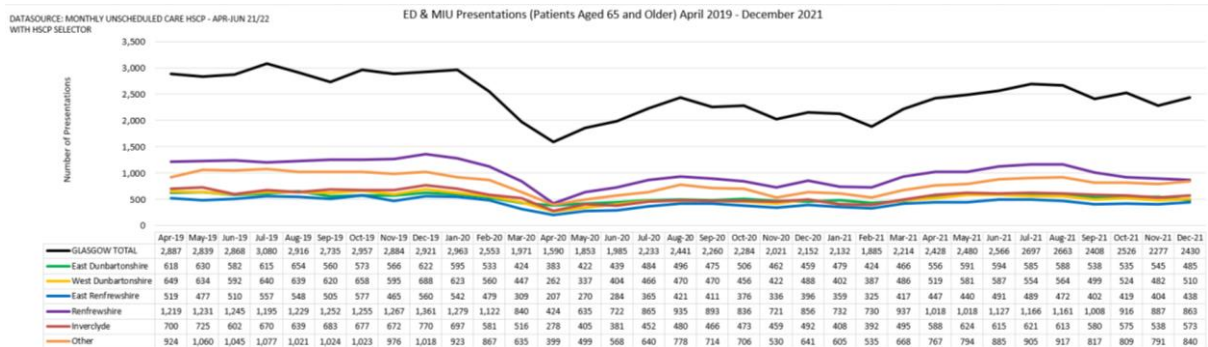
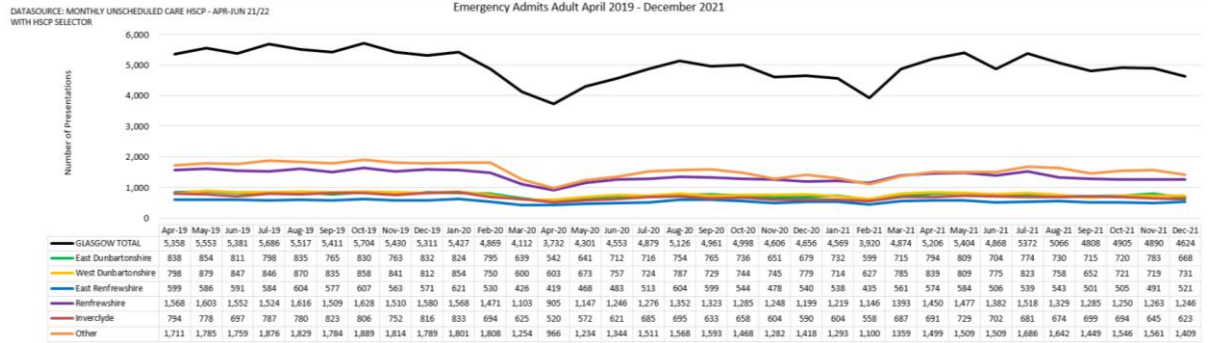
ANNEX A

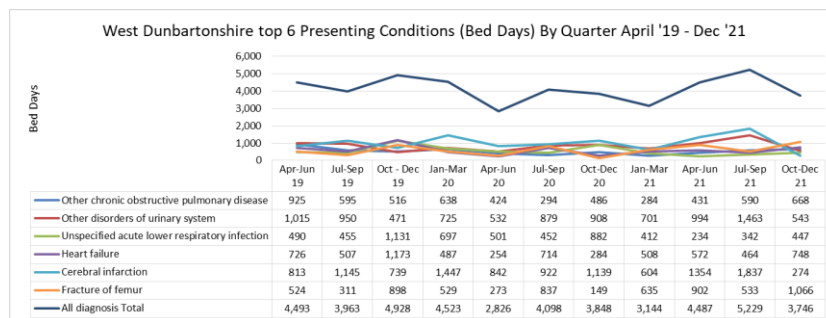
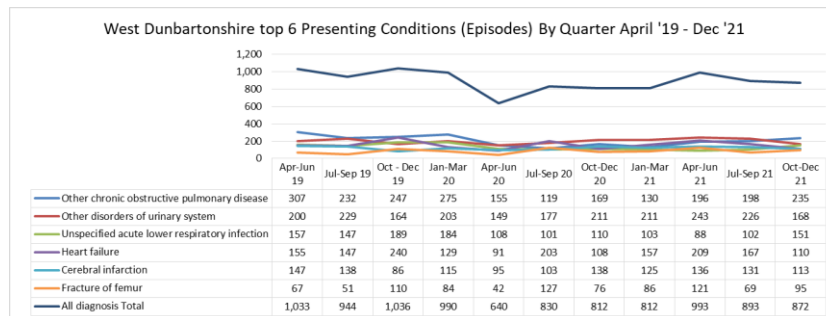
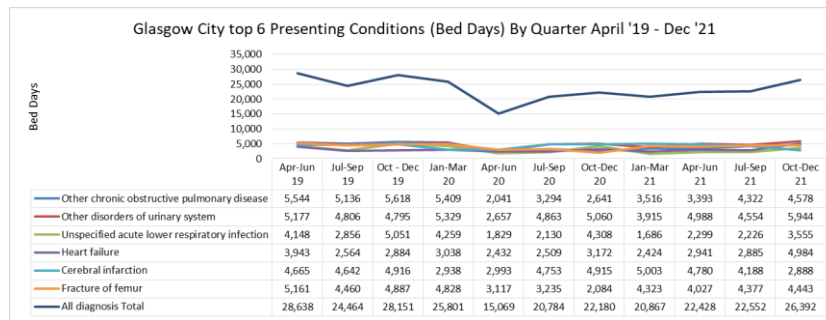
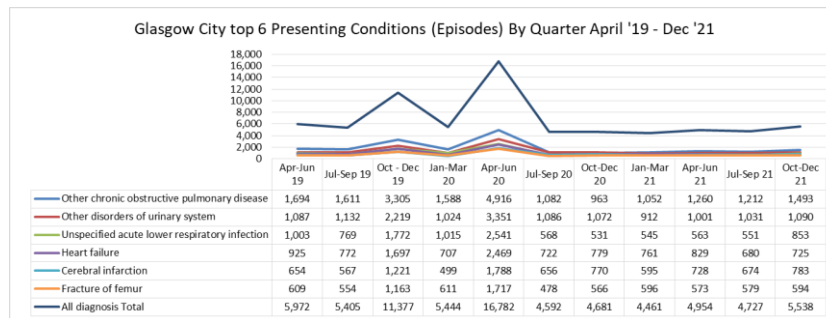
Rear View Mirror

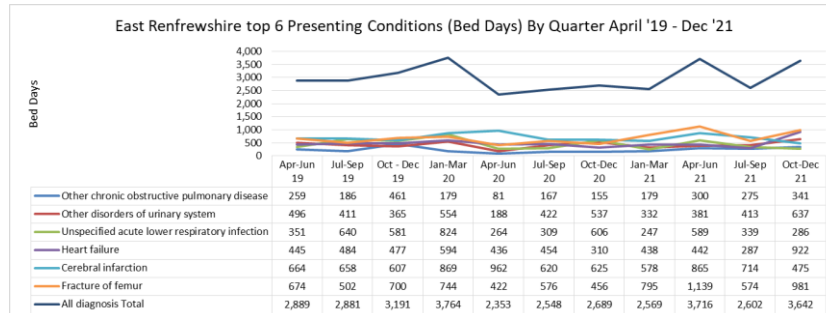
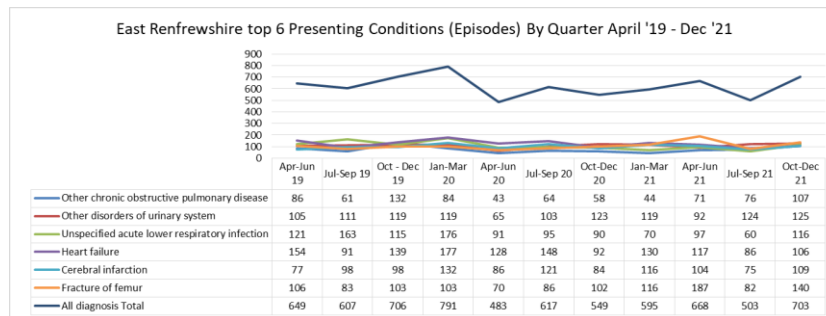
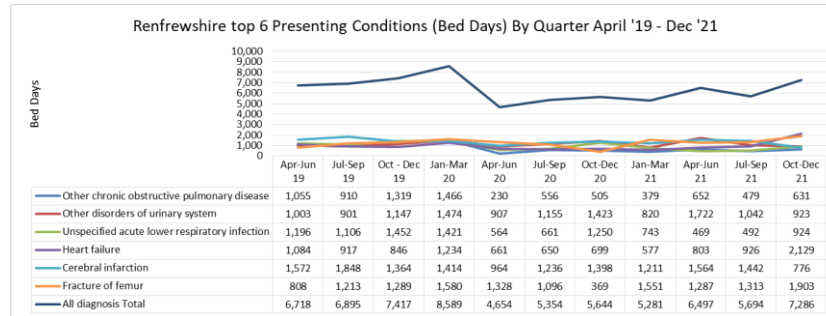
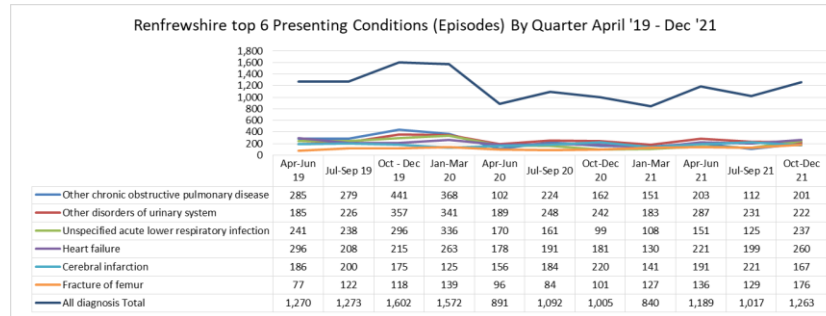
Unscheduled Care activity 2019-2021 by HSCP and GG&C

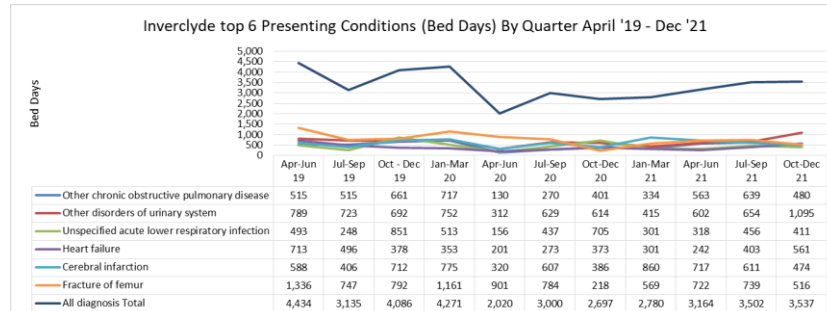
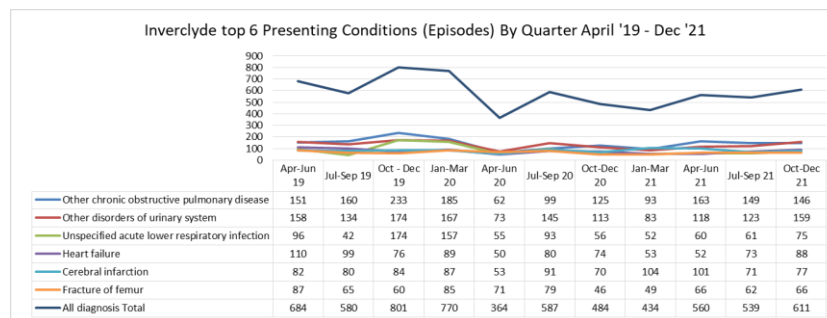
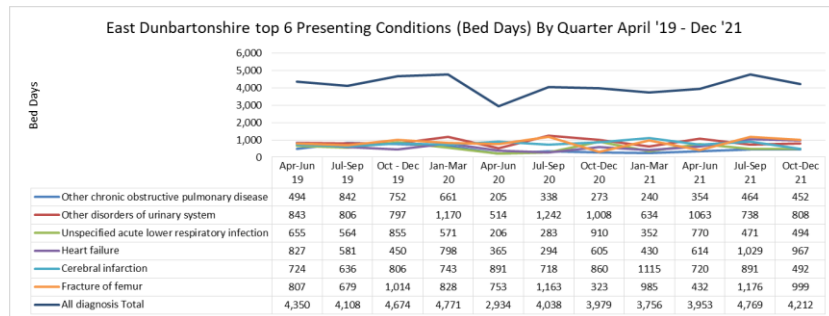
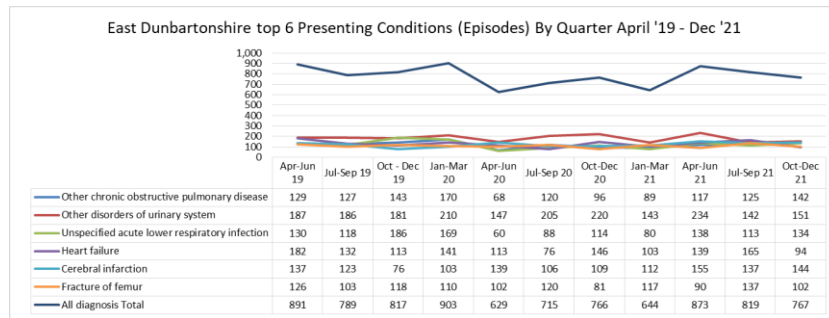


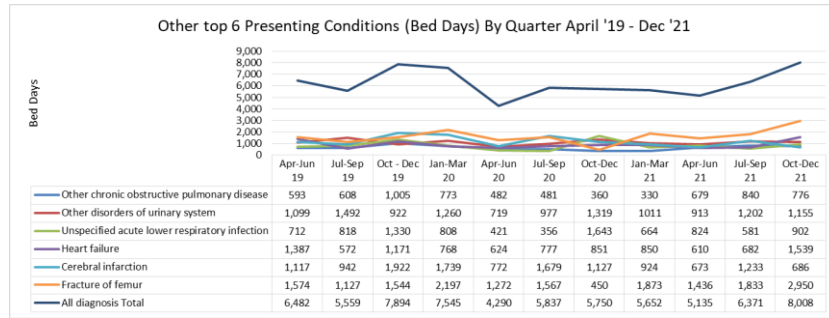
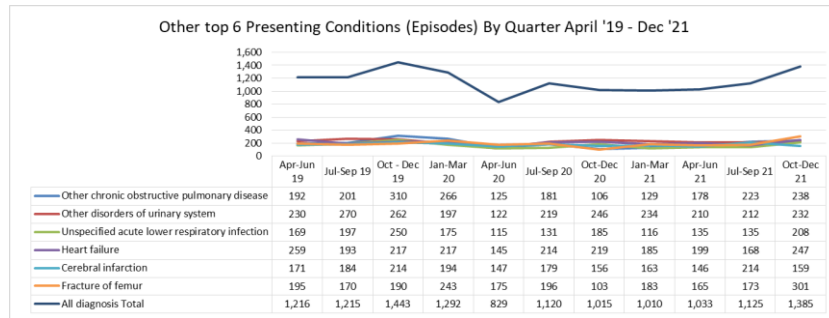












ANNEX B

Unscheduled Care: A look back over the period of the Pandemic

Introduction

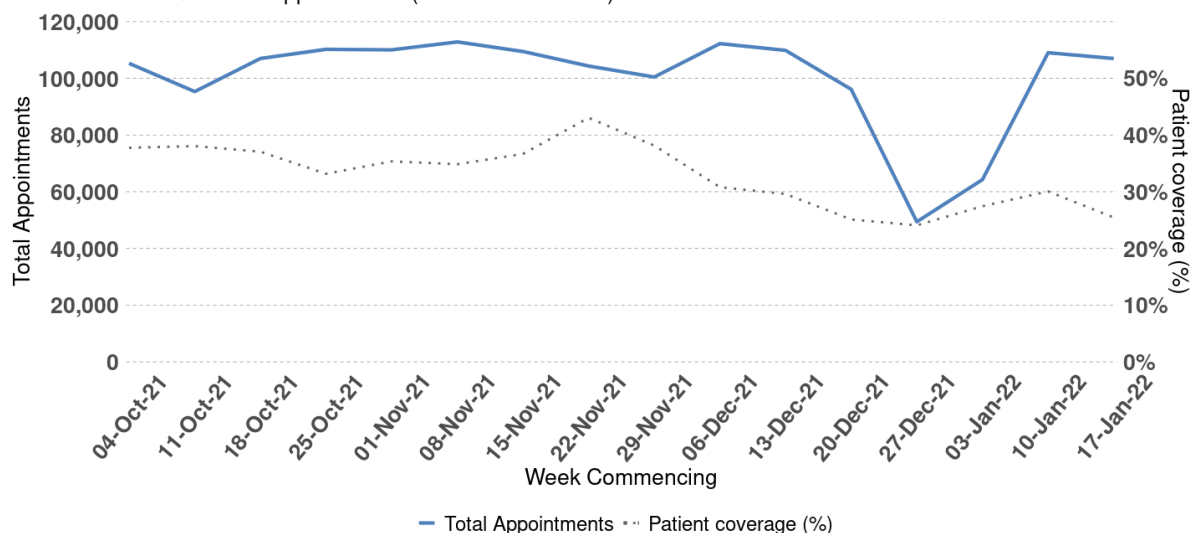
The impact of the COVID-19 pandemic and our response to it has disrupted Unscheduled Care activity levels and the previously understood seasonal trends. It is unclear the extent to which this disruption will have a long-term impact or whether previous trends will reassert themselves. This summary provides an overview of the key dynamics following the flow of demand from Primary Care through the interface to Secondary Care. The response to the pandemic has resulted in the rapid adoption of new ways of working, utilising digital and virtual technology, as well mechanisms such as the Flow Navigation Hub to support direction of patients to the most appropriate services.

Primary Care

Aggregate data on access to GPs is not generally available but in response to concerns about the pressure on these services, a cohort of practices across NHSGGC - accounting for approximately 25% of patients - have participated in a survey to enable estimated trends of demand to be developed. The study suggests that GPs have delivered between 100,000 and 120,000 appointments per week (dip on week of 20 December reflects Christmas holiday period and weekend impact).

Estimated Number of Appointments

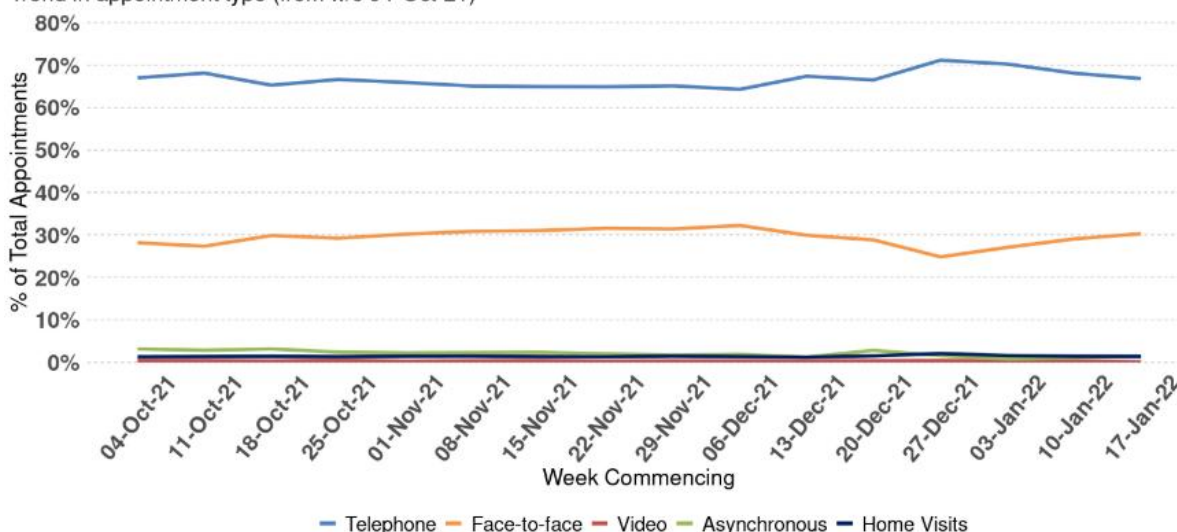
Estimated total number of appointments (from w/c 04-Oct-21)



The study also indicates the extent to which telephone appointments account for around two-thirds of all appointments.

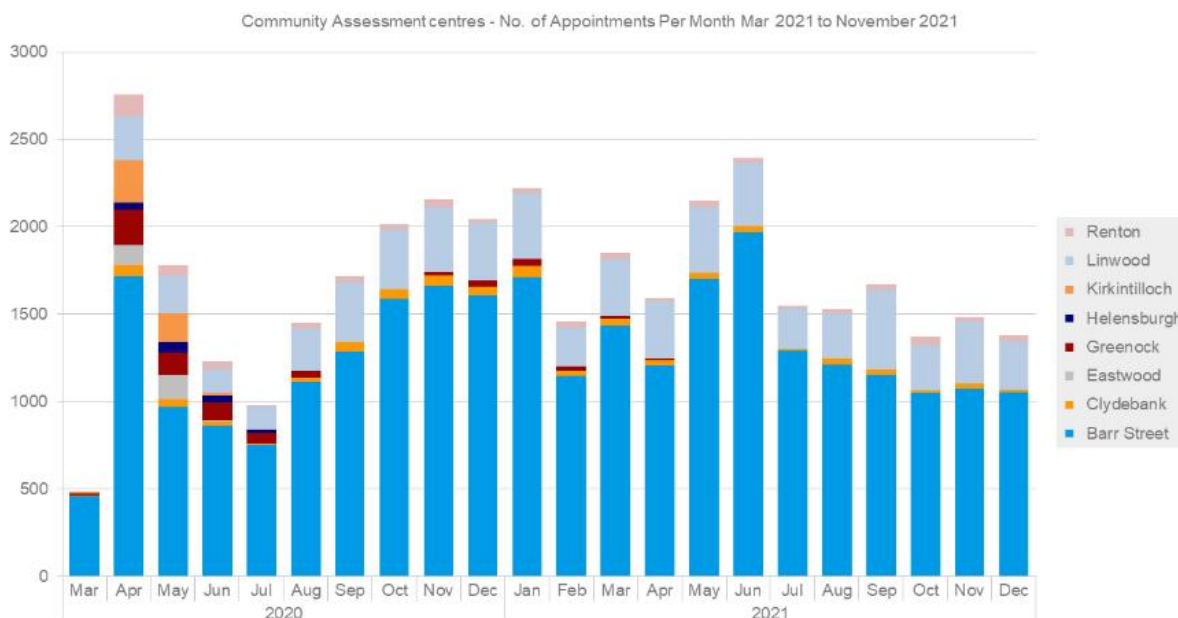
Appointment Type - NHS GGC

Trend in appointment type (from w/c 04-Oct-21)



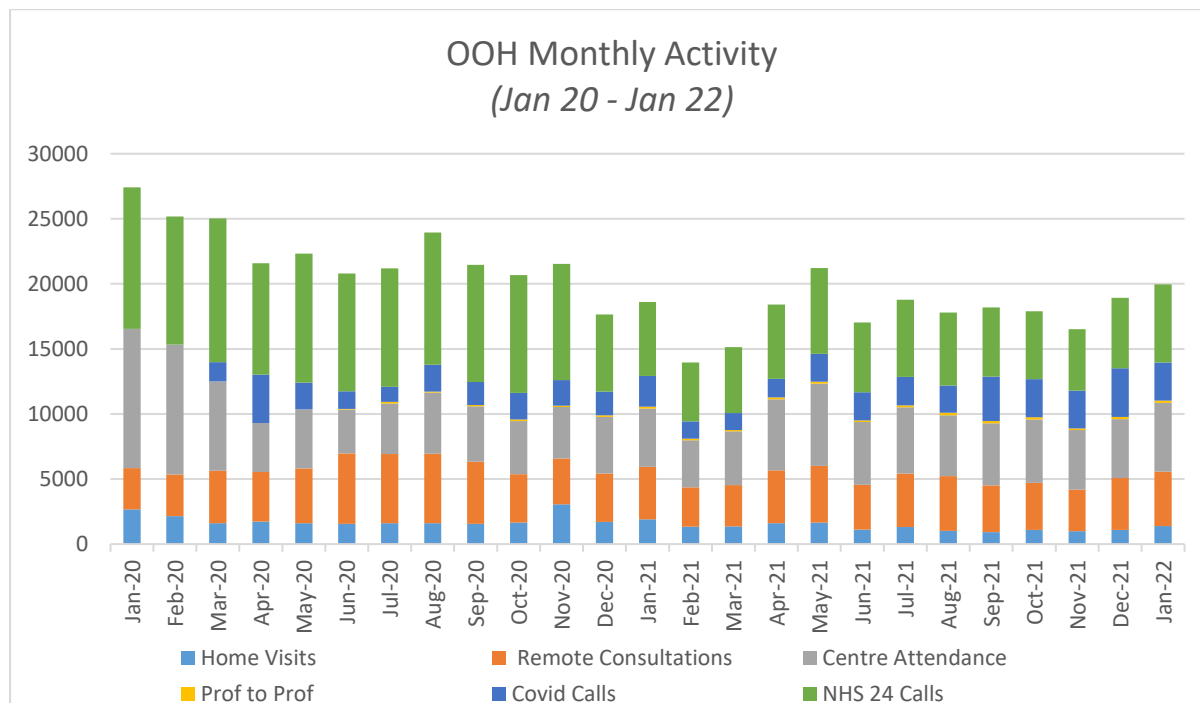
Community Assessment Centres

Established to support GPs to provide safe and rapid access for patients with suspected diagnosis of COVID-19, Community Assessment Centres were set up across NHSGGC. At peak times, 8 were in operation, with a plan to close these facilities by March 2022. These centres operated 12 hours per day with the GP Out of Hours (GPOOH) Service addressing demand when they were closed. Demand has clearly fluctuated over the duration, averaging 1,700 per month but peaking at between 2,100 and 2,700 appointments.



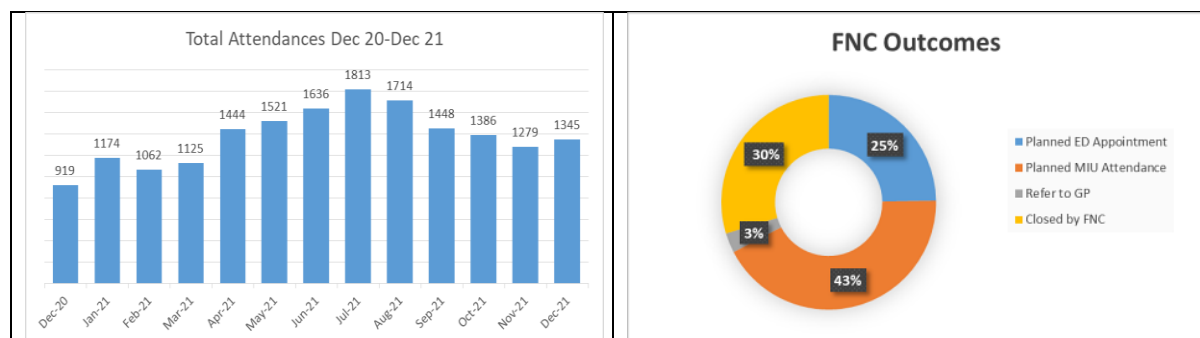
GP Out of Hours (GPOOH)

The GPOOH service has similarly experienced high levels of demand, averaging around 20,000 calls per month. Calls recorded as related to COVID-19 represent approximately 11% of demand, a figure which has been rising over recent months.



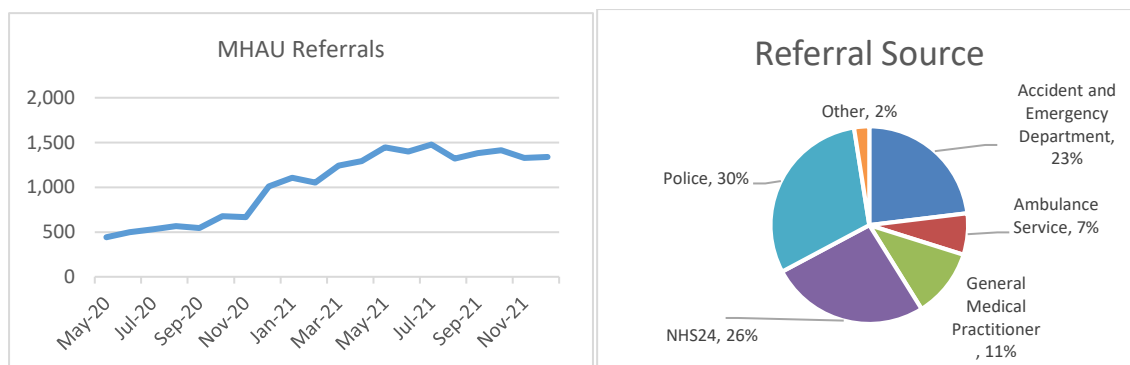
Flow Navigation Hub

The Flow Navigation Hub was introduced in December 2020, providing a mechanism for patients to be referred by NHS111 and be connected with the most appropriate response. This would be delivered as a 'Near Me' virtual consultation or telephone call in the first instance, aiming to avoid a face-to-face presentation where appropriate. There has been a steady progression of care pathways that can be managed in this way.



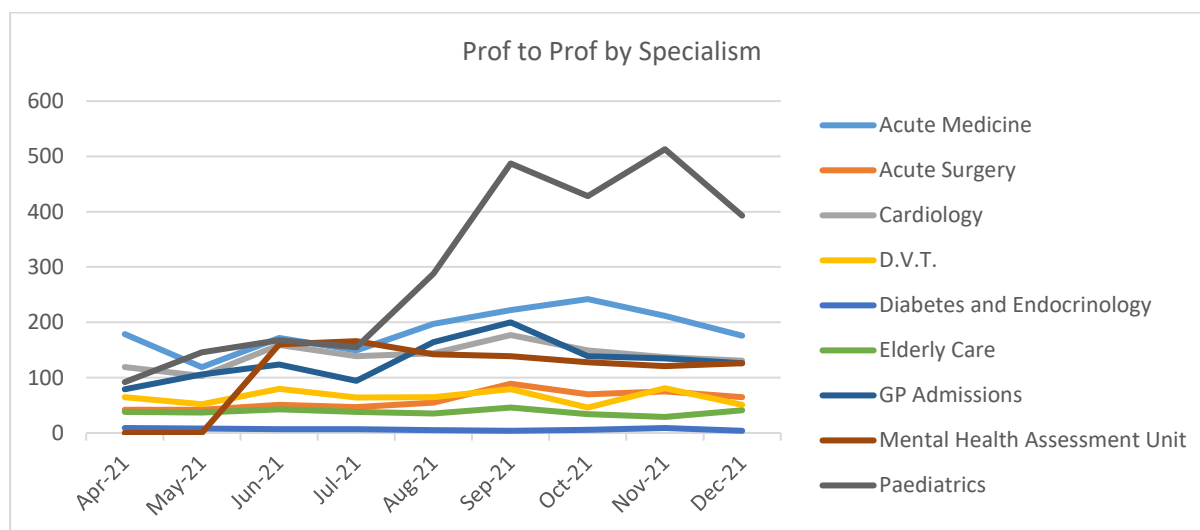
Mental Health Assessment Unit

The Mental Health Assessment Unit was a planned development, which coincided with the onset of the pandemic. This has now proven itself to be a core part of the Urgent Care response and is integrated into the Flow Navigation Hub, managing in the region of 1,400 referrals per month. Analysis of the source of referrals shows the impact this service is having in diverting 70% of presentations that would otherwise have gone straight to A&E departments.



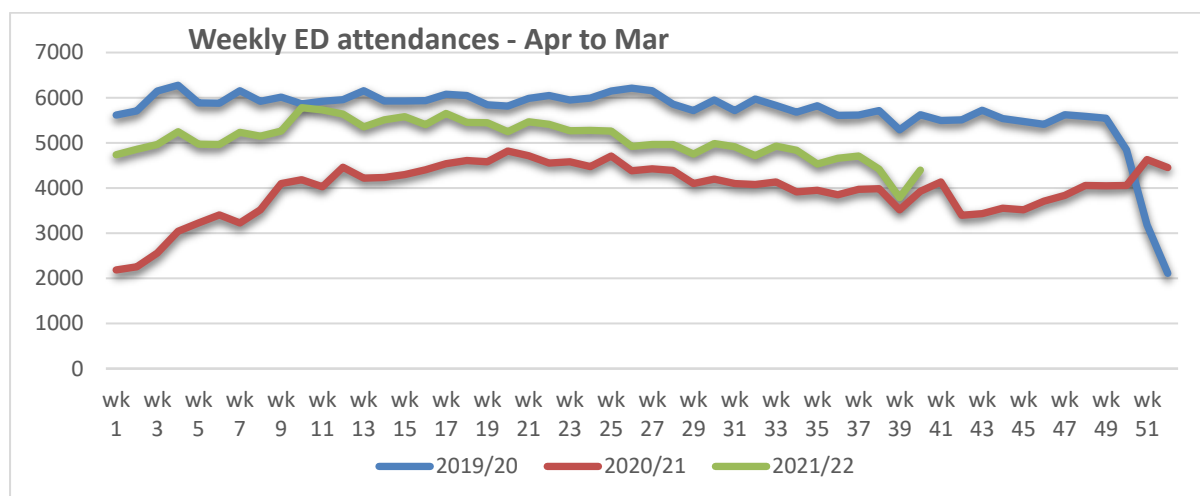
Professional to Professional

'Consultant Connect' is the digital telephone service that has been adopted by Secondary Care to provide rapid access for GPs to specialist advice as an alternative to an emergency admission. This has developed alongside the mechanisms above and is now handling over 1,000 calls per month.

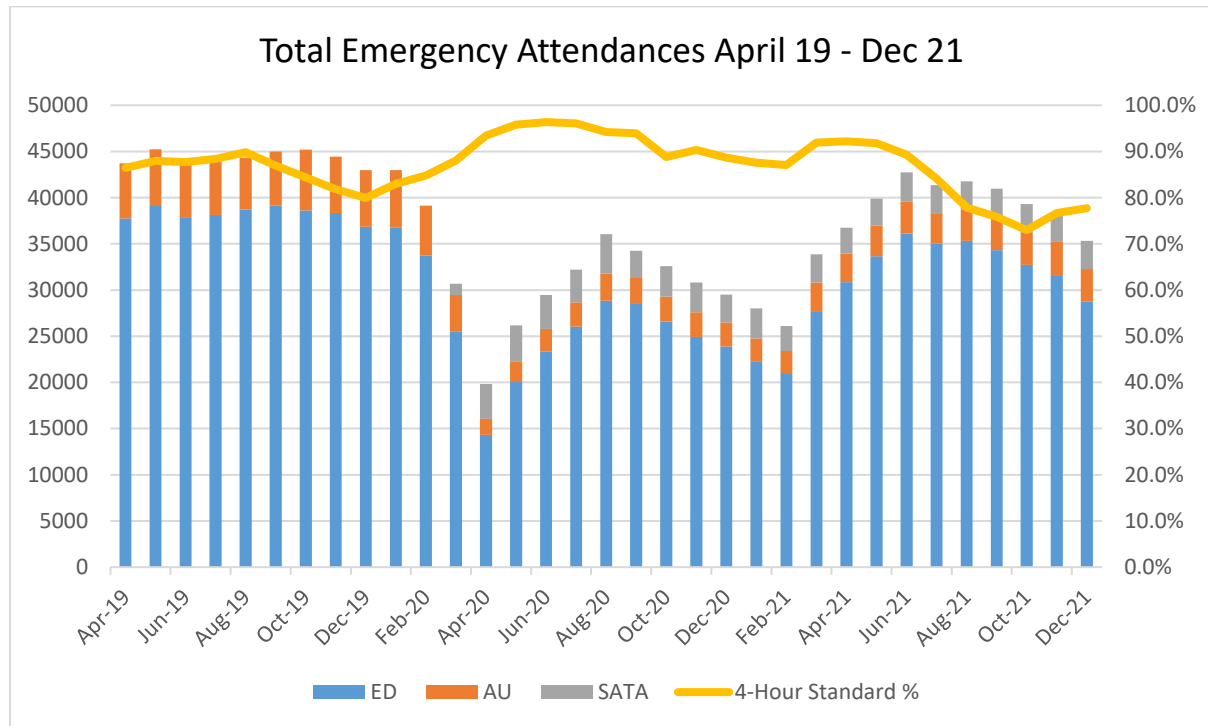


Acute Hospital Attendances

ED attendances dropped substantially during the initial months of the pandemic. Whilst increasing during 2021, the weekly rates have yet to return to pre-pandemic levels.

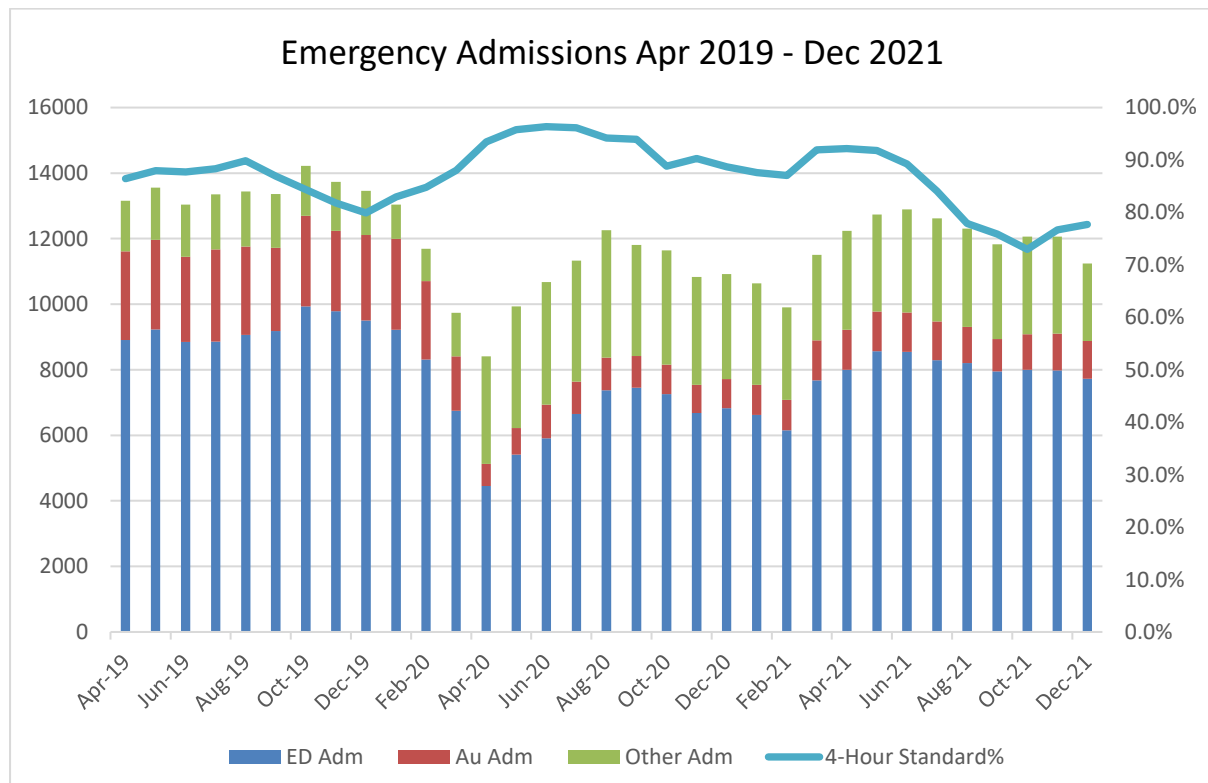


Further comparison - including SATA and Admission Unit attendances, which also contribute to the 4-hour target - clearly describes the profile of activity, which continues to be broadly 10% down on 2019/20 levels.

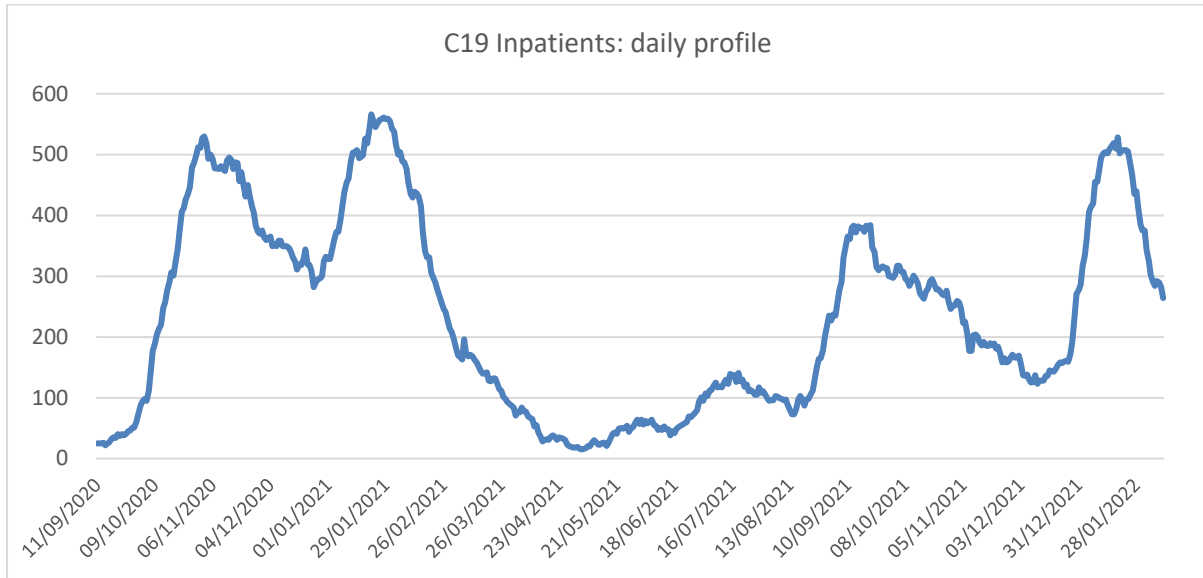


Hospital Admissions

Emergency Admissions mirror the above profile, with demand continuing throughout 2021 to be broadly 9% below pre-pandemic levels.



The necessity of maintaining ‘green’ and ‘red’ pathways to separate COVID-19 patients for infection control issues is one of the significant challenges in managing demand efficiently, particularly with continuing high rates of bed occupancy for COVID-19 positive patients which have consistently accounted for 10% or more of bed capacity for unscheduled care admissions.



Conclusion

The pandemic has continued to disrupt trends in demand throughout 2021. The development of new services has contributed to a further understanding of pathways, but not yet in a manner that can be used to project ongoing and future profiles.

ANNEX C

Design & Delivery Action Plan

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
Communications			
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services	2 & 3	SG Comms campaign on-going re Right Person, Right Place. Opportunities to develop GGC wide comms and engagement strategy in development liaising with the Corporate Comms Team and Public Engagement Team. A number of awareness campaigns have taken place including Falls Week, ACP, and POA etc. HSCP local signposting materials are being reviewed in a number of HSCPs to ensure they are fully reflective of changes
Prevention & Early Intervention			

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions	2 & 3	<p>Via Falls & Frailty Programme Work stream 2: GGC ACP Design & Implementation Group well established with GGC Action Plan developed</p> <p>HSCP ACP Implementation Groups established with implementation plans developed. ACP Standard Operating Procedure developed due to be implemented Jan 2022. Approval routes via Clinical Advisory Group and Quality Outcomes Group.</p> <p>Number of ACPs on Clinical Portal has increased (working with eHealth to develop monthly reporting</p> <p>Staff trained increased significantly in the last 12 months: since Aug 2020 till Dec 2021 818 completed emodule and 475 completed virtual training</p> <p>ACP Champions across GGC has improved over the last 12 months with 35 across GG&C</p> <p>Quality Assurance approach to be developed to ensure the information within the ACP is of a standard to support decision making</p>
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department	2 & 3	Work on-going with SAS to ensure all pathways are considered for patients who have had a fall but may not need conveyed to A&E. This is being progressed via the Falls & Frailty Work stream and RUC FNC.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
4	We will develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions	2 & 3	Approved MDT Interface model development with enhanced roles including Advanced Practice Frailty Practitioner and other roles operating within a hub and spoke model to support prevention of conveyance to front door, supporting individuals at home or their homely setting and early turnaround of those individuals to the community for those who do not require clinical care within the hospital setting. Frailty Pathway and Operating Model being developed to support the implementation of the enhanced MDT teams for RAH and QEUH. This will include the identification of frailty within the population and pathways to community supports (volunteers and managed services)
5	We will increase support to carers as part of implementation of the Carer's Act	2 & 3	Being monitored locally by each HSCP via their Carer's Plan. Connections and opportunities are considered across all the Falls & Frailty Work streams.
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc.	2 & 3	Community capacity building will be tracked within this programme via Work Stream 5 Sub Group 1A.
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	2 & 3	Community Respiratory Pathway ToC with SAS - North Glasgow Pilot for COPD patients already known to the CRT.
8	We will develop a range of alternatives to admission for GPs such as access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advice for COPD and promote consultant connect - that enable unscheduled care to be converted into urgent planned care wherever possible	2 & 3	Activity on-going to extend the range of alternatives. Performance updates provided via RMP process. OOHs pathways for Palliative and Care Homes in development

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission	2 & 3	HSCP models being monitored. Work Stream 5 Sub Groups considering alternatives pathways to support individuals within the community to minimise the risk of an admission to hospital
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes	2 & 3	Nursing/Care Home Falls Pathway via Flow Navigation Centre test phase OOHs pathway being developed
11	We will explore extending the care home local enhanced service to provide more GP support to care homes	2 & 3	Led by Primary Care
Primary Care & Secondary Care Interface			
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time	2 & 3	NHSGGC representatives have collaborated with Scottish Government colleagues to produce a National Redirection Policy guidance document that was launched on 02/12/2021 This updated guidance supports a 'Once for Scotland' approach. NHS Boards, Health and Social Care Partnerships, (H&SCPs), Primary Care (PC) and the Royal College of Emergency Medicine (RCEM) have worked collaboratively with the Scottish Government to review and amalgamate best practice examples from across the country and translate them into implementable guidance. GGC have developed local procedures in line with the policy and a standard technical solution to recording activity and providing automated feedback to GP's is now being explored.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service	2 & 3	As part of the Redesign of Urgent Care programme aligned to the Right Care in the Right Place at the Right Time, NHSGGC designed and implemented a Flow Navigation Centre (FNC) to provide a new planned urgent care service in partnership with NHS24. The FNC directly receives clinical referrals through the NHS111 service providing rapid access to an appropriate clinical decision maker within the multidisciplinary team, optimising digital health through a telephone or video consultation where possible, minimising the need to attend A&E. The service has developed multiple specialty outflow pathways designed to provide an urgent but planned appointment that enables patients to be seen by the most appropriate clinician avoiding attendance at the ED, MIU and/or Assessment Units. This work continues with focus on further pathway development and interconnections between other health and social care service providers.
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites	√	NHSGGC has three designated MIU's at Stobhill, Victoria and Vale of Leven. During the pandemic both GRI and QEUH established designated MIU areas adjacent to the ED. Within RAH and IRH site configuration and resources have facilitated designated areas for minor injury patients to enable patients to be streamed accordingly, these are not adjacent units but areas within the existing units.
15	We will incentivise patients to attend MIUs rather than A&E with non-emergencies through the testing of a tow hour treatment target.	3	The Redesign of Urgent Care has included the introduction of planned urgent care services through the FNC and appointment based attendance at MIU's. This action has been aligned to phase 3 of the programme as it is anticipated that the changes made in the service provision to accommodate appointments within the MIU's may supersede the previous thinking around this specific action.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
16	We will explore extending MIU hours of operation to better match demand	3	The Redesign of Urgent Care work continues to review and align hours of operation to meet service demands. This action has been aligned to phase 3 of the programme as it is anticipated that the FNC pathway development and the virtual appointment based system now in place may provide alternative options to extending MIU opening times that might achieve extended access for non-urgent minor injuries.
17	We will improve urgent access to mental health services	2 & 3	Mental Health Assessment Units (MHAU) were established as part of the immediate response to Covid-19. NHSGGC's MHAU provides access for patients through the NHS111 service where further specialist assessment is required and in addition now provides direct access routes for ED's, SAS, and the Police and in addition we have established in hours and out of hours GP access. The service is now also enhanced through a professional to professional advice service where clinicians can discuss and refer patients of concern and rapid action taken to provide specialist input.
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	2 & 3	During the pandemic ED's have introduced the signposting and redirection policy and in addition at a local level a number of bespoke approaches developed to ensure appropriate treatment plans are in place for individuals with high attendances. We have not progressed any whole systems change and therefore this action will be reviewed at a later date to agree how to progress.
19	We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and signpost GPs to non-hospital alternatives that can be accessed on a planned basis	3	This is a phase 3 action, work has however commenced on specialty pathways aligned to the FNC with a test of change completed at the QUEH relative to developing a planned response for GP referrals. This work will continue through the Redesign of Urgent Care and future updates provided accordingly.

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY)	2 & 3	H@H pilot to launch February 2022. A significant programme of work has been undertaken to design the concept of a 'virtual ward' with technical and clinical processes developed to support the delivery of NHSGGC's H@H model. We will be in a position to report progress following the Feb 2022 launch.
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	2 & 3	Programme underway and to be reported vis routine performance reports to Health Board meetings
Improving Discharge		<input type="checkbox"/>	
21	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	2 & 3	A number of actions underway: - Discharge to Assess Policy implementation (review of implementation required) - Hospital @ Home Pilot - MDT Interface Model
22	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.	2 & 3	Discharge to Assess Policy Implementation of the MDT Interface Hub and Spoke Model
23	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and reablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance	2 & 3	Being developed within Work Stream 5 of the Falls & Frailty Programme

Unscheduled Care Joint Commissioning Design & Delivery Plan Key Actions		Phase (2 or 3) (2021/23)	Progress update
24	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per year	3	All of the above actions will support this ambition

ANNEX D

UNSCHEDULED CARE FINANCIAL FRAMEWORK

Unscheduled Care : Financial Framework		Glasgow City IA					Inverclyde IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	N/R	£74,000	£0	£0	£74,000	R	£10,000	£10,000	£0	£20,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£52,460	£10,287	£0	£62,747	R	£66,200	£22,067	£0	£88,267
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.	R	£52,060	£17,353	£0	£69,414		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£791,231	£71,744	£0	£862,974	R	£11,000	£0	£0	£11,000
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0	£0	£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0		£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0	N/R	£5,000	£0	£0	£5,000
17	We will improve urgent access to mental health services.	R	£683,694	£0	£0	£683,694	R	£93,453	£0	£0	£93,453
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).	N/R	£1,353,000	£0	£0	£1,353,000		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.	N/R	£210,000	£200,000	£0	£410,000		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	N/R and R	£210,000	£0	£0	£210,000	N/R	£10,000	£0	£0	£10,000
Total			£3,426,445	£299,384	£0	£3,725,829		£195,653	£32,067	£0	£227,720

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£1,679,445	£99,384	£0	£1,778,829
Non Recurring	£1,747,000	£200,000	£0	£1,947,000
Total	£3,426,445	£299,384	£0	£3,725,829

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£180,653	£32,067	£0	£212,720
Non Recurring	£15,000	£0	£0	£15,000
Total	£195,653	£32,067	£0	£227,720

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Funding : Recurring Expenditure				
Scottish Government Funding	£676,000	£0	£0	£676,000
Scottish Government Funding : COVID	£0	£0	£0	£0
IJB Budget	£319,751	£99,384	£0	£419,135
Total Funding Recurring	£995,751	£99,384	£0	£1,095,135

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£11,000	£0	£0	£11,000
Non Recurring	£0	£0	£0	£0
IJB Budget	£10,000	£10,000	£0	£20,000
Total Funding Recurring	£21,000	£10,000	£0	£31,000

Funding Gap	£683,694	£0	£0	£683,694
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Funding Gap	£159,653	£22,067	£0	£181,720
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	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Funding : Non Recurring Expenditure				
Earmarked Reserves	£0	£0	£0	£0
Manage within HSCP Budget	£284,000	£200,000	£0	£484,000
Scottish Government Funding	£1,463,000	£0	£0	£1,463,000
Total Funding Non Recurring	£1,747,000	£200,000	£0	£1,947,000

	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring	£15,000	£0	£0	£15,000
Non Recurring	£0	£0	£0	£0
IJB Budget	£0	£0	£0	£0
Total Funding Non Recurring	£15,000	£0	£0	£15,000

Funding Gap	£0	£0	£0	£0
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Funding Gap	£0	£0	£0	£0
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Final Draft Design & Delivery Plan – annexes 28.02.2022

Unscheduled Care : Financial Framework		East Renfrewshire IA					West Dunbartonshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000	R	£10,000	£0	£0	£10,000
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.	R	£21,652	£7,217	£0	£28,869	R	£8,482	£0	£0	£8,482
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£77,508	£25,836	£0	£103,344	R	£126,268	£0	£0	£126,268
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£85,696	£28,565	£0	£114,262		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£93,194	£31,065	£0	£124,259	R	£61,876	£0	£0	£61,876
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0		£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£91,161	£0	£0	£91,161	R	£103,638	£0	£0	£103,638
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEIH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0	R	£617,925	£0	£0	£617,925
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0	R	£599,109	£0	£0	£599,109
Total			£379,211	£92,683	£0	£471,895		£1,527,298	£0	£0	£1,527,298

Recurring
Non Recurring
Total

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£379,211	£92,683	£0	£471,895
£0	£0	£0	£0
£379,211	£92,683	£0	£471,895

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£1,527,298	£0	£0	£1,527,298
£0	£0	£0	£0
£1,527,298	£0	£0	£1,527,298

Funding : Recurring Expenditure
Scottish Government Funding
Scottish Government Funding : COVID
IJB Budget
Total Funding Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£203,204	£54,401	£0	£257,605
£0	£0	£0	£0
£84,846	-£84,846	£0	£0
£288,050	-£30,445	£0	£257,605

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£1,405,178	£0	£0	£1,405,178
£0	£0	£0	£0
£18,482	£0	£0	£18,482
£1,423,660	£0	£0	£1,423,660

Funding Gap

£91,161	£123,128	£0	£214,290
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£103,638	£0	£0	£103,638
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Funding : Non Recurring Expenditure
Earmarked Reserves
Manage within HSCP Budget
Scottish Government Funding
Total Funding Non Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0

Funding Gap

£0	£0	£0	£0
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£0	£0	£0	£0
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Unscheduled Care : Financial Framework		East Dunbartonshire IA					Renfrewshire IA				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1											
Communications											
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.	R	£10,000	£0	£0	£10,000		£0	£0	£0	£0
Prevention & Early Intervention											
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0	N/R	£20,000	£0	£0	£20,000
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0	R	£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.	R	£393,679	£139,634	£0	£533,313	R	£2,367,365	£0	£0	£2,367,365
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.	R	£400,648	£13,125	£0	£413,773	R	£620,000	£0	£0	£620,000
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.	R	£326,991	£0	£0	£326,991	R and N/R	£0	£0	£0	£0
Primary Care & Secondary Care Interface											
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.		£0	£0	£0	£0	N/R	£0	£0	£0	£0
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.		£0	£0	£0	£0		£0	£0	£0	£0
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.		£0	£0	£0	£0		£0	£0	£0	£0
17	We will improve urgent access to mental health services.	R	£106,312	£0	£0	£106,312	R	£194,672	£0	£0	£194,672
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge											
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£182,007	£0	£0	£182,007		£530,112	£0	£0	£530,112
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.	R	£1,072,745	£0	£0	£1,072,745	N/R	£20,000	£0	£0	£20,000
Total			£2,492,382	£152,759	£0	£2,645,141		£3,752,149	£0	£0	£3,752,149

Recurring
Non Recurring
Total

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£2,492,382	£152,759	£0	£2,645,141
£0	£0	£0	£0
£2,492,382	£152,759	£0	£2,645,141

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£3,712,149	£0	£0	£3,712,149
£40,000	£0	£0	£40,000
£3,752,149	£0	£0	£3,752,149

Funding : Recurring Expenditure
Scottish Government Funding
Scottish Government Funding : COVID
IJB Budget
Total Funding Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£2,059,079	£152,759	£0	£2,211,838
£0	£0	£0	£0
£326,991	£0	£0	£326,991
£2,386,070	£152,759	£0	£2,538,829

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£3,517,477	£0	£0	£3,517,477
£0	£0	£0	£0
£0	£0	£0	£0
£3,517,477	£0	£0	£3,517,477

Funding Gap

£106,312	£0	£0	£106,312
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£194,672	£0	£0	£194,672
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Funding : Non Recurring Expenditure
Earmarked Reserves
Manage within HSCP Budget
Scottish Government Funding
Total Funding Non Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0
£0	£0	£0	£0

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£40,000	£0	£0	£40,000
£0	£0	£0	£0
£0	£0	£0	£0
£40,000	£0	£0	£40,000

Funding Gap

£0	£0	£0	£0
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£0	£0	£0	£0
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Unscheduled Care : Financial Framework						Total			
Greater Glasgow and Clyde Health Board						2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Recurring (R)/ Non Recurring (N/R)									
2022/23 (£)									
2023/24 (£)									
2024/25 (£)									
Total (£)									
Phase 1									
Communications									
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.		£0	£0	£0	£0			£124,000
Prevention & Early Intervention									
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0			£208,365
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0			£69,414
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£0	£0	£0	£0			£4,004,265
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0			£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0			£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0			£1,148,035
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0			£513,126
Primary Care & Secondary Care Interface									
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.	R	£1,200,000	£0	£0	£1,200,000			£1,200,000
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	R	£2,546,221	£0	£0	£2,546,221			£2,546,221
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.	R	£728,000	£0	£0	£728,000			£733,000
17	We will improve urgent access to mental health services.		£0	£0	£0	£0			£1,272,930
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0			£1,353,000
21	Improving access and waiting times for scheduled care at QUEH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	N/R	£20,000,000	£0	£0	£20,000,000			£20,000,000
Improving Discharge									
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0			£1,740,044
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0			£1,911,854
Total			£24,474,221	£0	£0	£24,474,221	£16,247,359	£576,893	£36,824,252

Recurring	£4,474,221	£0	£0	£4,474,221
Non Recurring	£20,000,000	£0	£0	£20,000,000
Total	£24,474,221	£0	£0	£24,474,221

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£4,474,221	£0	£0	£4,474,221
£20,000,000	£0	£0	£20,000,000
£24,474,221	£0	£0	£24,474,221

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£14,445,359	£376,893	£0	£14,822,252
£21,802,000	£200,000	£0	£22,002,000
£36,247,359	£576,893	£0	£36,824,252

Funding : Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Scottish Government Funding	£2,840,252	£2,840,252	£0	£0
Scottish Government Funding : COVID	£581,000	£581,000	£0	£0
IJB Budget	£0	£0	£0	£0
Total Funding Recurring	£3,421,252	£3,421,252	£0	£0

Funding Gap	£1,052,969	£3,421,252	£0	£4,474,221
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2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£10,712,190	£2,633,092	£0	£8,079,098
£581,000	£581,000	£0	£0
£760,070	£24,538	£0	£784,608
£12,053,260	£3,189,554	£0	£8,863,706

Funding Gap	£2,392,099	£3,566,447	£0	£5,958,546
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Funding : Non Recurring Expenditure	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Earmarked Reserves	£20,055,000	£0	£0	£20,055,000
Manage within HSCP Budget	£0	£0	£0	£0
Scottish Government Funding	£0	£0	£0	£0
Total Funding Non Recurring	£20,055,000	£0	£0	£20,055,000

Funding Gap	£0	£0	£0	£0
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Final Draft Design & Delivery Plan – annexes 28.02.2022

Unscheduled Care : Financial Framework		Renfrewshire IA					East Dunbartonshire IA					Glasgow City IA					
		Recurring (R)/ Non Recurring (N/R)	2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)	Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 2 and 3																	
Prevention & Early Intervention																	
7	We will develop integrated pathways for the top six conditions most associated with admission to hospital with the aim of better supporting patients in the community	N/R	£103,357	£212,916	£122,526	£0	£438,799	R	£43,384	£14,461	£0	£57,845		£0	£0	£0	£0
11	We will explore extending the care home local enhanced service to provide more GP support to care homes		£0	£0	£0	£0	£0	R	£103,267	£0	£0	£103,267		£0	£0	£0	£0
Primary Care & Secondary Care Interface																	
18	We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances.	R	£0	£0	£0	£0	£0		£0	£0	£0	£0		£0	£0	£0	£0
Improving Discharge																	
22	We will work with acute services to increase by 10% the number of discharges occurring before 12:00 noon and at weekends and during peak holiday seasons, including public holidays	R	£0	£82,032	£14,011	£0	£96,043	R	£63,649	£21,216	£0	£84,866	N/R	£10,000	£0	£0	£10,000
25	We will reduce delayed discharges so that the level of delays accounts for approximately 2.5-3.0% of total acute beds, and bed days lost to delays is maintained within the range of 37,00-40,000 per	R	£0	£159,268	£0	£0	£159,268	R	£380,244	£162,846	£0	£543,090	R and N/R	£220,000	£0	£0	£220,000
Total			£103,357	£454,216	£136,537	£0	£694,111		£590,544	£198,524	£0	£789,068		£230,000	£0	£0	£230,000

Recurring
Non Recurring
Total

2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£241,300	£14,011	£0	£255,311
£103,357	£212,916	£122,526	£0	£438,799
£103,357	£454,216	£136,537	£0	£694,111

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£590,544	£198,524	£0	£789,068
£0	£0	£0	£0
£590,544	£198,524	£0	£789,068

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£210,000	£0	£0	£210,000
£20,000	£0	£0	£20,000
£230,000	£0	£0	£230,000

Funding
Earmarked Reserves
Scottish Government Funding
Total Funding Non Recurring

2021/22 (£)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£103,357	£212,916	£122,526	£0	£438,799
£0	£241,300	£14,011	£0	£255,311
£103,357	£454,216	£136,537	£0	£694,111

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£590,544	£198,524	£0	£789,068
£590,544	£198,524	£0	£789,068

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£0	£0	£0	£0
£230,000	£0	£0	£230,000
£230,000	£0	£0	£230,000

Funding Gap

£0	£0	£0	£0	£0
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£0	£0	£0	£0
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£0	£0	£0	£0
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ANNEX E

Unscheduled Care Performance Management Framework

**Proposed Key Performance Indicators
(using baseline year 2018/19)**

- **emergency departments attendances:**
 - delivery of the four hour target (by hospital site not HSCP)
 - total attendances by age, sex and deprivation
 - rates of attendances per head of population
 - rates of admissions and discharges per head of population
 - frequent attenders as a percentage of total attendances
- **minor injury units attendances:**
 - delivery of the four hour target (by hospital site not HSCP)
 - total attendances by age, sex and deprivation
 - rates of attendances per head of population
- **flow navigation hub performance data (TBC)**
- **GP assessment units (or equivalent):**
 - total attendances by age, sex and deprivation
 - rates of attendances per head of population e.g. 65+ & 75+
 - rates of admissions and discharges
 - GP referral rates
 - Consultant Connect activity by practice
 - Near Me / Attend Anywhere activity
- **emergency acute hospital admissions (all admissions):**
 - admissions by age, sex and deprivation
 - rates per head of population e.g. 65+ & 75+
 - length of stay
 - rates per GP practice
 - ACPs
- **mental health assessment unit activity**
 - attendances by age, sex and deprivation
 - admissions and discharges
- **acute unscheduled care bed days:**
 - rates per head of population e.g. 65+ & 75+
- **acute bed days lost due to delayed discharges:**
 - rates by age e.g. 65+ & 75+
 - AWI and non AWI rates
 - bed days lost as % of total acute beds (reported annually)
- **acute delays:**

- total number of daily delays (by age, AWI, non AWI etc.) over the reporting period (not the census figure)
- as above for AMH, LD and OPMH
- monthly average delay duration (in days) for AWI and non AWI over 65 and under for the reporting period
- D2A indicators

EMERGENCY ADMISSIONS (65+) PROJECTIONS

2022/23-2024/25

Design and Delivery Plan Projections

NHSGGC Emergency Admissions Projections (Ages 65+)

3 December 2021 (update to RMP4)

Gary King

Local Intelligence Support Team (LIST)

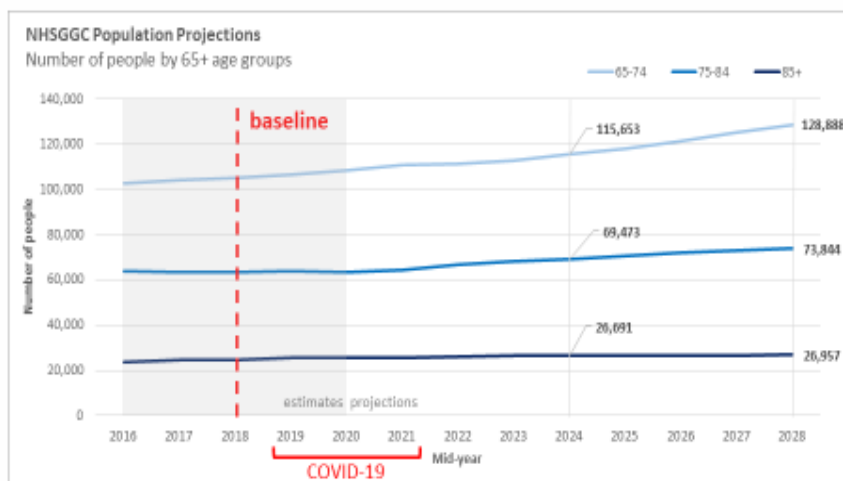


Summary

- Population Projections 2018 to 2028 NRS data
 - Age groups 65-74, 75-84 & 85+
 - Age group 65+ alone
- Emergency Admissions Projections (Age 65+) NHS GGC data
 - Actual numbers 2017/18 to 2020/21
 - Use rates per 1,000 population
 - Take into account increase in 65+ population
 - 2018/19 baseline (pre-COVID-19)
 - Use rates to propose 3 scenarios for 2021/22 to 2024/25
 - Taking into consideration RMP4 target for 2021/22

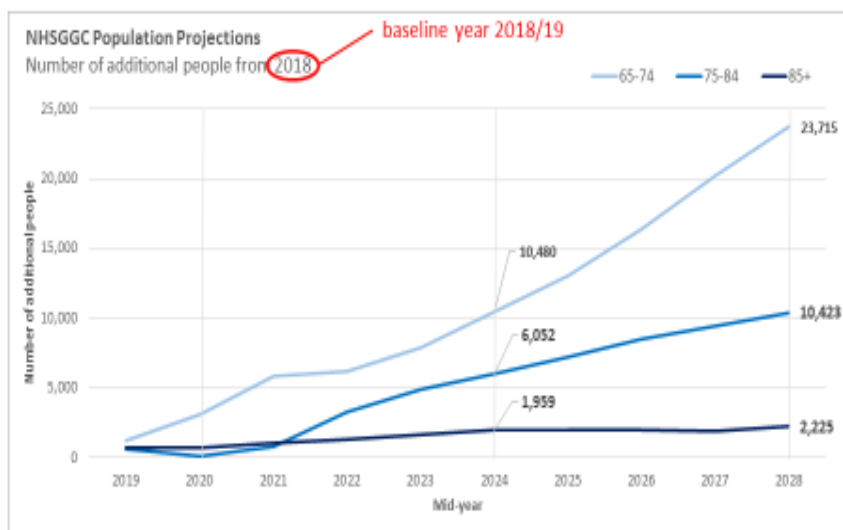
Population Projections

Number of people (aged 65+ groups)



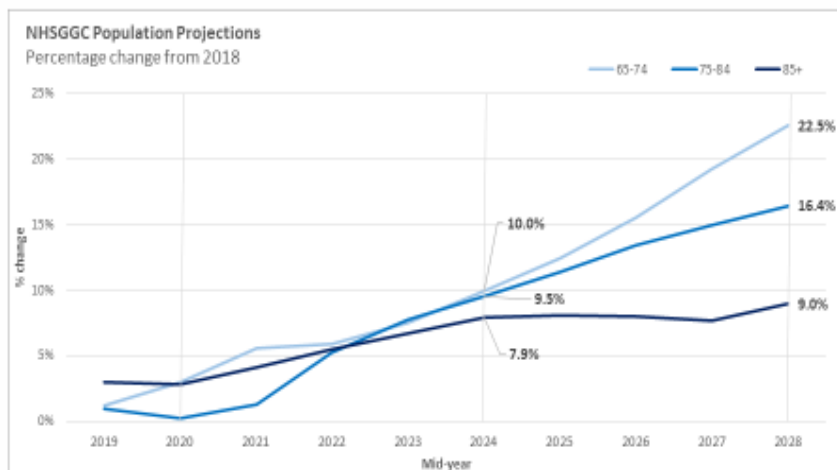
Population Projections

Number of additional people (aged 65+ groups)



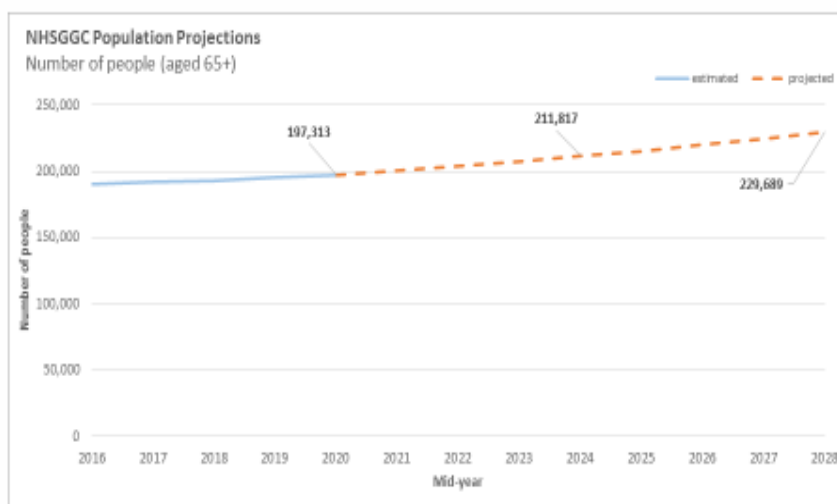
Population Projections

Percentage change from 2018 (aged 65+ groups)



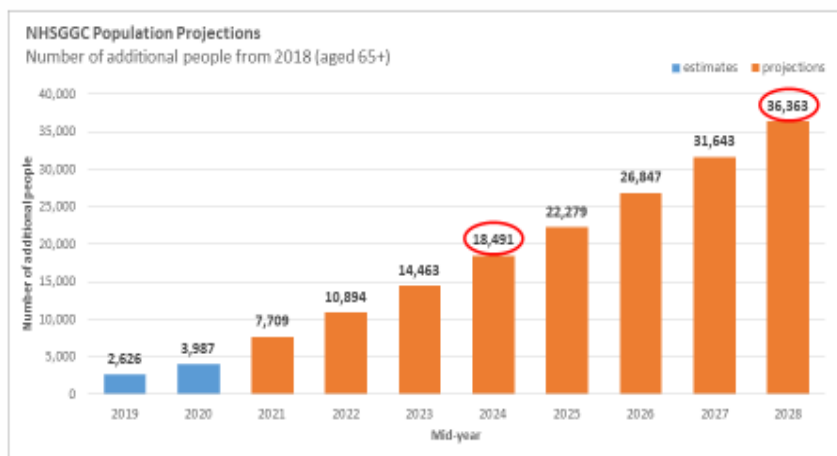
Population Projections

Number of people (aged 65+)



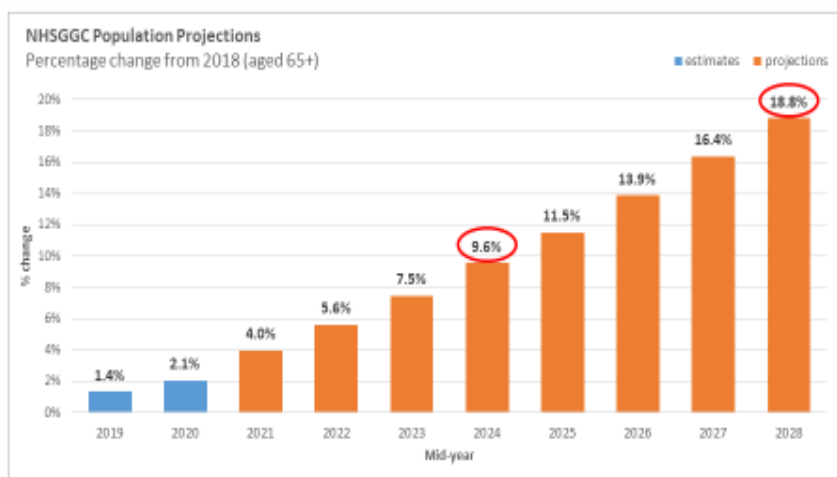
Population Projections

Additional people from 2018 (aged 65+)



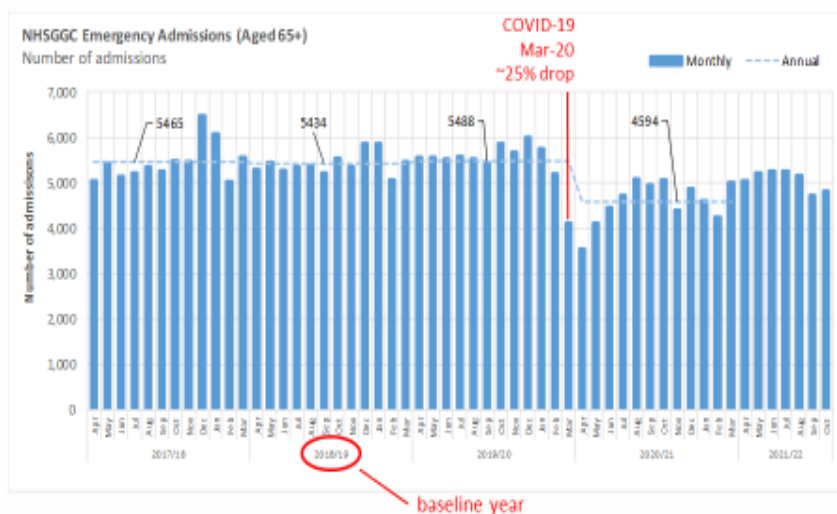
Population Projections

Change from 2018 (aged 65+)



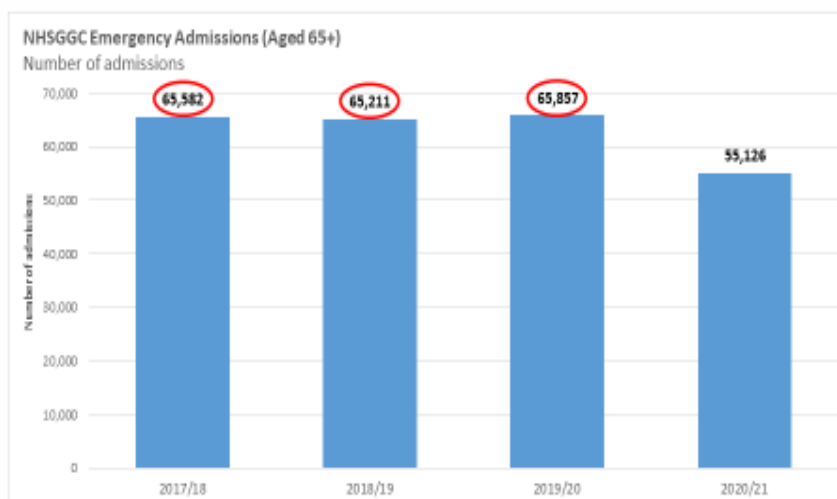
Emergency Admissions (Ages 65+)

Number of admissions



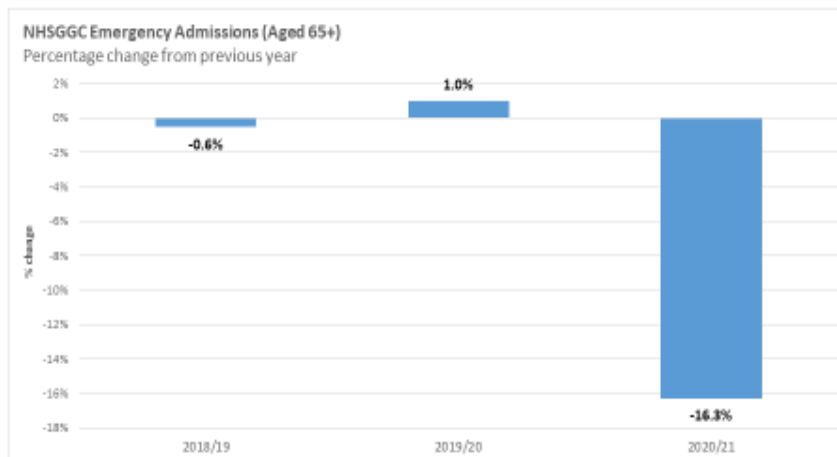
Emergency Admissions Ages 65+

Number of admissions



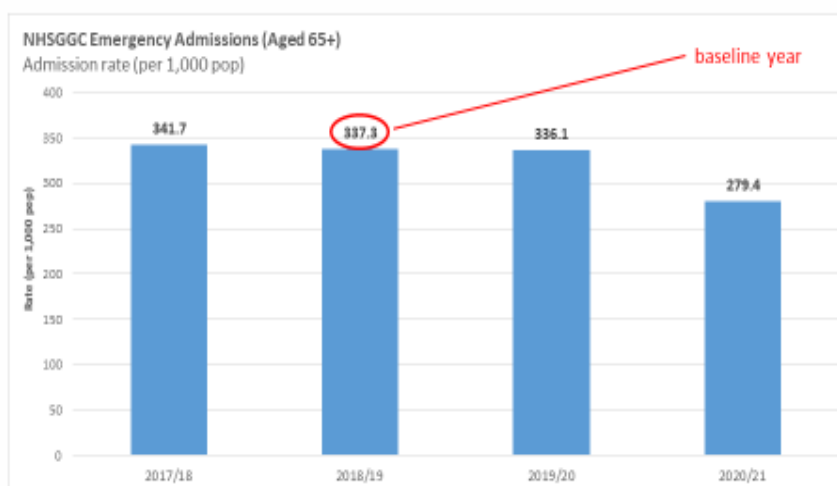
Emergency Admissions Ages 65+

% change from previous year



Emergency Admissions Ages 65+

Admission rates (per 1,000 population)



Emergency Admissions Ages 65+ Projections Theory

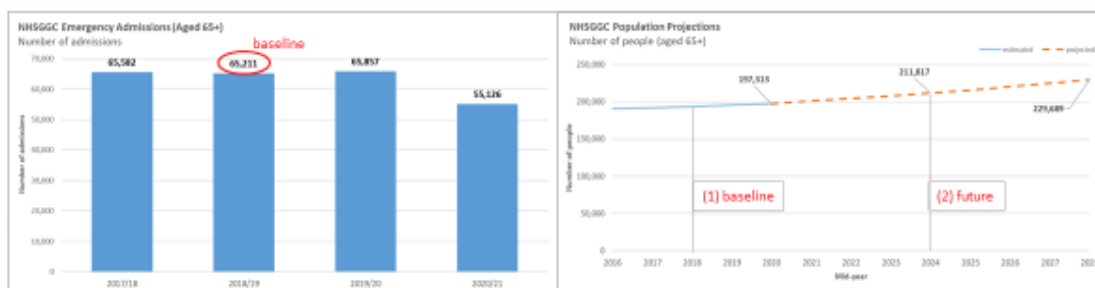
- Use baseline admission rate with population projections to estimate future number of admissions

(1)
$$\text{Admission rate (per 1,000 pop)} = \frac{\text{Number of admissions}}{\text{Population}} \Rightarrow \text{Admission rate (2018/19 baseline)} = \frac{65,211}{193,326} \times 1,000 = 337.3$$

(2)
$$\text{Number of admissions} = \text{Population} \times \text{Admission rate (per 1,000 pop)} \Rightarrow \text{Number of admissions (2024/25)} = 211,817 \times \frac{337.3}{1,000} = 71,448$$

\Rightarrow Admission rate stays the same but number of admissions increase due to increase in 65+ population

9.6% increase from baseline



Emergency Admissions Ages 65+ Projection Scenarios

Scenario 1

No implementation \Rightarrow No reduction in 2018/19 baseline admission rate

Scenario 2

Partial implementation \Rightarrow 5% reduction

Scenario 3

Full implementation \Rightarrow 10% reduction

RMP4 is a 7.5% reduction from 2018/19 baseline

\Rightarrow While factoring in RMP4 targets for 2021/22

RMP4 target 2021/22:
149,333 (All ages)

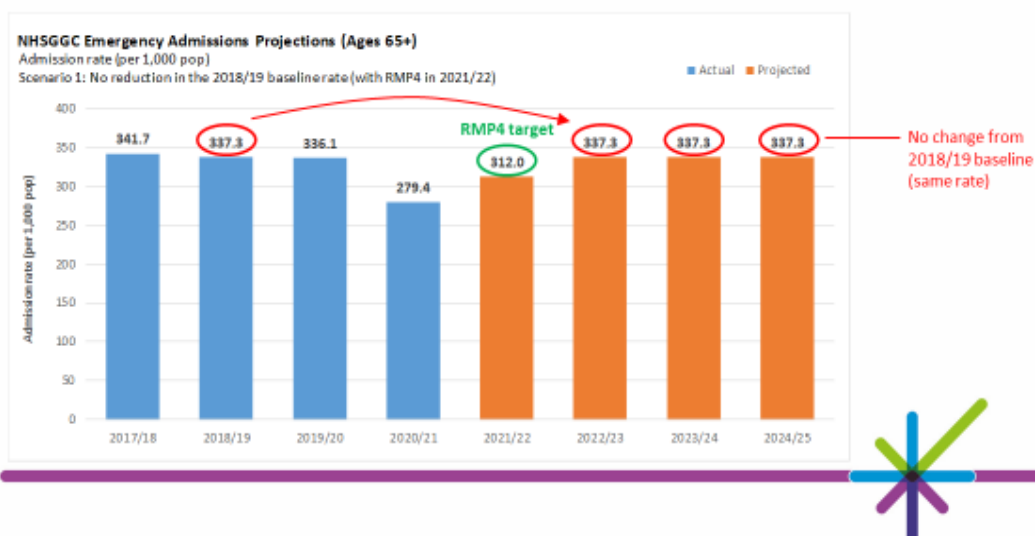
Estimate for ages 65+:
 $149,333 \times 42\% = 62,720$

Ratio of EAs:
Age 65+
All ages



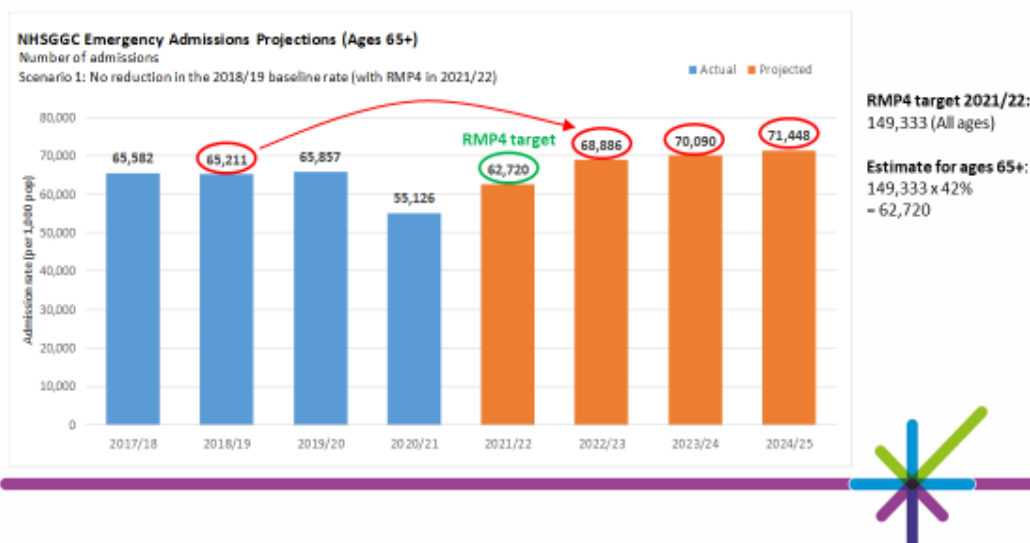
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Admission rates (per 1,000 population)



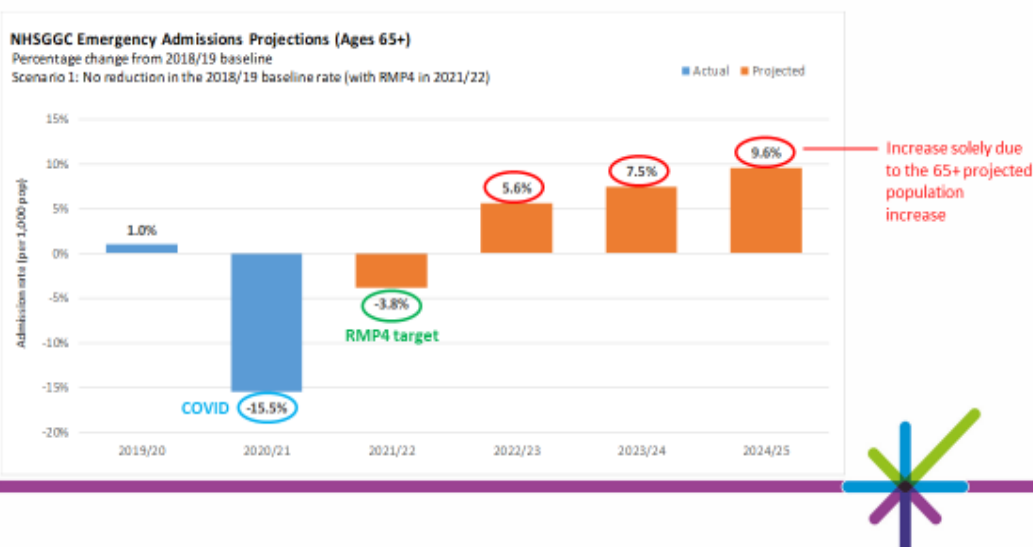
Scenario 1 No reduction in 2018/19 baseline (no implementation)

Number of Admissions



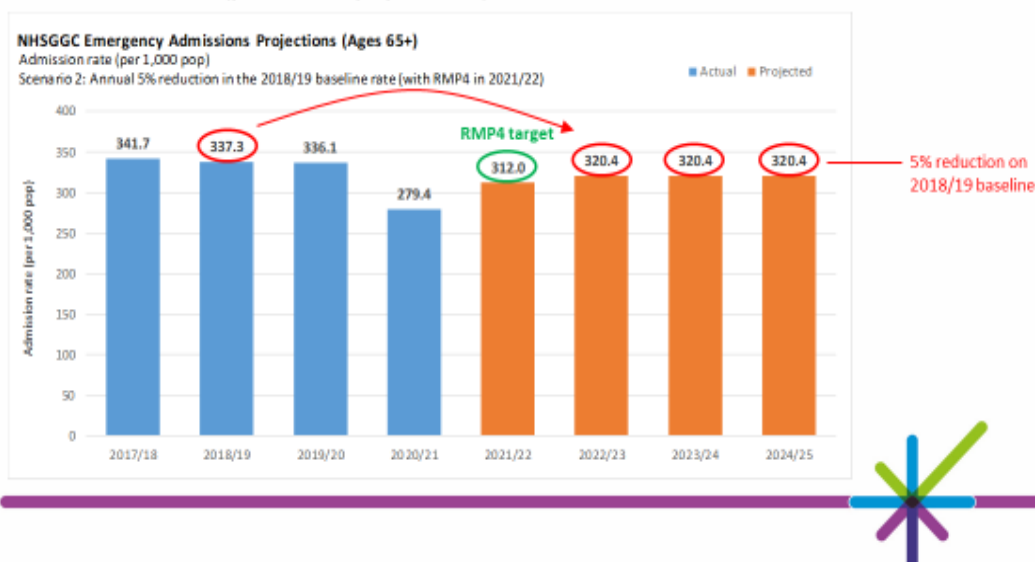
Scenario 1: No reduction in 2018/19 baseline (no implementation)

Percentage change from 2018/19 baseline



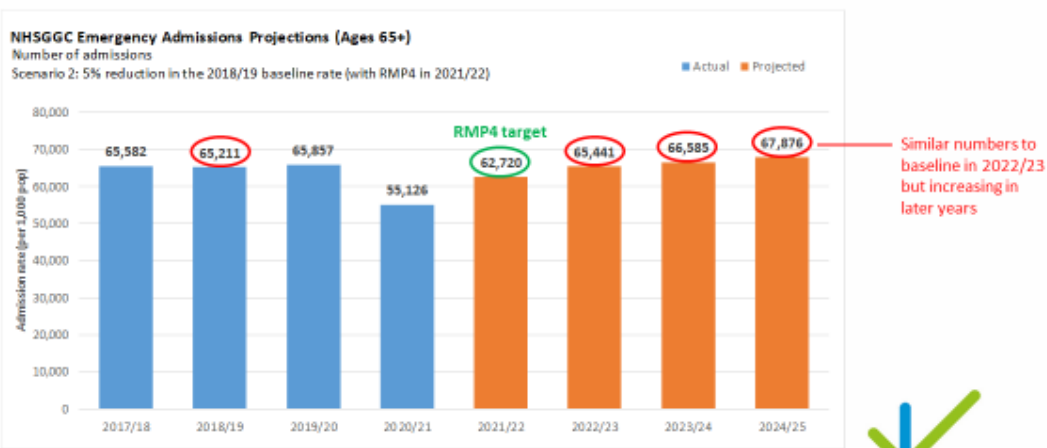
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Admission rates (per 1,000 population)



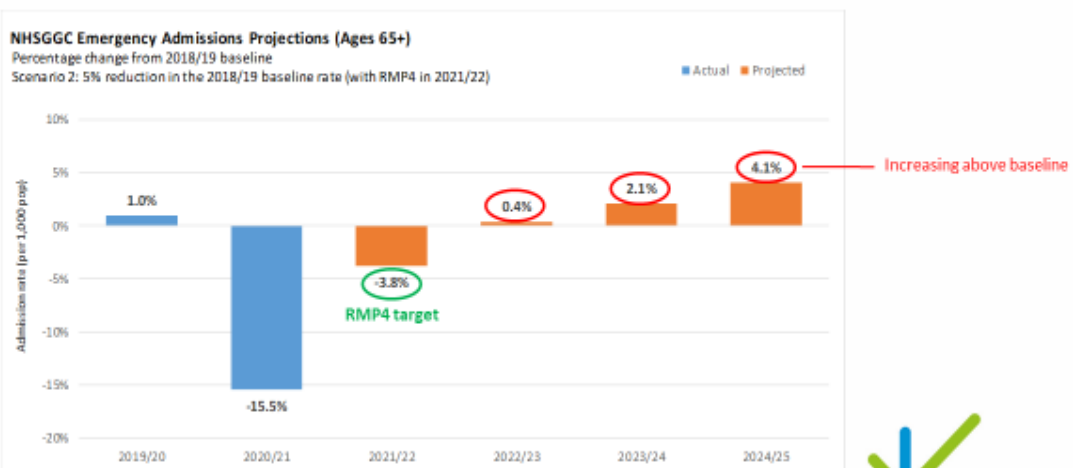
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Number of Admissions



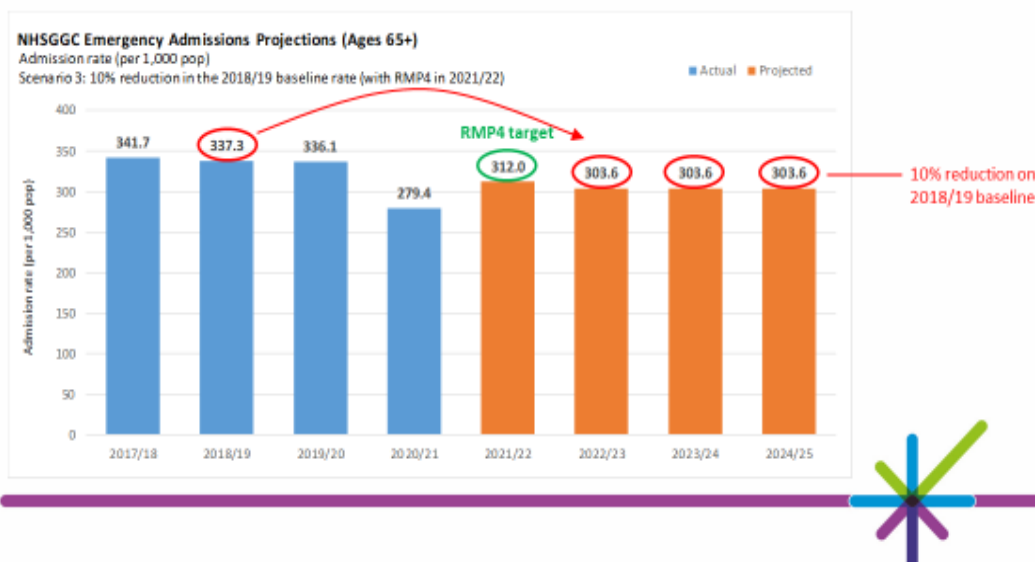
Scenario 2: 5% reduction in 2018/19 baseline (partial impl.)

Percentage change from 2018/19 baseline



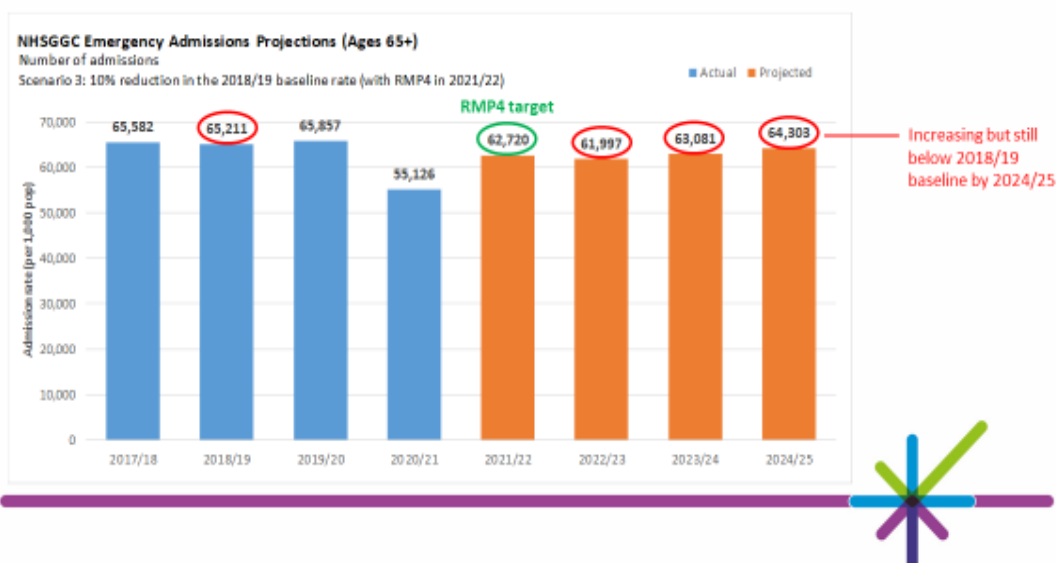
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Admission rates (per 1,000 population)



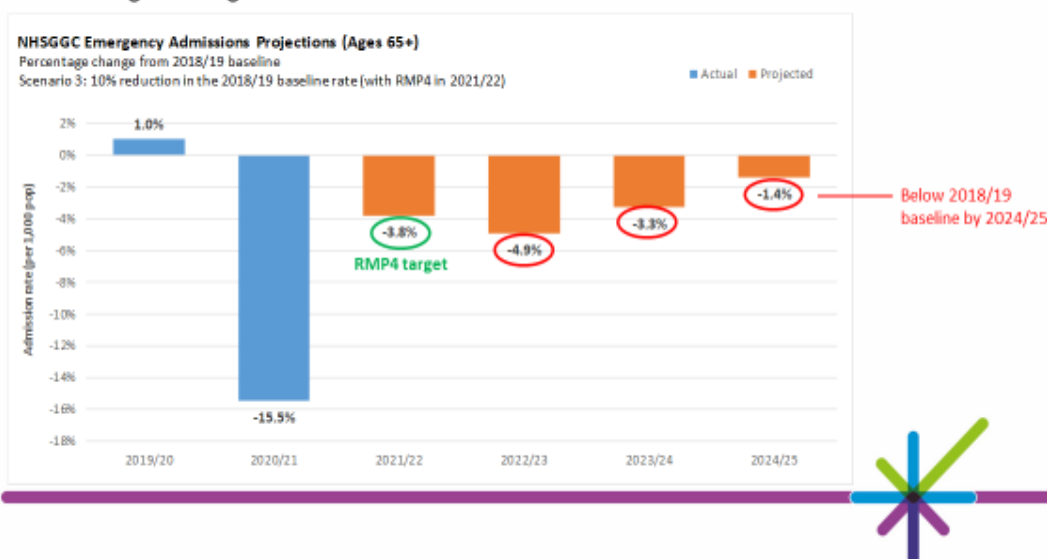
Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Number of Admissions



Scenario 3: 10% reduction in 2018/19 baseline (full impl.)

Percentage change from 2018/19 baseline



Appendix 2

Unscheduled Care : Financial Framework		Greater Glasgow and Clyde Health Board				
		Recurring (R)/ Non Recurring (N/R)	2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
Phase 1						
Communications						
1	We will take forward a major campaign across a range of media to better inform the public about which service to access for what and when. The campaign will also raise awareness about issues such as anticipatory care plans, and key health promotion initiatives. The aim will be to have a more informed public consumer of health and care services.		£0	£0	£0	£0
Prevention & Early Intervention						
2	We will implement a systematic programme of anticipatory care plans across GG&C with aim of supporting a reduction in emergency admissions.		£0	£0	£0	£0
3	We will work with the SAS and patient groups to develop a care pathway to safely manage the care of patients who have had a fall but do not need to be seen in an A&E department.		£0	£0	£0	£0
4	We will through the frailty collaborative develop an integrated frailty pathway with secondary care, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty and that contributes to a reduction in emergency admissions.		£0	£0	£0	£0
5	We will increase support to carers as part of implementation of the Carer's Act.		£0	£0	£0	£0
6	We will increase community capacity to support individuals within their community engaging with 3rd sector, Culture & Leisure Trusts, Primary Care Link Workers etc		£0	£0	£0	£0
9	We will further develop access to "step up" services for GPs as an alternative to hospital admission.		£0	£0	£0	£0
10	We will continue the work with the independent sector, GPs and others to further reduce avoidable emergency department attendances and admissions from care homes.		£0	£0	£0	£0

Primary Care & Secondary Care Interface						
12	We will develop and apply a policy of re-direction to ensure patients see the right person in the right place at the right time.	R	£1,200,000	£0	£0	£1,200,000
13	We will test a service in Emergency Departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service.	R	£2,546,221	£0	£0	£2,546,221
14	To improve the management of minor injuries and flow within Emergency Departments and access for patients, separate and distinct minor injury units (MIUs) will be established at all main acute sites.	R	£728,000	£0	£0	£728,000
17	We will improve urgent access to mental health services.		£0	£0	£0	£0
20	We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most at risk of admission to hospital. Specific populations will be prioritised, including care home residents and people with frailty. (PILOT ONLY - SOUTH).		£0	£0	£0	£0
21	Improving access and waiting times for scheduled care at QEUH and GRI to reduce the time patients are waiting for procedures and thereby the likelihood of them attending A&E	N/R	£20,000,000	£0	£0	£20,000,000
Improving Discharge						
23	Working closely with acute teams, HSCP staff will proactively begin care planning as soon as possible after a patient is admitted to hospital with the aim of expediting discharge at the earliest opportunity once the person is medically fit.		£0	£0	£0	£0
24	We will undertake a programme of continuous improvement in relation to HSCP intermediate care and rehabilitation and re-ablement in an effort to optimise efficient and effective use of these resources which are critical to the overall acute system performance.		£0	£0	£0	£0
Total			£24,474,221	£0	£0	£24,474,221

Recurring
Non Recurring
Total

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£4,474,221	£0	£0	£4,474,221
£20,000,000	£0	£0	£20,000,000
£24,474,221	£0	£0	£24,474,221

Funding : Recurring Expenditure
Scottish Government Funding
Scottish Government Funding : COVID
IJB Budget
Total Funding Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£2,840,252	-£2,840,252	£0	£0
£581,000	-£581,000	£0	£0
£0	£0	£0	£0
£3,421,252	-£3,421,252	£0	£0

Funding Gap

£1,052,969	£3,421,252	£0	£4,474,221
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Funding : Non Recurring Expenditure
Earmarked Reserves
Manage within HSCP Budget
Scottish Government Funding
Total Funding Non Recurring

2022/23 (£)	2023/24 (£)	2024/25 (£)	Total (£)
£20,000,000	£0	£0	£20,000,000
£0	£0	£0	£0
£0	£0	£0	£0
£20,000,000	£0	£0	£20,000,000

Funding Gap

£0	£0	£0	£0
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To: Renfrewshire Integration Joint Board

On: 25 March 2022

Report by: Clerk

Heading: Proposed Dates of Meetings of the Integration Joint Board 2022/23

1. Summary

- 1.1 At the meeting of the Joint Board held on 29 January 2021 the IJB approved its timetable of future meetings to June 2022. It is proposed that the IJB consider its timetable of meeting dates in 2022/23.
 - 1.2 Arrangements for ordinary meetings of the IJB are governed by the provisions of Standing Order 5.1 of the IJB's Procedural Standing Orders which state that:-
 - 5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less than five times within each financial year. The IJB will annually approve a forward schedule of meetings.
 - 1.3 The next scheduled meeting of the IJB will be held at 10.00 am on 24 June 2022 and it is proposed that this meeting be held remotely using MS teams.
 - 1.4 The suggested dates and times for future meetings are set out below, with meetings being held on Fridays at 10.00 am:

16 September 2022
25 November 2022
27 January 2023
31 March 2023
30 June 2023
 - 1.5 A further report will be submitted to the IJB meeting on 24 June 2022 in relation to arrangements for future meetings.
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2. Recommendations

- 2.1 That it be noted that the next meeting of the IJB will be held at 10.00 am on 24 June 2022;
- 2.2 That consideration be given to this meeting being held remotely using MS teams;

- 2.3 That the IJB approve the dates and times of meetings for 2022/23 as detailed in section 1.4 of the report; and
- 2.4 That it be noted that a further report will be submitted to the IJB meeting on 24 June 2022 in relation to arrangements for future meetings.
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Implications of the Report

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

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