

To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Head of Health and Social Care

Heading: Winter Planning and System Pressures: Funding Proposals

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. This paper provides an update to the Integration Joint Board on the funding received from 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 our health and social care systems.

2. Recommendations

It is recommended that the IJB:

- Note the funding being made available to support winter planning and system pressures within Health & Social Care; and
- Note the investment planned in the projects and interventions outlined in Appendix 1 in order to deliver on the outcomes set out by the Scottish Government.

3. Background

- 3.1. On 5th 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 systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.
- 3.2. These measures are in line with the principles of (i) maximising capacity; (ii) ensuring staff wellbeing; (iii) ensuring system flow; and (iv) improving outcomes.

- 3.3. Collectively, these principles are designed to ensure the action taken now has a lasting and sustainable impact. Plans are not just to build resilience in health and social care systems to see us through this winter; it will also build on the approach to recovery and renewal set out in the NHS Recovery Plan and through continued efforts to improve social care support.

4. Funding Streams available and allocations for Renfrewshire

- 4.1. The investment being made available by the Scottish Government will 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. This section of the report highlights those areas relevant to the IJB. Further detail on the investments identified by the HSCP, using the funding set out below, is provided in Appendix 1.

Multi-disciplinary working, including the recruitment of 1,000 Health and Social Care Support Staff

- 4.2. £15 million is being made available for recruitment of 1,000 health care support workers across health boards. This is to provide additional capacity across a variety of services both in the community and in hospital settings. This allocation will be managed by GG&C and Renfrewshire IJB will receive funding to support the recruitment of 34 posts. Recruitment is underway as part of a national campaign and posts will be allocated to all parts of our health and social care system.

- 4.3. Recurring funding is also being provided to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring. Expanding a fully integrated MDT approach will reduce delayed discharges from hospital and meet the current high levels of demand in the community whilst alleviating pressure on unpaid carers.

- 4.4. In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.

- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

- 4.5. Renfrewshire's share of this funding is **£0.662m for 2021-22, with the assumption that this will increase to £1.324m for 2022-23**. Plans have been developed which reflect the areas of investment required to augment existing investment decisions and to deliver MDT working which can support the ambitions of the funding.

Providing Interim Care

- 4.6. £40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. Local teams will work with people and their families to explore options, maintaining choice and control. This offer of an interim placement should be made when the HSCP is unable to provide an appropriate care at home package immediately, or when the first-choice care home is temporarily unavailable.
- 4.7. This funding should provide more appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Nationally short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available).
- 4.8. People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reablement element with a professionally led rehabilitation programme.
- 4.9. Renfrewshire's share of this funding is **£1.323m for 2021-22, with the assumption that this will reduce to £0.662m for 2022-23**. This funding is non-recurring and is intended to support the system in the short term over the next 6 to 12 months. This has impacted on the nature of the investments which can be delivered in the time frame associated with this funding. It should also be noted that the HSCP has well-developed processes and support in place to enable discharge from hospital as soon as possible.

Increasing Care at Home Capacity

- 4.10. £62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This funding should also support services

and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

4.11. It is anticipated that this recurring funding will help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

4.12. The funding should be used for:

- Expanding existing services, by recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- Funding a range of approaches to preventing care needs from escalating, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- Technology-Enabled Care (TEC), equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways and support wider agendas.

4.13. Renfrewshire's share of this funding is **£2.051m for 2021-22, with the assumption that this will increase to £4.104m for 2022-23**. This investment represents an opportunity to ensure that financial resources are targeted at the areas where significant demand pressures are being experienced within the social care system to reduce pressure and build capacity to continue to meet needs over the medium term.

Supporting staff health and wellbeing

4.14. The wellbeing of our health and social care workforce, wherever they work, remains a key priority. As such, the Scottish Government is making available an additional £4 million in this financial year to help staff with practical needs over the winter such as access to hot drinks, food and other measures to aid rest and recuperation. An additional funding stream has also been made available to support the primary and social care workforce. **Renfrewshire's share of this is £135,836.**

4.15. This funding should:

- Only be used for measures that support staff wellbeing, such as those identified through the HSCP's Staff Wellbeing Plan, and it should provide for additionality.
- Support should be available to those working in the community (e.g. vaccination and test centres, primary care, care at home) and in residential care, including those working in the third and independent sectors.
- The funding should be used for meeting practical needs over the winter including access to hot drinks, food, appropriate transport, rest facilities and other measures to aid rest and recuperation.

- The funding may also be used to provide additional, evidence-based emotional, pastoral and psychological support for the workforce based on locally identified needs.

Enhancing MHO Capacity

- 4.16. In addition, the Scottish Government wrote to Chief Officers on 17 November 2021 to outline investment of £2.78m nationally to help provide additional Mental Health Officer (MHO) capacity in line with Health and Social Care Workforce Plan. A further £3.71m funding is planned in both 2022-23 and 2023-24. **Renfrewshire's share of this funding in 2021/22 is £86k, with future years' allocations to be confirmed.**
- 4.17. The guidance sets out considerations for how the funding can be used, including but not limited to:
- Recruitment and training of additional mental health officers.
 - Backfilling of posts to allow those with MHO qualifications to take on more MHO-specific work (rather than covering general social work).
 - Other novel or innovative ways to increase overall MHO capacity available.
 - In the first year of funding, some additional flexibility to use funding to alleviate issues around delayed discharge where delays in AWI/guardianships are a significant factor in the delay.

Social Care Uplift

- 4.18. The Scottish Government also confirmed that up to £48m funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care in commissioned services in the third and independent sectors, including those subject to the National Care Home contract. The funding will enable an increase from at least £9.50 per hour to at least £10.02 an hour. This will include supervisors, practitioners, support workers, personal assistants and staff providing sleepovers and applies to those working in care homes, Care at Home, day care, housing support, adult placement services, respite services and those delivering direct support through SDS Options 1, 2 and 3.
- 4.19. To enable the uplift to be delivered quickly, an agreement has been reached with COSLA to provide a 5.47% uplift to an agreed proportion of the full value of applicable contracts, in line with typical costs for residential and non-residential services. A separate weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets. The percentages to be applied are as follows:
- Residential care – uplift applied to 71% of full contract value
 - Non-residential – uplift applied to 86% of full contract value
 - Personal Assistants – uplift applied to 89% of SDS Option 1 budgets.
- 4.20. Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent have been fully delivered. Any additional funds that may remain must be spent on uplifting pay for the directly employed workforce working within services.

- 4.21. The HSCP is progressing the pay uplift and working with providers to do so. Further announcements on minimum pay for adult social care staff within the Scottish Budget in December 2021 will also be assessed as further detail becomes available.

5. System pressures evident within Renfrewshire and supporting proposals

- 5.1. Previous reports to the IJB have identified a number of system pressures being faced by the HSCP and our partners within Renfrewshire and Board-wide. Many, if not all of these issues are replicated nationally. In addition, many of these challenges existed prior to the COVID-19 pandemic however have been exacerbated over the last 20 months due to the pandemic's impact on service models and our workforce.

- 5.2. These pressures include:

- Increased challenges in recruitment and retention, stemming from an exhausted workforce and an observed reduction in the number of external applicants for advertised posts. This is prevalent across a range of our services and includes frontline workers in services such as (but not limited to) Care at Home, Mental Health and District Nursing, CAMHS, Psychotherapies and Alcohol and Drug Recovery Services.
- The above challenges can also be exacerbated by differing terms and conditions between different partnerships within local areas which can encourage the circulation of staff around the system. Many roles within the private sector are also able to offer highly competitive and attractive pay comparative to frontline roles within health and social care.
- Significant demand pressures resulting from greater complexity of need arising due to the pandemic. This is alongside limitations on the pace at which services are able to recover across the health and system while continuing to respond to the pandemic and maintain robust infection control measures which keep our staff, patients and service users safe.
- These demands within the system also continue to place pressure on the timely discharge of patients from hospital. The HSCP, and other partnerships across the Board area, continue to work with NHS GGC on a daily basis to minimise unnecessary admissions to hospital and delayed discharges when individuals are fit to be discharged.
- Staff burnout and impacted health and wellbeing due to the pressures and demands of the last 20 months, with pressures continuing throughout the winter period and projected to continue further. This has been reflected in increased levels of staff sickness and also ongoing self-isolation requirements.

- 5.3. These pressures have provided the rationale for the proposals identified by the HSCP and set out in Appendix 1. The proposals align with the funding streams set out above. In doing so, the HSCP has sought to identify projects and interventions which will address existing pressures and have a preventative impact by increasing resilience within the local health and care

system to meet expected and sustained increases in demand. We will also continue to focus on support the health and wellbeing of our staff, our independent contractors, and staff within commissioned services.

Implications of the Report

1. **Financial** – This paper outlines additional funding being made available to the Health and Social Care Partnership, including both recurring and non-recurring funding.
2. **HR & Organisational Development** – The initiatives outlined within the paper will result in recruitment to a range of posts across the partnership. These posts will be managed and supported in line with NHSGGC and Renfrewshire Council HR policies.
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** – The initiatives described should support the HSCP in addressing risks currently being managed with regards demand for services and also recruitment and retention. However, a further risk arises where it may not be possible to recruit to all posts identified. Alternative approaches will be identified as part of ongoing mitigations.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: N/A

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Direction from the Integration Joint Board

1.	Reference Number	280122-09
2.	Date Direction issued by IJB	28 January 2022
3.	Date from which Direction takes effect	28 January 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	<p>Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services, as set out in Appendix 1 and 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 below.</p> <p>This joint direction includes support to take forward recruitment in line with the initiatives set out to support delivery of the agreed outcomes for the Winter Funding made available.</p>
8.	Budget allocated by IJB to carry out Direction.	<p>As outlined in report.</p> <p>2021/22: £4,257,836 2022/23: £6,090,000 (£5.428m recurring)</p>
9.	Outcomes	The functions will be carried out in a manner consistent with the outcomes set out in Appendix 1, the draft Unscheduled Care Commissioning Plan and the IJB's Strategic Plan 2019-22.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	September 2022.

Renfrewshire HSCP Winter Funding Initiatives

Interim Care

Outcome summary: Providing an interim care solution for people until the optimal care and support is available to prevent them being unnecessarily delayed in hospital. People will be supported with their rehabilitation, recovery and recuperation.

Initiatives:

- Utilising funding to support the spot purchasing of nursing care beds from independent providers, to support the effective delivery of a step-up and step-down model of support.
- Implementing a test of change for 12 months to bring nursing and Care at Home teams together to help avoid admissions to hospital through provision of out of hours support and a seven-day discharge management model.
- Supporting vulnerable people who have been discharged from hospital by providing essential provisions to support them in their recovery, help them settle back at home and to avoid readmissions to hospital. This will be delivered through local partners with Renfrewshire.
- Commissioning external providers to support carers and families with their digital skills to ensure they can access a range of support as part of their care and recovery.
- Investing in accommodation to support adults with learning disabilities in crisis, providing breathing space accommodation as a step-up and step-down model which enables intensive interventions which minimise hospital admissions, delayed discharges and out of area placements.

Multi-disciplinary working

Outcome summary: Furthering integration and expanding multi-disciplinary working by bringing together professional staff groups to improve person-centred planning and support. This should support timely discharge from hospital and prevent avoidable admissions.

Initiatives:

- Ensuring service capacity is augmented to meet additional demand.
- Supporting discharge and reducing hospital admissions, in line with our strategic direction set out in the unscheduled care programme, by introducing a rapid-response community MDT approach to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community. This proposal builds on work being taken forward as part of the GG&C Falls and Frailty Programme and the current QEUH front door patient pathway.
- Developing our locality-based teams to support timely assessment and enable the personalisation of care and support. People will receive outcome-focused assessment within their own home environment and access care within the community promoting independence.
- Investing in our RLDS Community Integrated Team to increase capacity and develop a multi-professional response which supports crisis intervention which can mitigate against placement breakdown which can result in admissions to hospital.

Expanding Care at Home provision

Outcome summary: To reduce the number of people who are waiting for a Care at Home service, or access to care within their own home, by ensuring people have access to the right type of care delivered in a person-centred way.

Initiatives:

- Ensuring service capacity is augmented to address unmet need and additional demand.
- Investing in the development of our Care at Home structure and expanding our management and frontline team capacity to provide enhanced overnight and out of hours support in Care at Home, Telecare and District Nursing.
- Enhancing our Care at Home service model with analytical capabilities and an embedded recruitment and absence management team to support innovative recruitment and retention approaches within the service.
- Providing funding to our third sector partners to enhance volunteering capacity and reach in providing buddying and befriending support and increasing numbers of volunteers who can act as companions for people and families in the last hours of life within hospice, care home or hospital settings.
- Supplementing our RES and reablement capacity to address service pressures and current waiting times to prevent admission to hospital and/or reduce delayed discharges.

Wellbeing

Outcome summary: Reflecting the ongoing priority of supporting staff in health and social care, primary care and working for independent providers, to maintain their health and wellbeing during the pandemic.

Initiatives:

- Providing funding to contribute to the costs of team development sessions for GP practices, Community Pharmacies, Ophthalmic practices and Dental practices. The content of sessions will vary on individual needs but could include time for reflection and recovery, consolidating new ways of working, improving access for patients and wider training needs.
- Providing financial support to the commissioned sector to help improve staff health and wellbeing using interventions most relevant to their needs.
- Investing in development work to build staff resilience through developing coaching skills and trauma-informed leadership approaches.
- Promoting a mentally healthy workplace by investing in psychological first aid and supporting backfill for staff who wish to access NHSGGC peer support training

Enhancing MHO Capacity

Outcome summary: To provide additional Mental Health Officer (MHO) capacity in line with Health and Social Care Workforce Plan commitments.

Initiatives:

- Recruiting two additional social worker posts to provide additional capacity within the MHO team to address existing waiting lists.