

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

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

MARK CONAGHAN
Clerk

Membership

Councillor Jacqueline Cameron: Councillor Jennifer Adam: Councillor Fiona Airlie-Nicolson: Councillor Iain McMillan: Margaret Kerr: John Matthews: Frank Shennan: Ann Cameron Burns: Karen Jarvis: Paul Higgins: Lisa Cameron: vacancy: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Lavery: Sarah Lavers: John Trainer.

John Matthews (Chair); and Councillor Jennifer Adam (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://www.youtube.com/watch?v=kUgnU_lhkc4

Items of business

Apologies

Apologies from members.

Declarations of Interest

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

- | | | |
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	Report by Chief Social Work Officer.	
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	Report by Chief Social Work Officer.	
16	IJB Audit, Risk and Scrutiny Committee	
	Verbal update by Chair of IJB Audit, Risk and Scrutiny Committee.	
17	Date of Next Meeting	
	Note that the next meeting of the IJB will be held at 10.00 am on 27 January 2023.	



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

Date	Time	Venue
Friday, 16 September 2022	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam, Councillor Fiona Airlie-Nicolson and Councillor Iain McMillan (all Renfrewshire Council); Margaret Kerr, John Matthews, Frank Shennan and Ann Cameron Burns (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Paul Higgins (Health Board staff member involved in service provision); Lisa Cameron (Council staff member involved in service provision); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); John Boylan (Trade Union representative for Council); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Chief Officer (Renfrewshire Health and Social Care Partnership) and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership); and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

John Matthews, Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services officer (both Renfrewshire Council); Jackie Dougall, Head of Health & Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning & Health Improvement, Carron O'Byrne, Head of Health & Social Care (Paisley) (for items 1 to 3 only), James Higgins, Corporate Business Officer, John Millar, Communications Business Lead (Transformation) and David Fogg, Service Improvement Manager (all Renfrewshire Health and Social Care Partnership) and Karla Graham, Trainee Auditor (Audit Scotland).

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.

Her Majesty Queen Elizabeth II

A minute's silence was held as a mark of respect following the recent death of Her Majesty Queen Elizabeth II.

Apology

Stephen Cruickshank (service user residing in Renfrewshire).

Transparency Statement

Councillor McMillan indicated that he had a connection to item 6 of the agenda by reason of him being an ambassador for and volunteer at St Vincent's Hospice. However, he indicated that he had applied the objective test and did not consider he had an interest to declare.

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 24 June 2022 was submitted.

In relation to item 2, Councillor McMillan, requested that recommendation (d) be amended to read '(d) That it be noted that in line with the proposed approach to the appointment of members of the Audit, Risk and Scrutiny Committee, Councillors Jacqueline Cameron and Fiona Airlie-Nicolson had been nominated by the voting members to sit on the Audit, Risk and Scrutiny Committee (with Cllr McMillan dissenting) and that Councillor Jacqueline Cameron had been appointed as Chair of the Audit, Risk and Scrutiny Committee until September 2023.' This was agreed.

DECIDED: That, subject to the above amendment, the Minute be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

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

Order of Business

At this point in the meeting, in terms of Standing Order 4.1, the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 9 of the agenda after item 2 of the agenda.

3 Winter Pressures Funding Update

The Head of Health & Social Care (Paisley) gave a presentation providing an update on winter planning funding for health and social care, confirmed by the Scottish Government in October 2021, which included the recruitment of health and care support workers.

The report provided further detail on addressing the key principles and areas for investment; the additional posts and funding that had created a unique opportunity to support staff and services to meet the challenges of increasing demand and the changing demographics within Renfrewshire; the new Home First Response Service

(HFRS) which would be launched in autumn 2022 to work closely with community and acute teams to help provide alternatives to attendance and admission to hospital for people living with frailty; the continuing challenges faced; and the HSCP's ongoing approach to delivering agreed proposals.

On behalf of the IJB, the Chair thanked those involved the work undertaken and in particular requested that thanks be passed to the district nursing team.

DECIDED: That the presentation be noted.

4 **Chief Officer's Report**

The Chief Officer submitted a report providing an update on key developments and operational activity since the last meeting of the IJB held on 24 June 2022 and additional policy developments which would be built into future workplans.

The report intimated that the detail within the report had been developed in the midst of significant change and uncertainty, particularly with the financial circumstances faced by the IJB and provided detail on financial planning which set out the approach being adopted by the HSCP to prepare for projected financial challenges in this and coming years and set out the context for forthcoming decisions required by the IJB.

The report provided updates in relation to financial planning; winter planning and business continuity; workforce planning; the National Care Service; the National Records of Scotland drug, alcohol and probable suicides statistics; mental health and wellbeing in Primary Care services; the Scottish Government healthcare framework for adults living in care homes; the autumn/winter COVID-19 booster and winter vaccination programme; and the NHS GGC Primary Care support and GP out of hours services.

It was proposed that the Chief Officer issue the HSCP's response to the consultation on the National Care Service (Scotland) Bill to members of the IJB. This was agreed.

DECIDED:

(a) That the implications and effects of the financial planning update provided, including the approach being taken to identify savings and service development opportunities, as detailed in section 4 of the report, be noted;

(b) That the actions being undertaken by the HSCP to ensure robust winter planning and business continuity 2022/23 arrangements were in place for the winter period, as detailed in section 5 of the report, be noted;

(c) That the workforce planning update, and in particular, the progression of actions to support international recruitment and the implementation of the HSCP's staff development fund, as detailed in section 6 of the report, be noted;

(d) That the introduction of the draft National Care Service (Scotland) Bill and the envisaged next steps, as detailed in section 7 of the report, be noted;

(e) That the publication of statistics by the National Records of Scotland on alcohol and drug related deaths and probable deaths by suicide in Renfrewshire and Scotland in 2021 and related strategic developments, as detailed in section 8 of the report, be noted;

(f) That the update provided on mental health and wellbeing in primary services and the Scottish Government's approval of Renfrewshire's one year plan, as detailed in section 9 of the report, be noted;

(g) That the introduction of the Scottish Government Healthcare Framework for adults living in care homes, as detailed in section 10 of the report, be noted;

(h) That the update on the autumn/winter COVID-19 booster and winter vaccination programme and respective timescales, as detailed in section 11 of the report, be noted;

(i) That the update provided on hosting arrangements for NHS GGC Primary Care support and GP out of hours services, as detailed in section 12 of the report, be noted; and

(j) That the Chief Officer issue the HSCP's response to the consultation on the National Care Service (Scotland) Bill to members of the IJB.

5 Financial Report 1 April to 31 July 2022

The Chief Finance Officer submitted a report relative to the revenue budget position at 31 July 2022 and the projected year-end position for the year ended 31 March 2023.

The report requested that members note the key messages from the development session held on 12 August 2022 where the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis and the likelihood that this would have a negative impact on projections through the financial year. The report provided further detail in paragraphs 3.4 to 3.8.

The report intimated that due to delays in receiving a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities including Act 15 and ADP, it was not clear how the in-year budget would be impacted and what conditions would be attached to the funding when it was received, including whether it would be recurring or non-recurring.

The report advised that the IJB year-to-date position, including the impact of COVID-19 which was funded from the draw-down of COVID-19 earmarked reserves, was an underspend of £753,000 and the projected outturn for 2022/23 was an underspend of £2,856,000.

The report provided information on the key pressures; responding to the COVID-19 pandemic; Scottish Government funding 2022/23; other delegated services and reserves.

The Chief Finance Officer advised that by letter dated 12 September 2022, Richard McCallum, Director of Health, Finance and Governance, Scottish Government, advised that the Scottish Government would be clawing back the unspent HSCP's COVID reserves and that this money would be used more widely to meet the COVID pressures around other parts of the system. Work was ongoing to identify the HSCP's projected spend on COVID services to the end of this financial year. It was noted that the amount being returned to the Scottish Government could be in the region of £12 million and that the HSCP's earmarked reserves would reduce significantly.

Appendices 1 to 4 of the report detailed the revenue budget position of the HSCP, adult social care, health, and Renfrewshire Council other delegated services; Appendices 5 and 6 to the report provided a reconciliation of the main budget adjustments applied

this current financial year; Appendix 7 to the report detailed the Scottish Government funding streams; and Appendix 8 to the report detailed the movement in ear marked reserves.

In line with the IJB's Reserves Policy the report sought approval of the draw-down of reserves, as required, to fund a number of projects now underway to support the development of new service delivery models and to improve the fabric of the estate as part of the key enablers which supported the delivery of the key workforce and property objectives set out within the Strategic Plan for 2022/25.

On behalf of the IJB, the Chair thanked those involved for the detail and accuracy in the reports and for the work undertaken as the position was constantly changing.

DECIDED:

- (a) That the in-year position at 31 July 2022 be noted;
- (b) That the projected year-end position for 2022/23 be noted;
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2022/23 be noted; and
- (d) That the draw-down of reserves from the IJB's 'accommodation premises investment fund' be approved, as required, in support of projects now underway to support the development of new service delivery models and to improve the fabric of the estate, as detailed in paragraph 8.5 of the report.

6 Performance Scorecard for 2022/23

The Head of Strategic Planning & Health Improvement submitted a report setting out the HSCP's proposed performance scorecard for 2022/23.

The report intimated that the performance scorecard for 2022/23 had been reviewed and the report provided detail on the performance indicators removed from the scorecard; those targets which required to be amended; the new targets applied to existing indicators; and the new indicator added. Appendix 1 to the report detailed the proposed changes.

The report advised that the full scorecard updating all performance measures would be presented twice yearly, at mid-year and end of year 2022/23.

DECIDED: That the HSCP's draft performance scorecard for 2022/23 be approved.

7 Renfrewshire Palliative and End of Life Care Strategy 2022/25

Under reference to item 17 of the Minute of the meeting of the IJB held on 24 June 2022, the Head of Strategic Planning & Health Improvement submitted a report providing an overview of the final version of the Renfrewshire Palliative and End of Life Care Strategy 2022/25.

The report also provided an overview of the breadth of consultation carried out, the detailed feedback received and how this had been incorporated and reflected within the final strategy.

The report intimated that the Palliative Care Planning Group would be responsible for ensuring the commitments within the strategy were delivered upon. The group would prepare an annual plan, aligned to the strategy's priorities, which would take account of any significant changes over the lifetime of the strategy such as new legislation and policy, demand trends and resource implications. The strategy and action plan would be reviewed and updated based on national plans which were expected to be published by the Scottish Government in 2023.

On behalf of the IJB, the Chair thanked those involved in compiling this strategy.

DECIDED:

(a) That the final version of the Palliative and End of Life Care Strategy 2022/25, as detailed in Appendix 1 to the report, be approved;

(b) That the extensive consultation and engagement completed to ensure the final strategy was as informed and insightful as possible be noted; and

(c) That it be noted that the impact of the strategy would be appropriately monitored and evaluated by the Palliative Care Planning Group.

8 Unpaid Adult Carers' Strategy 2022/25, Short Breaks Services Statement for Adult Carers 2022 and Adult Carer Eligibility Criteria 2022

The Head of Strategic Planning & Health Improvement submitted a report providing an overview of the feedback received on the Unpaid Adult Carers' Strategy, Short Breaks Services Statement for Unpaid Adult Carers and Unpaid Adult Carer Eligibility Criteria.

The report intimated that, where appropriate, the feedback had been reflected within the final version of the documents, which were appended to the report for approval. Following approval, the documents would act as a framework for how Renfrewshire would support unpaid adult carers over the next three years.

The report set out the next steps, which focussed on delivering on the priorities and the high-level activities set out in the strategy. These activities would be linked to existing performance indicators where possible and be tracked and reported to the IJB through existing performance management processes.

On behalf of the IJB, the Chair thanked the team involved in reviewing these documents and the support provided to unpaid carers in Renfrewshire.

DECIDED:

(a) That the final version of the Unpaid Adult Carers' Strategy 2022/25, the Short Breaks Services Statement for Unpaid Adult Carers 2022 and the Unpaid Adult Carer Eligibility Criteria 2022 be approved; and

(b) That the next steps outlined regarding delivery and monitoring of the priorities and high-level activities set out in the strategy, including the development of detailed underpinning actions in consultation with the wider unpaid adult carer community be noted.

9 **Quality, Care and Professional Governance Annual Report 2021/22**

The Head of Health & Social Care submitted a report relative to the HSCP's Quality, Care and Professional Governance Annual Report for the period April 2021 to March 2022, which provided a variety of evidence to demonstrate the continued delivery of the governance core components within Renfrewshire HSCP and the clinical and care governance principles specified by the Scottish Government, a copy of which formed Appendix 1 to the report.

The report advised that the governance care components within Renfrewshire HSCP were based on service delivery, care and interventions that were person- centred, timely, outcome focused, equitable, safe, efficient and effective. Further, that arrangements remained in place to support enhanced multidisciplinary arrangements to support care home and care at home settings and that this aimed to provide granular scrutiny, support and oversight of care home and care at home settings.

DECIDED:

(a) That the content of the report, attached as Appendix 1, provided on HSCP governance to provide the necessary assurance to the IJB that services continued to operate safely and effectively, be noted; and

(b) That the number of examples included within the report be noted.

10 **IJB Audit, Risk and Scrutiny Committee**

DECIDED: That it be noted that, as the meeting of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 9 September 2022 had been adjourned, the Chair would provide a verbal update at the next meeting of the IJB to be held on 25 November 2022.

11 **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 November 2022 and that this meeting would be held remotely using MS teams.

IJB Rolling Action Log – 25 November 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	 June and 25 November 2022	The final Plan forms part of this agenda
28/01/22	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		Phase 2 funding not confirmed as yet. Will be brought to IJB when available
25/03/22	Membership Update	Advise IJB of Dr Shilpa Shivaprasad's replacement once known	Chief Officer		Awaiting nomination from NHS Board
24/06/22	NHSGGC Mental Health Strategy: Renfrewshire Implementation Update	Submit update, when available, on the funding allocations and evaluation of the activity within the 2018/23 Strategy and the refreshed Strategy to 2027	Interim Head of Mental Health, Alcohol and Drug Recovery and Learning Disability Services		Funding allocations not confirmed as et. Will be brought to the IJB when available

	Arrangements for Future Meetings	Submit report relative to arrangements for agreed meetings in 2023	Clerk	25 November 2022	Report forms part of this agenda
16/09/22	IJB Audit, Risk and Scrutiny Committee	Verbal update following meeting on 18 November 2022	Chair of IJB Audit, Risk and Scrutiny Committee	25 November 2022	Verbal update forms part of this agenda

To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Clerk

Heading: Arrangements for Future Meetings of the Integration Joint Board and the Integration Joint Board Audit, Risk and Scrutiny Committee

1. Summary

- 1.1 At the meeting held on 25 March 2022, the IJB decided that future meetings be held at 10.00 am on 16 September and 25 November 2022; and 27 January, 31 March and 30 June 2023 and noted that a further report would be submitted to the June IJB meeting in relation to the arrangements for these meetings.
 - 1.2 At the meeting of the IJB Audit, Risk and Scrutiny Committee held on 18 March 2022, it was decided that future meetings of the Committee be held at 10.00 am on 9 September and 18 November 2022; and 24 March and 23 June 2023 and noted that members would be advised of the venue for future meetings.
 - 1.3 At the meeting held on 24 June 2022, the IJB decided that for the next six months, meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee be held remotely using MS teams, and that the meetings of the IJB scheduled to be held on 16 September and 25 November 2022 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 9 September and 18 November 2022 be held remotely using MS teams; and further that a further report be submitted to the November IJB meeting to consider arrangements for the agreed meetings in 2023.
 - 1.4 In order to continue to allow for the remote attendance of members at meetings, the HSCP is continually investigating the possibility of meeting in venues, other than Council or Health Board venues, which offer a hybrid meeting facility. This matter will be kept under review and a report will be submitted to the first available IJB meeting should a suitable venue be identified which met IJB requirements.
 - 1.4 In the meantime and following discussion with the Chair and Vice Chair of the IJB, it is proposed that meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held remotely using MS teams. Therefore, the meetings of the IJB scheduled to be held on 27 January, 31 March and 30 June 2023 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 24 March and 23 June 2023 would be held remotely using MS teams.
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2. Recommendations

- 2.1 That meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee continue to be held using MS teams, and that the meetings of the IJB scheduled to be held on 27 January, 31 March and 30 June 2023 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 24 March and 23 June 2023 be held remotely using MS teams; and
- 2.2 That it be noted that this matter would be kept under review and that a report will be submitted to the first available IJB meeting should a suitable venue be identified which met IJB requirements.

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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To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Clerk

Heading: Updated IJB Report Template

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 IJB approved the current meeting paper template when it was established in 2015. It was subsequently agreed to update the template to incorporate reference to Directions in March 2020, in response to the publication of guidance from Scottish Government.
- 1.2. The purpose of this report is to seek agreement to further update the implications section of the template, in response to previous discussion within IJB meetings, to make them more relevant to the business of the IJB. In particular, it is proposed to replace the original 'Community Planning' implication with 'Strategic Plan and Community Planning' as well as including two additional implications of 'Wider Strategic Alignment' and 'Fairer Duty Scotland' in recognition that the business items considered by the IJB are wide ranging and cover a range of strategic priorities.
- 1.3. It is proposed that the updated template would be brought forward for use from January 2023 onwards, subject to IJB approval.

2. Recommendations

It is recommended that the IJB:

- Approve the proposed amendments to the report template as per the Appendix 1.

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** – No implications from this report.
11. **Privacy Impact** – None from this report.

List of Background Papers: 'Access to Meetings and Meeting Documents, 18 September 2015' and 'Directions, 20 March 2020'.

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To: Renfrewshire Integration Joint Board

On: TBC

Report by: TBC

Heading: TBC

Direction Required to Health Board, Council or Both	Direction to:	
	5. No Direction Required	X
	6. NHS Greater Glasgow & Clyde	
	7. Renfrewshire Council	
	8. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

1.1. Text

2. Recommendation

It is recommended that the IJB:

- TBC
-

3. Heading

3.1. Text

Implications of the Report

1. Financial – tbc
2. HR & Organisational Development – tbc
3. Strategic Plan and Community Planning– tbc
4. Wider Strategic Alignment – tbc
5. Legal – tbc
6. Property/Assets – tbc
7. Information Technology – tbc

8. **Equality & Human Rights** – tbc
9. **Fairer Duty Scotland** – tbc
10. **Health & Safety** – tbc
11. **Procurement** – tbc
12. **Risk** – tbc
13. **Privacy Impact** – tbc

List of Background Papers – tbc

Author: TBC / Title

Any enquiries regarding this paper should be directed to TBC, Title, (email address / contact number)
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To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key developments and operational activity since the last IJB on 16 September 2022 and additional policy developments that the HSCP is building into future workplans, strategies and action plans.
- 1.2. This paper has been developed during an ongoing period of change and uncertainty, particularly within the financial circumstances faced by the IJB. An update on financial planning briefly sets out the approach to preparing for and managing likely financial challenges in current and future years, and the updated timescales for delivering the proposed savings programme. Further detail is also provided in the Financial Sustainability and Outlook paper also being considered by the IJB at this meeting.
- 1.3. This report reflects further updates on a range of areas that have been covered in previous Chief Officer updates. These are captured at a high level only, with more detailed reports provided to the IJB separately where appropriate. In addition to the financial outlook, this includes the HSCP's approach to winter planning and updates provided from Mental Health and Alcohol & Drug Recovery Services.

2. Recommendations

It is recommended that the IJB note:

- The key operational updates provided covering the formal opening of CIRCLE, and the reopening of the Disability Resource Centre following refurbishment works (Section 4);
- The update on the Autumn/Winter COVID-19 Booster and Winter Vaccination Programme and respective timescales (Section 5);

- The financial planning update and approach taken to identify savings and service development opportunities (Section 6);
- The progress update on the National Care Service (Scotland) Bill (Section 7);
- The publication of Police Scotland latest quarterly statistics on Suspected Drug Deaths in Scotland between April to June 2022 and related local activity (Section 8); and
- The updates provided on a range of policy publications from the Scottish Government and Scottish Parliament (Sections 9 to 13).

3. Background

3.1. The IJB and HSCP continue to operate within a fast-moving and complex policy environment which reflects the continuing impact of COVID-19 and the ongoing cost of living crisis which will continue to impact on local communities, providers, and the public sector in coming months and beyond. In addition, Scottish Government policy continues to develop across a range of areas which will have significant impact on the future operation of the IJB and HSCP.

3.2. This paper follows previous Chief Officer update reports to the IJB in providing a summary of the breadth of policy developments that the HSCP continues to respond to as part of, and alongside, service delivery.

4. Key service updates: the formal opening of CIRCLE and reopening of the Disability Resource Centre (DRC)

4.1. The HSCP were delighted to host Angela Constance, Minister for Drugs Policy, for the formal opening of the CIRCLE (Continuing in Recovery Changes Lives Entirely) Recovery Hub on 26 October 2022. The Hub provides a unique mental health and addiction service for people looking for a recovery focus, by providing a varied programme of activities aimed at encouraging, involving, and supporting people in recovery – a system of open and self-referrals is in place.

4.2. The event was very well attended, including the Chair of the NHSGGC Board and Chair and Vice Chair of Renfrewshire IJB. As part of the event, attendees heard powerful testimony from people with lived and living experience underlines the importance of the hub and the support available through it.

4.3. The HSCP are further pleased to confirm the reopening of the Disability Resource Centre (DRC) opened on 24 October following refurbishment works. Members will recall that the DRC was forced to close due to a fire shortly after reopening in late 2021. Access to the building allows a broader range of activities and support to be provided alongside community outreach activities which remain very popular.

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

5.1. The delivery of COVID and flu vaccinations commenced in older adult care homes on 6 September 2022. At the time of writing, the mobilised vaccination team have delivered winter flu and 4th/booster COVID-19 vaccinations to 1124 and 1140 people respectively. This is all the individuals who were

eligible/accepted the vaccine at the time. Mop up will continue across all care home residents as required.

- 5.2. The vaccination of housebound individuals began in Renfrewshire on 23 September 2022, earlier than initially planned. At the time of writing, 753 individuals have received flu vaccinations and 758 housebound residents have received COVID-19 vaccinations. This equates to around 47% of the housebound cohort having received a flu/covid booster vaccinations. The overall percentage of vaccinations provided continues to fluctuate as more individuals are referred to the programme.

6. Financial Planning Update

- 6.1. Due to the challenges around external economic factors and public sector budget challenges, the HSCP continues to work on the development of its savings programme in a climate of ongoing uncertainty. This includes several changes to the UK Government's Fiscal Plan announcement which was scheduled for 31 October 2022 and has now been moved to 17 November as a full Autumn Statement. It is expected that this will now include further detail on changes to public sector budgets in this and future years, with the Scottish Government budget for 2023/24 to be published on 15 December 2022. In addition, there remains uncertainty over the full extent and impact of pay increases across the HSCP's staff group.
- 6.2. The HSCP's SMT continue to lead detailed work to develop savings proposals, which were further tested and developed at a recent full-day SMT meeting. Reflecting the degree of uncertainty described above, final savings proposals will be brought to the IJB at its meeting in March 2023 for approval. This timeline will allow the savings programme to reflect the UK and Scottish Government Budget impacts with greater clarity. Further detail on the financial outlook is provided in Agenda Item 10 'IJB Financial Sustainability and Outlook Update'.

7. National Care Service Progress Update

- 7.1. An update on the Stage 1 of the National Care Service (Scotland) Bill was provided to the IJB in September 2022. It was agreed that future progress updates would be provided to the IJB on key developments.
- 7.2. On 25 October 2022, as part of the ongoing parliamentary scrutiny process, oral evidence sessions were heard by the Health, Social Care and Sports Committee (Lead Committee) and the Financial and Public Administration Committee. Evidence included academic research on international models of care and local government briefings on the Bill's Financial Memorandum.
- 7.3. From October to December 2022, the Committees will continue to meet, gather evidence, and hear oral evidence sessions to further scrutinise the Bill before it moves to Stage 2. This will include oral evidence from Audit Scotland, NHS Scotland, the Health and Social Care Alliance, the Fraser of Allander Institute and the Minister for Mental Wellbeing and Social Care. The parliamentary bureau has set a deadline of 17 March 2023 for the Committees to publish evidence.

- 7.4. On 22 September 2022, the Scottish Government published 'Getting involved in designing the National Care Service'. As part of the co-design phase, eligible partners, stakeholders, and the public were invited to join the Lived Experience Experts Panel or National Care Service Stakeholder Register. The forums have been established to gather feedback and views on the Bill and are intended to be part of a wider ongoing engagement process. Applications are currently open with no registration deadline set.
- 7.5. In addition, on 30 September 2022, the Scottish Government published the National Care Service Social Work: Contextual Paper. The paper outlines the status of social work in Scotland and is part of a collection of evidence papers setting out key information about social care and related areas linked to the National Care Service. The paper outlines the historical background of social work, as well as the existing structures and functions that impact on how social work is practiced and delivered. In line with the primary objectives the Bill, the paper advocates that there is a coherent case for realigning social work professional practice with any early intervention and prevention agenda, building on policy intent, and universally supported within the Independent Review of Adult Social Care in Scotland (Feeley 2021) and the Promise.
- 7.6. Following on from these publications, in early October, the first National Care Service Forum 'Working Together' 2022 took place – a hybrid event encompassing in person and online attendance. The forum was the first co-design event organised by the Scottish Government and brought together a wide range of people with an interest in community health and social care to discuss ideas, ambitions, and the shape of the National Care Service. The programme agenda and delegate speeches have been published, and further information will be made available following analysis of the discussions held.
- 7.7. A further progress update will be provided to the IJB in January 2023.

8. Drug Related Deaths and Suspected Drug Deaths

- 8.1. The previous Chief Officer's report included an update on the publication of the 2021 National Records of Scotland Drug Related Deaths in Scotland and national recommendations contained within the National Drugs Mission Plan: 2022-2026. The report noted that a further update would be provided to the IJB on the local response to these statistics, the ongoing activity to reduce drug related deaths and the impact of the national recommendations on service delivery within local service provision.
- 8.2. On 23 September 2022, Police Scotland published the latest quarterly report on Suspected Drug Deaths in Scotland (April to June 2022). The report estimates that within the Renfrewshire and Inverclyde Police Division, suspected drug deaths have decreased from 23 in the previous quarter to 7 (April to June 2022) – the lowest figure reported across all Police Divisions and since January 2017.
- 8.3. Several activities and developments continue across Renfrewshire to reduced and prevent drug related deaths. The detail of current and planned local activity, is contained within Agenda Item 13 Alcohol, Drug and Recovery Services Update.

9. Suicide Prevention

9.1. On 29 September 2022, the Scottish Government published the Suicide Prevention Strategy – ‘Creating Hope Together’. This ten-year strategy, which replaces the previous Suicide Prevention Action Plan: Every Life Matters 2018 strategy, aims to create a new approach to reducing suicide in Scotland. Implementation of the new strategy is supported by increased Scottish Government funding through the Programme for Government and supplemented by a three-year action plan which aims to deliver on the strategy’s vision and target outcomes.

9.2. Detail on how the strategy’s vision, guiding principles and priorities have been aligned to the HSCPs strategic plan is contained within Agenda Item 12, Mental Health – Suicide Prevention.

10. Scottish Government publication of its Winter Resilience Plan and extension of the Social Care Staff Support Fund

10.1. The Scottish Government published its 2022-23 winter resilience plan for health and social care on 4 October 2022. The plan sets out eight priorities to support service resilience over the coming months. Measures identified to support services include:

- The aim of recruiting 1,000 additional staff over the course of this winter, including £8 million to recruit up to 750 nurses, midwives and allied health professionals from overseas as well as 250 support staff across acute, primary care and mental health;
- Flexibility for Health Boards to offer ‘pension recycling’, where unused employer contributions can be paid as additional salary, to support the retention of staff;
- £45 million for the Scottish Ambulance Service to support on-going recruitment, service development and winter planning; and
- £124 million to assist health and social care partnerships expand care at home capacity. This funding was previously announced as part of the winter monies package for 2022-23, which also included £20m for interim care arrangements and £40m to enhance multi-disciplinary teams;
- Extension of the Social Care Staff Support Fund to 31 March 2023, to ensure staff receive full pay when in COVID isolation;
- Writing to GPs to communicate the expectation that pre-bookable appointments are made available in every practice, alongside same day, face to face and remote appointments.

10.2. As noted above, the Scottish Government and COSLA have agreed to extend the Social Care Fund to 31 March 2023. The eligibility criteria and scope of the fund remain the same.

10.3. The Fund is available for social care staff absent from work due to having COVID-19, or self-isolating in line with public health guidance, and will remain in place to support and encourage infection prevention and control in social

care settings where there is confirmation that a staff member has COVID-19. This will help to protect both service users and the workforce, thereby promoting public health and mitigating harm from the virus.

11. Scottish Parliament Health, Social Care and Sport Committee Tackling Health Inequalities in Scotland Report

- 11.1. On 28 September 2022, the Scottish Parliament Health, Social Care and Sports Committee published the 'Tackling health inequalities in Scotland' report - in response to the 2021 inquiry into health inequalities. The inquiry was designed to assess progress since the 2015 report and also take into account the impacts of COVID-19. The wide-ranging report calls for urgent action to address health inequalities, and notes that tackling poverty should be considered a major public health priority across all levels of UK and Scottish Governments and Local Authorities.
- 11.2. The report makes several recommendations for public service reform and strategic action across policy areas - including education, employment, housing and social security. Key recommendations within the report include the development of an overarching national strategy for tackling health inequalities in Scotland and a national approach to social prescribing through prevention. The Committee highlights that effective community planning policy to reduce health inequalities and improve health outcomes is critical until a national strategy or set of guiding principles is implemented.
- 11.3. Tackling and reducing health inequalities through early intervention and prevention is a key strategic objective of the HSCPs Strategic Plan 2022-25 and is captured as a central area of focus with supporting actions in the recently updated Renfrewshire Community Plan. Several key report recommendations are already in place across Renfrewshire. For example, the HSCP is both part of, and actively promotes and supports employers to adopt the Carers Positive Award Scheme and have been embedded Community Link Workers across all GP surgeries to ensure social prescribing is utilised correctly (both online and in person).
- 11.4. The report also highlights that informal and unpaid caring has a disproportionate impact on health outcomes, and that unpaid carers face significant health inequalities as a result. To address the issue, the Committee has called on the Scottish Government and Public Health Scotland to provide more targeted support for carers to be reflected in the future development of public health policy and strategies.
- 11.5. In October 2022, the HSCP published the refreshed Renfrewshire IJB 'Unpaid Adult Carers Strategy 2022-25 - Supporting our Unpaid Carers' following approval from the IJB in September 2022. The co-produced strategy takes account of several key themes contained within the report e.g., the impacts of COVID-19 and cost of living crisis on carers and it aims to provide a range of targeted support also identified by the Committee, such as the provision of financial and emotional support.
- 11.6. The HSCP will continue to work with its partners to develop its policies and strategies in line with the strategic intent to reduce health inequalities and improve health outcomes for our communities.

12. Patient Safety Commissioner Bill

12.1. On 7 October 2022, the Scottish Government Patient Safety Commissioner Bill. The purpose of the Bill is to introduce legislation to establish the Office of Patient Safety Commissioner for Scotland. The Commissioner's remit will cover all healthcare providers operating in Scotland, including the NHS, NHS-contracted and independent or private healthcare providers. The Commissioner will:

- Promote and improve patient safety by amplifying the patient voice within the patient safety system;
- Develop a system-wide view of the healthcare system in Scotland and use it to identify wider safety issues; and
- Promote better coordination across the patient safety landscape in Scotland in responding to concerns about safety issues.

12.2. The Patient Safety Commissioner remit will include collating patient feedback and safety data shared by NHS Boards and Healthcare Improvement Scotland to identify concerns and recommended actions. Where necessary, the Commissioner will also have the power to lead formal investigations into potential safety issues, with powers to require information to be shared to ensure that every investigation is fully informed.

12.3. The Bill has no implications for Local Authorities as they do not provide healthcare services. However, there will be implications for current legislation and policy relating to patient safety and complaints given the number of avenues through which concerns and complaints regarding patient safety can be raised in Scotland. The HSCP Senior Management Team are considering the implications of the proposed legislations on current protocols and processes and will be guided by the NHSGGC on any revised changes to the existing complaint processes.

13. NHS Public Protection Accountability and Assurance Framework

13.1. On 6 October 2022, the Scottish Government published the NHS Public Protection Accountability and Assurance Framework. The Framework sets out exemplar evidence of high quality and effective services that promote the protection of children and adults. The Framework is underpinned by recent policy and practice developments, Scotland's Independent Care Review findings (and subsequent publication of The Promise), and a range of sources including inspection findings and reviews of cases where children and adults have died or significantly harmed.

13.2. The Framework is intended to guide Health Boards in assessing the adequacy and effectiveness of their public protection arrangements relating to adults and children at both strategic and operational levels and informs existing health board and shared multi-agency governance and assurance arrangements. The aim is to ensure greater consistency in what children, adults at risk of harm, and families can expect in terms of support and protection from health services in all parts of Scotland.

- 13.3. Local leadership and accountability for child and adult protection services, and more broadly public protection, collectively sits with Chief Officers in Renfrewshire – Chief Executives of Local Authorities/Health Boards, Police Scotland Divisional Commanders and HSCP. Chief Officers are appropriately linked to local governance arrangements through Renfrewshire's multi-agency Community Protection Chief Officers Group with additional representation on Renfrewshire's Children and Adult Protection Committees.
- 13.4. This Group is responsible for leadership, strategic oversight and scrutiny of multi-agency public protection activity and practice including child protection, adult protection, community safety, the management of offenders and community justice, alcohol and drugs, and gender-based violence. The Group provides regular reports to the Member Officer Group, comprised of elected members on a cross party basis, and key officers from the Council and partners.
- 13.5. The Framework will be considered by the Chief Officers Group and appropriate NHSGGC clinical and care governance fora to ensure the framework is reflective of current public protection arrangements across Renfrewshire.

Implications of the Report

1. **Financial** – No implications from this report. A detailed assessment of the current financial context is provided in the Financial Sustainability and Outlook paper also submitted to this IJB meeting for consideration.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – Relevant policy developments, for example those arising from the Scottish Parliament Health, Social Care and Sports Committee 'Tackling health inequalities in Scotland' report will be considered within the context of the refreshed Community Plan and the IJB's Strategic Plan.
4. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report, however the completion of refurbishment works at the Disability Resource Centre are captured for members' information within this paper.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Risks and issues arising from the contents of this report and related activity and tracked and managed on an ongoing basis through the HSCP's risk management arrangements and incorporated into reports to the Audit, Risk and Scrutiny Committee as appropriate.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

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To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2022 to 30 September 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 30 September 2022, and, the projected year end position for the year ending 31 March 2023.
- 1.2. Members are reminded that at the development session of 12 August 2022 the Chief Finance Officer highlighted the current volatility of the IJB's budget due to the current economic and cost of living crisis and the likelihood that this will have a negative impact on projections as we move through the financial year. Given the current fluid discussions on pay negotiations it is not yet clear what the final impact will be on the overall budget position for 2022/23 or what funding will be passed through to the IJB to meet these increased costs.
- 1.3. In addition, as previously highlighted in the Chief Finance Officers report to the IJB in September, the continued delay in receiving a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities means that it is not clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 30 September 2022;
- Note the projected year-end position for 2022/23;
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2022/23;
- Approve the creation of an earmarked reserve to fund the projected shortfall in the delivery of the PCIP programme (section 6.4) to be funded from the projected year end health underspend and a realignment of a proportion of the fixed term posts reserve (reflecting difficulties in recruiting to fixed term posts).

3. Summary

3.1. As detailed in the following table, the IJB year to date position is an underspend of £1,151k and the projected outturn for 2022/23 an underspend of £2,370k (these figures include the impact of COVID-19 which is funded from the draw-down of COVID-19 earmarked reserves) and in line with Scottish Government funding arrangements assumes a transfer of any in-year underspend at 31 March 2023 to ear marked reserves in relation to:

- Winter pressures monies
- Action 15
- Primary Care Improvement Programme (PCIP),
- Alcohol and Drug Partnership (ADP)

Division	Year-to Date	Projected Outturn
Total Renfrewshire HSCP (including COVID-19 and other ring-fenced funding)	Underspend £1,199k	Underspend £2,472k
Other Delegated Services	Overspend (£47k)	Overspend (£102k)
GRAND TOTAL	Underspend £1,151k	Underspend £2,370k

3.2. 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 underspend of £3,108k:** as previously highlighted, there are ongoing challenges in terms of recruitment and retention issues across all service areas due to the limited availability of the skills mix required within the workforce market. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **Supplies and Services overspend of (£330k):** this overspend is mainly in relation to equipment, including costs associated with the purchase of IT equipment across all areas of the service to augment flexible working.
- **Care at Home overspend of (£1,879k):** Spend within care at home continues to increase as the service continues to support delayed discharges and demand.
- **Care Homes Placements – underspend £240k:** reflects greater numbers of clients choosing to remain at home for longer.
- **Adult Care Placements – underspend £654k:** reflective of the current client profile in this area but will be subject to change depending on demand and the implementation of planned adult care placements over the financial year.
- **Transport - underspend £371k:** this underspend is reflective of services such as Day Care operating at a reduced capacity.
- **Transfer Payments - underspend £455k:** is reflective of the impact of Covid19 on some of our contracted services who have been operating at a reduced capacity

- **Prescribing - overspend (£397k):** This 'prudent' projected overspend reflects a number of issues currently impacting on the price of drugs as well as a number of items being on short supply.

- 3.3. As recently highlighted to the IJB at its Development session on 12 August 2022, we are living in unprecedented times. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK. The full extent of which is still emerging. Members should be aware that it is highly likely that these scenarios will undoubtedly have a negative impact on the current year end projections for the IJB.
- 3.4. Whilst our current financial position is projected to deliver a large underspend, this position may well change as the financial year progresses. In addition, this position also masks the difficulties of the financial outlook in the medium term which includes an anticipated reduction in partner budgets arising from the Resource Spending Review and the increasing prevalence of non-recurring funding streams which create a lack of flexibility in how the IJB can use their funding.
- 3.5. The IJB's financial planning arrangements will remain subject to active review, to enable us to continue to plan for a range of potential outcomes and scenarios and help us to manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.
- 3.6. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 5 and 6 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £1,199k	Underspend £2,472k

- 4.1. The overall net underspend for the HSCP at 31 July 2022 is an underspend of £1,199k, with an anticipated year-end underspend of £2,472k, assuming that the current trajectory of spend continues throughout this financial year.
- 4.2. The current and projected year end position for Winter Pressures monies, Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume that if there are any underspends, they will be 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 £8,429k to date, from earmarked reserves as detailed in the following table and in Appendix 8.

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23
£000's	£000's	£000's	£000's	£000's
Covid Funding	17,242	-1,514	15,728	-1,514
Scottish Government Ring Fenced Monies carried forward:				
PCIP	4,347	-4,347	0	-4,347
PCTF Monies Allocated for Tests of Change and GP Support	216	0	216	0
GP Premises Improvement Fund	462	0	462	0
ADP Funding	2,551	-374	2,177	-374
Mental Health Recovery and Renewal Funding	1,560	-204	1,356	-204
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663	-663	0	-663
District Nurse Recruitment Programme	312	-280	32	-280
Winter Planning Monies / Care Home Liaison Monies	4,740	-354	4,386	-354
Health Visiting	32	0	32	0
SG Pay Award and LW Health & Social Care (21/22)	340	0	340	0
Mental Health Dementia Funding	119	0	119	0
Public Health Improvement Monies	168	0	168	0
Scottish Government Ring Fenced Monies carried forward	15,510	-6,222	9,288	-6,222
Grant Funding carried forward	534	-37	497	-37
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	33,286	-7,773	25,513	-7,773
ICT / Systems Related	643	-153	490	-153
Premises Related	662	-49	613	-49
Prescribing	2,000	0	2,000	0
Other IJB Reserves	8,677	-454	8,223	-454
TOTAL EARMARKED RESERVES	45,268	-8,429	36,839	-8,429

- 4.4. The main broad themes of the current and projected outturn are in line with those previously reported to members throughout 2021/22 and include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £72k	Underspend £110k

- 4.5. The main areas to note within Adults and Older People are in line with previous reports and largely relate to:

- *Continued pressures within the Care at Home service* - spend within care at home continues to increase as the service continues to support delayed discharges and demand.
- *Care Homes* – Currently, the Care Home budget is projecting an underspend reflecting the number of clients choosing to remain at home for longer.
- *Employee costs - Adult Social Care*
Underspends in employee costs reflect ongoing difficulties recruiting to specialist posts across a number of areas, including homecare workers;

social care assistants; team leaders. Where appropriate and where possible these are being covered through overtime and agency staff.

- *Transport costs - Adult Social Care*
Underspends reflecting services currently operating at a reduced capacity.
- *Adult Community Services*
Underspend, reflecting ongoing turnover and recruitment and retention issues across services.

Mental Health Services	Year to Date Position	Year End Outturn
	Underspend £100k	Underspend £220k

- 4.6. The underspend within Mental Health Services reflects vacancies due to recruitment issues throughout all mental health service areas. In order to maintain the recommended safe staffing and skill mix across these services, as well as the need to respond to increasing levels of demand and acute presentations, bank and agency staff are required to fill the current gaps due to vacancies – this position is likely to continue.

Learning Disabilities	Year to Date Position	Year End Outturn
	Underspend £665k	Underspend £1,419k

- 4.7. The underspend within Learning Disabilities is mainly due to vacancies across all areas of the service including within the newly created Assertive Outreach Team for which posts are currently actively being recruited to. In addition, there is an underspend on adult care packages reflective of the current client profile which will be subject to change depending on demand and the timescales for the implementation of planned adult care placements over the financial year.

Children's Services	Year to Date Position	Year End Outturn
	Underspend £256k	Underspend £513k

- 4.8. The underspend within Children's Services is mainly due to vacancies reflecting recruitment and retention issues across the service.

Resources	Year to Date Position	Year End Outturn
	Underspend £123k	Underspend £247k

- 4.9. The underspend within Resources is mainly due to vacancies within the Admin teams reflecting ongoing recruitment issues.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £140k	Underspend £280k

- 4.10. The underspend in Hosted Services is mainly due to vacancies within the Primary Care and Podiatry Services.

Prescribing	Year to Date Position	Year End Outturn
	Overspend (£199k)	Overspend (£397k)

- 4.11. As previously reported, this 'prudent' projected overspend reflects: Prescribing volumes now being on par with those experienced prior to the pandemic, as

well as an unprecedented number of items being on short supply and, a number of issues currently impacting on the price of drugs including:

- limitations in manufacturing capacity due to COVID-19, Ukraine, lockdowns in Far East, staffing shortages
- ongoing issues with availability and cost of card and cardboard packaging
- ongoing issues with raw materials
- manufacturing processes
- increased testing for excipients in the manufacturing process
- increased shipping costs (fuel and containers - delays and strikes at ports in England)

5. Responding to the COVID-19 Pandemic

5.1. Throughout 2021/22 the Local Mobilisation Plan (LMP) Covid-19 financial tracker was submitted quarterly to the Scottish Government, however in 2022/23 this has reverted to a monthly submission, to allow close monitoring of the impact of Covid Cost Improvement Programmes.

5.2. The following table summarises the expenditure which the HSCP has incurred to date and an estimate of future commitments for 2022/23. To date (in 2022/23) £1,554k has been spent responding to COVID-19, of which £289k relates to health services and, £1,265k relates to adult social care services.

Total Estimated Costs at 16/09/22							
Description of Cost Type	Health			Adult Social Care			TOTAL
	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	Costs Incurred to Date £000's	Estimate of Future Commitments £000's	Total Costs £000's	
Additional Staff Costs	137	135	271	260	(0)	260	531
Provider Sustainability Costs			-	761	1,006	1,767	1,767
PPE	5	-	5			-	5
Community Hubs	19	-	19			-	19
Loss of Income			-	79	79	157	157
FHS costs	128	174	302			-	302
Other Costs	0	110	110	166	131	297	407
TOTAL	289	419	708	1,265	1,215	2,480	3,188

5.3. Funding of costs associated with COVID-19, for services delegated to the IJB, is routed through NHSGGC, and passed through to the IJB. In total, additional funding of £17.243m was received in 2021/22 reflecting funding in advance of need which is currently held in an earmarked reserve to address COVID-19 expenditure commitments in 2022/23.

5.4. As detailed in the following table the opening earmarked COVID-19 reserve was £17.242m.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	Funding c/f Earmarked Reserves £000's	New funding received 2022/23 £000's	Anticipated Funding Required 2022/23 £000's	Estimated Costs @ 16/09/22 £000's	Remaining Balance £000's
Covid - Intergration Authority Support	16,545			3,188	13,357
Covid - Community Living Change	697		0	0	697
Total	17,242	0	0	3,188	14,054

5.5. Currently, we are projecting that expenditure in 2022/23 will be £3.188m leaving a projected remaining balance of £14.054m. This is a significant reduction from the £5.172m reported to the September IJB meeting and is mainly due to the removal of PPE costs.

5.6. The vast majority of the PPE distributed in 2021/22 came from the local PPE Hub operated by Renfrewshire Council on behalf of the HSCP, with the PPE supplied by National Services Scotland (NSS). Our previous returns assumed that for 2022/23 these costs would be recharged to the HSCP. However, the Scottish Government have now advised that these costs should be removed which has resulted in an anticipated reduction of Covid-19 spend for 2022/23 of £2.058m.

5.7. Since March 2022 there have been a number of significant changes to Public Health policies in relation to Covid19. This has resulted in the profile of Covid19 spend reducing significantly compared to when funding was provided to IJBs for Covid19 purposes. In response to this, the Scottish Government wrote to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid19 reserves to be redistributed across the sector to meet current Covid19 priorities (reference appendix 9). At this stage, the details in relation to process, values and timescale have not yet been confirmed.

6. Scottish Government Funding 2022/23

6.1. As highlighted in para 1.3 we have not yet received a number of ring-fenced allocations from the Scottish Government in respect of specific Scottish Government priorities. It is therefore not yet clear how the in-year budget will be impacted and what conditions will be attached to the funding when it is received, including whether it will be recurring or non-recurring.

6.2. As highlighted in section 6.4 of this report in relation to PCIP, the Scottish Government has confirmed that the total value of PCIP earmarked reserves held by IJBs across the country has now been taken into account as part of the overall available funding, and therefore IJBs must draw down these reserves in the first instance and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding will therefore be restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances (an overall reduction in this year's assumed available funding).

6.3. In addition to a change in the funding mechanism for PCIP, the Scottish Government in their letter of 6 October (Appendix 11) to ADP Chairs and Integration Authority Chief Officers highlighted that a similar approach will be applied for ADP programmes whereby IJBs will only receive additional funding once reserve balances have been fully utilised:

“Given the overall financial pressures across health and social care it is prudent and sensible to use existing reserves that have been built up over time before allocating new funding. On that basis, we previously advised that Integration Authorities would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years”.

6.4. **PCIP Update**

6.4.1. **Background**

6.4.1.1. In 2017/18 agreement was reached by the Scottish Government and the GP profession on the new GP contract. The principal elements of which are:

- Redesign of primary care services to enable longer consultations by GPs with people with multiple morbidities requiring complex care.
- Health boards to take on responsibility for GP leased and owned premises.
- To reduce the risk to GPs from information sharing, improved use of new information technology.
- To give GP clusters a role in quality planning, quality improvement and quality assurance.
- To provide new opportunities for practice staff-nurses, managers, and receptionists to contribute to patient care.

6.4.1.2. To support the introduction of the new contract a Memorandum of Understanding (MoU) was signed by the Scottish Government, the British Medical Association, Integration Authorities and NHS Boards (the MoU was updated in 2021).

6.4.1.3. The MoU covers 6 workstreams:

- Vaccination Transformation Programme - transfer of responsibility for vaccination delivery from GPs to health boards.
- Transfer of responsibility for delivering community treatment and care services from GPs to health boards, including phlebotomy (CTAC).
- Transfer of responsibility for delivering pharmacotherapy services from GPs to health boards
- Development of urgent care services by health boards to support general practice.
- Recruitment of additional practitioners employed by health boards to expand multi-disciplinary teams in primary care, such as acute musculoskeletal physiotherapy services, community mental health services.
- Development of Community Links Workers' support for primary care.

6.4.1.4. The Vaccination Transformation Programme is now substantially delivered.

6.4.1.5. The Primary Care Implementation Plans (PCIPs) provide the detail on how each HSCP plans to deliver on their MoU commitments Renfrewshire's initial Primary Care Improvement Plan was agreed by the IJB on 28 June 2018, with further updates and PCIP trackers provided to the IJB on a regular basis.

6.4.2. **PCIP Funding for 2022/23**

6.4.2.1. As highlighted in the Chief Finance Officer's report of the 16 September, the 2022/23 Tranche 1 allocation for the PCIP was issued by the Scottish Government on 11 August 2022 (Appendix 10). The allocation basis differs from that in previous years and assumes that PCIP reserves are uncommitted – which in the case of Renfrewshire is not the case.

6.4.2.2. The overall funding for 2022/23 is £170m of which Renfrewshire's share based on NRAC is £5.72m. As highlighted above, a different approach to the allocation has been taken for 2022/23:

“Given the overall financial pressures across health and social care, and taking into account the Resource Spending Review, it is prudent and sensible to use existing reserves that have been built up over time. On this basis, we have agreed with the Cabinet Secretary for Health and Social Care that Integration Authorities should draw down existing reserve balances in the first instance, and therefore 2022-23 allocations will reflect reserves held. Please note, therefore, that the £170 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.”

6.4.2.3. When determining the allocation for 2022/23 the Scottish Government used the balance held in PCIP reserves from October 2021, for Renfrewshire this was £3.162m. The Scottish Government have since advised that it would be prudent for IJBs to assume that tranche 2 allocations will take into account reserve balances held at 31 March 2022. It is therefore anticipated that the final reduction will reflect our reserves position AT 31 March 2022 of £4.347m.

6.4.2.4. Locally, the £4.347m was carried forward in earmarked reserves to fund commitments linked to an expanded model of community link workers, winter planning funding and accommodation works, to support the additional staff who have been recruited and to provide space for the delivery of care and treatment for patients.

6.4.2.5. Our approach to the use of PCIP reserves has been explained in previous PCIP returns to the Scottish Government and we have been clear on the basis in which we are planning and proceeding to deliver our PCIP programme.

6.4.2.6. The following table provides details of our planned use of the PCIP reserves as agreed with our local GP representatives and the LMC.

Spend – MOU Area	Detail	Breakdown of posts (wte)	£	Agreed funding from SG £	Funded by HSCP £
Community Link Workers	Community Link Worker, Variation of Contract	3 WTE	261,260	261,260	0
Community Link Worker Total			261,260	261,260	0
Pharmacotherapy	Pharmacy Hub Event and backfill	One off spend	10,815	10,815	0
	Fixed term posts	1 Band 3	62,980	62,980	0
		2 Band 7	260,504	260,504	0
		3 Band 3	188,941	188,941	0
		0.5 Band 7	32,563	32,563	0
	IT equipment for staff within Pharmacy hubs	Equipment and supplies - One off spend	21,477	21,477	0
Pharmacotherapy Total			577,280	577,280	0
Treatment Rooms	Fixed Term posts	2 Band 5	120,643	120,643	0
Treatment Rooms Total			120,643	120,643	0
Urgent Care	Care Home Care ANP support (fixed term)	1 Band 7	130,252	130,252	0
	GP ANP support	Support	109,340	109,340	0
	Scottish Ambulance Service	2 Band 7	260,504	130,252	130,252
	ANP - fixed term posts	2 Band 5	178,072	0	178,072
Urgent Care Total			678,168	369,844	308,324
Infrastructure Works	Improvement works: Renfrew and Linwood, GP accommodate		632,000		632,000
	Improvement works: Paisley, associated refurbishment works within vacant unit.		431,000	0	431,000
	Improvement works: Johnstone, associated refurbishment works in vacant space.		250,000	0	250,000
	Improvement works: Paisley, associated refurbishment works.		50,000	0	50,000
	Feasibility Study		8,000	8,000	
Infrastructure Works Total			1,371,000	8,000	1,363,000
Overall Total			<u>3,008,351</u>	<u>1,337,027</u>	<u>1,671,324</u>

6.4.2.7. Following a number of recent discussions with the Scottish Government, they have confirmed that they will agree financial cover to support our legal commitments of £1.337m, leaving a balance of £1.671m for which we are seeking approval from the IJB to fund.

- 6.4.2.8. Scottish Government have also asked that we continue to re-evaluate our 'in year' costs and keep them updated on projections reflecting any movements through slippage in the programme, forthcoming recruitment plans, and any other sources of funding available. The Scottish Government will discuss our position ahead of tranche 2 allocations and make any necessary adjustments.

7. Other Delegated Services

- 7.1. 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.

- 7.2. The Projected outturn position to 31 March 2022 is an overspend of £102k.

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	931	(102)	-12%	overspend
Women's Aid	239	239	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

8. Reserves

- 8.1. It is essential 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.

- 8.2. The opening IJB reserves position for 2022/23 was £51,049k comprising:

- COVID-19 Funding £17,242k;
- Scottish Government Ring Fenced Monies £15,510k;
- Grant Funding £534k and
- IJB Earmarked Reserves £11,982k.

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.

- 8.3. As detailed in Appendix 8 and paragraph 4.3, based on current projections for 2022/23 a total of £8,429m of earmarked reserves have been drawn down to date.

- 8.4. 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. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.

- 8.5. As highlighted in section 6 of this report in relation to PCIP and ADP, the Scottish Government has confirmed that IJBs must draw down these reserves in the first instance and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding will therefore be restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances (an overall reduction in this year's assumed available funding).
- 8.6. In addition to the Scottish Government's funding changes to PCIP and ADP funding, there are also anticipated restrictions in other funding streams including Mental Health Action 15. This means a significant portion of Committed Reserves will be utilised during 2022/23.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
11. **Privacy Impact** – none.

List of Background Papers – None.

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Direction from the Integration Joint Board		
1.	Reference Number	251122-05
2.	Date Direction issued by IJB	25 November 2022
3.	Date from which Direction takes effect	25 November 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, 160922-04
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2022-25), 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 strategic objectives and outcomes set out in 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	January 2023.

Appendix 1

HSCP Revenue Budget Position 1st April 2022 to 30th September 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	44,588	1,362	-	3,187	-	49,137	47,610	1,527	3.1%	underspend
Property Costs	213	33	-	25	-	271	342	(71)	-26.3%	overspend
Supplies and Services	9,664	365	(6,127)	208	-	4,110	4,278	(168)	-4.1%	overspend
Third Party Payments	34,806	156	-	-	-	34,963	35,416	(453)	-1.3%	overspend
Purchase Of Healthcare	1,480	35	-	(18)	-	1,497	1,504	(7)	-0.5%	overspend
Transport	389	(2)	-	-	-	387	215	171	44.3%	underspend
Family Health Services	47,334	1,396	-	-	-	48,730	48,931	(201)	-0.4%	overspend
Support Services	32	-	-	1	-	33	32	2	4.6%	underspend
Transfer Payments (PTOB)	3,417	(655)	-	32	-	2,794	2,584	210	7.5%	underspend
Resource Transfer	11,605	(596)	(11,009)	-	-	-	-	-	0.0%	breakeven
Set Aside	31,790	-	-	-	-	31,790	31,790	-	0.0%	breakeven
COVID 19	-	-	-	717	-	717	717	-	0.0%	breakeven
Gross Expenditure	185,317	2,095	(17,136)	4,151	-	174,428	173,417	1,010	0.6%	underspend
Income	(14,465)	(687)	-	-	(4,151)	(19,303)	(19,444)	141	-0.7%	underspend
NET EXPENDITURE	170,852	1,408	(17,136)	4,151	(4,151)	155,125	153,974	1,151	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	37,602	1,170	-	607	(607)	38,772	38,701	72	0.2%	underspend
Mental Health	12,611	825	-	452	(452)	13,436	13,336	100	0.7%	underspend
Learning Disabilities	11,119	(639)	-	-	-	10,480	9,814	665	6.3%	underspend
Children's Services	3,186	165	-	146	(146)	3,351	3,095	256	7.7%	underspend
Prescribing	18,752	83	-	-	-	18,835	19,034	(199)	-1.1%	overspend
Health Improvement & Inequalities	487	120	-	-	-	607	566	41	6.7%	underspend
FHS	28,218	844	-	-	-	29,062	29,062	-	0.0%	breakeven
Resources	3,077	(782)	-	2,220	(2,220)	2,295	2,172	123	5.4%	underspend
Hosted Services	5,786	220	-	11	(11)	6,006	5,866	140	2.3%	underspend
Resource Transfer	11,605	(596)	(11,009)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	breakeven
Set Aside	31,790	-	-	-	-	31,790	31,790	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	170,359	1,408	(17,136)	3,434	(3,434)	154,632	153,433	1,199	0.8%	underspend
Other Delegated Services	493	-	-	-	-	493	540	(47)	-9.6%	overspend
NET EXPENDITURE before COVID	170,852	1,408	(17,136)	3,434	(3,434)	155,125	153,973	1,151	0.7%	underspend
COVID 19	-	-	-	717	(717)	-	-	-	-	breakeven
NET EXPENDITURE	170,852	1,408	(17,136)	4,151	(4,151)	155,125	153,973	1,151	0.7%	underspend

HSCP Revenue Budget Position
1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	91,982	2,861	-	6,403	-	101,246	98,138	3,108	3.1%	underspend
Property Costs	453	73	-	49	-	575	721	(146)	-25.4%	overspend
Supplies and Services	19,481	729	(12,254)	429	-	8,385	8,715	(330)	-3.9%	overspend
Third Party Payments	75,414	339	-	-	-	75,753	76,735	(982)	-1.3%	overspend
Purchase Of Healthcare	2,960	70	-	(36)	-	2,994	3,008	(14)	-0.5%	overspend
Transport	843	(5)	-	-	-	838	467	371	44.3%	underspend
Family Health Services	94,668	2,792	-	-	-	97,460	97,861	(401)	-0.4%	overspend
Support Services	70	-	-	2	-	72	69	3	4.6%	underspend
Transfer Payments (PTOB)	7,403	(1,419)	-	69	-	6,053	5,598	455	7.5%	underspend
Resource Transfer	23,209	(1,192)	(22,017)	-	-	-	-	-	0.0%	breakeven
Set Aside	63,579	-	-	-	-	63,579	63,579	-	0.0%	breakeven
COVID 19	-	-	-	1,513	-	1,513	1,513	-	0.0%	breakeven
Gross Expenditure	380,062	4,248	(34,271)	8,429	-	358,468	356,405	2,063	0.6%	underspend
Income	(31,082)	(1,425)	-	-	(8,429)	(40,936)	(41,242)	306	-0.7%	underspend
NET EXPENDITURE	348,980	2,823	(34,271)	8,429	(8,429)	317,532	315,163	2,369	0.7%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Adults & Older People	80,445	2,396	-	1,259	(1,259)	82,841	82,731	110	0.1%	underspend
Mental Health	25,432	1,731	-	906	(906)	27,163	26,943	220	0.8%	underspend
Learning Disabilities	23,982	(1,410)	-	-	-	22,572	21,153	1,419	6.3%	underspend
Children's Services	6,372	330	-	291	(291)	6,702	6,189	513	7.7%	underspend
Prescribing	37,504	166	-	-	-	37,670	38,067	(397)	-1.1%	overspend
Health Improvement & Inequalities	973	240	-	-	-	1,213	1,132	81	6.7%	underspend
FHS	56,436	1,687	-	-	-	58,123	58,123	-	0.0%	breakeven
Resources	6,154	(1,564)	-	4,439	(4,439)	4,590	4,343	247	5.4%	underspend
Hosted Services	11,572	439	-	21	(21)	12,011	11,731	280	2.3%	underspend
Resource Transfer	23,209	(1,192)	(22,017)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	63,579	-	-	-	-	63,579	63,579	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	347,912	2,823	(34,271)	6,916	(6,916)	316,464	313,992	2,472	0.8%	underspend
Other Delegated Services	1,068	-	-	-	-	1,068	1,170	(102)	-9.6%	overspend
NET EXPENDITURE before COVID	348,980	2,823	(34,271)	6,916	(6,916)	317,532	315,162	2,370	0.7%	underspend
COVID 19	-	-	-	1,513	(1,513)	-	-	-		breakeven
NET EXPENDITURE	348,980	2,823	(34,271)	8,429	(8,429)	317,532	315,162	2,370	0.7%	underspend

Appendix 2

Adult Social Care Revenue Budget Position 1st April 2022 to 16th September 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	16,748	817	-	175	-	17,740	17,421	319	1.8%	underspend
Property Costs	162	42	-	-	-	204	228	(24)	-11.5%	overspend
Supplies and Services	913	(8)	-	78	-	984	950	34	3.4%	underspend
Third Party Payments	34,806	156	-	-	-	34,963	35,416	(453)	-1.3%	overspend
Transport	388	(2)	-	-	-	385	214	171	44.5%	underspend
Support Services	32	-	-	1	-	33	32	2	4.6%	underspend
Transfer Payments (PTOB)	3,008	(655)	-	32	-	2,385	2,128	257	10.8%	underspend
COVID 19	-	-	-	476	-	476	476	-	0.0%	breakeven
Gross Expenditure	56,059	349	-	762	-	57,171	56,864	306	0.5%	underspend
Income	(12,895)	(310)	-	-	(762)	(13,968)	(14,109)	141	-1.0%	underspend
NET EXPENDITURE	43,164	39	-	762	(762)	43,203	42,755	447	1.0%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Older People	28,035	(26)	-	228	(228)	28,009	28,250	(241)	-0.9%	overspend
Physical or Sensory Difficulties	3,105	357	-	-	-	3,462	3,421	41	1.2%	underspend
Learning Difficulties	10,464	(786)	-	-	-	9,678	9,148	530	5.5%	underspend
Mental Health Needs	1,258	490	-	18	(18)	1,748	1,630	118	6.7%	underspend
Addiction Services	301	5	-	40	(40)	306	306	0	0.1%	overspend
COVID 19	-	-	-	476	(476)	-	-	-	0.0%	breakeven
NET EXPENDITURE	43,164	39	-	762	(762)	43,203	42,755	447	1.0%	underspend

**Adult Social Care Revenue Budget Year End Position
1st April 2022 to 31st March 2023**

Subjective Heading	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	36,288	1,770		379		38,437	37,745	692	1.8%	underspend
Property Costs	352	90				442	493	(51)	-11.5%	overspend
Supplies and Services	1,979	(18)		170		2,131	2,058	73	3.4%	underspend
Third Party Payments	75,414	339				75,753	76,735	(982)	-1.3%	overspend
Transport	840	(5)				835	464	371	44.5%	underspend
Support Services	70			2		72	69	3	4.6%	underspend
Transfer Payments (PTOB)	6,518	(1,419)		69		5,168	4,611	557	10.8%	underspend
COVID 19				1,032		1,032	1,032	-	0.0%	breakeven
Gross Expenditure	121,461	757	-	1,652	-	123,870	123,206	664	0.5%	underspend
Income	(27,940)	(672)			(1,652)	(30,264)	(30,570)	306	-1.0%	underspend
NET EXPENDITURE	93,521	85	-	1,652	(1,652)	93,606	92,637	969	1.0%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Older People	60,742	(56)		495	(495)	60,686	61,209	(523)	-0.9%	overspend
Physical or Sensory Difficulties	6,727	774				7,501	7,413	88	1.2%	underspend
Learning Difficulties	22,673	(1,704)				20,969	19,820	1,149	5.5%	underspend
Mental Health Needs	2,726	1,061		38	(38)	3,787	3,532	255	6.7%	underspend
Addiction Services	653	10		87	(87)	663	662	1	0.1%	overspend
COVID 19				1,032	(1,032)	-	-	-	0.0%	breakeven
NET EXPENDITURE	93,521	85	-	1,652	(1,652)	93,606	92,637	969	1.0%	underspend

Appendix 3

Health Revenue Budget Position 1st April 2022 to 30th September 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	27,746	546	-	3,012	-	31,304	30,096	1,208	3.9%	underspend
Property Costs	51	(9)	-	25	-	67	114	(48)	-71.7%	overspend
Supplies and Services	8,747	374	(6,127)	130	-	3,123	3,325	(202)	-6.5%	overspend
Purchase Of Healthcare	1,480	35	-	(18)	-	1,497	1,504	(7)	-0.5%	overspend
Family Health Services	47,334	1,396	-	-	-	48,730	48,931	(201)	-0.4%	overspend
Set Aside	31,790	-	-	-	-	31,790	31,790	-	0.0%	breakeven
Resource Transfer	11,605	(596)	(11,009)	-	-	-	-	-	0.0%	breakeven
COVID 19	-	-	-	241	-	241	241	-	100.0%	breakeven
Gross Expenditure	128,752	1,746	(17,136)	3,389	-	116,750	115,999	751	0.6%	underspend
Income	(1,556)	(377)	-	-	(3,389)	(5,321)	(5,321)	-	0.0%	breakeven
NET EXPENDITURE	127,196	1,369	(17,136)	3,389	(3,389)	111,429	110,678	751	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	%	
Addiction Services	197	7	-	-	-	204	204	-	0.0%	breakeven
Addiction Services - ADP	832	-	-	150	(150)	832	832	-	0.0%	breakeven
Adult Community Services	5,133	827	-	189	(189)	5,960	5,688	272	4.6%	underspend
Children's Services	3,186	165	-	146	(146)	3,351	3,095	256	7.7%	underspend
Learning Disabilities	655	147	-	-	-	802	667	135	16.8%	underspend
Mental Health	11,353	335	-	103	(103)	11,688	11,706	(18)	-0.1%	overspend
Mental Health - Action 15	-	-	-	332	(332)	-	-	-	0.0%	breakeven
Hosted Services	5,786	220	-	11	(11)	6,006	5,866	140	2.3%	underspend
Prescribing	18,752	83	-	-	-	18,835	19,034	(199)	-1.1%	overspend
Gms	14,888	-	-	-	-	14,888	14,888	-	0.0%	breakeven
FHS Other	13,330	844	-	-	-	14,174	14,174	-	0.0%	breakeven
Planning & Health Improvement	487	120	-	-	-	607	566	41	6.7%	underspend
Primary Care Improvement Prog	-	420	-	2,174	(2,174)	420	420	-	0.0%	breakeven
Resources	3,077	(1,202)	-	46	(46)	1,876	1,752	123	6.6%	underspend
Set Aside	31,790	-	-	-	-	31,790	31,790	-	0.0%	breakeven
Resource Transfer	11,605	(596)	(11,009)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	6,127	-	(6,127)	-	-	-	-	-	0.0%	breakeven
Covid 19	-	-	-	241	(241)	-	-	-		breakeven
NET EXPENDITURE	127,196	1,369	(17,136)	3,389	(3,389)	111,429	110,678	751	0.7%	underspend

Health Budget Year End Position
1st April 2022 to 31st March 2023

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		%	
Employee Costs	55,492	1,091		6,024		62,607	60,191	2,416	3.9%	underspend
Property Costs	101	(17)		49		133	228	(95)	-71.7%	overspend
Supplies and Services	17,494	747	(12,254)	259		6,246	6,649	(403)	-6.5%	overspend
Purchase Of Healthcare	2,960	70		(36)		2,994	3,008	(14)	-0.5%	overspend
Family Health Services	94,668	2,792				97,460	97,861	(401)	-0.4%	overspend
Set Aside	63,579					63,579	63,579		0.0%	breakeven
Resource Transfer	23,209	(1,192)	(22,017)			-	-		0.0%	breakeven
COVID 19				481		481	481		100.0%	breakeven
Gross Expenditure	257,503	1,951	(34,271)	6,777	-	233,500	231,998	1,502	0.6%	underspend
Income	(3,112)	(753)			(6,777)	(10,642)	(10,642)		0.0%	breakeven
NET EXPENDITURE	254,391	1,781	(34,271)	6,777	(6,777)	222,858	221,356	1,502	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	393	14				407	407		0.0%	breakeven
Addiction Services - ADP	1,664			300	(300)	1,664	1,664		0.0%	breakeven
Adult Community Services	10,266	1,654		377	(377)	11,920	11,376	544	4.6%	underspend
Children's Services	6,372	330		291	(291)	6,702	6,189	513	7.7%	underspend
Learning Disabilities	1,309	294				1,603	1,333	270	16.8%	underspend
Mental Health	22,706	670		205	(205)	23,376	23,411	(35)	-0.1%	overspend
Mental Health - Action 15	-			663	(663)	-	-		0.0%	breakeven
Hosted Services	11,572	439		21	(21)	12,011	11,731	280	2.3%	underspend
Prescribing	37,504	166				37,670	38,067	(397)	-1.1%	overspend
Gms	29,776					29,776	29,776		0.0%	breakeven
FHS Other	26,660	1,687				28,347	28,347		0.0%	breakeven
Planning & Health Improvement	973	240				1,213	1,132	81	6.7%	underspend
Primary Care Improvement Prog		839		4,347	(4,347)	839	839		0.0%	breakeven
Resources	6,154	(2,403)		92	(92)	3,751	3,504	247	6.6%	underspend
Set Aside	63,579					63,579	63,579		0.0%	breakeven
Resource Transfer	23,209	(1,192)	(22,017)			-	-		0.0%	breakeven
Social Care Fund	12,254		(12,254)			-	-		0.0%	breakeven
Covid 19				481	(481)	-	-			breakeven
NET EXPENDITURE	254,391	2,738	(34,271)	6,777	(6,777)	222,858	221,356	1,502	0.7%	underspend

Renfrewshire Council 'Other Delegated Services'
1st April 2022 to 16th September 2022

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	93	93	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	4	4	-	0%	breakeven
Transport	1	1	-	0%	breakeven
Transfer Payments (PTOB)	408	456	(47)	-10%	overspend
Gross Expenditure	507	554	(47)	-10%	overspend
Income	(14)	(14)	-	0%	breakeven
NET EXPENDITURE	493	540	(47)	-10%	overspend

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	383	430	(47)	-11%	overspend
Women's Aid	110	110	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	493	540	(47)	-11%	overspend

1st April 2022 to 31st March 2023

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	202	202	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	8	8	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Transfer Payments (PTOB)	885	987	(102)	-12%	overspend
Gross Expenditure	1,098	1,200	(102)	-12%	overspend
Income	(30)	(30)	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

Client Group	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	829	931	(102)	-12%	overspend
Women's Aid	239	239	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	1,068	1,170	(102)	-12%	overspend

2022/23 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2022/23 Renfrewshire HSCP Opening Budget:	93,521
Adult Social Care Budget as reported @ 27th May 2022	93,521
<u>Budget Adjustment posted in month 3</u>	
<u>Recurring:</u>	
Transfer of WAN connection to ICT for the CIRCLE	-3
Transfer of Winter Monies from Health for Additional Posts	88
Adult Social Care Budget as reported @ 19th August 2022	93,606

Appendix 6

<u>2022/23 Health Financial Allocation to Renfrewshire HSCP</u>	£k
2022/23 Renfrewshire HSCP Financial Allocation	190,812
Add: Set Aside	63,579
<u>less:</u> Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-23,209
= base budget rolled over	218,928
RT Adjustments	1,192
Budget allocated as per 2022/23 Financial Allocation 31st May 2022	220,120
<u>Budget Adjustments posted in month 3</u>	
<u>Non-Recurring Additions</u>	
Adjustment to Prescribing	42
Budget allocated as per 2022/23 Financial Allocation 30th June 2022	220,162
<u>Budget Adjustments posted in month 4</u>	
<u>Additions</u>	
General Dental Services (NCL) incentive workload payments	1,687
<u>Non-Recurring:</u>	
FHS Prescribing	52
Budget allocated as per 2022/23 Financial Allocation 31st July 2022	221,901
<u>Budget Adjustments posted in month 5</u>	
<u>Additions</u>	
Renf Sesp Funding	207
Renf Sesp Funding Smoke Ces	13
Sesp Practice Nurse	45
<u>Non-Recurring:</u>	
Apremilast Cam Acute M5 June22	41
Budget allocated as per 2022/23 Financial Allocation 31st August 2022.	222,207
<u>Budget Adjustments posted in month 6</u>	
<u>Additions</u>	
Camchp29 Pcip Baseline Ni	3
<u>Non-Recurring:</u>	
Camchp47 Pcip Tranche 1	581
Camchp60 Phi Smoke Cess	35
Apremilast	32
Budget allocated as per 2022/23 Financial Allocation 30th September 2022.	222,858

Scottish Government Funding Streams

Funding Description	2022/23										
	Opening Balance Earmarked Reserves £000's	Drawdown from Reserves £000's	Current Reserves Balance P6 £000's		Core Budget £000's	Per Allocation Letter £000's	Received @ 30th September £000's	Total Budget P6 £000's	Forecasted Expenditure £000's	Variance £000's	Anticipated Movement to Reserves £000's
PCIF	4,347	4,347	-		260		581	5,188	8,356	- 3,168	-
Action 15	663	663	-		-	-	-	663	663	-	-
ADP (includes all ADP Related Funding Streams)	2,551	374	2,177		1,640	-	-	2,014	2,014	-	-
TOTAL	7,561	5,384	2,177		1,900	-	581	7,865	11,033		

Note : No allocation letters for Action 15 to confirm funding for 22/23

Movement in Ear Marked Reserves

HSCP Funded Earmarked Reserves	Opening Position 2022/23	Amounts Drawn Down in 2022/23	Closing Position 2022/23	Movement in Reserves 2022/23	To be Drawn Down 2022/23	To be Drawn Down 2023/24	Ongoing
	£000's	£000's	£000's	£000's			
Covid Funding	17,242	-1,514	15,728	-1,514			
Scottish Government Ring Fenced Monies carried forward:							
PCIP	4,347	-4,347	0	-4,347	✓		
PCTF Monies Allocated for Tests of Change and GP Support	216	0	216	0	✓		
GP Premises Improvement Fund	462	0	462	0	✓		
ADP Funding	2,551	-374	2,177	-374			
Mental Health Recovery and Renewal Funding	1,560	-204	1,356	-204			
Mental Health Action 15 (19/20)_(20/21)_(21/22)	663	-663	0	-663	✓		
District Nurse Recruitment Programme	312	-280	32	-280			
Winter Planning Monies / Care Home Liaison Monies	4,740	-354	4,386	-354			
Health Visiting	32	0	32	0	✓		
SG Pay Award and LW Health & Social Care (21/22)	340	0	340	0	✓		
Mental Health Dementia Funding	119	0	119	0	✓		
Public Health Improvement Monies	168	0	168	0			
Scottish Government Ring Fenced Monies carried forward	15,510	-6,222	9,288	-6,222	✓		
Grant Funding carried forward	534	-37	497	-37			
TOTAL RING FENCED MONIES TO BE CARRIED FORWARD	33,286	-7,773	25,513	-7,773			
ICT / Systems Related	643	-153	490	-153			
Premises Related	662	-49	613	-49			
Prescribing	2,000	0	2,000	0			✓
Other IJB Reserves	8,677	-454	8,223	-454			
TOTAL EARMARKED RESERVES	45,268	-8,429	36,839	-8,429			

**Health Finance, Corporate Governance &
Value Directorate**
Richard McCallum, Director



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HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance
LG Directors of Finance

via email

12th September, 2022

Dear Colleagues

UPDATE ON COVID RESERVES

I am writing to provide an update on IJB Covid reserves balances after the Quarter one review. I would like to thank colleagues for the timely return of this information and ongoing engagement with Scottish Government.

There have been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes. In response to this, the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The detail of this will follow at an IJB level and the process and timetable will follow through further communications.

In order for the sector to have sufficient levels of Covid funding, compliance with current policies is required. As per the letter from the Minister for Mental Wellbeing and Social Care on 13 June, there has been a significant reduction to eligible costs under sustainability payments and we will communicate further deadlines for any outstanding claims to be made shortly. We will review consistency of reporting through regular monitoring to ensure the overall trajectory towards balance.

This is an in year adjustment to reserves and is not an approach that will impact on future years. It is therefore vital that colleagues continue to drive forward savings delivery across core and Covid expenditure through the Covid Cost Improvement Programme.

The scale of financial challenge is significantly greater than previous years, and while the overall Covid forecast has reduced and work will continue on the Covid Cost Improvement Programme, it is important that the Covid reserves held by IJBs are utilised in full in 2022-23. Future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023-24 and beyond. The financial outlook over the Resource Spending Review period shows a growing pressure, and ongoing action must continue to reduce these costs to ensure a sustainable route to financial balance.



I appreciate the ongoing work across the sector and will continue to discuss and monitor this position as the year progresses.

Yours faithfully



Richard McCallum
Director of Health Finance and Governance

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 General Practice Policy Division
 Primary Care Directorate
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Integration Authority Chief Officers
NHS Board Chief Executives
Integration Authority Chief Finance Officers
NHS Board Director of Finance

11 August 2022

Dear Colleagues

PRIMARY CARE IMPROVEMENT FUND: ANNUAL FUNDING LETTER 2022-23

I am writing to confirm the 2022-23 funding allocations for the Primary Care Improvement Fund (PCIF) element of the wider Primary Care Fund (PCF). As in previous years, funding will be allocated on an NRAC basis via Health Boards to Integration Authorities (IA's).

Background

The Scottish Government remains committed to the aims and principles which underpinned the 2018 GP Contract Offer. This letter relates to the PCIF component of the PCF, setting out our expectations as we continue to improve primary care. This should be read in conjunction with the Memorandum of Understanding 2 (MoU2) on GMS Contract Implementation for Primary Care Improvement¹ and the Amendment Regulations².

Primary Care Improvement Fund (PCIF)

Available Resources

Having assessed Primary Care Improvement and spending Plans, I can confirm that £170 million will be available for Integration Authorities in 2022-23 under the auspices of the Primary Care Improvement Fund (PCIF). In-year delivery and expenditure will be monitored by my team to account for both slippage and funding pressures.

¹ [Memorandum of Understanding \(MoU\) 2: GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association \(BMA\), Integration Authorities \(IAs\) and NHS Boards](#)

² [The National Health Service \(General Medical Services Contracts and Primary Medical Services Section 17C Agreements\) \(Scotland\) Amendment Regulations 2022 \(legislation.gov.uk\)](#)

Given the overall financial pressures across health and social care, and taking into account the Resource Spending Review, it is prudent and sensible to use existing reserves that have been built up over time. On this basis, we have agreed with the Cabinet Secretary for Health and Social Care that Integration Authorities should draw down existing reserve balances in the first instance, and therefore 2022-23 allocations will reflect reserves held. Please note, therefore, that the £170 million envelope takes account of the funds already held by Integration Authorities by means of these existing PCIF reserves.

Methodology for Tranche One Allocation

We will be making two in-year allocations on a 70:30 basis. The initial tranche of £119 million in August 2022 will take account of IA reserve balances at October 2021 as well as baselined pharmacy funding. Note that baselined pharmacy funding of £7.8m has been allocated separately and must also be treated as part of the Primary Care Improvement Fund.

Annex A shows the initial allocation of the fund, by Health Board and by IA. The funding must be delegated in its entirety to IAs.

Methodology for Tranche Two Allocation

Any locally held reserves should be invested in the implementation of PCIPs in 2022-23 before new funding is requested. Further funding will be made available to IAs later this year, subject to reporting confirming latest spend and forecasts required by Friday 4 November 2022.

Robust assessments of future resourcing requirements to support implementation of the PCIPs helps to inform central financial planning and policy development, enabling the Scottish Government to target funds as efficiently and effectively as possible, ensuring best value for the public purse. Reporting using national templates should detail how this initial 70% (comprising new funding plus utilisation of any local reserves) has been spent, providing a breakdown of spending by category (staff and non-staff costs) and detailing what benefits have been created.

Second tranche allocations will follow in Autumn 2022, subject to supporting data and evidence (in particular Primary Care Improvement Plans) regarding additional PCIF funding required in 2022-23. The approach to second tranche allocations will also be informed by updated financial data on the reserve positions as at 31 March 2022, which Scottish Government officials have separately requested from IAs. Second tranche allocations will be accompanied by any further guidance, as required.

Scope of PCIF

For 2022-23, PCIF should continue to be used to deliver the priority services set out in the Memorandum of Understanding:

- Pharmacotherapy
- Vaccination Transformation Programme
- Community Treatment and Care Services
- Community Links Workers
- Additional Professional Roles
- Urgent Care services

There should be a particular focus on Pharmacotherapy, CTAC and Urgent Care given existing or planned regulations for these services. Please also note the following changes in the scope of the fund:

- The Memorandum of Understanding 2 noted Pharmacotherapy, CTAC and the Vaccination Transformation Programme should be prioritised. The Vaccination Transformation Programme is now substantially delivered with GP practices only continuing to deliver vaccinations on a transitional or remote basis. We anticipate that Health Boards will have completed the remaining elements of the programme by the end of this financial year allowing Primary Care Improvement Plans to intensify their focus on other transformational activity. Where possible, Partnerships are advised to consider synergies between PCIF-funded VTP activity and wider Board governance and funding.
- With the introduction of the Mental Health and Wellbeing in Primary Care Services programme, partnerships are requested to use this additional funding to build on the existing investment from PCIF and other funding streams to create additional capacity. Partnerships are asked to use this year to consider whether there are any practical challenges in allocating and reporting on Mental Health Workers across different funding streams (PCIF, MHWPCS and other funding streams) and whether there would be benefits/opportunities to aligning reporting. We would ask partnerships to feedback as appropriate and we will write out with further guidance at financial year-end working alongside Mental Health and Wellbeing policy colleagues.
- We note that current investment projections from PCIP trackers assume the majority of the PCIF will be spent on MoU MDT staff. From 2022-23, new investment in the Primary Care Improvement Fund can be used for a wider range of costs (such as premises, training, digital, fixed-term contracts and redesign and change management) as long as they support delivery of the MoU MDT and are agreed with the GP Sub-Committee.

Future PCIF Funding

As previously noted, robust financial planning is critical to support effective and efficient use of resources and to enable continued investment in PCIF. To this end, the Scottish Government, in collaboration with other MoU Parties, will be reviewing and updating the PCIP trackers and financial reporting templates this year to ensure

they remain fit for purpose. Using this information, we will review the PCIF position mid-year, during the process of allocating tranche 2 of the funding.

Scottish Government will also work with Public Health Scotland and local evaluators to understand the current evaluation landscape, the work already underway at local level and any gaps that might exist. This work will inform further development of the monitoring and evaluation of PCIPs at the national level, in turn allowing us to better target investment in future years. **However, the Cabinet Secretary has agreed that £170 million will be the minimum budgeted position for future years. In future years, where Partnerships have used the full £170m minimum budgeted position, Scottish Government will ensure additional funding is available to apply agenda for change uplifts to staff recruited through the PCIF and ensure fulfilment of the terms of the MOU2 dated 30 July 2021. Any further investment will be subject to joint assessment and benefits case at each annual budget round.**

To help inform our ongoing review of the current monitoring and evaluation landscape, we also request sharing of Primary Care Improvement Plans this year. These can be sent to: PCImplementation@gov.scot

GP Sustainability Payment – 2022-23

The second tranche of the GP Sustainability Payments will be paid out later in the year.

I look forward to working with you as we continue to drive forward on delivering primary care reform.

Yours faithfully



Naureen Ahmad
Deputy Director - Primary Care Directorate

ANNEX A

PRIMARY CARE IMPROVEMENT FUND: ALLOCATION BY BOARD AND INTEGRATION AUTHORITY

Allocation By Territorial Health Board

NHS Board Name	NRAC Share 2022-23	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF IA reserves (£)	PCIF initial allocation 2022-23 (£)
Ayrshire & Arran	7.32%	12,440,274	8,708,191	-569,300	-4,050,213	4,088,679
Borders	2.15%	3,647,718	2,553,403	-161,300	-79,201	2,312,902
Dumfries & Galloway	2.97%	5,043,683	3,530,578	-229,100	0	3,301,478
Fife	6.86%	11,663,366	8,164,356	-521,800	-3,453,067	4,189,489
Forth Valley	5.46%	9,286,259	6,500,382	-415,000	0	6,085,382
Grampian	9.81%	16,672,511	11,670,758	-755,400	-10,567,097	348,261
Greater Glasgow & Clyde	22.18%	37,705,607	26,393,925	-1,718,200	-11,434,501	13,241,224
Highland	6.58%	11,188,302	7,831,812	-494,100	-2,785,450	5,239,790
Lanarkshire	12.28%	20,878,060	14,614,642	-947,700	-5,216,468	8,450,474
Lothian	14.97%	25,449,756	17,814,829	-1,132,000	-5,578,785	11,104,045
Orkney	0.49%	838,060	586,642	-75,000	-886,857	0
Shetland	0.48%	809,431	566,602	-76,200	-125,574	364,828
Tayside	7.80%	13,258,304	9,280,813	-601,900	-8,946,318	522,576
Western Isles	0.66%	1,118,667	783,067	-103,000	-318,806	361,261
Total		170,000,000	119,000,000	-7,800,000	-53,442,336	59,610,387

**Pharmacists in GP practice funding was baselined in 2018-19, this has been removed from the 2022-23 allocation in the above table.*

Allocation by Integration Authority

NHS Board Name	IA Name	IA NRAC Share 2022-23 (£)	PCIF NRAC Share 2022-23 (£)	PCIF tranche 1 2022-23 (£)	less PCIF baselined funds (£)	less PCIF local reserves (£)	PCIF initial allocation 2022-23 (£)
Ayrshire & Arran	East Ayrshire	2.37%	4,032,636	2,822,846	-186,694	-1,777,911	858,240
	North Ayrshire	2.70%	4,587,529	3,211,270	-209,033	-1,302,178	1,700,059
	South Ayrshire	2.25%	3,820,108	2,674,076	-173,573	-970,124	1,530,379
Borders	Scottish Borders	2.15%	3,647,718	2,553,403	-161,300	-79,201	2,312,902
Dumfries & Galloway	Dumfries and Galloway	2.97%	5,043,683	3,530,578	-229,100	0	3,301,478
Fife	Fife	6.86%	11,663,366	8,164,356	-521,800	-3,453,067	4,189,489
Forth Valley	Clackmannanshire and Stirling	2.57%	4,367,222	3,057,055	-195,164	0	2,861,891
	Falkirk	2.89%	4,919,037	3,443,326	-219,836	0	3,223,490
Grampian	Aberdeen City	3.81%	6,480,253	4,536,177	-298,317	-4,232,528	5,333
	Aberdeenshire	4.27%	7,251,701	5,076,191	-324,766	-4,714,534	36,891
	Moray	1.73%	2,940,557	2,058,390	-132,317	-1,620,035	306,037
Greater Glasgow & Clyde	East Dunbartonshire	1.85%	3,150,460	2,205,322	-140,141	-837,807	1,227,374
	East Renfrewshire	1.58%	2,685,569	1,879,898	-120,632	-1,233,315	525,951
	Glasgow City	11.99%	20,381,275	14,266,893	-928,315	-3,438,308	9,900,270
	Inverclyde	1.62%	2,747,032	1,922,922	-126,472	-1,223,070	573,380
	Renfrewshire	3.37%	5,721,487	4,005,041	-261,903	-3,161,668	581,470
	West Dunbartonshire	1.78%	3,019,783	2,113,848	-140,737	-1,540,333	432,778
Highland	Argyll and Bute	1.88%	3,199,436	2,239,605	-141,683	-2,785,450	0
	Highland	4.70%	7,988,867	5,592,207	-352,417	0	5,239,790
Lanarkshire	Lanarkshire combined	12.28%	20,878,060	14,614,642	-947,700	-5,216,468	8,450,474
Lothian	East Lothian	1.87%	3,173,726	2,221,608	-140,067	-75,922	2,005,619
	Edinburgh	8.35%	14,191,963	9,934,374	-634,173	-3,921,067	5,379,134
	Midlothian	1.63%	2,765,128	1,935,589	-120,660	-486,844	1,328,086
	West Lothian	3.13%	5,318,940	3,723,258	-237,100	-1,094,952	2,391,206
Orkney	Orkney Islands	0.49%	838,060	586,642	-75,000	-886,857	0
Shetland	Shetland Islands	0.48%	809,431	566,602	-76,200	-125,574	364,828
Tayside	Angus	2.16%	3,674,043	2,571,830	-165,208	-2,700,440	0
	Dundee City	2.86%	4,858,691	3,401,084	-226,196	-3,671,050	0
	Perth and Kinross	2.78%	4,725,571	3,307,899	-210,496	-2,574,828	522,576
Western Isles	Western Isles	0.66%	1,118,667	783,067	-103,000	-318,806	361,261
Total			170,000,000	119,000,000	-7,800,000	-53,442,336	59,610,387

Population Health Directorate
 Drug Policy Division & Health Improvement Division
 E: Drugsmissondeliveryteam@gov.scot



Scottish Government
 Riaghaltas na h-Alba
 gov.scot

ADP Chair
 Integration Authority Chief Officer

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

6 October 2022

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2022-23 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES – TRANCHE 1 ALLOCATION UPDATE

1. We are writing to follow up on our letter of 23 June and provide a further update on the first tranche of 2022-23 allocations for Alcohol and Drug Partnerships (ADPs) which have been issued this month.

Available Resources

2. As noted in the 23 June letter, the funding being made available for ADP work in 2022-23 is £106.8 million, which includes baseline funding plus £50.3 million available for in-year allocation.
3. Given the overall financial pressures across health and social care it is prudent and sensible to use existing reserves that have been built up over time before allocating new funding. On that basis, we previously advised that Integration Authorities would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

Methodology for Tranche One Allocation

4. We will be making two in-year allocations of ADP funding on a 70:30 basis. The initial tranche of allocations issued this week totals £12.3 million. This allocation is based on 70% of the £50.3 million available for in-year allocation and takes account of £29.0 million reserve balances at March 2022 as reported by CFOs. Annex A breaks down the total funding available as well as the first tranche of funding being allocated, split by Health Board and by IA.

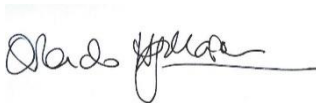
Methodology for Tranche Two Allocation

5. Second tranche allocations will follow later this financial year, subject to supporting data and evidence regarding additional ADP funding required in 2022-23. We requested information confirming latest spend incurred, forecast spend and reserves balances in our letter of 14 September with returns due back by 28 October. This information will inform tranche 2 allocations and it is therefore our intention to taper that final allocation to match forecast spend, taking into account any in-year slippage that is expected to arise.

Scope of ADP funding

6. For 2022-23, ADP funding should continue to be used to deliver the priority services set out in the 23 June letter. The funding must be delegated in its entirety to IAs. The funding for the PfG and National Mission uplift elements is considered an earmarked recurring allocation. The specific programme funding is currently considered non-recurring while we continue to review the next steps on each of these programmes.
7. I look forward to working with you as we continue to drive forward on delivery of the National Mission and our commitments to Alcohol treatment and recovery.
8. If you have any queries on the content of this letter, please contact Fiona Robertson at: Drugsmissondeliveryteam@gov.scot.

Yours sincerely



Orlando Heijmer-Mason
Deputy Director, Drug Policy Division
Population Health Directorate



Karen MacNee
Deputy Director, Health Improvement Division
Population Health Directorate

List of Appendices

APPENDIX 1: ADP Tranche 1 Allocation by Board and Integration Authority

Appendix 1: ADP Tranche 1 Allocation by Board and Integration Authority

	Funding stream	MAT Standards	Taskforce Response Fund	IA NRAC Share 22/23	Additional PfG uplift	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Total ADP Funds Available	ADP Tranche 1 Available (70%)	Less ADP reserves	ADP Tranche 1 Allocation (IA)	ADP Tranche 1 Allocation (Board)
NHS Board Name	Integrated Authority Name	See previous funding letter	Drug prevalence		NRAC	NRAC	NRAC	NRAC	NRAC					
TOTAL		£10,313,775	£3,000,000		£17,000,000	£11,000,000	£5,000,000	£3,500,000	£500,000	£50,313,775	£35,219,643	£29,036,318	£12,293,795	£12,293,795
Ayrshire & Arran	East Ayrshire HSCP	£215,080	£83,726	2.37%	£402,900	£260,700	£118,500	£82,950	£11,850	£1,175,706	£822,994.20	£1,049,000	£0	£443,243
	North Ayrshire HSCP	£250,360	£83,726	2.70%	£459,000	£297,000	£135,000	£94,500	£13,500	£1,333,086	£933,160	£890,000	£43,160	
	South Ayrshire HSCP	£340,000	£49,189	2.25%	£382,500	£247,500	£112,500	£78,750	£11,250	£1,221,689	£855,182	£502,000	£353,182	
	NHS Ayrshire & Arran (programme management)	£67,000								£67,000	£46,900		£46,900	
Borders	Scottish Borders HSCP	£200,154	£26,688	2.15%	£365,500	£236,500	£107,500	£75,250	£10,750	£1,022,342	£715,639	£0	£715,639	£715,639
Dumfries & Galloway	Dumfries and Galloway HSCP	£269,206	£57,561	2.97%	£504,900	£326,700	£148,500	£103,950	£14,850	£1,425,667	£997,967	£1,604,000	£0	£0
Fife	Fife HSCP	£613,148	£146,520	6.86%	£1,166,200	£754,600	£343,000	£240,100	£34,300	£3,297,868	£2,308,508	£1,700,000	£608,508	£608,508
Forth Valley	Clackmannanshire and Stirling HSCP	£230,899	£85,249	2.57%	£436,900	£282,700	£128,500	£89,950	£12,850	£1,267,048	£886,934	£282,000	£604,934	£1,150,833
	Falkirk HSCP	£259,191	£62,794	2.89%	£491,300	£317,900	£144,500	£101,150	£14,450	£1,391,285	£973,900	£428,000	£545,900	
Grampian	Aberdeen City HSCP	£462,000	£125,589	3.81%	£647,700	£419,100	£190,500	£133,350	£19,050	£1,997,289	£1,398,102	£2,286,000	£0	£444,796
	Aberdeenshire HSCP	£436,600	£62,794	4.27%	£725,900	£469,700	£213,500	£149,450	£21,350	£2,079,294	£1,455,506	£1,267,000	£188,506	
	Moray HSCP	£154,319	£14,129	1.73%	£294,100	£190,300	£86,500	£60,550	£8,650	£808,548	£565,984	£309,693	£256,291	
Greater Glasgow & Clyde	East Dunbartonshire HSCP	£166,874	£37,153	1.85%	£314,500	£203,500	£92,500	£64,750	£9,250	£888,527	£621,969	£652,000	£0	£1,733,677
	East Renfrewshire HSCP	£172,622	£41,863	1.58%	£268,600	£173,800	£79,000	£55,300	£7,900	£799,085	£559,360	£527,000	£32,360	
	Glasgow City HSCP	£1,066,000	£622,711	11.98%	£2,036,600	£1,317,800	£599,000	£419,300	£59,900	£6,121,311	£4,284,918	£2,676,000	£1,608,918	
	Inverclyde HSCP	£212,767	£78,493	1.62%	£275,400	£178,200	£81,000	£56,700	£8,100	£890,660	£623,462	£843,000	£0	
	Renfrewshire HSCP	£305,726	£141,287	3.37%	£572,900	£370,700	£168,500	£117,950	£16,850	£1,693,913	£1,185,739	£2,551,000	£0	
	West Dunbartonshire HSCP	£158,000	£57,561	1.78%	£302,600	£195,800	£89,000	£62,300	£8,900	£874,161	£611,913	£872,166	£0	
Highland	NHS Greater Glasgow & Clyde (programme management)	£132,000								£132,000	£92,400		£92,400	£2,006,325
	Argyll and Bute HSCP	£171,171	£29,304	1.88%	£319,600	£206,800	£94,000	£65,800	£9,400	£896,075	£627,253	£185,000	£442,253	
Highland	Highland HSCP	£422,129	£73,260	4.70%	£799,000	£517,000	£235,000	£164,500	£23,500	£2,234,389	£1,564,072	£0	£1,564,072	£4,231,608
	North Lanarkshire HSCP	£570,866	£188,383	6.36%	£1,081,200	£699,600	£318,000	£222,600	£31,800	£3,112,449	£2,178,714	£0	£2,178,714	
Lanarkshire	South Lanarkshire HSCP	£532,991	£209,314	5.92%	£1,006,400	£651,200	£296,000	£207,200	£29,600	£2,932,705	£2,052,894	£0	£2,052,894	£190,000
	East Lothian HSCP	£402,230	£48,142	1.86%	£316,200	£204,600	£93,000	£65,100	£9,300	£1,138,572	£797,000	£607,000	£0	
Lothian	Edinburgh HSCP	£753,003	£313,972	8.35%	£1,419,500	£918,500	£417,500	£292,250	£41,750	£4,156,475	£2,909,533	£4,170,460	£0	£595,099
	Midlothian HSCP	0	£39,770	1.63%	£277,100	£179,300	£81,500	£57,050	£8,150	£642,870	£450,009	£618,000	£0	
	West Lothian HSCP	£250,000	£68,027	3.12%	£530,400	£343,200	£156,000	£109,200	£15,600	£1,472,427	£1,030,699	£718,000	£312,699	
	NHS Lothian (Programme management)	£132,000								£132,000	£92,400		£92,400	
Orkney	Orkney Islands HSCP	£45,119	£1,570	0.49%	£83,300	£53,900	£24,500	£17,150	£2,450	£227,989	£159,592	£364,000	£0	£0
Shetland	Shetland Islands HSCP	£43,960	£8,896	0.48%	£81,600	£52,800	£24,000	£16,800	£2,400	£230,456	£161,319	£359,000	£0	£0
Tayside	Angus HSCP	£194,443	£41,863	2.16%	£367,200	£237,600	£108,000	£75,600	£10,800	£1,035,506	£724,854	£509,000	£215,854	£364,067
	Dundee City HSCP	£710,034	£120,356	2.86%	£486,200	£314,600	£143,000	£100,100	£14,300	£1,888,590	£1,322,013	£1,220,000	£102,013	
	Perth and Kinross HSCP	£247,718	£78,493	2.78%	£472,600	£305,800	£139,000	£97,300	£13,900	£1,354,811	£948,368	£1,318,000	£0	
	NHS Tayside (programme management)	£66,000								£66,000	£46,200		£46,200	
Western Isles	Western Isles HSCP	£60,165	£2,616	0.66%	£112,200	£72,600	£33,000	£23,100	£3,300	£306,981	£214,887	£529,000	£0	£0

To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Chief Finance Officer

Heading: IJB Audited Annual Accounts 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 2021/22 Annual Accounts were submitted to the IJB for approval on 24 June 2022 and then submitted for audit to Audit Scotland.
- 1.2 The Assistant Director of Audit (Local Government) has provided an audit opinion which is free from qualification.
- 1.3 Under the Local Authority Accounts (Scotland) Regulations 2014, which came into force from 10 October 2014, the IJB must meet to consider the Annual Accounts and approve those accounts for signature no later than 30th September. However, for the 2021/22 Annual Accounts, due to the impact of the Coronavirus pandemic, additional flexibility has been given. Regulation 10(1) of the accounts regulations was amended for 2021/22 requiring approval of audited accounts for signature by 30 November 2022.
- 1.4 In order to comply with these requirements, the 2021-22 Annual Accounts are now attached within Appendix 1 for approval.
- 1.5 The Assistant Director of Audit (Local Government) also provided a report to the IJB Audit, Risk and Scrutiny Committee detailing matters arising over the course of the audit which was considered at the meeting held on 18 November 2022.

2. Recommendation

It is recommended that the IJB:

- Approve the Annual Accounts for 2021/22 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Implications of the Report

1. **Financial** – The 2021/22 Annual Accounts have been approved as providing a true and fair view of the financial position as at 31 March 2022.
2. **HR & Organisational Development** – none
3. **Community Planning** – none
4. **Legal** – An audit opinion free from qualification demonstrates the IJB's compliance with the statutory accounting requirements set out in the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
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 IJB's website.
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – none
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)
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Renfrewshire Integration Joint Board Annual Accounts 2021/2022



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Management Commentary

Purpose

This publication contains the financial statements of Renfrewshire Integration Joint Board (IJB) for the year ending 31 March 2022.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2021/22 and how this has supported delivery of the IJB's strategic priorities. As in previous years, this commentary also looks forward, outlining the future plans for the IJB and the challenges and risks which may impact upon our finances in the future, as we continue to support the health and wellbeing of communities in Renfrewshire.

As anticipated in 2020/21, the IJB has continued to address the considerable ongoing challenges of the COVID-19 pandemic throughout 2021/22, to ensure safe and effective delivery of services and to protect vulnerable people within our communities, whilst also delivering – where possible – against its Strategic and Medium Term Financial Plans. Notwithstanding the pandemic, the IJB has made steady progress towards delivering on the agreed priorities of these Plans, as covered in greater detail later in this document.

Activity in 2020/21 maintained a strong focus on the immediate and necessary response to the pandemic, however for 2021/22 our main focus was on recovery, building on the learning developed over the past two years. Over the course of the year, significant work has been undertaken with our partners to develop updated Strategic and Medium Term Financial Plans for 2022-25 in anticipation of the renewal of our services next year and beyond. These Plans seek to reflect both the 'new normal' of living with COVID, and the potential for significant future change in how social care services are delivered across Scotland.

The IJB and Renfrewshire Health and Social Care Partnership's (HSCP) Senior Management Team extend our continuing thanks for the outstanding work our staff have undertaken over the past year and commend them for their commitment and fortitude throughout these most challenging of times.

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 (NHSGGG). 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 are required to 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, further work on the progression of an updated Integration Scheme was paused.

At the time of writing, work has recommenced to update the Integration Scheme and confirm the timescales for consultation and subsequent approval. The existing Integration Scheme remains in place.

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 the Strategic Plan.

The IJB comprises eight voting members, made up of four Elected Members appointed by Renfrewshire Council and four Non-Executive Directors appointed by NHS Greater Glasgow and Clyde. Non-voting members include the Chief Officer, Chief Finance Officer (CFO), Chief Social Work Officer (CSWO), staff representatives, service professionals, third sector, trade union and carer representatives. [Full membership details are available on the HSCP website](#) and can be found in [appendix 1](#).

There were a number of changes to the IJB membership over the last year, as follows:

Chief Officer

In June 2021, following a competitive recruitment process, Christine Laverty was appointed as Interim Chief Officer for a period of six months, beginning on 28 June 2021, having taken over from previous Interim Chief Officer, Shiona Strachan.

This appointment was further extended in December 2021 on an interim basis until 31 March 2022. Thereafter, following open recruitment, Christine Laverty was appointed as the permanent Chief Officer on 25 April 2022.

IJB Chair and Vice Chair Arrangements

On 15 September 2021, John Matthews OBE was appointed as Chair of the IJB for a period of two years, with former Chair, Councillor Jacqueline Cameron appointed as Vice-Chair of the IJB until the Local Government Elections on 5 May 2022.

Wider Membership Changes

Name	Capacity	Notes
Annie Hair	Trade Union Representative (NHS)	Replacing Amanda-Jane Walton effective of 31 August 2021
Lisa Cameron	Staff Member Representative (Council)	Replacing Louise McKenzie effective of 22 November 2021
Ann Cameron-Burns	Voting Member (NHSGCC)	Replacing Dorothy McErlean from 1 January 2022. Ann also replaced Dorothy on the IJB's Audit, Risk and Scrutiny Committee.
Vacancy	Medical Practitioner (non-GP)	Dr Shilpa Shivaprasad's membership expired in February 2022 and the IJB will be advised of a replacement, once known.
Paul Higgins	Staff Member Representative (NHS)	Replacing Diane Young from 1 April 2022. Paul also replaced Diane on the IJB's Audit, Risk and Scrutiny Committee.

Voting Membership Changes

In addition to the above, following the Local Government Elections on 5 May 2022, two new Elected Members were appointed to the IJB as voting members representing Renfrewshire Council. Councillor Fiona Airlie-Nicolson and Councillor Iain McMillan replaced Councillor Lisa-Marie Hughes and Councillor James McLaren respectively.

A Profile of Renfrewshire

A full profile of Renfrewshire is set out in our Medium Term Financial Plan (MTFP) and our Strategic Plan. Some of the key population characteristics include the following:

Renfrewshire Population

179,390

0.2% increase from 2019



51.6%
female



48.4%
male



30,182 (17%)
children aged 0-15



115,055 (64%)
adults aged 16-64



34,153 (19%)
adults aged 65 and over

Ethnicity



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

The ethnic minorities (excluding white minorities) 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

By 2025 it is estimated the population in Renfrewshire will increase to

181,091

Source: NRS Population Estimates Time Series Data



0.9% increase

By 2025 it is estimated the 75 and over population in Renfrewshire will increase to

17,247

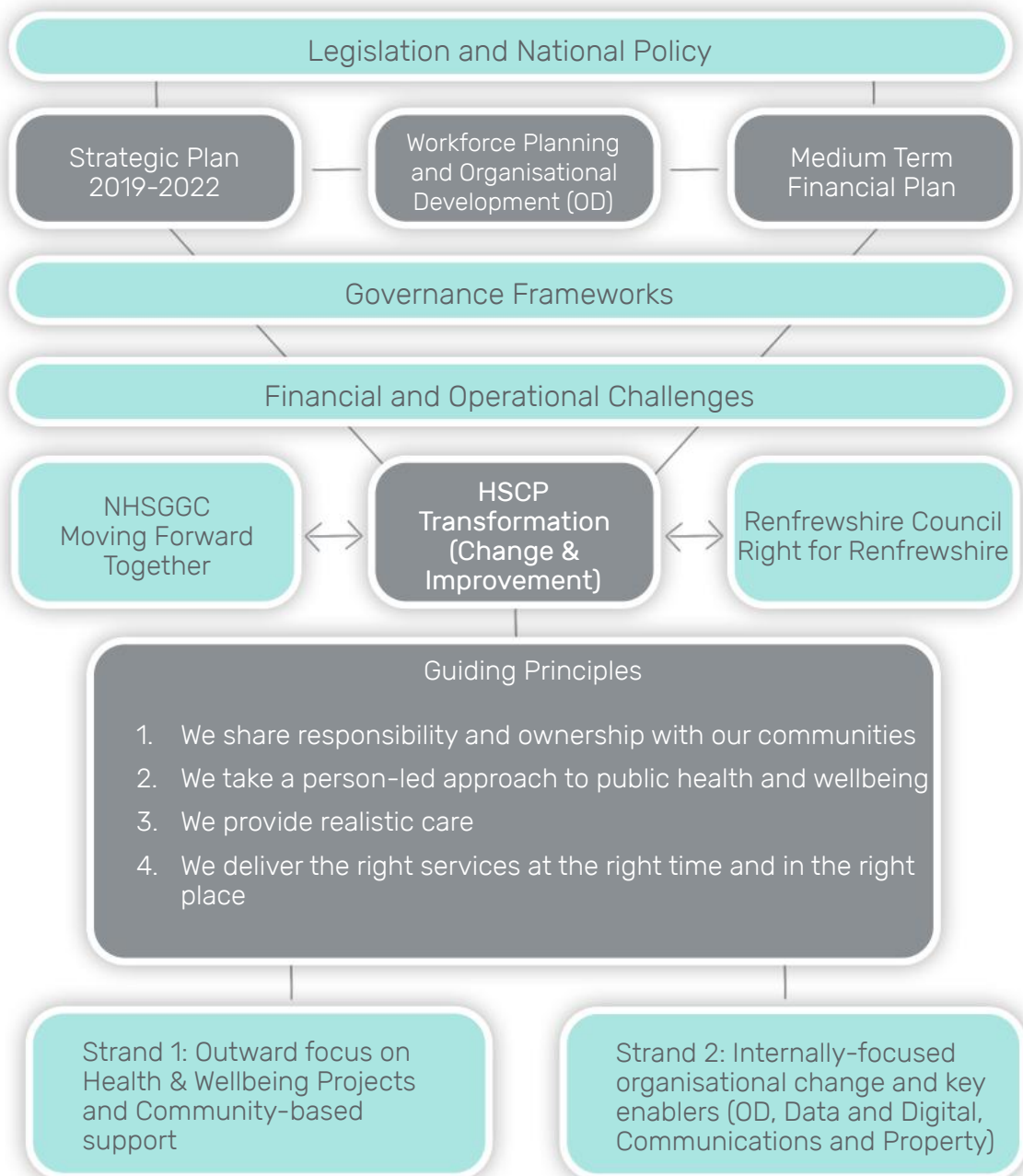
Source: NRS Population Estimates Time Series Data



11.6% increase

Renfrewshire IJB Strategy and Business Model: Determining Operations for the Year

Similar to 2020/21, IJB operations for the year 2021/22 were determined both by the changing situation with the pandemic and by our Strategic and Financial Plans. These plans, as set out in the diagram below, provide the overall strategic direction for the delivery of health and social care services within Renfrewshire, embedding national legislation and policy within Renfrewshire's local context. These plans also reflect, interact with, and support the delivery of a number of key NHS Board and Local Council policies and strategies, including: NHSGGC's Adult Mental Health Strategy, Turning the Tide through Prevention, and the Unscheduled Care Commissioning Plan, and Renfrewshire Council's Social Renewal Plan and Local Housing Strategy. This year was also the final year of delivery of our Strategic Plan 2019-22.



Overview of our Services

Renfrewshire HSCP delivers adult social care services and all community health services for adults and children in the Renfrewshire area. Our service delivery model is structured to deliver the vision and future direction of our HSCP services as set out in the Strategic Plan, which in turn aims to deliver the nine national health and wellbeing outcomes as identified by the Scottish Government.

During 2021/22, the HSCP delivered the following range of services:

Older People Services – A wide range of supports for older adults to live independently through both centre-based and remote (telephone and online) support as well as provision of Care at Home, residential and extra care services, support to those with dementia and with Palliative and End of Life care.

Family Health Services (FHS) – The services delivered through the four primary care disciplines i.e. General Medical Practice, Community Pharmacy, General Dental Practitioners and Optometrists.

Mental Health – Our provision includes access to a range of community based services for people with mental health problems; offering treatment, care, information, advice and support. The HSCP also provides inpatient services for those over the age of 16 with a mental health diagnosis.

Example: Community Safety Nurses



The HSCP has created two Community Safety Nurse posts to provide a specialist mental health resource offering a link between key partners and agencies (such as the police, schools, community organisations) and our community mental health services, to help improve working relationships between partners and agencies, provide greater quality of care, an improved experience for individuals and families, and a reduction in police waiting times at Emergency Departments.

Unscheduled Care – Our 'Set Aside' budget is used in respect of functions delegated by the Health Board which are carried out in a hospital setting. The IJB is responsible for the strategic planning of these, but not their operational delivery.

Example: Home First Response Service



During the last year Renfrewshire HSCP led on the development of the NHSGCC Home First Response Service which will launch in 2022/23, with the aim of reducing unnecessary hospital admissions and thereby reducing pressure on the Acute front door, in line with the Unscheduled Care Commissioning Plan.

Hosted Services – On behalf of NHSGGC, Renfrewshire is the host partnership for:

- Podiatry services, providing screening, assessment, diagnosis, treatment and foot health education, and
- Primary Care Support and Development, working across NHSGGC 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.

Adult Services – A wide range of support services provided to adults, including: assessment and care management, adult support and protection, support to adults with incapacity, physical disability, sensory impairment, district nursing and rehabilitation services.

Alcohol and Drug Recovery Services (ADRS) – Teams of staff that focus on supporting and enabling recovery for individuals through a range of interventions and therapies.

Example: ADRS – Harm Reduction



The ADRS team provide harm reduction advice and access to residential rehabilitation services, as well as championing the training, distribution and use of Naloxone which is a safe, effective intervention which can help reduce the number of fatal overdoses in our communities.

Learning Disabilities – Specialist team of staff that provide a wide range of services to 500+ adults with a learning disability and/or autism, including: assessment, treatment, care management, day services, supported living opportunities, Respite and Gateway services.

Children's Services – Services provided with an aim to improve the health and wellbeing of children, whilst reducing health inequalities. Service delivery includes Health Visiting and Family Nurse Partnership, childhood immunisations and additional support for breastfeeding and Home Start. Our specialist children's services include; child development, Child and Adolescent Mental Health Service (CAMHS), Speech and Language Therapy and support to children with disabilities.

Example: Families Together Project



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.

Health Improvement and Inequalities (HI&I) – The HI&I team works with partners and our communities to improve health and wellbeing in Renfrewshire and to reduce inequalities.

COVID Response – A number of our COVID-19 response services also continued throughout this year, including: Care Home Oversight Arrangements, 'Near Me' Remote Consultations, Digital and 'working from home', Bereavement Network, COVID-19 vaccination programme, COVID-19 Assessment Centre (CAC).

Strategic Plan 2019-22

The Strategic Plan (April 2019 to March 2022) set out the vision and future direction of community health and adult social work services in Renfrewshire. It articulated our three key priorities, designed to enable us to deliver upon the national outcomes. These were:

- Improving Health and Wellbeing;
- Ensuring that the people of Renfrewshire get the health and adult social care services they need: the right service, at the right time, in the right place; and
- Working in partnership to support the person as well as the condition.

The Plan also outlined **four main areas** on which the IJB wished to focus efforts across the term of the plan, namely:



prevention



self-management



treatment



recovery / care / reablement

As documented throughout these Annual Accounts, the impact of the pandemic resulted in considerable disruption to the planned activity of the HSCP throughout 2021/22. Nonetheless, we continued to drive forward activity against our existing Strategic Plan priorities where possible, whilst simultaneously working with stakeholders, partners and service users to co-produce the themes and objectives which underpin our new Strategic Plan 2022-25.

A detailed assessment of our performance against the Strategic Plan 2019-22 will be published later this year in our Annual Performance Report. The following examples highlight some of the progress achieved in the last year in delivery of the **four main areas** of focus of our Strategic Plan 2019-22:

Prevention



We have helped build the capacity of local people and groups to maintain their own health and wellbeing through the continued funding of projects supporting Community Health and Wellbeing priorities agreed with the Strategic Planning Group (SPG), including:

Roar – Connections for Life: Working alongside Roar - Connections for Life, to improve connectedness and reduce loneliness and isolation, focussing initially on the East End of Paisley. Following a community fun day in August 2021 a number of local groups and organisations are now involved in a Connectedness Network.

Active Communities and One Ren: 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. Active Communities and One Ren have trained local people to become community health champions and aim to develop a network of local tutors who can train in areas such as physical activity, healthy eating and positive mental health.

Self-management



Carers' Passport Scheme: We have helped empower and support people to manage their long-term health conditions through a range of projects, including the Carers' Passport Scheme, which linked with local businesses to provide discounts on goods and services for carers in Renfrewshire and proved a great success.

"What a wonderful, life changing experience the Carers' Passport scheme trial has been for me. Due to my daughter's illness, I put on 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" – **Carers' Passport Scheme trial: feedback**

Treatment



COVID-19 Assessment Centre: Providing appropriate treatment at the right time and in the right place remains at the heart of what the HSCP does. In the last year we continued to provide support through our community COVID-19 Assessment Centre (CAC).

The CAC was an invaluable service which 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. The CAC was closed on 25 March 2022 having assessed and treated 6,732 patients since it opened at the start of the pandemic, with the youngest being a couple of months of age and the oldest 95 years old. The CAC was open in total for 515 clinical days, including 16 public holidays.



Treatment Rooms: Further supporting the provision of, and access to, treatment at the right time and in the right place, and in line with the [2018 General Medical Services Contract in Scotland](#), the HSCP has established treatment rooms for the provision of Community Treatment and Care (CTAC) Services.

These are services such as phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring and the management of minor injuries, the responsibility for which is passing from GP practices to HSCPs. To date, five new Treatment Rooms have been set up in Renfrew, Johnstone, Ferguslie and Bishopton with wider plans in place for further development to support ease of access.

Recovery / care / reablement



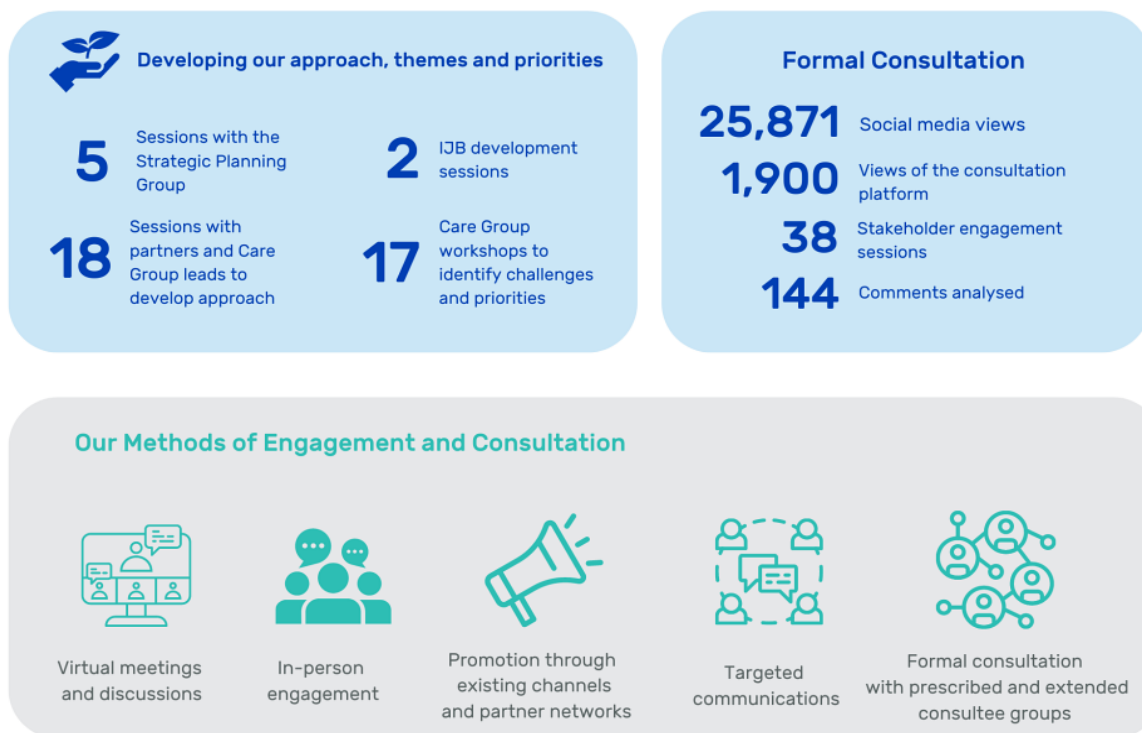
CIRCLE - Recovery Hub: In November 2021 Renfrewshire HSCP opened a new recovery service, CIRCLE (Continuing in Recovery Changes Lives Entirely) on Glasgow Road in Paisley. Working in partnership with local people who have lived or living experiences of mental health, alcohol or drug related issues,

CIRCLE has been developed to provide enhanced support to local people who are on a recovery journey. It will act as a central recovery hub for individuals referred to the service, with recovery activity delivered across local communities throughout Renfrewshire. The service will provide a wide and varied programme of activities, aimed at encouraging, involving and supporting people in recovery.

CIRCLE builds on the work of our local Alcohol and Drug Commission – an independent Commission established in 2019 to assess the true impact of alcohol and drugs in Renfrewshire – to further strengthen the support in Renfrewshire for people in recovery.

Developing our Strategic Plan for 2022-25 – a key priority for the IJB throughout the year

Development of the Strategic Plan has been a priority during the 2021/22 financial year. The HSCP's Planning team have worked closely with NHSGGC's Corporate Planning team and Renfrewshire Council and with our SPG to develop a Plan covering 2022-25. This was approved by the IJB in March 2022.



Our new Strategic Plan 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. Our focus is 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.

Delivering in Partnership

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

"In many ways, the crisis has brought SPG 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 SPG

The Renfrewshire Clinical and Care Oversight Group, which was established at the beginning of the pandemic, is a further example of partnership working in practice.

The group was created to support the newly established Multi-Disciplinary Team (MDT) which aims to strengthen and enhance professional clinical and care oversight of **Care Homes** and **Care at Home** services.

"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

This approach built upon existing good practice, and brought together colleagues from the HSCP, NHS Public Health and Care Inspectorate. With residents' wellbeing as a primary focus, this way of working enabled faster access to specialist support from a range of sources, such as the HSCP Clinical Director and Senior Clinician, HSCP Chief Nurse, HSCP Contracts Manager, Service Planning and Policy Manager, Chief Social Work Officer and Renfrewshire Council's Chief Executive's Service.

The Role of Care Planning Groups in Defining our Objectives

Our themes, outlined below, represent a different approach from our 2019-22 Strategic Plan, which was structured around each care group. Our new Strategic Plan has a change of focus from individual care groups, to five themes which were agreed with our refreshed Care Planning Groups. Our strategic objectives were also identified through engagement and discussion with these groups as well as with a range of partnership forums.

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

The five themes of our new Strategic Plan are:

 Healthier futures	People experience reduced inequalities and improved health and wellbeing through early action and prevention of more complex need.
 Connected futures	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.
 Enabled futures	Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery and rehabilitation, where possible.
 Empowered futures	People access the right care at the right time and place and are empowered to shape their support at every stage of life.
 Sustainable futures	We maximise the impact of our people and resources by working collaboratively across sectors to deliver integrated services.

COVID-19 Recovery and Renewal

As noted at the start of this document, the focus of 2021/22 was largely that of **recovery** and planning for the **renewal** of services. The successful implementation of the COVID vaccination programme in disrupting the link between infections, hospitalisations and deaths allowed the HSCP to take stock and to consider how best to move forward in supporting our communities through and beyond the pandemic.

However, 2021/22 was also marked by recurrent waves of the virus, with the Omicron variant in early 2022 resulting in particular challenges in relation to staff infection and absence rates. Given the need to continue to deliver our essential operational activities effectively and safely it therefore was, and continues to be, necessary to flex the scale of recovery and renewal activity. That said, the IJB was able to progress with a number of initiatives through our Recovery and Renewal Programme, including:



Funding for a range of community-led health and wellbeing projects through the SPG, including a project to develop inclusive, multi-lingual information for those most at risk and isolated in ethnic minority communities.



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



The continued delivery of sustainability payments to providers to ensure, where possible, their continued financial sustainability through this turbulent time.



Furthering our use of technological solutions, at pace and in response to emerging opportunities, to deliver better productivity and more effective ways of working, such as our TotalMobile scheduling system, the rollout of which continued throughout the last year.



Despite the Data Standards and Assurance team working entirely remotely, the IJB also completed the second phase of their transformation journey by going live with ECLIPSE for Adult Social Work during the pandemic. Now that ECLIPSE is in place, the team is working to strengthen relationships while also empowering professionals through intuitive self-service and reduced administration.



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.

Looking ahead, we have developed a set of principles to underpin our ongoing organisational recovery from the pandemic. These are reflected in our new Strategic Plan and are as follows:

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

Renfrewshire's Medium Term Financial Plan

The Renfrewshire 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 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' savings** 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 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 our new Strategic Plan, and in line with Scottish Government guidance – specifically around the enablers for strategic planning and service delivery through aligned Strategic, Financial, Operational, Workforce and Primary Care Improvement Plans – it was consequently necessary to update our supporting MTFP.

Our new **Medium Term Financial Plan 2022 – 2025** was approved by the IJB in March 2022. The new plan reflects the impact of COVID-19 and other emerging issues facing the IJB. Bringing together a range of assumptions on future income and expenditure its intention is to outline, in broad terms, specific service and funding issues over the next three-year period and how the IJB should work towards achieving financial sustainability and resilience, whilst delivering its priorities.

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.

Our new 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 where possible 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



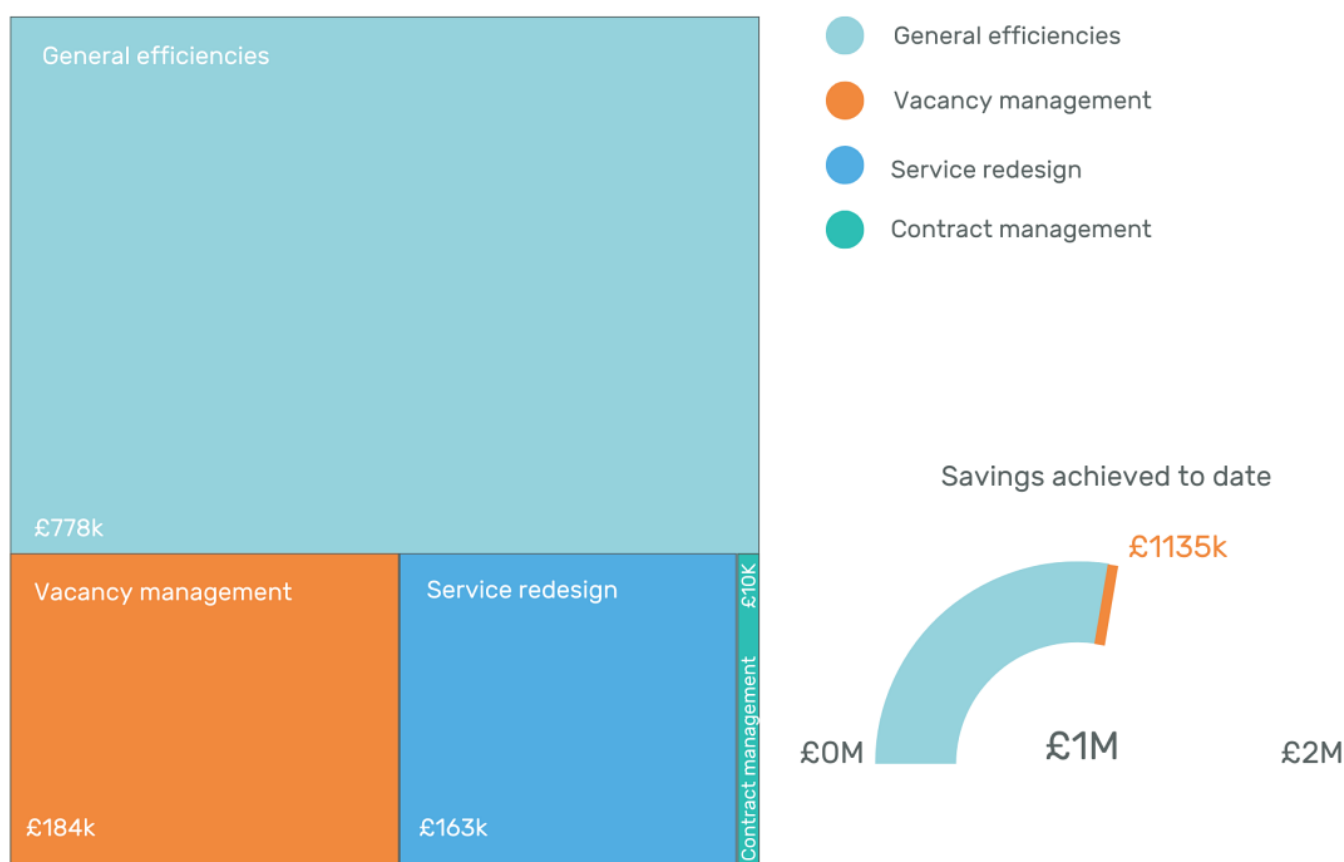
In line with national direction, supporting the delivery of the Strategic Plan and setting out our plans to progress the shift in the balance of care to a community setting, in readiness for the establishment of the planned National Care Service.

An update on savings

Responding to the disruption of plans to deliver our **two-tiered model**, the HSCP's 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.

Each savings opportunity is subject to rigorous assessment of possible risks and expected impact to ensure that these are appropriately managed. Where appropriate, equality impact assessments (EQIAs) are carried out to determine and mitigate against any 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 providing the SMT with a consolidated overview of the status of all approved savings, thereby ensuring early awareness of any blockers or challenges to delivery, and for corrective measures to be put in place, where necessary.

Savings value by type



As can be seen from the above excerpts from the tracker, the IJB delivered 100% of its full year target for 2021/22 of £1,135k. Those relating to general efficiencies accounted for the highest value, with smaller values targeted against vacancy management, service redesign and contract management.

Further scoping work will take place across 2022/23 to determine the transformation projects (**Tier Two savings**) 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 Commissioning Plan, to be progressed over the next few years.

Service Performance 2021/22

The Partnership produced its sixth [Annual Performance Report](#) on 25 June 2021 covering the period 2020/21.

An overview of our performance for 2021/22 is included below.

Performance Indicator Status	Direction of Travel
● Target achieved	↑ Improvement
● Warning	↓ Deterioration
● Alert	— Same as previous reporting period

94.9%

direction of
travel



Uptake rate of child health 30-month assessment.
National Target: 80%

The rate has increased from 87% of eligible families in 2020/21 to 94.9% in 2021/22.

Number of carers accessing training.
National Target: 220

Performance has increased from 165 at March 2021, to 282 at March 2022 against a target of 220.

282

direction of
travel



90.9%

direction of
travel



Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies.

National Target: 90%

Performance has increased from 86.8% at March 2021 to 90.9% at March 2022.

Exclusive breastfeeding at 6-8 weeks.
National Target: 21.4%

Performance has decreased from 26.8% at March 2021 to 19.7% at March 2022, below the target of 21.4%.

19.7%

direction of
travel



83.7%

direction of
travel



Percentage of diabetic foot ulcers seen within 2 working days in Clyde*. National Target: 90%

Performance increased from 75.0% in March 2021 to 83.7% in March 2022.

* Clyde refers to a sector of NHSGGC which includes Renfrewshire, Inverclyde and parts of West Dunbartonshire.

29%direction of
travel

Percentage of long term care clients receiving intensive home care
National Target: 30%

Performance has remained stable with no change since March 2021.

Percentage of diabetic foot ulcers seen within 2 working days
in NHSGGC. National Target: 90%

Performance increased from 75.0% in March 2021 to 86.9% in
December 2021.

86.9%direction of
travel**11.8%**direction of
travel

Exclusive breastfeeding at 6-8 weeks in the most deprived areas.
National Target: 19.9%

Performance has decreased from 23.3% at March 2021 to 11.8%
at March 2022, below the target of 19.9%.

The percentage of children seen within 18 weeks for paediatric
Speech and Language Therapy assessment to appointment.
NHSGGC Target: 100%

Performance has seen a decrease from 63% at March 2021 to
52.7% at March 2022.

52.7%direction of
travel**6.52%**direction of
travel

Sickness absence rate HSCP NHS staff.
NHSGGC Target: 4%

The sickness absence performance has increased from 5.65%
at March 2021 to 6.52% at March 2022, against the national NHS
Scotland target of 4%.

Sickness absence rate for HSCP Adult Social Work staff
(work days lost per FTE).

Target: 15.3 days

Performance at March 2022 was 17.79 days lost against a
target of 15.3 days for the full 2021/22 year.

17.79direction of
travel

Financial Performance 2021/22

COVID-19 continued to severely impact public services throughout 2021/22 with a changing demographic and increased demand for services compounded by the ongoing pandemic and the associated emergency response.

The financial position for public services continues to be challenging. This requires the IJB to have robust financial management arrangements in place to deliver services within the funding available in-year as well as plan for the years ahead.

Financial performance is an integral element of the HSCP's overall performance management framework. Through regular updates to the IJB from the CFO, members are provided with a detailed analysis of significant variances and reserves activity. This ensures that where required, early decisions are taken to support medium and long-term financial sustainability.

Resources Available to the IJB 2021/22

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 NHSGGC. The resources available to the IJB in 2021/22 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £351,045k.



Resources available 2021/22
£351,045k



Set Aside budget
£63,579k

Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £63,579k. 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 impact of COVID-19 resulted in a reduction in activity in Renfrewshire in 2021/22, leading to a reduction in costs associated with COVID-19 included within the Set Aside total; £37,000k for this year compared to £43,000k in 2020/21. These costs were fully funded by the Scottish Government. However, the overall figure for Set Aside across NHSGGC increased in 2021/22 as the reduction in activity was offset by an increase in additional expenditure, predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE.

Summary of Financial Position

Throughout 2021/22, the CFO's budget monitoring reports to the IJB projected an underspend, prior to the transfer of year-end balances to Earmarked Reserves at the financial year-end.

As detailed in the following tables the IJB final outturn position for 2021/22 was an underspend of £32,899k (prior to the transfer of ring-fenced year-end balances to Reserves), including the net impact of delivering additional services as part of the IJB's response to COVID-19, and for which additional funding was provided by the Scottish Government at regular intervals.

Once all ring-fenced balances have been transferred to the relevant earmarked reserve in line with Scottish Government guidance the revised outturn for the IJB is an underspend of £2,266k.

Divison	Year-end Outturn (prior to the transfer of balances to Reserves)	Year-end Outturn
Total Renfrewshire HSCP (excluding COVID-19 and other ring-fenced funding)	Underspend £2,292k	Underspend £2,292k
Other Delegated Services	Overspend (£26k)	Overspend (£26k)
Subtotal	Underspend £2,266k	Underspend £2,266k
COVID-19	Underspend £16,453k	Breakeven
Other ring-fenced Funding	Underspend £14,180k	Breakeven
Subtotal	Underspend £30,633k	Breakeven
GRAND TOTAL (inclusive of COVID-19 and other ring-fenced funding)	Underspend £32,899k	Underspend £2,266k

Final HSCP Outturn Position 2021/22

Care Group	Final Budget	Spend to Year-end (before movement to reserves)	Variance
	£000's		
Adults and Older People	73,553	65,721	7,832
Mental Health	27,835	27,662	173
Learning Disabilities	19,453	19,193	260
Children's Services	8,287	6,660	1,627
Prescribing	37,688	36,396	1,292
Health Improvement and Inequalities	1,153	830	323
Family Health Services	57,172	57,172	-
Resources	9,206	4,508	4,698
Hosted Services	11,642	11,375	267
Resource Transfer	-	-	-
Social Care Fund	-	-	-
Set Aside	63,579	63,579	-
NET EXPENDITURE (before delegated services)	309,568	293,096	16,472
Other Delegated Services	1,069	1,095	(26)
NET EXPENDITURE before COVID	310,637	294,191	16,446
COVID-19	17,288	835	16,453
NET EXPENDITURE	327,925	295,026	32,899

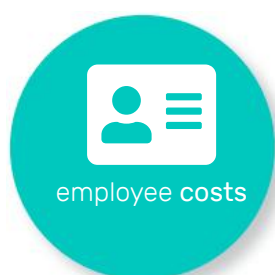
Note: The net expenditure figure differs to that of the Comprehensive Income, Expenditure Statement (CIES) due to differences in the presentation of earmarked reserves; resource transfer and social care adjustments.

The IJB's allocation of COVID-19 monies during 2021/22 accounts for £16,453k of the overall underspend position reflecting funding in advance of need to address COVID-19 expenditure commitments in 2022/23.

In addition, a further £14,180k in relation to in-year allocations from the Scottish Government was received in 2021/22 relating to ring-fenced funding to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of the funding.

The amounts received in 2021/22 are higher than in previous years reflecting additional funding allocated during 2021/22 to implement national policy commitments. The level of reserves to be carried forward for these funding streams are reflective of the timing of when this funding was received and the difficulty in securing full spend before the financial year-end.

Beyond this, there are a number of reasons for the HSCP operational underspend of £2,266k this year, and these include:



Employee costs: net underspend of £417k: there are ongoing challenges in terms of recruitment and retention issues across all service areas due to the limited 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 £2,105k: similar to the position reported throughout 2020/21, the Care Home budget delivered 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 £420k: this underspend is reflective of services currently operating at a reduced capacity throughout 2021/22.

Prescribing: underspend £1,273k: similar to the position in 2020/21, prescribing volumes were lower than in previous years in addition, there were one-off windfalls from discount rebates and tariff swap reductions.



Care at Home: overspend of (£1,456k): spend within care at home increased significantly throughout 2021/22 as the service continued 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.

The Comprehensive Income and Expenditure Statement (CIES) (on page 48) describes income and expenditure by client group across the HSCP. The financial statements (pages 48 to 61) are prepared in accordance with the Code of Practice on Local Authority Accounting supported by International Financial Reporting Standards (IFRS). These figures therefore differ from the figures in the tables contained within the management commentary which have been prepared using the year-end position recorded in both the Health and Social Care financial ledgers.

The CIES is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2021/22 was an overall surplus/increase to earmarked reserves of £24,043k.

The table below summarises how the £24,043k movement in reserves in 2021/22 was realised:

	£000's
2021/22 Final Outturn	32,899
less:	
Other Delegated Services	26
= 2021/22 underspend transferred to reserves at year-end	32,925
add:	
Earmarked Reserves for fixed term posts approved by the IJB on 17 September 2021	2,700
less:	
Total reserves drawn down in 2021/22	(11,582)
= Movement in reserves 2021/22	24,043

Responding to the COVID-19 Pandemic

In addition to the areas of pressure described earlier, Renfrewshire IJB implemented a number of business continuity and revised governance arrangements to operationally manage and respond to the impact of COVID-19 on its services. The IJB has been actively responding to the COVID-19 pandemic since February 2020.

As the situation has changed over the last year, the IJB has responded to changes in restrictions, lockdowns and frequently changing guidance on a range of COVID-19 related matters issued to health and social care from Scottish Government, Health Protection Scotland and other statutory and regulatory bodies.

Critical frontline services have continued to be delivered during this period whilst at the same time the IJB has been required to deliver new services with partners to support the national response to the pandemic including:



Planning and delivery of a comprehensive COVID-19 vaccination programme in Renfrewshire. Working with colleagues in the Local Authority to enable and operationalise our Mass Vaccination Centres for local residents whilst in parallel leading on our immunisation efforts across our staff, housebound and care home groups in the first instance in line with Scottish Government direction. In addition, the HSCP also led a vaccination programme to support the planning and delivery of our local implementation of the winter flu vaccination across similar care groups.



Oversight, management and distribution of PPE and testing supports via a centralised Hub to our distribution of PPE and testing kits to our own services and those delivered by the third sector, independent social care providers and unpaid carers.



New dedicated Community Assessment Centre to provide streamlined services to assess people presenting with COVID-19 symptoms.



Supporting the health and wellbeing of our staff and wider communities during the pandemic.



Additional financial support to third sector and independent social care providers and hospices who are key to our response to the pandemic.

Throughout 2021/22, the CFO regularly provided estimated costs to the Scottish Government through our Local Mobilisation Plan (LMP) Financial Tracker. This fed into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC area. These reflected regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments, as well as the impact of any other emerging changes to policy.

During the last quarter of 2021/22, the Scottish Government allocated funding in respect of likely costs which will be incurred in 2022/23, in particular the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting COVID-19.

The following table shows that in 2021/22, the IJB received funding of £17,242k and have utilised £7,593k. This leaves a net surplus of £16,453k (including the funding brought forward from 2020/21), reflecting funding in advance of need which has been placed in an earmarked reserve to address COVID-19 expenditure commitments in 2022/23 and beyond.

Summary of Scottish Government COVID-19 Funding	£000's
Funding brought forward from 2020/21:	6,804
New funding received in 2021/22	17,242
Total Funding Available	24,046
Less: Total Drawn Down 31/03/22	(7,593)
= Surplus	16,453
Transfers to reserves:	(16,453)
= Surplus	0

The IJB's Annual Accounts can only include expenditure which is undertaken on a principal basis. The IJB acts as principal when it controls the transaction and has responsibility for making decisions in relation to how it is enacted. The 2021/22 IJB Annual Accounts therefore only includes £7,593k of additional costs as a result of COVID-19. This has been fully funded by the Scottish Government and these Accounts have been prepared on the assumption that this will continue to be the case moving forward into 2022/23. The total Set Aside costs for NHSGGC also include £37,000k of COVID-19 costs, which have been fully funded by the Scottish Government.

Reserves

It is important for the long-term financial stability and the sustainability of the IJB that sufficient usable 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.

General Reserves

The IJB approved its revised Reserves Policy in June 2020, in line with national guidance and good financial governance. The policy allows for flexibility in terms of potential fluctuations. It 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.

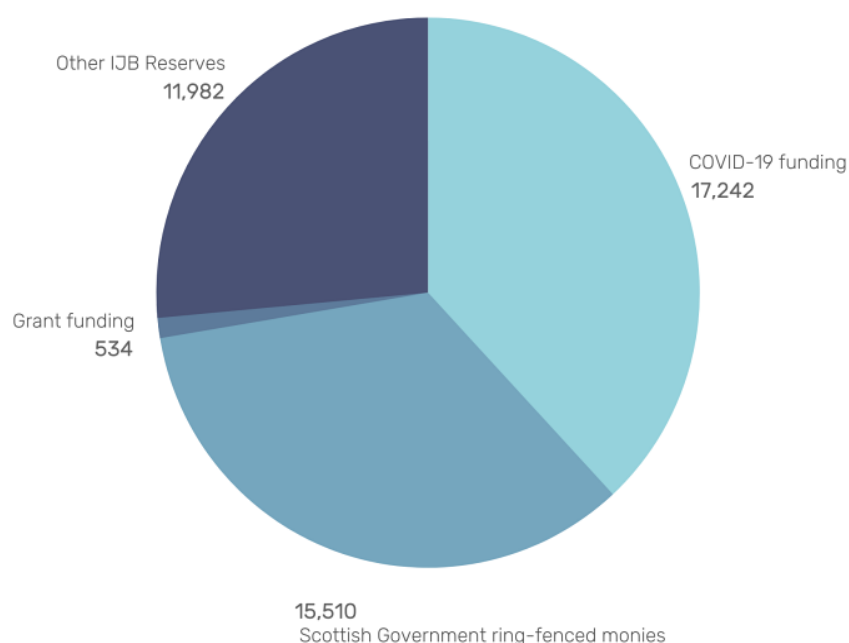
The IJB currently holds £5,781k of general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including Set Aside), bringing this in line with the targeted 2% in the IJB's Reserves Policy. This is recognised as best practice and provides the IJB with the financial capacity to manage financial risks from year to year.

Earmarked Reserves

It is also important that in-year funding available for specific projects and government priorities are able to be earmarked and carried forward into the following financial year, to allow spend to be committed and managed in a way that represents best value for the IJB in its achievement of the national outcomes.

The IJB has cumulative earmarked reserves of £45,268k. As ring-fenced funding allocations are to meet specific commitments, they must be carried forward to meet the conditions attached to their receipt. The amounts allocated in 2021/22 are significantly higher than in previous years, reflecting additional funding allocated in 2021/22 to implement national policy commitments. The level of funding to be carried forward via earmarked reserves is also reflective of the timing of when this funding was received, and the limitations in delivering full spend prior to the financial year-end.

The following graph provides a high-level summary of how the earmarked reserves are categorised.



Risk Management 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 that 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

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



The potentially significant structural, organisational and governance change involved in the creation of a National Care Service, which could be challenging to resource alongside operational commitments

The challenge of delivering services as outlined within the GP contract / PCIP by the required timelines, due to the scale of work required, workforce availability and allocated funding



Limited capital funding and the complexities of co-ordinating relevant property strategies and planning between partner organisations creating additional challenges in delivering the IJB's Strategic Plan in the medium-to long-term

Acknowledgements

We acknowledge the significant effort required to both produce the Annual Accounts and successfully manage the finances of the IJB, and we thank the Finance team and colleagues in other services within the Partnership for their continued hard work and support.

John Matthews OBE

Chair, Renfrewshire Integration Joint Board

Date:



Christine Laverty

Chief Officer

Date:



Sarah Lavers CPFA

Chief Finance Officer

Date:



Statement of Responsibilities

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this IJB, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of Renfrewshire IJB held on 25 November 2022.

Signed on behalf of Renfrewshire IJB

John Matthews OBE

Chair, Renfrewshire Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- kept proper accounting records which were up-to-date
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of Renfrewshire IJB as at 31 March 2022 and the transactions for the year then ended.

Sarah Lavers CPFA

Chief Finance Officer

Date:

Remuneration Report

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Board Members

Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by NHSGGC. The voting members of the Renfrewshire IJB were appointed through nomination by NHSGGC and Renfrewshire Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and the Vice Chair of the IJB should therefore be included in the IJB remuneration report if they receive remuneration for their roles. For Renfrewshire IJB, neither the Chair nor Vice Chair receives remuneration for their roles.

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2021/22, no voting members received any form or remuneration from the IJB. There were no exit packages payable during the financial year.

Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, a Chief Officer for the IJB must be appointed and the employing partner has to formally second the officer to the IJB. The remuneration terms of the Chief Officer's employment were approved by the IJB.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the following table:

Salary, fees & allowances 2020/21 £	Total remuneration 2020/21 £	Name and Post Title	Salary, fees & allowances 2021/22 £	Total remuneration 2021/22 £
-	-	C Lavery Chief Officer, Renfrewshire IJB (28 June 2021 – 31 March 2022)	90,090 (*FYC 111,723)	90,090 (*FYC 111,723)
46,100 (**FYC 108,298)	46,100 (**FYC 108,298)	S Strachan Interim Chief Officer, Renfrewshire IJB (1 April 2021 – 27 June 2021)	36,250	36,250
94,186	94,186	S Lavers Chief Finance Officer, Renfrewshire IJB	95,672	95,672

*FYC: (Full Year Cost) includes full year salary to 31 March 2022 for Christine Lavery who took up the CO post on 28 June 2021.

**FYC: relates to the total cost of Shiona Strachan filling both her role as Head of Service (April – November 2020) and Interim Chief Officer (December 2020 – March 2021).

Pension Benefits

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis, there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or the Chief Finance Officer.

The IJB, however, has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Name and Post Title	In-year Pension Contributions*		Accrued Pension Benefits		
	For Year to 31/03/21 £	For Year to 31/03/22 £		As at 31/03/21 £	As at 31/03/22 £
C Lavery Chief Officer, Renfrewshire IJB	-	17,387 (**FYE 21,466)	Pension	-	8,340
			Lump sum	-	-
S Lavers Chief Finance Officer, Renfrewshire IJB	18,174	18,368	Pension	42,602	45,417
			Lump sum	66,258	66,821

* C Lavery started post of Interim Chief Officer on 28 June 2021; S Strachan, Interim Chief Officer was employed as a consultant and therefore not part of the current pension scheme.

**FYE – Full Year Estimate includes an estimate of the full year pension contributions to 31 March 2022 for C Lavery who took up the CO post on 28 June 2021,

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000. In 2021/22 there were no employees in the range £50,000 to £89,999.

Number of Employees 31 March 2021	Remuneration Band	Number of Employees 31 March 2022
1	£90,000 - £94,999	-
-	£95,000 - £99,999	1
1	£105,000 - £109,999	-
-	£110,000 - £114,999	1

John Matthews OBE

Chair, Renfrewshire Integration Joint Board

Date:

Christine Laverty

Chief Officer

Date:

Annual Governance Statement 2021/22

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the delivery of the IJB's functions and to make arrangements to secure best value.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHSGGC and Renfrewshire Council systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives.

This system can only provide reasonable and not absolute assurance of effectiveness.

The IJB has adopted governance arrangements consistent, where appropriate, with the principles of CIPFA¹ and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government" and the CIPFA Financial Management Code 2019 (FM Code). This statement explains how the IJB has complied with the governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which details the requirement for an Annual Governance Statement.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the objectives set out in the Strategic Plan. The governance framework is continually updated to reflect best practice, new legislative requirements and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises the Chair and seven other voting members. Overall, four are Council Members nominated by Renfrewshire Council, and four are Board members of NHSGGC. There are also a number of non-voting professional and stakeholder members on the IJB Board. Stakeholder members currently include representatives from the third and independent sector bodies, carers and service users. Professional members include the Chief Officer and Chief Finance Officer. The IJB, via a process of delegation from NHSGGC and Renfrewshire Council, and its Chief Officer, has responsibility for the planning, resourcing and operational delivery of all delegated health and social care within its geographical area.

¹ CIPFA – The Chartered Institute of Public Finance and Accountancy

The main features of the governance framework in existence during 2021/22 were:

Principles

- The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.

Formal frameworks

- The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
- The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and Financial Governance arrangements; these are subject to regular review.
- A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Staff 'Performance and Personal Development' (PPD) schemes are also in place, the aim of which is to focus on performance and development that contributes towards achieving service objectives.
- The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government. The most recent report – covering the period April 2020 to March 2021 – was reviewed by the IJB in September 2021. It noted that governance arrangements which had been suspended or augmented at the start of the pandemic had now been fully reinstated using virtual methods, and that work had also been taken forward to strengthen local governance arrangements within Mental Health, Addictions and Learning Disabilities.

Strategic planning

- The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan – newly updated and approved for 2022-25 – which sets out the key outcomes the IJB is committed to delivering with its partners.
- The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
- The Medium Term Financial Plan 2020/21 to 2025/26 outlined the financial challenges and opportunities the HSCP anticipated over that five-year period and provided a framework which would support the HSCP to remain financially sustainable. It complemented the Strategic Plan 2019-2022, highlighting how the HSCP Medium Term Financial Planning principles would support the delivery of the IJB's strategic objectives and priorities.
- Given the much changed national and local context within which the IJB will be working over the next three years, the MTFP was updated and approved by the IJB in March 2022. As with the previous iteration, the new MTFP highlights the key financial challenges the IJB faces, as well as the strategic aims that it aspires to deliver and the community priorities that it strives to meet.
- For 2021/22, the HSCP has an interim Workforce Plan, developed in partnership with its parent organisations. Work is currently ongoing to develop a detailed Workforce Plan for 2022-25, aligning with the Strategic Plan and Medium Term Financial Plan covering the same period. This will be published by the end of October 2022 in line with Scottish Government timelines.

Oversight

- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the HSCP's SMT, the IJB and the IJB Audit, Risk and Scrutiny Committee, as appropriate.
- Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the Renfrewshire HSCP website.

Risk management

- The IJB's risk management processes are well developed. The Risk Management Framework was last reviewed in early 2021 to reflect the maturity of the IJB and its approach to managing risk in the context of the pandemic, and was subsequently approved by the Audit, Risk and Scrutiny Committee in March 2021. This review process considered leading practice in other IJBs and comparable organisations and resulted in significant changes in the overarching framework and supporting risk management processes within the HSCP (with regards reporting, ownership, the establishment of a risk network, and development of additional guidance and training).
- The framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation, and forms a key strand of the IJB's overall governance mechanisms. This Risk Framework is reviewed every two years, with the next review scheduled in early 2023.
- The IJB's approach to managing its obligations with regards public records as set out in the Public Records (Scotland) Act 2011 is outlined in the IJB Records Management Plan.
- Staff are made aware of their obligations to protect client, patient and staff data. The NHS Scotland Code of Practice on Protecting Patient Confidentiality has been issued to all staff.
- Staff are also required to undertake annual mandatory training on information security.

Financial control

- Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by NHSGGC and Renfrewshire Council in relation to the operational delivery of health and social care services.

Transformational change

- The HSCP's medium term approach (Tier Two) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. 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. Transformational (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. 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.

COVID-19 Supplementary Governance Arrangements

The governance context in which the IJB operates has been impacted by the need to implement business continuity processes in response to the significant public health challenge presented by the COVID-19 pandemic. In order to adapt to the challenge of planning and delivering health and social care services during the pandemic the IJB has had to adapt its governance structures accordingly.

During the first year of the pandemic a number of key meetings were established to enable regular dialogue on key and emerging issues. At Board level, this included the Strategic Executive Group (SEG) and Chief Officers (HSCP) Tactical Group to consider and agree arrangements for HSCPs and IJBs within the NHSGGC area. At a local level, an Emergency Management Team (EMT) was established by Renfrewshire Council and a Local Response Management Team (LRMT) was established by the HSCP.

As we moved into the second year of responding to the pandemic, the requirement for separate fora to manage issues regarding COVID-19 lessened as pandemic management actions were embedded fully in the day-to-day governance and operational management of the IJB, HSCP and our partners. As a result, the EMT and LRMT were stood down and were replaced by enhanced Local Authority Corporate Management Team (CMT) arrangements, and enhanced HSCP Senior Management Team (SMT) arrangements respectively, both of which were stepped up in frequency during surges of the virus. At the time of writing, the SEG and Chief Officers Tactical Group remain operational.

Additionally, the temporary decision-making arrangements approved by the IJB in March 2020, whereby authority is delegated, if required, to meet immediate operational demand, to the Chief Officer in consultation with the Chair and Vice Chair of the IJB, were reinstated in January 2022 in response to the impact of the Omicron variant. These arrangements were in place until March 2022 however they were not required to be used.

Renfrewshire IJB continues to work with partners to participate in the wider response to the pandemic at Health Board and national level and is a key participant in the Council family and NHSGGC governance structures working with other HSCPs to manage the impact of the pandemic.



Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the SMT (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The SMT has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no internal control issues identified by the review. In addition, the Chief Officer and Chief Finance Officer are satisfied that the organisation has adopted a response that is appropriate for its fraud and corruption risks and commits to maintain its vigilance to tackle fraud.

Internal Audit undertakes an annual programme following an assessment of risk completed during the strategic audit planning process. The appointed Chief Internal Auditor provides an annual report to the Audit, Risk and Scrutiny Committee and an independent opinion on the adequacy and effectiveness of the governance framework, risk management and internal control.

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon.

The arrangements continue to be regarded as fit for purpose in accordance with the governance framework and the FM Code.

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The IJB complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for HSCP's financial arrangements and is professionally qualified and suitably experienced to lead the IJB's finance function and to direct finance staff.

The IJB complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2017".

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit, Risk and Scrutiny Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Committee's core function is to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

Internal audit opinion

No system of internal control, nor Internal Audit, can provide absolute assurance. On the basis of audit work undertaken during the reporting period and the assurances provided by the partner organisations, the Chief Internal Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control, risk management and governance is operating effectively within the organisation.

Certification

On the basis of assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting upon the achievement of our principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the internal control environment and the following action plan is in place to identify areas for improvement.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan has been agreed to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the IJB's Audit, Risk and Scrutiny Committee.

A copy of the agreed Action Plan is included in the following table:

Agreed Action	Responsible Person	Date
Develop the Strategic Delivery Plan for Year 1 of the Strategic Plan - informed by relevant Care Planning Groups – setting out success measures and milestones, to evidence how the agreed strategic objectives will be progressed each year.	Head of Strategic Planning and Health Improvement	Complete
Develop a new three-year Workforce Plan to help address challenges in recruitment and retention, providing 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.	Head of Strategic Planning and Health Improvement	Complete

Update on 2020/21 Action Plan

Agreed Action	Progress	Responsible Person	Date
Further the implementation of the IJB's Risk Management Framework through delivery of risk management training with the IJB Audit, Risk and Scrutiny Committee	Risk management training was delivered to the IJB's Audit, Risk and Scrutiny Committee (and additional IJB members who wished to attend) in November 2021. The timing of the training reflected wider work being undertaken to embed the framework, and availability of key staff.	Head of Strategic Planning and Health Improvement	Complete
Work with the Strategic Planning Group to develop and consult on an updated Strategic Plan 2022-25, reflecting the impact of COVID and the need for flexibility within the current policy environment, for IJB approval in March 2022	<p>Renfrewshire HSCP's Strategic Plan for 2022-25 was approved by the IJB in March 2022. Our new plan reflects the COVID-19 response and the impact of the pandemic across our communities, and of how the HSCP has worked flexibly to re-focus our priorities to adapt to the needs of the rapidly changing environment. The Plan looks to continue to progress those priorities which have increased in importance in the last two years.</p> <p>We have taken a different approach to identifying our objectives in the new Plan, 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. The new Plan has been developed through engagement and consultation with Care Groups and our wider communities.</p>	Head of Strategic Planning and Health Improvement	Complete
Update the HSCP Medium Term Financial Plan to account for the ongoing impact of COVID-19, aligning where possible to the recommendations in the Independent Review of Adult Social Care, and link to the refreshed HSCP Strategic Plan	<p>The IJB's new Medium Term Financial Plan (MTFP) 2022-25 was approved in March 2022. The new Plan reflects the impact of COVID-19 and other emerging issues facing the IJB. It seeks to outline 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.</p> <p>As with the new Strategic Plan, the MTFP aims to 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.</p>	Chief Finance Officer	Complete

Update on 2020/21 Action Plan cont...

Agreed Action	Progress	Responsible Person	Date
As set out in our Strategic Plan 2019-2022 we will further the establishment of unified quality care and professional governance arrangements.	<p>As outlined in our Quality, Care and Professional Governance annual report 2020/21 (published September 2021) Renfrewshire HSCP has successfully continued to further the establishment of unified quality, care and professional governance arrangements. Throughout the pandemic Renfrewshire HSCP have sought to continue services wherever possible, adapting to reflect the most effective way of working with patients and service users. New arrangements have been necessary to strengthen oversight of care homes and help care providers deal with pandemic pressures.</p> <p>We will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. Through our governance arrangements we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.</p>	Chief Finance Officer	Complete
Assess the implications of agreed recommendations taken forward following the Independent Review of Adult Social Care (Feeley Review), with a particular focus on implications for IJB governance, and provide regular assessments to the IJB.	<p>The IJB approved a response to the National Care Service Consultation in October 2021.</p> <p>Analysis of the consultation was published in February 2022 and indicated that overall, a majority are broadly supportive of the proposals. Draft legislation was introduced within the Scottish Parliament on 20 June 2022.</p> <p>In anticipation of the progression of these plans, Renfrewshire HSCP has created a number of posts to help support us to deliver on the recommendations and the next stages of the wider NCS proposals as they are taken through parliament.</p>	Chief Officer	Ongoing

Update on 2019/20 Action Plan

Agreed Action	Progress	Responsible Person	Date
Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control.	<p>By end March 2022, all outstanding approved savings had been successfully delivered.</p> <p>Further scoping will take place across 2022/23 to determine the transformation projects of greatest strategic importance for the IJB and the communities it serves.</p>	Chief Finance Officer	March 2023
Implement standing agenda item at each IJB Audit, Risk and Scrutiny Committee to provide update on transformational activity and benefits management in line with above reprofiling.	<p>As previously noted, our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services.</p> <p>Prioritisation of transformational activity will continue across 2022/23 and updates to the IJB's Audit, Risk and Scrutiny Committee will commence from March 2023, with a view to deliver key transformational activity by end 2024/25.</p>	Chief Finance Officer	Updated timescale: March 2023
Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.	<p>Key governance documents are reviewed on an ongoing basis, as required, and considered through the IJB's Audit, Risk and Scrutiny Committee and/or the IJB, as appropriate.</p> <p>Work is underway to take forward the development of an updated Scheme of Delegation for the IJB that explicitly sets out the arrangements that are in place regarding delegations to officers and those that remain within the remit and responsibility of the parent organisations.</p>	Head of Strategic Planning & Health Improvement	Ongoing
Working with NHSGGC and the five other HSCPs within NHSGGC, develop commissioning plans in relation to acute Set Aside resources.	<p>In September 2021 the IJB received a report on the Board-wide draft Unscheduled Care Joint Commissioning Plan, which was subsequently agreed by the other five HSCPs in NHSGGC.</p> <p>The final version of the HSCP-led NHSGGC Unscheduled Care Joint Commissioning Plan was presented to the IJB in March 2022.</p>	Head of Health and Social Care (Paisley)	Complete

Update on 2018/19 Action Plan

Agreed Action	Progress	Responsible Person	Date
Implement Ministerial Steering Group Review of Integration Proposals and Self Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the Set Aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible steps are taken to enable the IJB to approve the delegated health budget prior to the start of the financial year.	As above, the final version of the HSCP-led NHSGGC Unscheduled Care Joint Commissioning Plan was presented to the IJB in March 2022. Contained within the Plan was a Financial Framework to support its delivery, developed in partnership with all six IJBs and the NHSGGC Board.	Head of Health and Social Care (Paisley)	Complete
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014)	At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC Board to confirm the timescales for consultation, and subsequent approval of, Integration Schemes. The existing Integration Scheme will remain in place until this time.	Chief Officer	Ongoing

Conclusion and Opinion on Assurance

While recognising the importance of continuous improvement, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Management Team throughout the year.

John Matthews, OBE

Chair, Renfrewshire Integration Joint Board

Date:

Christine Laverty

Chief Officer

Date:

Independent auditor's report to the members of Renfrewshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Renfrewshire Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of Renfrewshire Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 26 September 2022. The period of total uninterrupted appointment is one year. I am independent of Renfrewshire Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Renfrewshire Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Renfrewshire Integration Joint Board's ability to

continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on Renfrewshire Integration Joint Board's current or future financial sustainability. However, I report on Renfrewshire Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and the Audit, Risk and Scrutiny Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Renfrewshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

The Audit, Risk and Scrutiny Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how Renfrewshire Integration Joint Board is complying with that framework;
- identifying which laws and regulations are significant in the context of Renfrewshire Integration Joint Board
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Renfrewshire Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that

report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pauline Gillen
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. It includes, on an accruals basis, all expenses and related income.

2020/21 Gross Exp. £000's	2020/21 Gross Income £000's	2020/21 Net Exp. £000's		Note	2021/22 Gross Exp. £000's	2021/22 Gross Income £000's	2021/22 Net Exp. £000's
83,587	(10,959)	72,628	Adults and Older People		87,794	(11,142)	76,652
27,146	(319)	26,827	Mental Health		30,984	(434)	30,550
29,473	(1,612)	27,861	Learning Disabilities		31,160	(1,475)	29,685
6,389	(446)	5,943	Children's Services		6,696	(371)	6,325
34,814		34,814	Prescribing		36,396		36,396
963	(73)	890	Health Improvement and Inequalities		1,220	(59)	1,161
53,633	(282)	53,351	Family Health Services		58,305	(1,134)	57,171
6,902	(237)	6,665	Resources		6,919	(196)	6,723
12,610	-	12,610	COVID-19		6,951		6,951
10,995	(185)	10,810	Hosted Services	12	11,986	(1,273)	10,713
64,738		64,738	Set Aside for Delegated Services Provided in Large Hospitals	5	63,579		63,579
893	(127)	766	Services Delegated to Social Care	9	1,218	(123)	1,095
332,143	(14,240)	317,903	Total Costs of Services		343,208	(16,207)	327,001
	(335,392)	(335,392)	Taxation and Non-Specific Grant Income	6		(351,044)	(351,044)
332,143	(349,632)	(17,489)	(Surplus) or deficit on Provisions of Services (movements in Reserves)		343,208	(367,251)	(24,043)

*Figures shown in brackets represent income or gains and figures without brackets represent expenditure or loss.

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the CIES. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts as it is not required to provide a true and fair view of the IJB's finances.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

	General Fund Balance £000's	Earmarked Reserves £000's	Total Reserves £000's
Movement in Reserves during 2020 – 2021:			
Opening Balance at 31 March 2020	(1,401)	(8,116)	(9,517)
Total Comprehensive Income and Expenditure			
(Increase) in 2020/21	(4,380)	(13,109)	(17,489)
Closing Balance at 31 March 2021	(5,781)	(21,225)	(27,006)
Movement in Reserves during 2021 – 2022:			
Opening Balance at 31 March 2021	(5,781)	(21,225)	(27,006)
Total Comprehensive Income and Expenditure			
(Increase) in 2021/22		(24,043)	(24,043)
Closing Balance at 31 March 2022	(5,781)	(45,268)	(51,049)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2022. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021 £000's		Notes	31 March 2022 £000's
27,006	Short Term Debtors	7	51,049
27,006	Current Assets		51,049
-	Short Term Creditors	7	-
-	Current Liabilities		-
27,006	Net Assets		51,049
(5,781)	Usable Reserves: General Fund	8	(5,781)
(21,225)	Usable Reserves: Earmarked	8	(45,268)
(27,006)	Total Reserves		(51,049)

The Statement of Accounts presents a true and fair view of the financial position of the IJB as at 31 March 2022 and its income and expenditure for the year then ended.

The unaudited accounts were issued on 24 June 2022 and the audited accounts were authorised for issue on 25 November 2022.

Balance Sheet signed by:

Sarah Lavers CPFA
Chief Finance Officer

Date:

Notes to the Financial Statements

Note 1: Significant Accounting Policies

General Principles

The Financial Statements summarise the transactions of Renfrewshire IJB for the 2021/22 financial year and its position at 31 March 2022.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHSGGC and Renfrewshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through funding contributions from its statutory funding partners, Renfrewshire Council and NHSGGC. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Renfrewshire area and service recipients across the Greater Glasgow & Clyde area, for services which are delivered under Hosted arrangements.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. All transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. This means there is no requirement for the IJB to produce a cash flow statement. The funding balance due to or from each funding partner as at 31 March, is represented as a debtor or creditor on the IJB's balance sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its balance sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partners are treated as employee costs. Where material, the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken. In the case of Renfrewshire IJB any annual leave earned but not yet taken is not considered to be material.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

Reserves have been created from net surpluses in current or prior years, some of which are earmarked for specific purposes, the remainder is the general reserve. Considering the size and scale of the IJB's responsibilities, the IJB's approved Reserves Policy recommends the holding of general reserves at a maximum of 2% of the net budget of the IJB.

When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be processed through the Movement in Reserves Statement.

Indemnity Insurance / Clinical and Medical Negligence

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities through the CNORIS scheme. NHSGGC and Renfrewshire Council have responsibility for claims in respect of the services for which they are statutorily responsible and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB's participation in the Scheme is, therefore, analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material, the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Debtors

Financial instruments are recognised in the balance sheet when an obligation is identified and released as that obligation is fulfilled. Debtors are held at fair value and represent funding due from partner bodies that was not utilised in-year.

Note 2: Critical Judgements in Applying Accounting Policies

In preparing the 2021/22 financial statements, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

- Within Greater Glasgow and Clyde, each IJB has responsibility for services which it hosts on behalf of the other IJBs. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risks 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', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which Renfrewshire IJB accounts have been prepared and is based on the Code of Practice.

Note 3: Assumptions Made About the Future and Other Major Sources of Uncertainty

The Annual Accounts contain estimated figures that are based on assumptions made by Renfrewshire IJB about the future or that which are otherwise uncertain. Estimates are made using historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made.

Note 4: Events after the Balance Sheet Date

The Annual Accounts were authorised for issue by the Chief Finance Officer on 25 November 2022. Events after the balance sheet date are those events that occur between the end of the reporting period and the date when the Statements are authorised for issue.

Where events take place before the date of authorisation and provide information about conditions existing as at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

Note 5: Expenditure and Income Analysis by Nature

The following table shows the gross expenditure and income for Renfrewshire IJB against subjective headings.

Expenditure and Income Analysis by Nature	2020/21 £000's	2021/22 £000's
Employee Costs	87,939	91,699
Property Costs	1,057	839
Supplies and Services	8,761	10,071
Third Party Payments	72,147	74,654
Transport	489	440
Support Services	72	75
Transfer Payments	4,720	4,200
Purchase of Healthcare	3,249	3,214
Family Health Service	88,971	94,437
Set Aside	64,738	63,579
Income	(14,240)	(16,207)
Total Cost of Services	317,903	327,001
Partners Funding Contributions and Non-Specific Grant Income	(335,392)	(351,044)
(Surplus) on Provision of Services	(17,489)	(24,043)

Note 6: Taxation and Non-Specific Grant Income

The following table shows the funding contribution from the two partner organisations:

Taxation and Non-Specific Grant Income	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	230,819	240,591
Renfrewshire Council	104,573	110,453
TOTAL	335,392	351,044

The funding contribution from NHSGGC shown above includes £63,579k in respect of 'Set Aside' resources relating to hospital services. These are provided by NHSGGC who retain responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 7: Short Term Debtors and Creditors

At 31 March 2022, Renfrewshire IJB had short term debtors of £51,049k relating to the reserves held, there were no creditors. Amounts owed by funding partners are stated on a net basis.

Short Term Debtors	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	27,006	51,049
TOTAL	27,006	51,049

Short Term Creditors	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	-	-
Renfrewshire Council	-	-
TOTAL	-	-

Note 8: Usable Reserves

As at 31 March 2022 the IJB has created earmarked reserves in order to fund expenditure in respect of specific projects. In addition, the general reserve will be used to manage the risk of any future unanticipated events and support service provision that may materially impact on the financial position of the IJB in later years.

The following tables show how reserves are allocated:

General Reserves	2020/21 £000's	2021/22 £000's
GENERAL RESERVES	5,781	5,781

HSCP Funded Earmarked Reserves	2020/21 £000's	2021/22 £000's
COVID-19 Funding	7,593	17,242
Scottish Government Ring-Fenced Monies carried forward:		
Primary Care Improvement Programme (PCIP)	2,458	4,347
PTCF Monies Allocated for Tests of Change and GP Support	299	216
GP Premises Improvement Fund	224	462
Alcohol and Drug Partnership (ADP) Funding	1,186	2,551
Mental Health Recovery and Renewal Funding		1,560
Mental Health Action 15 (19/20)_(20/21)_(21/22)	763	663
District Nursing Recruitment Programme	288	802
Winter Planning Monies / Care Home Liaison Monies		4,250
Health Visiting	32	32
Scottish Government Pay Award and Living Wage Health and Social Care (21/22)		340
Mental Health Dementia Funding		119
Public Health Improvement Monies	15	168
Scottish Government Ring-Fenced Monies carried forward	5,264	15,510
Grant Funding carried forward	454	534
TOTAL RING-FENCED MONIES TO BE CARRIED FORWARD	13,311	33,286
ICT / Systems Related	1,322	1,077
Premises Related	814	692
Prescribing	2,000	2,000
Other IJB Reserves	3,778	8,213
TOTAL EARMARKED RESERVES	21,225	45,268
OVERALL RESERVES POSITION	27,006	51,049

Note 9: Additional Council Services Delegated to the IJB

The following table shows the costs of Renfrewshire Council services delegated to the IJB. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is accountable for these services, however, these continue to be delivered by Renfrewshire Council. The HSCP monitor the delivery of these services on behalf of the IJB.

Additional Council Services Delegated to the IJB	2020/21 £000's	2021/22 £000's
Housing Adaptations	544	876
Women's Aid	349	342
Grant Funding for Women's Aid	(127)	(123)
NET AGENCY EXPENDITURE (INCLUDED IN THE CIES)	766	1,095

Note 10: Related Party Transactions

The IJB is required to disclose material transactions with related bodies – i.e. bodies or individuals that have the potential to control or influence the IJB, or to be controlled or influenced by the IJB.

Members of the IJB

Members of the IJB are required to declare an interest if they believe that there may be a perception that their decision making may be influenced in any way by a personal interest. Should this arise, the relevant person does not take part in any discussion or decision related to that interest. The Register of Interests is available on the HSCP's website at www.renfrewshire.hscp.scot/IJB

Other Public Bodies

The IJB has related party relationships with NHSGGC and Renfrewshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships. The table shows the funding that has transferred from NHSGGC via the IJB to the Council. This amount includes Resource Transfer Funding.

Service Income Received	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	(1,413)	(3,439)
Renfrewshire Council	(12,827)	(12,768)
TOTAL	(14,240)	(16,207)

Expenditure on Services Provided	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	217,165	225,036
Renfrewshire Council	114,978	118,172
TOTAL	332,143	343,208

Funding Contributions Received	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	230,819	240,591
Renfrewshire Council	104,573	110,453
TOTAL	335,392	351,044

Debtors	2020/21 £000's	2021/22 £000's
NHS Greater Glasgow and Clyde Health Board	0	0
Renfrewshire Council	27,006	51,049
TOTAL	27,006	51,049

Note 11: IJB Operational Costs

NHSGGC and Renfrewshire Council provide a range of support services for the IJB including: business support; human resources; planning; audit; payroll and creditor services. There is no charge to the IJB for these support services.

The costs associated with running the IJB are shown in the following table:

IJB Operational Costs	2020/21 £000's	2021/22 £000's
Staff Costs	320	306
Audit Fees	27	28
TOTAL	347	334

Note 12: Services Hosted by other HSCPs

The services hosted by Renfrewshire HSCP are Podiatry and Primary Care Support and Development (included in the CIES under hosted services) which includes expenditure for 2021/22 and the value consumed by other IJBs within NHSGGC.

2020/21				2021/22	
Actual Net Expenditure to Date £000's	Consumed by other IJBs £000's	Host	Service	Actual Net Expenditure to Date £000's	Consumed by other IJBs £000's
6,906	5,919	Renfrewshire	Podiatry	6,788	5,881
3,904	3,357	Renfrewshire	Primary Care Support and Development	3,925	3,377
10,810	9,276	TOTAL		10,713	9,258

The services which are hosted by the other five Greater Glasgow and Clyde IJBs, on behalf of the other IJBs including Renfrewshire, are detailed in the following tables for information (these figures are not included in Renfrewshire IJB's Annual Accounts). The tables include expenditure incurred in 2021/22 and the value consumed by Renfrewshire IJB.

Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's	Host	Service	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
2020/21				2021/22	
9,820	1,431	East Dunbartonshire	Oral Health	10,382	1,495
9,820	1,431	TOTAL		10,382	1,495
1,955	434	East Renfrewshire	Learning Disability Tier 4 Community & Others	1,589	386
166	33		Scottish Centre of Technology for the Impaired	211	22
2,121	467	TOTAL		1,800	408
4,102	613	Glasgow	Continence	4,261	633
11,130	1,404		Sexual Health	10,842	1,398
7,326	1,337		MH Central Services	9,730	1,775
12,472	2,006		MH Specialist Services	13,264	2,162
16,003	1,560		Alcohol & Drugs Hosted	16,043	1,605
7,407	1,009		Prison Healthcare	7,875	1,073
2,256	343		HC in Police Custody	2,384	364
60,696	8,272	TOTAL		64,399	9,010
6,247	936	West Dunbartonshire	MSK Physio	6,527	947
719	111		Retinal Screening	720	111
6,966	1,047	TOTAL		7,247	1,058

Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's	Host	Bed Activity	Actual Net Expenditure to Date £000's	Consumed by Renfrewshire IJB £000's
2020/21				2021/22	
5,424	1,508	East Renfrewshire	Learning Disability Admission & Assessment	5,233	1,608
1,916			Learning Disability Complex Care	2,001	
7,340	1,508	TOTAL		7,234	1,608
45,149	841	Glasgow	General Psychiatry	46,571	456
15,121	85		Old Age Psychiatry	15,344	43
60,270	926	TOTAL		61,915	499
6,542	766	Inverclyde	General Psychiatry	6,954	1,087
4,065	131		Old Age Psychiatry	3,734	
10,607	897	TOTAL		10,688	1,087
8,931	8,612	Renfrewshire	General Psychiatry	9,756	9,485
7,386	5,725		Old Age Psychiatry	8,154	6,304
16,317	14,337	TOTAL		17,910	15,789
1,037		West Dunbartonshire	Old Age Psychiatry	1,102	
1,037	0	TOTAL		1,102	0

Note 13: VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

Note 14: External Audit Costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice in 2021/22 are £27,960 compared to £27,330 in 2020/21. There were no fees paid to Audit Scotland in respect of any other services.

Note 15: New Standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The IJB considers that there are no such standards which would have significant impact on its annual accounts.

Appendix 1: Renfrewshire Integration Joint Board Membership

The tables below detail the membership of Renfrewshire IJB as of November 2022.

Voting members	
Elected Members from Renfrewshire Council	Cllr Jennifer Adam (Vice Chair)
	Cllr Jacqueline Cameron
	Cllr Fiona Airlie-Nicolson
	Cllr Iain McMillan
Non-Executives of NHS Greater Glasgow & Clyde Board	Rev John Matthews (Chair)
	Margaret Kerr
	Francis Shennan
	Ann Cameron Burns

Non-Voting members	
Chief Officer	Christine Laverty
Chief Finance Officer	Sarah Lavers
Chief Social Work Officer	John Trainer
A Registered Nurse representative	Karen Jarvis
A registered medical practitioner representing GPs	Dr Stuart Sutton
A registered medical practitioner representing other medical interests	Vacant
A member of staff from social work, representing front-line delivery	Lisa Cameron
A member of staff from the NHS, representing front-line delivery	Paul Higgins
A third sector representative, representing front-line delivery	Alan McNiven
A service user representative	Stephen Cruikshank
A carer representative	Fiona Milne
Trade union representative (Council)	John Boylan
Trade union representative (NHS)	Annie Hair



To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Final Draft of the Workforce Plan 2022-25

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. In June 2022, the IJB approved a draft of the HSCP's Workforce Plan for 2022 to 2025, which was developed with partners across the Health and Social Care system. Following this approval, the draft was submitted to the Scottish Government in early July 2022 for review and comment.
- 1.2. The Scottish Government provided very positive feedback in early October 2022, which is summarised within this paper. The Workforce Plan has subsequently been reviewed and updated, and the HSCP has engaged with NHS Greater Glasgow and Clyde and Renfrewshire Council for any additional feedback on this version. This paper includes the final draft of the Workforce Plan 2022-25 for the IJB's review and approval.

2. Recommendations

It is recommended that the IJB:

- Note the further updates made to the Workforce Plan;
- Note that a more detailed delivery Plan with owners and key deliverables will be developed to support delivery of the Plan, once approved; and
- Approve the attached draft of the Workforce Plan as the final version.

3. Background

- 3.1. Workforce planning is a key priority for Renfrewshire HSCP and for organisations across the public sector. This recognises the existing challenges exacerbated by the pandemic and essential importance of prioritising staff health and wellbeing. Both locally and nationally,

organisations across the health and social care system continue to have challenges in recruiting and retaining staff and face a shortage of key skills and expertise. The workforce is also ageing, resulting in increased risk of capacity constraints and loss of knowledge and experience.

- 3.2. The Scottish Government previously set out its desired approach and timelines for the development of Workforce Plans within Health Boards and HSCPs. This included the development of interim Workforce Plans for 2021-22, which had an immediate focus on supporting the health and wellbeing of the workforce during the COVID pandemic.
- 3.3. Following this, it was expected that Workforce Plans for the period 2022-25 would need to be developed and in place for April 2022. However, these timelines were subsequently extended so that Workforce Plans should be completed and published by health boards and HSCPs by the end of November 2022.
- 3.4. The HSCP provided an update to the IJB in June 2022 which set out the additional guidance which had been published by the Scottish Government for the development of Workforce Plans, and in particular the reflection of the national ambition to deliver the recovery, growth and transformation of our workforce in coming years. In addition, it set out five pillars to guide workforce development actions: (i) Plan; (ii) Attract; (iii) Employ; (iv) Train; and (v) Nurture. These pillars provided the underpinning structure for the HSCP's draft Plan which was approved by the IJB in June 2022.
- 3.5. The draft Plan was submitted to the Scottish Government for feedback in July 2022, with this expected by the end of August. However, the last update provided to the IJB in September noted that this had been delayed, with feedback subsequently received in October. The following sections sets out a summary of this feedback and further updates which have been made to the Draft Plan as part of its finalisation.

4. Work undertaken to develop a final draft of the Workforce Plan

- 4.1. The feedback received from the Scottish Government was very positive and recognised the considerable work that the HSCP and partners undertook in developing the draft during a period of continued challenge and service pressures. The Plan was reviewed against the guidance previously issued by the Scottish Government, with a summary of the comments provided as follows:
 - The draft Plan is very well structured, with clear linkages to other local Strategic Plans and in the provision of the wider context in which the Plan will be delivered.
 - The narrative provided, and the assessment of the interim Workforce Plan which included the progress achieved and further actions required was felt to be valuable.
 - It was felt that the analysis of local population drivers was reasonably comprehensive, with the visualisation of workforce demographics felt to be clear and informative. The additional data provided in Appendix 1

was also seen as helpful, with a suggestion that more of this detail could be included in the main body of the Plan with further consideration of the projected replacement need across the three years of the Plan.

- The consideration in the plan of the implications for wider partnership workforce including primary care, independent and third sector workforces and unpaid carers was welcomed.
- The analysis of workforce projections provided in the Plan, indicating the roles and skills which will be required in the future workforce was felt to be detailed and providing an excellent base for further development. It was felt this section could have been enhanced by further quantification of the number of posts that will be required, however the feedback also recognised the commentary provided by the HSCP that this specific level of detail is not yet known.

4.2. Overall, whilst providing helpful guidance for further development of the HSCP's approach to workforce planning in future, this feedback did not necessitate any significant change to the draft Workforce Plan approved by the IJB. It was also recognised by the Scottish Government that the delay in providing feedback limited the opportunity for health boards and HSCPs to make changes to draft Plans prior to their publication by the November deadline previously set out.

4.3. Nevertheless, the HSCP has taken the opportunity to review the actions set out within the draft Plan to ensure that they are robust and deliverable. In doing so, a small number of actions have been refined to (i) remove overlap and duplication; (ii) merge actions where appropriate; and (iii) remove actions which appeared as statements rather than specific activity.

4.4. The final draft of the Workforce Plan, reflecting these minor changes has been discussed with Renfrewshire Council's Corporate Management Team (CMT) as required by existing governance arrangements, and presented to Renfrewshire's Staff Partnership Forum in advance of consideration by the IJB. The Plan has been well received. NHSGGC also confirmed that no further review of the Plan was required by the Staff Governance Committee further to previous discussions, with confirmation of the Plan though local governance arrangements appropriate.

5. Next Steps

5.1. Subject to the IJB's approval, an annual action Plan for the Workforce Plan will be developed setting out action owners, refined timescales and specific deliverables. This annualised approach is in line with that adopted for the IJB's Strategic Plan and reflects the continued uncertainty and challenges within the IJB and HSCP's operating context.

5.2. Regular updates on progress made in delivering the commitments within the Workforce Plan will be brought to future IJB meetings.

Implications of the Report

1. **Financial** – No implications from this report.

2. **HR & Organisational Development** – The Workforce Plan has been developed with input from HR and Organisational Development officers within NHSGGC and Renfrewshire Council. It sets out the related objectives and supporting actions that the HSCP and partners will seek to deliver between 2022-25. These will form the basis of annual action plans with agreed owners and deliverables.
3. **Community Planning** – The Workforce Plan considers the wider health and social care system rather than solely the HSCP workforce. The actions set out within should support the joint response to workforce challenges and support the development of health and social care services in Renfrewshire.
4. **Legal** – This paper supports delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – Ongoing risks with regards workforce and recruitment and retention are regularly discussed within the IJB's Audit, Risk and Scrutiny Committee. The Plan will support the delivery of mitigating actions to manage these risks.
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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Renfrewshire
Health & Social Care
Partnership



Shaping our workforce

Workforce Plan 2022 - 2025



Contents

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Foreword

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

This is the second integrated Workforce Plan since the inception of Renfrewshire Health and Social Care Partnership (HSCP) in 2015. The HSCP workforce is employed by our two parent organisations, NHS Greater Glasgow and Clyde (NHSGGC) and Renfrewshire Council. However, the HSCP has delegated responsibility for recruitment, deployment, learning, educational development and attainment of professional qualifications.

Renfrewshire HSCP is committed to delivering positive outcomes for the wellbeing of the people of Renfrewshire. Our commitment to do this is set out in ['Shaping our Future' - Strategic Plan 2022-25](#) and is underpinned by our vision: “Renfrewshire is a caring place where people are treated as individuals and supported to live well”. This Workforce Plan should be read in conjunction with the Strategic Plan, which sets out further detail on how our services will develop by 2025.



John Matthews OBE
Chair, Renfrewshire
Integration Joint Board



Christine Laverty
Chief Officer,
Renfrewshire HSCP

Our employees bring together a wide range of knowledge, experience, skills and talents. We are committed to supporting and developing them as they apply their strengths and talents within the Partnership.

In this Workforce Plan we have set out how we aim to make sure we have a workforce which is fit for purpose and is enabled to deliver to meet the current and future needs of those who rely upon our services. We have also sought to broaden this Plan to reflect the importance of the wider health and social care system in Renfrewshire in supporting local citizens. This sets the foundations for future closer working on workforce planning and development.

The Plan also sets out steps we and partners will take to anticipate future workforce needs, based on legislative requirements, changes in demographics, the impact of ongoing change implementation and in particular a shift towards the provision of more community-based health and care services.

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

Introduction

Overview of our Services

Overview of Health & Social Care Services delivered by the HSCP and our partners

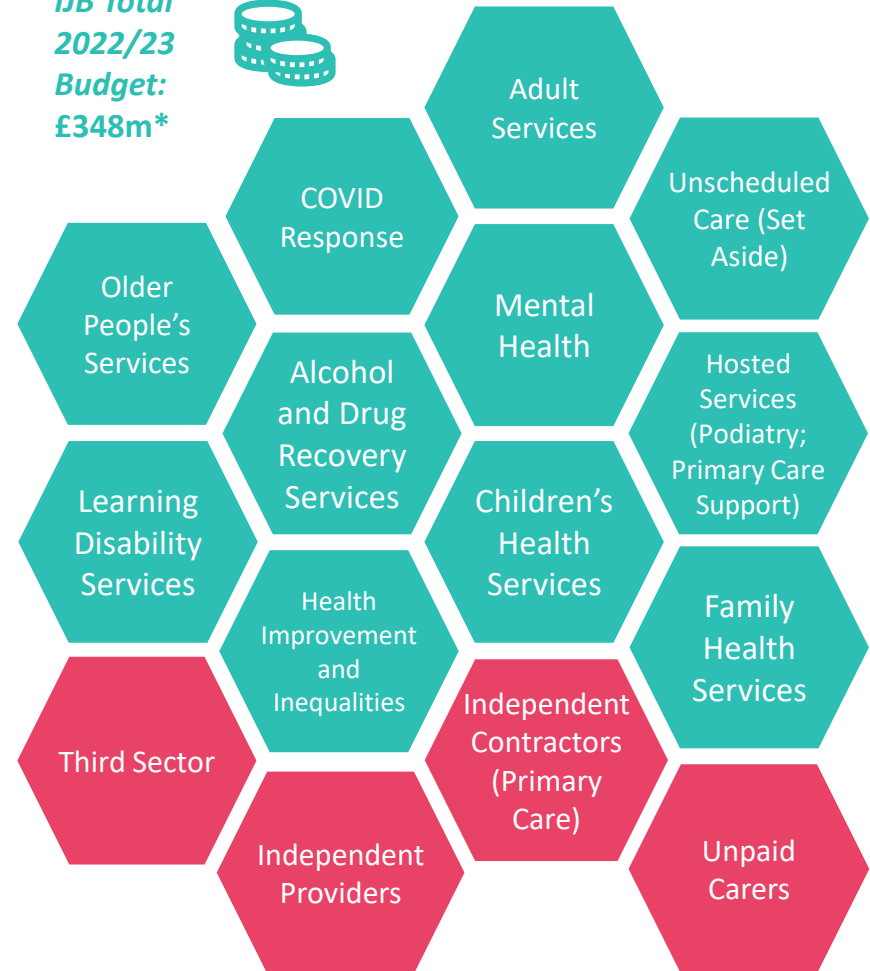
This Workforce Plan covers the breadth of integrated health and social care services delivered in Renfrewshire by the HSCP, independent contractors (such as GPs and Pharmacists), the third sector and independent providers. Together, we deliver adult social care services and all community health services for adults and children, with a core objective of shifting the balance of care from hospital settings to supporting people in their communities and closer to home wherever possible. Unpaid carers within Renfrewshire also provide crucial additional support to their loved ones which forms the bedrock of our local health and social care system.

The HSCP and partners work closely together to ensure that services are planned and delivered collaboratively and on a 'whole system' basis. This helps to ensure that people can access support that is joined up and shaped around them rather than by organisational structures.

The HSCP segments services into two geographical localities (Paisley and West Renfrewshire). 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. Each contributes to overseeing the local healthcare system within their geographies.

We seek to reflect the different needs of our communities in how services are delivered. In doing so, we recognise the importance and value of working closely with staff-side (trade union) colleagues to ensure that our workforce is suitably shaped, trained and developed to meet these diverse needs.

**IJB Total
2022/23
Budget:
£348m***



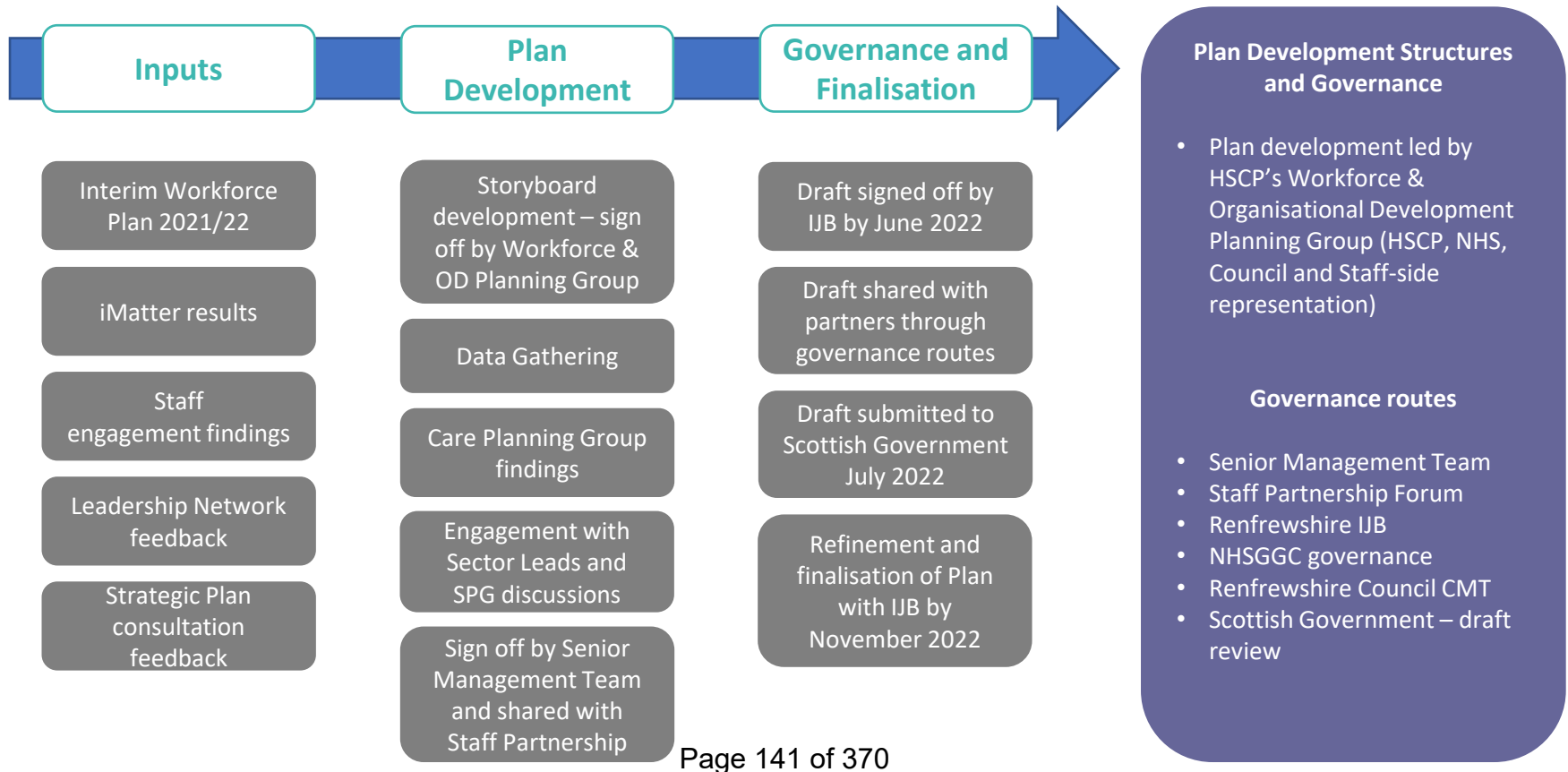
**rounded figure - projected at time of writing*

About this Plan

Our approach to developing the Workforce Plan

Developing this Plan

The priorities within this Workforce Plan have been developed through engagement with staff and partner organisations over a significant period of time. This includes activity to determine the impact of the pandemic on our workforce, the development of the HSCP's Interim Workforce Plan for 2021-22, and the subsequent development of the IJB's Strategic Plan for 2022-25. Our local Primary Care, Third Sector, Unpaid Carers and Independent Provider representatives have contributed to our identified actions. Each of these strands of activity have provided the foundations for the greater level of detail on our workforce and future objectives included in this Plan for the next three years. A summary of our approach is provided in the diagram below.



About this Plan

Developing a Workforce Plan amid uncertainty

Reflecting uncertainty in our Workforce Plan

This Workforce Plan, similarly to our new Strategic Plan for 2022-25, has been developed within a highly uncertain environment. This creates a range of challenges that we must address but also opportunities that we can seek to capitalise on to support the growth and development of our workforce.

As a health and social care system there are a range of factors which impact on what services we provide, and how we provide them, which are outwith the control of any single organisation. We aim to identify these influences at an early stage and plan our response to them as far as possible through our workforce, financial and strategic planning. At the same time, there are other factors which we can proactively shape and manage our approach to, and we are determined to use these to attract and retain the best staff within Renfrewshire.

This Workforce Plan sets out how the HSCP, working with our partner organisations and staff-side colleagues, will seek to address these challenges in the next three years, individually, and working together. Our approach is aligned the new National Workforce Strategy for Health and Social Care and is summarised in our plan on a page.

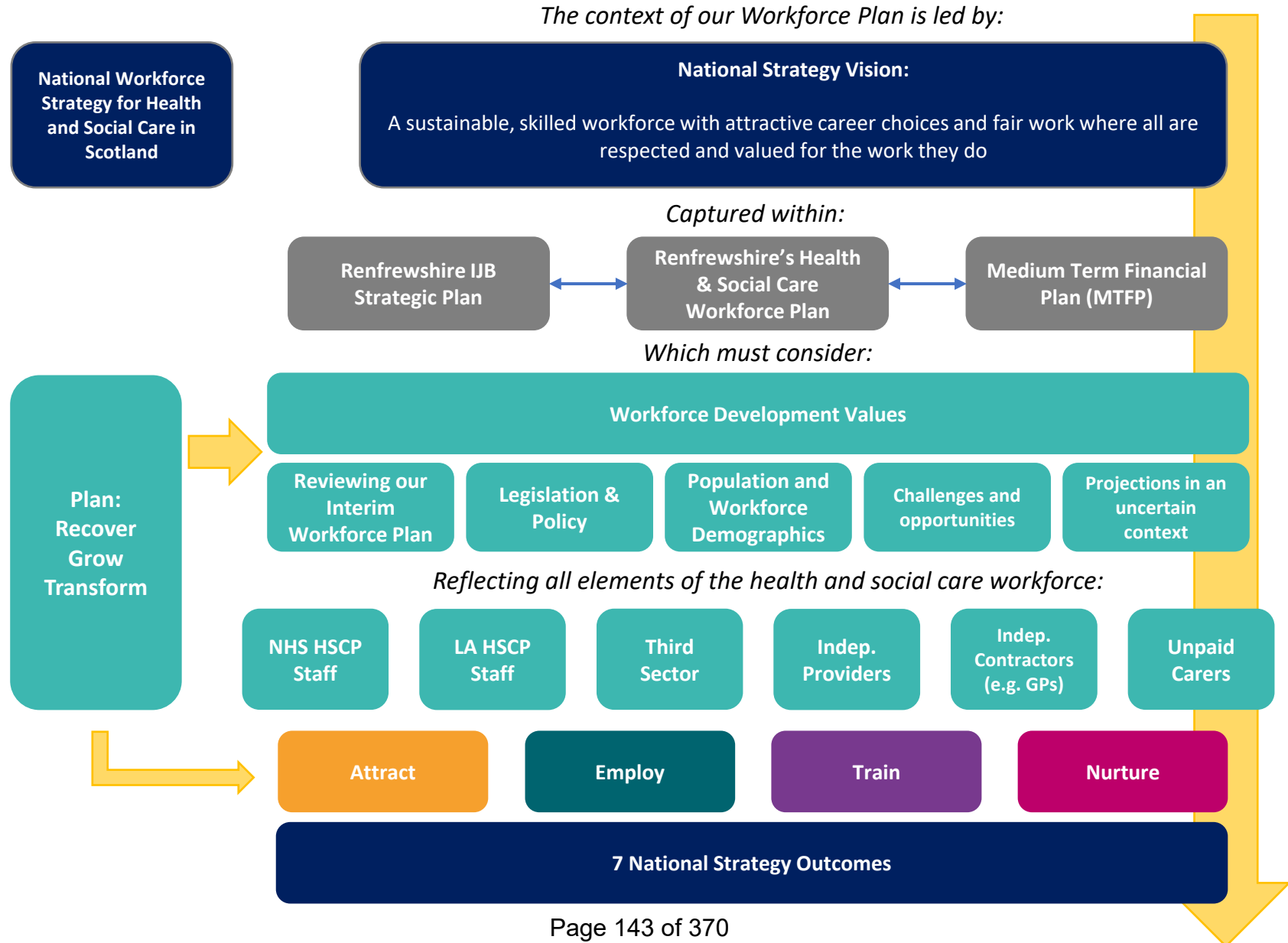
Factors outwith our control that we must reflect



Factors within our control

Our Plan on a Page

How the elements of our Workforce Plan fit together



The Strategic Context

Linking this Plan to the National Workforce Strategy for Health and Social Care

The Key Elements of the National Workforce Strategy

The Scottish Government published the National Workforce Strategy for Health and Social Care in March 2022, which can be found [here](#). The Strategy sets out the progress on developing the health and care workforce nationally which has been made to date, and a range of commitments to help achieve the Government's vision for the workforce. This vision is supported by an ambition to deliver the **recovery**, **growth** and **transformation** of our workforce. The diagram below sets out the key elements of the strategy which are reflected throughout our Plan.



The Strategic Context

Alignment with the IJB's Strategic and Medium Term Financial Plans for 2022-25

Alignment with the IJB's Strategic Plan 2022-25

Renfrewshire IJB approved its [Strategic Plan](#) for 2022-25 in March 2022. This Plan sets out the current context for our services, reflecting on the impact of COVID-19 and our recovery and identifying significant future changes which will arise from a National Care Service. Our Workforce Plan aligns with the life of the Strategic Plan and is informed by its objectives.

The Strategic Plan sets out five strategic themes that will guide our services in the next three years. Our delivery of these themes will impact on the shape of our services and how our workforce needs to develop. We have provided examples of some of the service changes proposed on this and the next page. These will impact on our workforce by:

- Focusing on prevention and early intervention and working differently with our communities.
- Shifting the balance of care to provide care in people's homes and local communities.
- Changing how we work with partners – recognising the importance of all parts of the health and care system working together.
- Giving choice and control to people and empowering staff to work differently to meet needs.
- Re-defining traditional services and staff roles within these to provide flexibility for people in where and how they are supported.

Examples of transformation and service development to be delivered through our Strategic Themes



- We will aim to shift support 'upstream' to prevent more serious needs. This will require a focus for staff working jointly with community-based organisations and supporting people with their health, wellbeing and lifestyle and tackling child poverty.
- We will tackle stigma through training and work increasingly closely with people with lived and living experience.
- We will develop frailty pathways between acute and the community – enhancing joined-up working.



- We will shift the balance of our spending by investing in the third and independent sectors and community-based provision close to people's homes.
- We will embed partnership models for collaborative commissioning to support a sustainable workforce.
- We will also support our unpaid-carers through an awareness campaign with partners to ensure they are aware of and able to access the support they need.
- We will strengthen links between community resources and Primary Care.

The Strategic Context

Alignment with the IJB's Strategic and Medium Term Financial Plans for 2022-25



- We will continue investing in additional roles within CAMHS and further modernise the nursing, midwifery and Allied Health Professions.
- We will embed multi-disciplinary working through the Primary Care Improvement Plan, Care Home Hub model, changes agreed under 'winter funding' and enhancing CAMHS pathways.



- We will recover and develop day services beyond existing provision to include flexible community-based models and enhance our approach to Self-Directed Support, and in doing so we will consider how roles will adapt to enable this.
- We will improve mechanisms and opportunities for people with lived and living experience to contribute to service improvement.
- We will improve links between Palliative Care support and provide training and information for staff across services.



- We will prioritise COVID recovery and develop detailed transformation plans, supporting our staff throughout.
- We will embed coproduction in service design and build on the success of partnership working during the pandemic – many of our roles will become increasingly collaboration focused.
- We will support the delivery of Moving Forward Together and the Social Renewal Plans.

Alignment with the Medium Term Financial Plan (MTFP)

Alongside the Strategic Plan, the IJB also approved its [Medium Term Financial Plan](#) for 2022-25. This supports our objective of aligning our core strategies to manage the linkages and dependencies between them as effectively as possible.

The MTFP outlines, in broad terms, the specific service and funding challenges and opportunities envisaged over the next three years. It also recognises the scale of the impact of COVID-19 and the extent of structural and workforce change that will be required to create and embed a National Care Service in future years.

Taking the identified challenges and opportunities into consideration, the Plan sets out how the IJB will work towards achieving financial sustainability and resilience through a rolling review of targeted savings opportunities and larger scale transformational activity. This will include reviewing and changing our service delivery models to meet changing demands and priorities and will have subsequent impacts on the nature of roles we require within the HSCP and the training and development that staff will require.

Some examples of the current challenges which impact on our workforce, and the changes that we are funding are set out on the following page.

The Strategic Context

Alignment with the IJB's Strategic and Medium Term Financial Plans for 2022-25

Financial Challenges

The Medium Term Financial Plan also identifies a range of challenges which can be financial, with impacts on the workforce, or vice versa. Our Workforce Plan will seek to address these although we recognise that many challenges are long-standing and will not be fully addressed in the lifetime of this Plan:

- Demographic and demand changes reshaping services.
- Recruitment and retention issues, alongside temporary funding requiring less attractive fixed term posts.
- Higher levels of staff absence and the impact of the pandemic on health and wellbeing.
- Fewer applicants for roles at all grades and a shortage of skilled staff for key posts.
- Varying rates of pay and conditions between HSCPs across NHS GGC.
- The impact of single year budgeting on the HSCP's ability to plan for the medium term.
- An uncertain financial outlook and a financial gap of up to £48m between 2022 and 2025, requiring additional savings.

Investing in Renfrewshire's Health and Social Care workforce – the impact of our MTFP for 2022-25



Committing to collaborative commissioning



Investing in CAMHS waiting list coordinators to address pressures



Creating an HSCP in-house training academy



Delivering the Adult Social Care pay uplift



Investing in Health Improvement posts to address inequality



Developing additional Change and Policy roles to support transformation



Investing in Nursing and AHP as part of Transforming Roles



Funding community initiatives to improve health and wellbeing



Forecasting increased % spend with the third and independent sector

Plan

Plan: Our Values for Workforce Planning

Setting out the key values for how we will develop our workforce

Plan

SG National Strategy Values

On page 8 of this Workforce Plan, we identified the **five values** the Scottish Government have defined to underpin the national strategy's vision for the health and social care workforce. These are described further below.

Continual Improvement

Keep learning, adapting what we find, and improving.

Engagement

Work across organisational boundaries to better understand workforce needs, resourcing and solutions.

Honesty

Be clear and honest about what we are able to co-design, our constraints and our priorities.

Co-design

Create an environment which allows and supports people to take part in co-designing services and the workforce to deliver those services.

Accountability

Be transparent and report on how we involve others in workforce decisions.

Renfrewshire's Additional Values

The Scottish Government's values echo Renfrewshire's approach and will be embedded throughout the implementation of this Workforce Plan and beyond. We have also identified further values which are representative of the way in which we work. These are set out below. Together with the national strategy values, they provide the foundation for how we will work together as a sector to develop a sustainable workforce.

Evidence-based

We seek to continuously develop and enhance our available workforce data to inform robust decision-making and support the monitoring of our progress.

Flexibility

We support our workforce to develop the core skills which support flexibility in delivery – meeting the needs of individuals through person-centred care which may be less structured than traditional models.

Growing our own

We create the capacity and support mechanisms to enable us to invest in our people, support career development and developing the skills we need for the future.

Plan: Embedding Equality and Diversity

Continuing our focus on equality and diversity

Plan

The IJB and HSCP maintain a strong focus on delivering our legal obligation to meet the requirements of the Equality Act 2010 and The Public Sector Equality Duty (PSED). Equality legislation protects people from discrimination on the basis of the protected characteristics of:

Protected characteristics



The General Duty is to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The Specific Duties relating to employment in Scotland are to:

- Publish equality outcomes and report on progress;
- Publish gender pay gap information; (only if organisations have more than 20 employees)
- Gather and use employee information;
- Publish statements on equal pay including occupational segregation; (as above) and
- Report progress on mainstreaming the equality duty.

The HSCP and IJB have published an Equality Outcomes and Mainstreaming progress report and set Equality Outcomes for 2020-2024.

Plan: Embedding Equality and Diversity

Continuing our focus on equality and diversity

Plan

In addition to the duties and commitment set out on the previous page, the HSCP will deliver the following actions to further equality and diversity in Renfrewshire. These actions are captured throughout our Plan.

Work with employing bodies to ensure the collection of workforce protected characteristic data in line with Scottish Government and Public Health Scotland guidance

Ensure all staff have access to equality training courses available through Renfrewshire Council Corporate Services and NHSGGC and continue bespoke training across the sector

Enable staff from equality groups to have the opportunity to be fully engaged in contributing to the workforce equality groups of the partner organisations

Undertake the LGBT Charter award to equip our staff to improve health and wellbeing outcomes experienced by LGBT people in Renfrewshire

Fund the In-Ren network post hosted by Engage, to change the long-known inequalities and racism that exists in our systems and to make life fairer for our minority ethnic communities

Update our Participation, Engagement and Communication strategy, and create a toolkit for staff to ensure services are inclusive and provide equality of access

Continue to work with Renfrewshire Council and NHSGGC to commission contracts which support employment in the local health and care sector

Implement our updated Carers Strategy following Renfrewshire IJB approval in June 2022

Invest in digital technology to support the development of the workforce to enhance their work, life and learning

Plan: Reviewing our interim workforce plan

Informing next steps for this Plan

Plan

Our interim workforce plan 2021/22

Renfrewshire HSCP worked with partners to develop a short, interim, workforce plan for 2021/22 which was finalised in April 2021. This Interim Plan was developed in the context of the ongoing COVID pandemic and had a clear focus on supporting our services and workforce through the challenges faced, prioritising health and wellbeing. The Plan also recognised the importance of looking towards service transformation where realistic and possible within the wider context.

A brief summary of progress made against the commitments in the Interim Plan is provide on this and following pages. This does not go into the full detail of the actions identified in that Plan but our assessment has informed the objectives and actions described in this new Plan for 2022-25. We have also considered where actions are no longer necessary or appropriate and identify those which will continue into the lifetime of this Plan.

Living with COVID

The Interim Plan set out our short-term plans for living with COVID and in particular the continued delivery of new COVID-related services. We noted particular aspects including the COVID Assessment Centre, staff testing and use of Personal Protective Equipment (PPE), support to Care Homes and delivery of the vaccination programme.

The HSCP and partners have continued to support all of these elements, delivering in line with emerging national policy and guidance. All COVID Assessment Centres across NHSGGC closed in March 2022. The use of PPE, staff testing arrangements, support to Care Homes and the vaccination programme all continue and reflect the changing environment as the country transitions to a 'Living with COVID' approach.

Actions extending into this Plan

- Continued review of risk assessments, provision of PPE and staff testing in line with national guidance.
- Continued delivery of the "Huddle" model and care home reporting.
- Support for staff to access vaccinations in line with national guidance.

Resourcing, Delivering and Supporting Essential Services

The HSCP committed to the continued delivery of essential services, and where possible recovery from the pandemic. This included enabling staff to return to substantive posts and ensuring services are adequately resourced and support to support vulnerable individuals.

The HSCP's actions under this theme have continued to flex in response to the pandemic. Focus has remained on

Plan: Reviewing our interim workforce plan

Informing next steps for this Plan

Plan

the response to the pandemic and service development and recovery has been undertaken within this frequently changing context. In particular, in early 2022 the HSCP's emergency response was escalated once again to respond to the impact of the Omicron variant. Mitigating plans were put in place to support the deployment of staff to core services where necessary to meet the needs of local citizens.

Staff have returned to their substantive positions from the Community Assessment Centre while the HSCP has supported the Winter Flu and COVID booster vaccination programmes within Care Homes and for the housebound. This work is ongoing.

In addition to the above, rolling recruitment programmes have continued, alongside innovative approaches to attracting talent. However, skills gaps remain and recruitment and retention remains a significant challenge which this Plan will continue to address.

Actions extending into this Plan

- Continue delivery of the HSCP's interim workforce actions with recruitment action plans in Care at Home; Mental Health; Children and Adolescent Mental Health Services (CAMHS); Alcohol and Drug Recovery Services; District Nursing; School Nursing.
- Prioritise recovery and transformation activity to reflect continued workforce pressures.

Developing the Organisation and Workforce

In the Interim Plan we set out objectives to review the HSCP's vision and align forthcoming work with our guiding principles. We also committed to continuing to assess the impact of COVID on our workforce. These actions have been replaced by the work undertaken with staff and partners to develop our Strategic Plan for 2022-25 and work which is currently ongoing to consider how we use our accommodation and technology as part of hybrid working arrangements. The timing of this activity also reflects the impact of the pandemic in the last year.

More broadly, our Interim Plan set out to develop the scope and timelines for the HSCP's transformation programme, which will need to incorporate support for staff to develop change management skills and an approach to measuring the benefits of change effectively. The direction of travel for our transformation programme has now been set out by our new Strategic Plan with further work planned over 2022 to determine a prioritised scope for the programme.

Actions extending into this Plan

- Develop training programmes to support staff to develop new skills as service delivery models.
- Confirm transformational activity to be progressed by HSCP by 2025 with associated service and role redesign impact and define change management and organisational development (OD) plans.

Plan: Supporting Health and Wellbeing

Continuing our focus on supporting our staff

Plan

Supporting Staff Wellbeing

In the interim workforce plan, we described how we would support our staff's health and wellbeing through a series of commitments. These included promoting health and wellbeing activities which were available at a national and local level, developing a communications strategy which ensures that staff feel engaged and receive regular updates, providing additional assistance for line managers to support them and their teams in remote working to reduce isolation. We also stated that we will improve our processes for collating and reporting on staff demographics, in particular ethnicity and other protected characteristics to ensure we are being inclusive.

Whilst delivering this Workforce Plan, we will continue to maintain and develop these commitments and ensure the health and wellbeing of staff remains a priority. We recognise that the physical and psychological wellbeing of staff is critical to the ongoing recovery of services but also the longer-term sustainability of the HSCP and the wider health and social care sector.

In previous plans we have developed, the correlation between lower mental health and wellbeing and staff absence and turnover has been clear. This in turn places significant pressure on remaining staff to maintain service provision and is often compounded by vacancy levels and retirement associated with an ageing workforce.

COVID-related absences have also placed a significant strain on the health and social care workforce, with particular peaks of absence observed in Winter 2021/22 and Spring 2022. In addition, the extent of Long COVID within our workforce is still emerging and it can be expected that there will be an increase in mental health-related absence as a result of post-traumatic stress.

Consequently, many of the actions identified in our Interim Workforce Plan will continue during this new Plan. A range of examples of the support provided and planned is provided on the following page.

Actions extending into this Plan

- Continue provision of local, regional and national health and wellbeing support.
- Prioritise recovery and transformation activity to reflect continued workforce pressures.
- Continued review of risk assessments and provision of PPE and staff testing in line with guidance.
- Update the HSCP's draft Participation, Engagement and Communication strategy and implementation plan to reflect current position.
- Work with partners to improve the availability of data and demographics on protected characteristics.
- Work with NHS GGC and Renfrewshire Council HR to implement processes on treatment of Long COVID.
- Implement absence management plans to help staff into work with additional support as required.

Plan: Supporting Health and Wellbeing

Continuing our focus on supporting our staff

Plan



Supporting health and wellbeing to date

- Ensuring access to PPE, testing and encouraging vaccination
- Maintaining the Healthy Working Lives Gold Award (note: scheme currently paused)
- Linking with partners and other HSCPs through our Wellbeing Champion
- Communicating opportunities to support mental health and wellbeing
- Linking staff to local and national wellbeing resources through Chief Officer updates
- Provision of Rest & Relaxation facilities in hospital and Care at Home sites
- Training and coaching for managers to develop their leadership style
- Providing resources to managers such as SAMH Mental Health in the Workplace
- Renfrewshire Bereavement Network – access to bereavement counselling
- ‘Hear for You’ helpline providing access to support for stress and anxiety



Additional Ways in which we will support Health & Wellbeing

- **Promoting techniques to increase resilience and supporting staff:** ensuring awareness, identification of need and sharing tools and techniques for strengthening personal and team resilience.
- **Leadership:** Developing our compassionate leadership approach to ensure staff feel valued, respected, listened to and understood. This will be supported by training sessions through our Leadership Network.
- **Succession Planning:** Developing structured successions plans working with NHS and Council partners, aligning skills needs with career development opportunities and training.

Plan: Legislation and Policy

Plan

Relevant legislation and policy to inform our workforce planning

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 and necessarily have wide-ranging impacts on our local workforce. We provide an indicative, but not exhaustive, view of related plans and strategies below.

National Context

Legislation and Policy

- Social Work (Scotland) Act 1968
- Adults with Incapacity (Scotland) Act 2000
- Adult Support & Prot'n Act 2007
- Community Care and Health (Scotland) Act 2002
- Social Care (Self-directed Support) (Scotland) Act 2013
- Public Bodies (Joint Working) (Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015
- Carers (Scotland) Act 2016
- The 2018 General Medical Services Contract in Scotland
- Health and Care (Staffing) (Scotland) Act 2019
- Whistleblowing Standards, 2020
- 'Anne's Law', 2022

Strategies and Guidance

- National Clinical Strategy, 2016
- Realising Realistic Medicine
- Health and Social Care Standards
- Public Health Scotland's Strategic Plan 2020 to 2023
- Digital Health and Social Care
- SDS Framework of Standards
- IRASC and National Care Service Consultation analysis, 2021-22
- NHS Recovery Plan, August 2021
- COVID Recovery Strategy, 2021
- Digital Health & Care Strategy, 2021
- SG Strategic Framework, 2022
- National Workforce Strategy for Health and Social Care in Scotland, 2022
- Transforming NMaHP Roles

Local Context

Strategies and Plans

- Renfrewshire IJB Strategic Plan 2022-25
- Medium Term Financial Plan 2022-25

NHS Greater Glasgow and Clyde

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

Renfrewshire Council

- Social Renewal Plan
- Renfrewshire Council Plan
- Our People Our Future 2021-26

Joint Plans

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

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

Plan: Legislation and Policy

National health and wellbeing outcomes

Plan

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 and delivering health and social care services and for ensuring Renfrewshire's health and social care workforce is effectively structured, developed and supported in doing so. 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 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 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

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

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

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

Plan: Legislation and Policy

Key legislation, plans and policies influencing our Plan

Plan

Alignment with legislation, plans and policies

Integrated health and social care services are delivered within a complex legislative and planning landscape. Core strategies and plans include, but are not limited to:

NHS Recovery Plan

The Recovery Plan sets out the Scottish Government's ambitions to address care backlogs and meet ongoing healthcare needs over the next five years, supported by over £1bn funding. It set out plans to build on previous national workforce plans and recruit 800 additional mental health workers, 320 staff for CAMHS, 500 advanced nurse practitioners and increase the GP workforce by 800 by 2026/27. £8m will also be invested in the health and wellbeing of the workforce.

National Workforce Strategy

The key elements of the National Workforce Strategy are set out on page 8 of this Plan. It sets out progress made in supporting the workforce nationally and identifies a range of actions aligned with five key pillars and a focus on recovery, growth and transformation. Our Plan is structured around the five pillars with actions aligned with those in the strategy.

Digital Health and Care Strategy

The updated Digital Health and Care Strategy sets out ambitious aims for digital transformation and embedding digital tools in the provision of health and care. It recognises the progress made during the pandemic and that further progress will require our leaders and staff to

have the necessary digital skills. Our Plan seeks to capture this, ensuring our staff have the training to get the 'digital basics' right alongside more complex digital transformation.

The National Care Service

The Scottish Government's flagship policy is to create a National Care Service during this Parliament. An analysis of consultation responses was published in February 2022, with a draft Bill published in June 2022. This outlined proposed changes and further consultation on services, such as Children's Social Care, not currently integrated in Renfrewshire. This is expected to create uncertainty for our workforce and it will create significant pressures on services whilst delivering required changes.

National Clinical Strategy 2016 and GMS Contract 2018

These strategies and contracts embed the national priority to prevent illness, shift the balance of care and support people within community settings through multidisciplinary teams, whilst ensuring that people access the right care in the right place at the right time. Supported by our Primary Care Improvement Plan, Renfrewshire continues to deliver the commitments of the Contract and support the development of multi-disciplinary teams.

Health and Care (Staffing) (Scotland) Act 2019

The Act sets out legal duties to ensure appropriate staffing in health and care whilst reducing high cost agency staffing. Implementation has been delayed due to the pandemic but will progress in forthcoming years. Implementation will support more effective staffing projections.

Plan: Population Demographics

Renfrewshire's current population demographics

Plan

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** by 2025



↑ **0.9% increase**
on 2020 population

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



↑ **11.6% increase**
on 2020 75+ population

Plan: Population Demographics

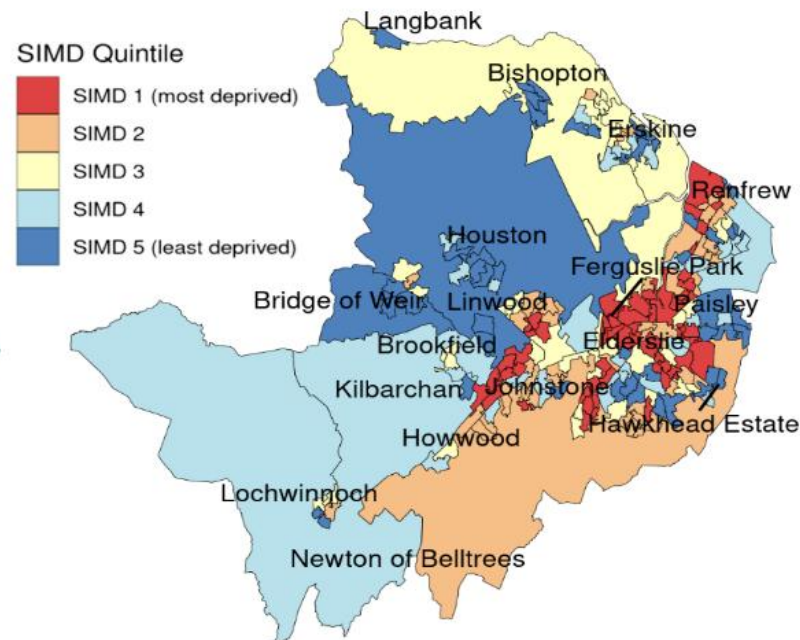
Renfrewshire's current population demographics

Plan

Deprivation and Inequalities

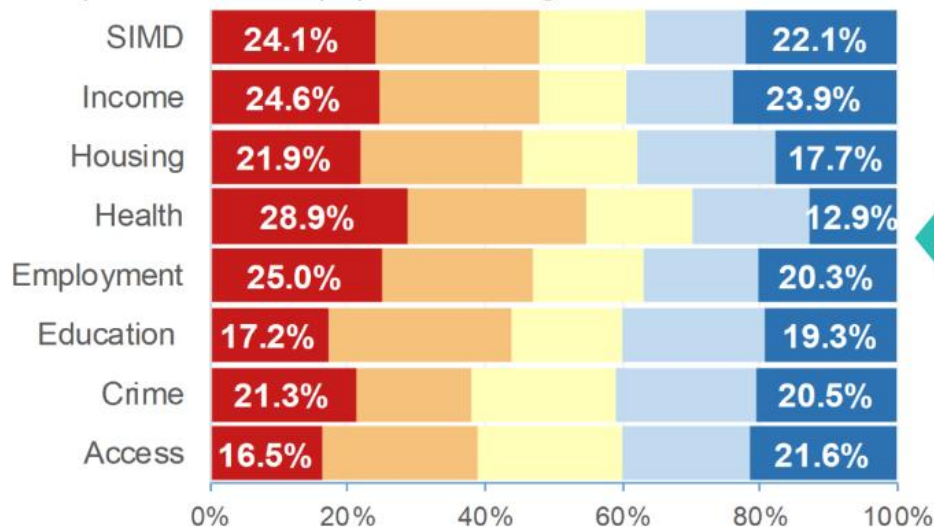
The Scottish Index of Multiple Deprivation (SIMD) assesses 6,976 small areas known as 'data zones'. 2020 figures show:

- 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.

Plan: Population Demographics

Renfrewshire's current population demographics

Plan

The demographics sets out on previous pages and below evidence an ageing population in Renfrewshire and levels of deprivation and inequalities that will shape the nature of demand for our services in coming years. Our Workforce Plan objectives and actions recognise that we will be required to work differently as an organisation and with others 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*

Plan: Demand and Demographics

Current demand, inequalities and demographic change

Plan

The impact of local demographics

The demographics described on previous pages outline the complexity of demand within Renfrewshire, as socio-economic issues such as poverty, deprivation and inequalities can vary significantly across our authority area. These therefore impact on our services and workforce in a range of ways.

An ageing population

A projected increase of 11.6% of the population aged over 75 on 2020 levels will result in increasing prevalence of people with multiple long-term conditions. This requires care to be person-centred with our workforce increasingly shaped around multi-disciplinary teams across Primary Care, District Nursing, Care at Home and Rehabilitation and Reablement services. Preventative interventions will also be key in helping people to maintain their independence, supported by community organisations where possible, and through greater use of technology such as telecare.

In addition, it is expected that the numbers of people living with dementia – and supporting those who support people with the condition – will also increase by up to 47% by 2035 from 2,994 people in 2017 to 4,400. This will require care home provision to become increasingly specialist, requiring increased staff to resident ratios and specialist nursing skills. It can also be anticipated that Care at Home and Extra Care staff will require training in dementia care, coupled with an expected increase in those identifying as unpaid carers.

The impact of an ageing population will also be seen across wider specialist services, including learning disabilities, mental health and alcohol and drug recovery services.

Inequalities and the Pandemic and Cost of Living Crisis

As the statistics provided highlight, Renfrewshire is more deprived compared to the Scottish average for employment, crime, housing and income. These inequalities can lead to increased levels of addiction, drug or alcohol-related deaths and suicide. These challenges have also been exacerbated by the pandemic, which has disproportionately impacted on the most vulnerable, and the current cost of living crisis.

This requires local services to be targeted towards supporting people and communities as early as possible through the commitments in our Strategic Plan to continue to strengthen Community Link Worker support and the role of Welfare Rights Workers. We will also continue to develop peer support roles to draw on the insight of people with lived and living experience. We will also work with our partners to address child poverty through our Health Improvement Team.

More widely, as the nature of needs have changed over the pandemic, demand for Care at Home, CAMHS and adult mental health services is now increasing. The impact of Long COVID, both for our communities and staff is also still emerging.

Plan: HSCP Workforce Demographics

Key Workforce Statistics

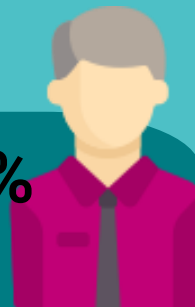
Plan

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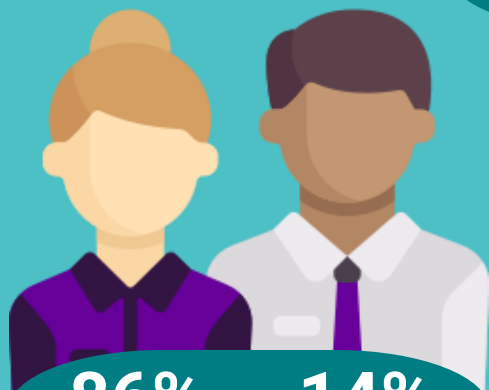
1049
1235
HEAD COUNT



57% **41%**
AGED 50
AND OVER

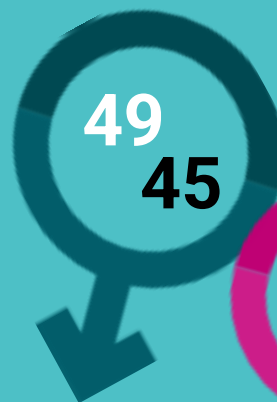


2% **2%**
AGED 25
AND UNDER

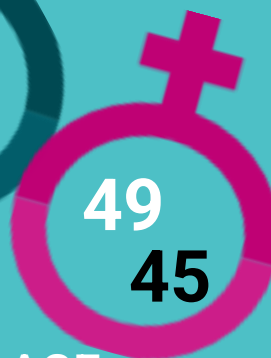


86%
83%
FEMALE

14%
17%
MALE



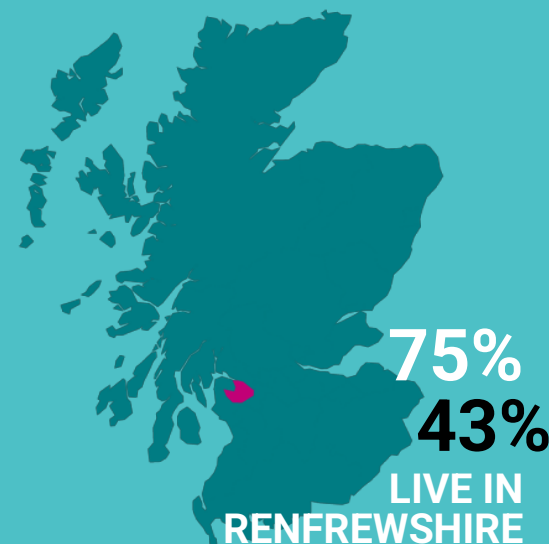
AVERAGE AGE



HSCP staff are employed on NHS and Council contracts:

- Staff on council contracts: 31 March 2022
- Staff on health contracts: 31 March 2022

Grade 2 **Band 3**
46% **24%**
GRADE ACCOUNTING FOR
THE LARGEST NUMBER
OF EMPLOYEES



75%
43%
LIVE IN
RENFREWSHIRE

Plan: HSCP Workforce Demographics

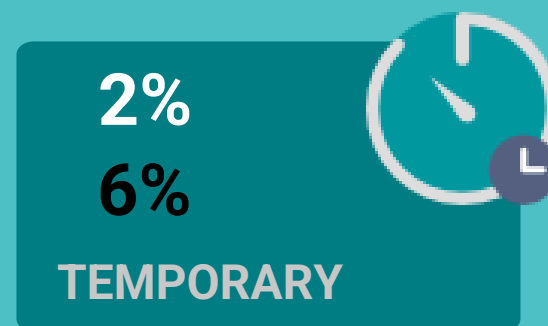
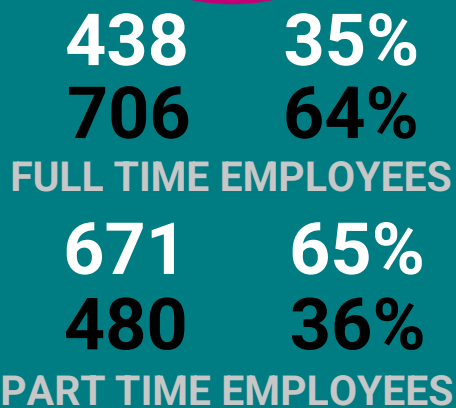
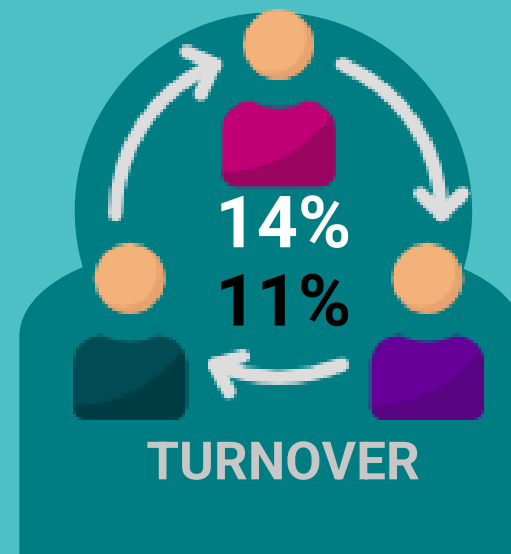
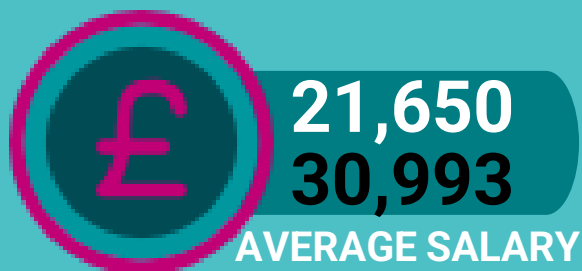
Key Workforce Statistics

Plan

28

HSCP staff are employed on NHS and Council contracts:

- Staff on council contracts: 31 March 2022
- Staff on health contracts: 31 March 2022



Summarising HSCP Workforce Challenges

Key considerations for our ongoing workforce planning

Plan

The Health and Social Care workforce in Renfrewshire reflects many of the national trends and challenges observed across Scotland. Some of the issues facing the HSCP are described further below. On the following pages we also identify the challenges facing different parts of the sector in Renfrewshire. While there is a significant degree of overlap and commonality it is important to ensure these are specifically captured.

Attractiveness of health and social care

There is clear evidence that roles within the health and social care sector are viewed as challenging and unattractive to those outwith the sector. This is across all roles and is evidenced through recent experience.

Recent recruitment and retention experiences

- A recruitment event for Care at Home attracted only 19 attendees over the course of two sessions.
- Continued challenges in recruiting and retaining District Nurses, with 7.7 WTE in post against a funded establishment of 18.91 WTE.

This reflects a national shortage of staff in key roles but also highlights the challenge of attracting new staff to frontline roles where similar rates of pay are available for retail and hospitality roles – these can be perceived as not involving the same level of difficulty, particularly following the pandemic.

Recruitment and retention

In addition to markedly fewer applicants for advertised positions, the suitability of applicants for our roles has also decreased, resulting in challenging decisions for services on whether to recruit or not when services remain under significant pressure.

These challenges are reflected in the degree of current vacant posts on the HSCP's establishment. The most recent update to Renfrewshire IJB in March 2022 highlighted a total of 265.97 Whole Time Equivalent (WTE) (approx. 14% of WTE establishment) vacant posts across NHSGGC and Council staff.

Current roles with high levels of vacancy (March 22)

Home Care Workers	56.6 WTE
Trained Nursing	48 WTE
Admin and Clerical	18.5 WTE
Social Care Workers and Assts	15.4 WTE
Social Workers	15 WTE
Podiatrists (hosted service)	12.6 WTE
Community responders	12.2 WTE
Untrained Nursing	6 WTE
Occupational Therapists	4.1 WTE
Psychology	4.2 WTE

The HSCP continues to take proactive action to fill these identified gaps, which will continue to inform the actions undertaken through this Workforce Plan.

Summarising HSCP Workforce Challenges

Key considerations for our ongoing workforce planning

Plan

A shortage of key skills and limited diversity

The recruitment and retention challenges the HSCP faces as an organisation has resulted in a shortage of the skills needed for key roles. This echoes challenges faced nationally and presents a situation where there are no short-term fixes, with a national focus on supporting people through training and qualifications essential to delivering sustainability in the medium to long term.

Roles with
current
shortages

- CAMHS
- Care Home Carers
- Care Home Nurses
- School Nursing
- Mental Health Nursing
- District Nursing, partic. Band 6
- Rehabilitation and Reablement
- Adult Support and Protection
 - Podiatry
- Mental Health Officers
- Care at Home carers
- Social Workers

The HSCP also recognises there is limited diversity in the workforce in terms of ethnicity, gender and experience. This includes those with caring experience and from other sectors. The HSCP is committed to creating a diverse and inclusive workforce and this Workforce Plan aims to help further this objective alongside our Strategic Plan.

An ageing workforce

The HSCP's workforce is also ageing, with a small proportion of staff aged 25 and under. There is also a large disparity between our Council workforce (57% over 50) and NHS GGC workforce (41% over 50). These figures show the risk of a loss of deep experience as individuals choose to retire. It is difficult to project the impact of retirement as our staff now have greater flexibility in when they choose to retire, and may also choose to 'retire and return'. There are also staff who may delay retirement due to financial reasons.

Differing Terms and Conditions between organisations

HSCPs across NHS GGC, and organisations across the sector all offer differing terms and conditions for roles of a similar nature whether this is through remuneration or other benefits. This has the consequence of attracting staff to move 'within' the wider system and shifts rather than solves recruitment issues – a challenge observed in Care at Home and District Nursing particularly.

Accommodation

The pandemic has had significant impacts on how we use our property, supported by our use of digital tools. Over the last two years, some of our teams have shifted to remote and hybrid working, and operated from different locations whilst maintaining distancing requirements. As we recover from the pandemic we need to ensure we support staff to work effectively from our buildings, whilst maximising the opportunities of hybrid working.



The breadth of the workforce

The Breadth of the Workforce

Health and social care in Renfrewshire: Independent Sector

Plan

The Independent Sector in Renfrewshire

The independent care sector encompasses individuals, employers and organisations who contribute to needs assessment, service planning and design, commissioning and delivery across a broad range of social care services, which are wholly or partially independent of the public sector. Across Scotland, the sector includes care homes, care at home, housing support and day care services.

The sector encompasses those traditionally referred to as the 'private' sector and the 'third' sectors of care provision. It includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations, associations, social enterprises and charities.

This section is focused primarily on Care Home and Housing Support / Care at Home services. The wider third sector is covered in further details on following pages of this plan.

The role of the frontline care worker has changed significantly as a result of the pandemic, with additional clinical duties for staff around infection control and greater contact with medical colleagues. This has required greater flexibility, new ways of working and new skills to be developed – providing a range of considerations for future workforce planning.

Key Local and National Statistics (not exhaustive)



There are **2,770 staff registered with Scottish Social Services Council (SSSC)** and working in the independent sector in Renfrewshire (Report of 2020 Workforce Data (2021))



85% of Care Home and **77%** of Home Care staff are **female**.



Almost **88% of providers** report difficulties with recruitment and retention (Scottish Care survey, 2021)



24% of staff leave their post within the first three months, **rising to 31%** within a year (Scottish Care)



50% of providers report staff having to work **more than 35 hours** to maintain service levels (Scottish Care)



In Care at Home Services, **42.4% of providers** said they could **fully reimburse travel costs** while **48.2% said they cannot** (Scottish Care)

The Breadth of the Workforce

Health and social care in Renfrewshire: Independent Sector

Plan

Key Challenges for the Independent Sector

Many of the workforce challenges faced by the Independent Sector are common across health and social care. Key challenges of note include, but are not limited to:

- There are issues with digital literacy that need to be overcome.
- There is a cluttered learning and development landscape with a lack of clarity as to what is on offer, where, and the ability of staff to find time to access learning opportunities.
- Pay in the Independent Sector lags behind public sector pay.
- Increased fuel costs are problematic for staff, with 'cash flow' being particularly problematic. The reimbursement of travel costs also varies across the sector.
- Zero-hour contracts undermine workforce stability however are a symptom of long-standing time and task commissioning.
- The available data on the local workforce is based on national datasets, with more granular, local, data being required.

Agreed actions for progression

Considering the range of challenges identified, actions to positively support the development and sustainability of the workforce include:

- Work with local providers to promote training and development and offer work 'tasters' with independent sector providers.
- Ensure that staff are supported to build digital skills and are not digitally excluded, through work with DigiRen and the Digital Citizen workstream.
- Run joint training, open to staff across the sector, to maximise the impact of Learning & Development spend.
- Ensure a framework is in place to direct staff in Renfrewshire to local and national wellbeing resources.
- Consider service commissioning approaches to ensure measures are in place to support service and workforce sustainability.
- Work collaboratively to determine available data on the independent sector workforce and to gather this on an agreed basis.
- Maximise opportunities for joined up and collaborative recruitment, overseas recruitment and joint recruitment campaigns for nursing staff.

The Breadth of the Workforce

Health and social care in Renfrewshire: Third Sector

Plan

Third Sector Providers

Third Sector is a term which describes a range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (such as registered charities and other organisations such as self-help groups, associations and community groups), social enterprises, mutuals and cooperatives.

Each Local Authority area also has a Third Sector Interface (TSI) and Engage Renfrewshire are the local TSI. Along with the HSCP, Engage co-chair the Strategic Planning Group in Renfrewshire, which is also attended by a range of third sector organisations. Engagement between the HSCP and key representative organisations from the sector also takes place through the Voluntary Sector Group.

The Third Sector in Renfrewshire encompasses a vibrant range of organisation of all sizes providing care and support to children, adults and families. These organisations can be commissioned by the HSCP to deliver specific contracts, or grant-funded on a one-off or regular basis to provide community-based, preventative organisations. There is also a wide range of organisations who do not receive funding from the HSCP but also make a crucial contribution to improving the health and wellbeing of the people of Renfrewshire. These organisations may receive local donations or funding from other organisations.

Key Local and National Statistics (not exhaustive)



There are **7,820 registered staff (by headcount) registered with SSSC** working in Health and Social Care in Renfrewshire (note this does not include *unregistered* staff) (Source SSSC)



81.8% of staff across the social care sector are **female**



Engage Renfrewshire's **membership grew to 402 members** by 2022, with members involved in a range of initiatives



159 organisations on Engage's network list have an interest in **'health' services** with **92** interested in **supporting older people** (these figures may not be mutually exclusive)



Over 50 organisations have been awarded a share of over **£550k funding** to deliver Community Mental Health and Wellbeing Support



314 organisations in the local network declare an interest in supporting volunteering, with Renfrewshire's Volunteer Manager Forum encompassing **37 members**

The Breadth of the Workforce

Health and social care in Renfrewshire: Third Sector

Plan

Key Challenges for the Third Sector

Key challenges of note for the Third Sector include, but are not limited to:

- Sector organisations have observed that there are fewer people applying for each job, a challenge that is exacerbated by similar roles being advertised by many.
- The skill set and experience of those that are applying for roles is less suitable compared to previous trends, and over time this is leading to the gradual erosion of organisational experience and competency.
- Recruitment and retention challenges place additional pressures on existing staff to maintain service provision and service quality. This leads to increased use and reliance on agency workers.
- Sector organisations are typically faced with the choice of selecting 'someone' from recruitment processes rather than the 'right one'.
- All of the above aspects raise the risk of organisations 'defaulting' on contracts due to the inability to deliver contractual agreed service levels.
- Volunteering is highly valuable but it can be viewed as 'free' resource rather than cost effective resource which must be mutually beneficial.
- Short-term funding for sector organisations also inhibits the use of permanent posts and impacts on sector sustainability.

Agreed actions for progression

Considering the range of challenges identified, actions to positively support the development and sustainability of the workforce include:

- Make the sector's values and potential job satisfaction a much clearer selling point to attract people to the sector and ensure these are explained to interested applicants and society as a whole more clearly.
- Target recruitment at a range of groups who may be less represented in the workforce but can bring significant benefits and value to the sector, including the under 25s, those seeking second careers, local residents and those with lived and living experience.
- Focus on shaping and selling the sector as a career destination, with opportunities for development and progression. This would emphasise the sector as a profession rather than a stop gap.
- Offer flexibility in working arrangements to attract those with other commitments (family, study, caring responsibilities) so that everyone has an opportunity to seek employment if they wish. Within this, considering opportunities for improving pay arrangements within available funding will continue to be crucial.

The Breadth of the Workforce

Health and social care in Renfrewshire: Primary Care

Plan

Primary Care in Renfrewshire

Primary Care services provide the first point of contact for people within the healthcare system. It can be viewed as the 'front door' to a range of services. Primary Care seeks to provide community healthcare, by a range of medical professionals including GPs, Community Pharmacists, Dentists and Optometrists.

Renfrewshire HSCP hosts primary care support on behalf of NHS Greater Glasgow and Clyde for all HSCPs, and the primary care support team works closely with partners across the Board and with independent contractors to implement the range of policy and strategy guiding Primary Care.

This includes the implementation of the General Medical Services (GP) Contract and the local development and delivery of the Renfrewshire's supporting Primary Care Improvement Plan. A recently refreshed Strategic Pharmacy Framework also guides work to deliver an empowered pharmacy workforce across NHSGGC and to support the ongoing development of community pharmacy.

Primary Care has played, and continues to play, a critical role in supporting our communities through and beyond the pandemic. This has been hugely challenging and resulted in significant demand and staffing pressures. Throughout the lifetime of this Plan, Primary Care contractors will continue to be supported to aid sustainability within the sector.

Key Local and National Statistics (not exhaustive)



In Renfrewshire, there are **28 GP practices**, with **158 GPs**, supporting an overall list size of **186,239 people**.



Through the Renfrewshire PCIP, approx. **124 WTE posts** are funded to support **multi-disciplinary delivery** of primary care



There are also **43 Community Pharmacies**, **37 Dental practices** and **23 Ophthalmology practices** in the area.



Community Link Workers are aligned to all GP practices in Renfrewshire, offering **6,936 appointments** in 21/22.



86% of GPs in Scotland experienced **anxiety, stress or depression** in their roles in the last year (Source: BMA Survey, March 2022).



More than **four in five** GP practices say **demand is exceeding capacity** (Source: BMA Scotland, 2021).

The Breadth of the Workforce

Health and social care in Renfrewshire: Primary Care

Plan

Key Challenges for Primary Care

Key challenges of note for Primary Care include, but are not limited to:

- 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. It is expected that more people will require more intensive support, leading to further increases in pressure on Primary Care.
- The demands of the pandemic have impacted on the health and wellbeing of those who work in Primary Care, increasing the risk that experience and skills will be lost from the sector.
- Specialist skills within Primary Care are in short supply nationally. Coupled with increasing demands, this is leading to some GP practices seeking to close lists for a period of time.
- 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 and are able to direct people towards the right support at the right time.
- Expectations of what specialist services provide can differ from clinical opinion and the aim of preventing over-medicalisation.

Agreed actions for progression

Considering the range of challenges identified, actions to positively support the development and sustainability of the workforce include:

- Ongoing support to practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development.
- Support GP Clusters and Quality Improvement.
- Support board-wide development of shared care and interface approaches between Community Optometry and Ophthalmology.
- Delivery and learning from Renfrewshire GPST3's job fair in May 2022 to inform further recruitment events (for General Practitioner Speciality Trainees at stage 3 of training).
- Support the introduction of new roles into Primary Care in line with current and emerging policy.
- Support practices to obtain Skilled Worker Visa sponsor status.
- Progress a survey with the local GP Workforce to further understand the current situation and identify actions for progression.
- Work with partners to deliver the Strategic Pharmacy Framework with an objective of empowering the workforce to work at the highest level of practice.

The Breadth of the Workforce

Health and social care in Renfrewshire: Unpaid Carers

Plan

Unpaid Carers

Most people are likely to be an unpaid carer at some point in their lives. An unpaid carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot manage without their support.

The Independent Review of Adult Social Care in Scotland noted that the value of unpaid care in Scotland is estimated at over £36 billion a year. For comparison, the Scottish Government's budget for health and social care in 2022-23, is £18 billion.

By identifying unpaid carers early, we can provide preventative support to ensure they remain engaged with their family, friends and communities to help maintain their own health and wellbeing and to support them in their caring role. The HSCP's Adult Unpaid Carers' Strategy's priority is the identification of unpaid carers, with supporting work led by the Unpaid Carers Planning Group.

Renfrewshire Carers Centre is a key partner in identifying and supporting unpaid carers, and is commissioned by the HSCP to deliver a range of community-based, preventative support. There is also a wide range of organisations who do not provide carer-specific support but make a crucial contribution to identifying and supporting unpaid carers, helping to ensure that Renfrewshire continues to be a carer-friendly community.

Key Local Statistics (not exhaustive)



There were **17,760 unpaid carers** in Renfrewshire in the 2011 Census (more up-to-date figures will be available after the 2022 Census)



59% of unpaid carers in Renfrewshire are **female**



19% of unpaid carers are **aged 65 and over**



27% of unpaid carers provide **50+ hours of care** while **15%** of those providing this level of care said their **health was bad or very bad**



73 Council staff are registered with the Council as an unpaid carer.



963 new unpaid carers were supported in 2021/22



80% of Carers stated in a recent survey that feel anxious or stressed about their finances

The Breadth of the Workforce

Health and social care in Renfrewshire: Unpaid Carers

Plan

Key Challenges for Unpaid Carers

The key challenges of note for unpaid carers include, but are not limited to:

- The pandemic has exacerbated the challenges already faced by unpaid carers. Local and national surveys found that unpaid carers are caring for longer and are doing more complex caring tasks, resulting in 36% feeling unable to manage their caring role.
- Research prior to the pandemic highlighted that only 18% of unpaid carers said they had a break in the last 12 months. The suspension of services due to pandemic magnified these challenges.
- The continued impact on service capacity due to the pandemic means that cared for people may still not be able to access day care.
- Cost of living pressures are being acutely felt by carers. Balancing the caring role and employment has become a greater challenge due to increasing caring pressures.
- Unpaid carer households may need to use more electricity and heating than other households, due to the condition of the cared-for person.
- The ongoing impact of the pandemic has impacted on the mental health and wellbeing of unpaid carers with 95% saying this was affected.

Agreed actions for progression

Considering the range of challenges identified, actions to positively support unpaid carers include:

- Set out in the Adult Carer Strategy how we will continue to identify and support unpaid carers. The Renfrewshire Short Breaks Statement will describe how unpaid carers will access planned, regular and innovative breaks.
- Work with NHSGGC to improve the experience of unpaid carers during hospital admissions, stays and discharges, and to identify and support unpaid carers early on in the caring journey – before the cared-for person enters hospital.
- Renfrewshire Council and NHS Greater Glasgow and Clyde are Carer Positive employers, which recognises them as having a working environment where unpaid carers are valued and supported. The Carers Partnership will encourage employers across Renfrewshire to be Carer Positive employers.
- Further development of blended (online and face to face) support to give unpaid carers a range of access choices.
- Explore supporting unpaid carers to gain a recognised qualification for the skills and experience their caring role has given them, with potential to join the care workforce.
- Progress initiatives such as the Carers Passport piloted in OneRen facilities, to provide discounted opportunities for unpaid carers, and coordinate cross sector work to further develop Renfrewshire as a carer friendly community.

Projections in an uncertain context

How our workforce will change during this Plan

Plan

A changing health and social care workforce

This Workforce Plan has been developed in the midst of significant uncertainty for the health and social care sector. The impact of COVID on staff health and wellbeing continues to emerge and exacerbates recruitment and retention challenges which pre-date the pandemic. The implementation of a National Care Service is intended to help address many of the challenges faced however the extent of change required is unclear at the time of writing. It is clear however, that there will be significant demands on our workforce to deliver this change alongside frontline services and wider policy commitments.

We also recognise that quantifying the workforce that will be required to deliver health and social care in Renfrewshire in future needs further work to be done on our transformational priorities. It also requires deep workforce planning expertise combined with complex modelling skills so that the impacts of proposed changes can be fully understood and applied against projected demand increases.

Known workforce developments

Our workforce is currently undergoing a significant degree of change. Some examples of these changes are shown below and are in response to:

- **Winter funding:** Reducing delayed discharges by investing in interim care solutions and multi-disciplinary team working in our communities, alongside the strengthening of our Care at Home and rehabilitation and reablement services.
- **Mental Health and Wellbeing in Primary Care:** Embedding mental health and wellbeing support in our communities, and recruiting Renfrewshire's share of 1000 posts planned nationally.
- **Action 15:** Continuing to increase the mental health workforce to give access to specialist support.
- **Primary Care Improvement Plans:** Continuing to embed multi-disciplinary working shaped around General Practice and investing in Community Link Workers.

Projecting how our workforce will develop in future

262.6

Current WTE vacancies on HSCP establishment (March 2022)

11.2% | 13.6%

NHS / Council staff turnover per annum to fill

76.8

WTE through Winter Funding recruitment

33

Renfrewshire's approximate WTE share of MHWPCS posts

247* (10.8%)

HSCP Staff aged 60+ with potential to retire by 2030 (based on national retirement age for state pension)

Projections in an uncertain context

How our workforce will change during this Plan

Plan

Assessing roles we will require in future

Within this Workforce Plan we set out current challenges arising as a result of the pandemic, and ongoing complexity and uncertainty within the policy context in which health and social care is delivered. We also recognise that the depth and quality of data across the sector could be improved, while the complex modelling skills required are currently not available within the Partnership. We therefore set out below an indicative view of the types of roles that will be required in future but we do not seek to provide figures on WTE projections – the degree to which these roles will be needed will be determined by transformational requirements.

Mental Health and Wellbeing Services in Primary Care

We will develop and enhance the provision of commissioned, HSCP and Primary Care-led services to support people to manage their mental health and wellbeing in their communities. A phased approach will be taken, with roles required including:

- Band 8b Service Manager
- Community Link Workers
- Community Wellbeing Nurses
- Occupational Therapists
- Enhanced commissioned services

District Nursing

We will work with partners across NHS GGC to address recruitment gaps and variances, utilising Scottish Government funding to develop the role of District Nurses in line with Transforming Nursing, Midwifery and Allied Health Professional (NMaHP) roles. Roles required include:

- DN Advanced Nurse Practitioners (Band 7)
- Band 6 District Nurses
- Band 5 Nurses and Newly Qualified Nurses

Learning Disabilities and Autism

We will continue to develop the care and support provided to people with Learning Disabilities or Autism, recognising the unique needs and aims of every individual.

Autism:

- Peer Support Worker
- Autism Resource Worker
- Transition Resource Worker

Learning Disabilities:

- Social Work Assistants
- Day Support Workers moving across buildings, virtual and community

Projections in an uncertain context

How our workforce will change during this Plan

Plan

Assessing roles we will require in future (continued)

Service Transformation

We will design and deliver a transformation programme, aligned with our Strategic, Financial and Workforce Plans to meet local needs. We will also align this with the necessary changes required to deliver NCS:

- Senior Change and Improvement Officer(s)
- Change and Improvement Officers (NCS focus)
- Business Analyst(s)
- Workforce Planning Lead
- Digital Lead
- Administration and Business Support (linked to Admin & Business Support Review)
- Service Planners

Adult Services

We will continue to shape our services for adults to meet changing demands from the pandemic and demographic change, with a focus on flexible, community-based support.

- Frontline home carers (HSCP and independent provider staff)
- Frontline carers with enhanced training to support higher complexity needs
- Care staff trained to work across Care Homes, Day Support and Residential Services
- Care Home Nurses
- Specialist Dementia Nurses
- Day Support Workers moving across buildings, virtual and community
- Mental Health Officers
- Social Workers
- Adult Services Coordinators
- Social Work Practice Teachers

CAMHS and Children's Health

We will ensure children receive support in the right place and right time and will seek to recruit to 'hard to fill' posts'.

- Advanced Nurse Practitioners
- Pharmacists
- Art and Play Therapists
- Support Workers
- Psychology Assistants
- Practice Development roles
- Waiting List Coordinators

Recruiting to hard to fill posts:

- Consultant Psychiatrist
- SAS doctor
- Band 8a Principal Clinical Psychologist (note: currently advertising preceptorship post)
- Band 7 Clinical Psychologist
- Band 6 Nurses
- Band 6 Speech and Language Therapists
- Band 6 Occupational Therapists

Projections in an uncertain context

How our workforce will change during this Plan

Plan

Assessing roles we will require in future (continued)

Children's Health (continued)

In addition to the posts outlined on the previous page within CAMHS and Children's Health, roles will be required in Health for All and School Nursing which focus on:

- School Nursing
- Mental Health and Wellbeing (e.g. Trauma informed practice, ADHD, self-harming, eating disorders, loss and bereavement)
- Child Protection and Vulnerability (e.g. Children affected by Alcohol and Drug Use, domestic abuse, emotional and physical neglect, SCRA processes)
- Transition coordination between Health Visiting and Education
- Multi-disciplinary roles to deliver the Bairns' Hoose Framework and roles to support delivery of The Promise

Mental Health

We will continue developing community and inpatient mental health services to meet increasing demands and mitigate against recruitment and retention challenges. Roles required include:

- Band 7 Advanced Nurse Practitioners
- Band 8a Lead ANPs
- Social Worker Discharge Support
- Band 5 PDS for Older Adults
- Physical and psychological support staff (in ward and out of ward) as agreed across NHSGGC
- Expansion of the range of professional roles within current multi-disciplinary model, which would include Physician Associates (PA), Pharmacy Prescribers, and GP with Special Interest

Alcohol and Drug Recovery Services (ADRS)

We will continue to progress the development of ADRS, working in partnership with others and those with lived and living experience to support recovery.

- Senior Recovery Worker
- GBV Worker
- Alcohol Specific Death Lead Officer
- Throughcare Worker
- Pharmacy Independent Prescriber
- Practice Development Worker

Roles that will also support the Alcohol and Drug Partnership (ADP) to meet future needs include:

- ADP Planning and Development Officer
- ADP Communications Officer
- Peer Worker – Naloxone

Projections within an uncertain context

How our workforce will change during this Plan

Plan

The skills required in our future workforce

In addition to specific roles – either new or additional to the existing establishment – transforming the way in which services are delivered will require our workforce to work in new ways and develop a range of skills and knowledge. These include:

- The ability to lead and deliver change as part of everyone's role, through project and/or change management.
- Digital skills, using existing and new technology to provide choice in the way in which people access and receive services.
- Data interpretation and analysis skills.
- Embedding lived and living experience in service provision through peer support.
- Coproduction skills – working with communities and partners to understand problems and design solutions together.
- Partnership working across team and organisational boundaries.
- Enhanced understanding of prevention and early intervention, centred around empowered decision-making to put in place innovative or different support which prevents needs escalating.

Indicative Case Study: Frontline Internal Care at Home and TECS workforce projections*

Current total establishment (WTE): **304.3**

Current vacancies (WTE): **76.5**

Approx. WTE expected to retire by 2030 (60+): **47.6**

Projected workforce by 2030

Total establishment WTE required**: **342.4**

Projected WTE gap***: **162.2**

Additional WTE turnover (total to 2030): **185.0**

Total additional WTE required 2022-2030: **347.1**

Assuming efficiencies from Totalmobile scheduling addressed through existing vacancies

Net WTE required: 304.1 (reduction in WTE greater due to reduced increases and turnover impact)

Over the life of this Workforce Plan the HSCP will aim to undertake comprehensive analysis of workforce projections across all service areas

*excludes Extra Care

**based on SG projections of 1.7% increase in staff required per annum

***includes increased workforce required, vacant posts and retirements

Summarising Workforce Objectives

Aligning Objectives with Recover, Grow and Transform

Plan

The 'Plan' section of this Workforce Plan, combined with the strategic context outlined, provides an overview of the current position of the health and social care workforce in Renfrewshire. It provides the baseline information on current activity, challenges and opportunities which guides the strategic objectives and actions set out in the following pages. These actions include those applicable to the HSCP and its partners, and those which apply across the wider health and social care sector in Renfrewshire. The diagram below also summarises how the Scottish Government's three key objectives of recovery, growth and transformation are met by this Plan.



Recovery (Year 1+)

- Prioritise health and wellbeing of sector staff
- Develop our Market Facilitation Plan to inform future commissioning approach
- Improve our collection and use of workforce data, including equalities data
- Develop our communications strategy / plan
- Focus on the recovery of services (e.g. day services) and reductions in waiting lists and waiting times for care and support
- Confirm transformation prioritisation
- Continue review of property usage



Growth and Transformation (Years 2 to 3+)

- Target recruitment at under-represented groups and new entrants to the sector, including wider routes through education, apprenticeships and employability
- Develop innovative, joint, recruitment campaigns
- Seek to embed skills required as priorities (see pp.41-43) in job descriptions and support staff in their development e.g. digital, partnership working, prevention
- Deliver transformation priorities in line with Strategic Plan
- Develop our approach to 'Growing our Own'
- Develop our compassionate and inclusive culture
- Development of a training matrix and career pathways for roles across health and social care

The actions that will deliver the above priorities in line with the National Strategy's objectives of **Recovery, Growth and Transformation** are set out under each of the five pillars.

The timescales for delivery are also identified however it should be noted that some actions may be delivered across annual boundaries and that recovery activity may continue significantly beyond the first year of this Plan. Transformational activity may therefore be delivered later than scheduled in this Plan and/or beyond.

Reference	Strategic Objective	Actions	Delivery by
Plan.1	Improve the availability of workforce data and future projections.	<ol style="list-style-type: none"> 1. Identify gaps in current sector-wide workforce reporting and work with partners to identify solutions. 2. Review, with statutory partners, the gathering of feedback from leavers to determine trends and issues resulting in loss of staff, including onboarding and leavers' interview processes. 3. Develop workforce modelling capability to enable effective scenario-based projections to be developed based on robust data. 	<p>Year 1+</p> <p>Year 1+</p> <p>Year 3</p>
Plan.2	Invest in workforce planning capacity to support future planning.	<ol style="list-style-type: none"> 1. Recruitment of a Workforce Planning Lead role based within the HSCP and aligned with Change and Improvement. 2. Develop workplan for Training and OD aligned the priorities set out with this Workforce Plan. 	<p>Year 1</p> <p>Year 1+</p>
Plan.3	Improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics and enable the further promotion of diversity and equality within the partnership.	<ol style="list-style-type: none"> 1. Utilise additional information provided by breakdown of survey results across protected characteristics in iMatter. 2. Work with Renfrewshire Council to support development of proposals to further the inclusive agenda, considering gender balance and protected characteristics. 	<p>Year 2</p> <p>Year 2</p>

Strategic Objectives and Actions

Plan

Reference	Strategic Objective	Actions	Delivery by
Plan.4	Update our approach to communications and engagement to ensure that staff feel engaged and can access and receive updates at the right time.	<ol style="list-style-type: none"> 1. Update the HSCP's draft Participation, Engagement and Communication strategy and implementation plan to reflect current position. 2. Define and implement approach to sharing key workforce messages with partners across the sector. 3. Develop a communication toolkit for staff to ensure our services are inclusive and provide equality of access. 	<p>Year 1</p> <p>Year 1</p> <p>Year 1</p>
Plan.5	Reflect workforce capacity and pressures in recovery planning and future transformation as part of prioritisation activities.	<ol style="list-style-type: none"> 1. Prioritise recovery and transformation activity to reflect continued workforce pressures, incorporating frontline and change support capacity as key criteria. 	Year 1+



Attract

Attract

Creating opportunities to attract new and diverse talent

Attract

Attracting people to health and social care in Renfrewshire

Public, third and independent sector providers of health and social care have vacant posts across a range of services, with some posts particularly challenging to fill. These challenges pre-date the pandemic but have been exacerbated by the increased pressures of the last two years. For many, roles in the sector appear less attractive than jobs available elsewhere.

We know that health and social care jobs are highly challenging however we believe that working in Renfrewshire and supporting our most vulnerable citizens is highly rewarding and can offer opportunities for career development. Working with our partners, our Workforce Plan is focused on both enhancing the attractiveness of local caring roles and attracting new entrants to the sector.

This includes working with education providers to create clear routes into health and social care, and also enhancing alternative routes through apprenticeships, employability and those seeking to begin a 'second career'. Developing a more diverse workforce and promoting fair work through our recruitment can attract new talent and ensure that we reflect and meet the needs of the people of Renfrewshire.

"Continuing to improve equality, diversity and inclusion in our workforce, ensures we benefit from different lived experiences, perspectives, ideas and skills, and are better able to serve the people of Scotland"

National Workforce Strategy for Health and Social Care



The outcome we want to achieve

People are attracted to health and social care in Renfrewshire. We are inclusive employers who offer career opportunities for people of all backgrounds. Applicants have a positive experience and feel valued throughout the recruitment process.

Key Challenges

- Pay and terms and conditions vary between employers and between HSCPs within the board area and beyond.
- Health and social care roles are highly challenging which can be seen as less attractive to younger people and in comparison to employment in other sectors.
- Frontline service areas often do not have clear career pathways for those who wish to develop a career within the sector.
- The diversity of our workforce could be enhanced, as it is currently heavily older female-oriented, and we struggle to collate data to support actions which address this in our recruitment approach.
- Our existing contracts can be inflexible and do not reflect current demands and expectations for variation in working patterns or, where appropriate, the flexibility of working at home.

Reference	Strategic Objective	Actions	Delivery by
Attract.1	Our recruitment practices will be fair for all, and we will remove any barriers to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.	<ol style="list-style-type: none"> 1. Work with sector partners to launch targeted recruitment for under-represented groups: <ul style="list-style-type: none"> • Young people (apprenticeships / employability) • Unpaid carers • Male carers • Those starting 'second careers' • Under-represented ethnic groups 2. Widen recruitment methods including online events; recruitment days and alternative advertising. 3. Deliver and identify lessons learned from Renfrewshire GPST3's job fair in May 2022. 4. Clarify processes for internal consultation on recruitment plans. 5. Engage Renfrewshire to deliver racial equalities training between 2022 and 2025. 	<p>Year 2</p> <p>Year 2</p> <p>Year 1</p> <p>Year 1</p> <p>Year 1+</p>
Attract.2	We work collaboratively with third sector and independent providers to promote careers in health and social care in Renfrewshire.	<ol style="list-style-type: none"> 1. Develop joint recruitment communications strategy and plan with external partners. 	<p>Year 1</p>
Attract.3	Work with partners to refine commissioning processes in line with the commitment to ethical commissioning in the Independent Review of Adult Social Care, supporting sustainability of employment.	<ol style="list-style-type: none"> 1. Embed collaboration and partnership working in Market Facilitation Plan and commissioning processes (e.g. Public Social Partnership approach). 2. Assess contracts and existing grant funding to identify opportunities for longer term contracts and funding. 	<p>Year 1+</p> <p>Year 1+</p>

Reference	Strategic Objective	Actions	Delivery by
Attract.4	Enhance the attractiveness of health and social care roles.	<ol style="list-style-type: none"> 1. Reflect the commitment to fair work through increases to hourly rates for Council-employed social care staff and staff in commissioned services. 2. Embed flexibility in ways of working in terms of roles, working hours and location and update job descriptions and terms and conditions to reflect. 3. Progress a survey with local GP workforce. 	<p>Year 1</p> <p>Year 3</p> <p>Year 1</p>
Attract.5	Attract international staff to come and work in Renfrewshire.	<ol style="list-style-type: none"> 1. Working with specialist agencies and partners, develop a programme to attract international staff to Renfrewshire, considering supporting family friendly policies. 2. Support GP practices to obtain Skilled Worker Visa status 	<p>Year 1+</p> <p>Year 1</p>
Attract.6	Support people considering second careers or with caring responsibilities to work in health and social care. When creating new posts or recruiting to vacancies attract new applicants by embedding flexibility and innovation in our ways of working.	<ol style="list-style-type: none"> 1. Promote roles across health and social care with information on how a breadth of experience and skills can support people to be successful. 2. Support unpaid carers to gain recognised qualifications and ensure they are aware of potential opportunities within health and social care. 3. Develop a range of recruitment strands: (i) employability; (ii) apprenticeships; (iii) graduate rotations; (iv) career change; and (v) sector 'tasters' 	<p>Years 1+</p> <p>Years 2 to 3</p> <p>Years 2 to 3</p>
Attract.7	Deliver rolling and targeted recruitment campaigns to attract staff to key roles in Renfrewshire.	<ol style="list-style-type: none"> 1. Continue delivery of HSCP's interim workforce actions with recruitment action plans in Care at Home; Mental Health; CAMHS; ADRS; District Nursing and School Nursing 	<p>Year 1</p>

A 'values based' approach to recruitment

By looking wider than the 'usual' pool of recruits, where possible, our recruitment approach aims to find people who may not have any previous experience in care, but who have exactly the sorts of values that align with our own.

We actively seek to remove barriers which may prevent good people from applying for our roles - and get to know them first, their motivations, passions, interests and whether they'll be a good fit for our organisation and for the roles we're recruiting to. In this way, we can make the best possible recruitment choices for those we provide care and support for.



Collaborating to tackle a national recruitment challenge

For a wide range of Health and Social Care roles across the UK, recruitment has become a significant challenge. Within Renfrewshire HSCP, we have aimed to tackle this in two main ways. Firstly, we have implemented a targeted communications campaign to promote the benefits of working for the HSCP, highlighting through clear examples, that a role here provides strong career opportunities and career progression.

We are also working with our partners and independent service providers from across Renfrewshire to develop a collaborative approach to attracting new staff for our services. This will involve a joined-up approach to local recruitment, including recruitment events and promotional activities.





Employ

Employ

Aiming to be employers of choice in Renfrewshire

Employ

Valuing and rewarding staff for the work they do

It is essential that staff within our services and across the sector feel valued for the critical work they do, both financially and professionally, and that their health and wellbeing continues to be prioritised into the future. A workforce which feels valued, empowered and is invested in will help us achieve a sustainable and stable workforce which can deliver continuity of care and improve outcomes.

This investment is not only about how our staff are rewarded by also about how we help to manage and alleviate the pressure of each role, support the personal and professional development of each person in a way which meets their expectations and ambitions, and empower our people to make decisions. Combined with a focus on how we attract staff to the sector, this will support us to retain the best talent too.

Doing so is not without its challenges and will require closely collaboration between Renfrewshire HSCP, NHSGGC and Renfrewshire Council, and must involve our providers and partners in the third and independent sectors. This joint working will not only enhance the sustainability of individual organisations but the sector as a whole.

Feeling valued at work is linked to better physical and mental health, as well as higher levels of engagement, satisfaction and motivation.

Findings from an American Psychological Association [survey](#)



The outcome we want to achieve:

Our recruitment and retention of staff is enhanced and we are seen as employers of choice, where staff feel valued and supported. This will enable sustainable health and social care services across Renfrewshire.

Key Challenges

- Recruitment and retention challenges with significant levels of vacancies and hard to fill posts across health and social care.
- Staff are exhausted as a result of the pandemic, with significant service pressures continuing. Maintaining the health and wellbeing of our staff remains a key priority.
- There remains a significant degree of uncertainty over the nature of changes in the short to medium term, including the impact of the implementation of a National Care Service on staff employment and service provision.
- There is current inflexibility in registration requirements, which can prevent skilled staff moving between different parts of the sector.
- Funding pressures remain, resulting in the use of fixed term posts which are less appealing and less competitive compared to permanent positions.

Reference	Strategic Objective	Actions	Delivery by
Employ.1	Increase the number of applicants by promoting Health and Social Care as an appealing career to people displaced from their own employment either during or following the pandemic.	1. Utilise winter funding to enhance recruitment.	Year 1+
Employ.2	Sustain and grow our workforce to reflect national policy commitments and funding streams.	1. Assess opportunities for 'stay interviews' for critical roles. 2. Continue to progress service development and related recruitment in relation but not limited to: (i) Winter funding (Home Care, Interim Care, MDT); (ii) PCIP; (iii) Mental Health and Wellbeing in Primary Care; (iv) CAMHS; and (v) Action 15	Year 1 Year 1+
Employ.3	Maximise the impact of health and social care roles through innovative recruitment where organisations are advertising similar roles but are struggling to recruit.	1. Review hard to fill posts in the health and social care sector within Renfrewshire. 2. Identify opportunities for jointly-funded posts between organisations e.g. third sector and public/third sector and consider possible 'hosting' arrangements.	Year 1+ Years 2 to 3
Employ.4	Develop and shape the workforce to meet changes required by emerging policy	1. Confirm transformational activity to be progressed by HSCP by 2025 with associated service and role redesign impact, including requirements arising from the NCS, and define change management and OD plan e.g. collaboration skills; supporting prevention; empowering staff. 2. Define support requirements (e.g. Admin, Change & Improvement) and formulate recruitment plan	Year 2 Year 2

Inspiring our Leaders to build a positive working culture

Our Leadership Network is a well-established group of line managers, team leaders and supervisors from across the HSCP. This group, which is led by the Chief Officer with the full support and participation of the Senior Management Team, consists of around 150 leaders, are in a strong position to influence the wellbeing of our people, the performance of our teams and the culture of our organisation.

This is why, during the pandemic, we have reinvigorated the network, to make sure we provide our leaders with a strong, collective message they can take back to their teams and communicate consistently across all our services.

With recent topics including ‘communicating consistently’ and ‘compassionate leadership’ on the agenda, these sessions are making a meaningful impact on our teams, generating a strong identity as an organisation and providing reassurance to our staff that we have a collective purpose and vision for the future.

As Managers, how can we improve how we share / cascade information with our teams?



Supporting Primary Care – Community Link Workers

Through our partnership with 'We are with you', Community Link workers will continue to support each of the 28 GP Practices across Renfrewshire. Community Link workers offer one-to-one appointments for patients who have non-medical concerns affecting their physical and mental health. Patients may be referred to local sources of support such as housing and benefit advice. 100% of people who responded to a satisfaction survey felt they had 'been connected with the right sources of support'.

This resource reduces the demands on GPs and enables them to focus on medical related issues. The success of the service has resulted in further investment in 2022 / 23.





Train

Supporting staff to develop their skills and expertise

Providing our staff with the right expertise is critical to the development of a sustainable workforce and will help us to attract a wider range of people to the sector, retain our staff and ensure that we have robust succession plans in place for our senior leadership positions.

This means providing designated time for the opportunity to develop skills and knowledge to meet the needs of our population today and in the short term, examples of which include the new ways of working during the pandemic, but also ensuring that training and learning routes help our people to develop the skills needed for the future. This can be around use of new digital tools and technology but also how the HSCP, our partner organisations, communities and those in the wider sector work in more collaborative and preventative ways.

We recognise that a significant proportion of learning requirements and associated delivery is set nationally and that as employees of NHSGGC and Renfrewshire Council, HSCP staff will access training provided by our partners. However, the HSCP will focus on working jointly to inform the development of learning opportunities across Renfrewshire.

“One of the factors that has been identified as important for retention is that career pathways...are perceived to be limited in both Health and Social Care and we must address this”

National Workforce Strategy for Health and Social Care



The outcome we want to achieve:

Health and social care staff are appropriately trained for their role and have access to wider opportunities for personal and career development within their own organisation and through collaboration with partners.

Key Challenges

- Service pressures, which have increased during the pandemic, lessen the ability of staff to access training opportunities.
- Linked to the above point, existing vacancies and staff absence necessitate the focus of staff on service provision and reduce the opportunity to set protected time for individuals' development.
- In frontline services, particularly within social care, training programmes are often not linked to career pathways.
- Organisations across the health and social care sector focus on training of their own staff, often for skills and expertise which are common across organisations, resulting in lost opportunities for collaboration.
- Addressing skills gaps (for example specialist posts such as Mental Health Officers, District Nurses and Social Workers) will take a number of years, and action is required immediately to meet changing service user and patient demands.

Reference	Strategic Objective	Actions	Delivery by
Train.1	Develop an updated view of the training landscape and ensure resources are in place to support staff to access training to support their development.	<ol style="list-style-type: none"> 1. Develop a Renfrewshire-wide training matrix and career pathways for all Health and Social Care staff. 2. Review current training provision and develop plans for future internal and external provision, including delivery building on COVID training experiences. 3. Create a Renfrewshire HSCP Training Academy through ringfenced funding within IJB reserves. 4. Update induction pathways for new starts and staff taking on new roles to support longer term retention and include (i) an introduction to the HSCP; (ii) team introductions and networking; and (iii) core training requirements. 5. Support access to related NHS Academy learning sources and national induction framework for Adult Social Care as well as wider training opportunities for all HSCP staff. 6. Implement national commitments for a mandatory supported year for newly qualified social workers and pilot social care graduate apprenticeships. 	<p>Year 3</p> <p>Year 3</p> <p>Year 1</p> <p>Year 2</p> <p>Year 3</p> <p>Year 3</p>
Train.2	Reflecting progress since 2020, enhance workforce digital skills in line with changing ways of working and Digital Health and Care Strategy.	<ol style="list-style-type: none"> 1. Develop longer-term digital strategy and plans through HSCP Digital Oversight Group and invest in technology to support workforce development. 2. Identify core digital skills required in service roles and build into induction and essential training. 	<p>Years 2 to 3</p> <p>Years 2 to 3</p>

Reference	Strategic Objective	Actions	Delivery by
Train.3	Embed a policy of 'Grow our Own' within Health and Social Care in Renfrewshire	<ol style="list-style-type: none"> 1. Determine core skills required and support on-the-job training programmes. 2. Build capacity into transformation plans and performance management to ensure managers have time to support individual development in line with new delivery models. 3. Undertake assessment of external organisations that could support apprenticeship opportunities and the development of Renfrewshire's 'Grow our Own' policy. 	Year 3 Year 3 Year 3
Train.4	Strengthen relationships with Further and Higher Education institutions to develop training opportunities.	<ol style="list-style-type: none"> 1. Build upon opportunities for work experience and placements at all levels and in all parts of the sector – school, college, university. 2. Identify mentoring opportunities for people studying for health and social care qualifications. 	Years 2 to 3 Years 2 to 3
Train.5	Support our managers and leaders to develop their competence and skills to lead teams in a remote working setting, promoting strong team working.	<ol style="list-style-type: none"> 1. Provide check-ins and support to team leaders and managers within the HSCP. 2. Cross-section engagement with staff to understand experience and requirements and use to inform provision of local support. 3. Support managers to manage absence effectively and enable team members to contribute to the best of their ability. 	Year 1+ Year 1+ Year 1+

Reference	Strategic Objective	Actions	Delivery by
Train.6	Develop skills and knowledge within our workforce to meet changing demands and approaches to service delivery.	1. Introduce protected time for mandatory training.	Year 3
		2. Identify and implement opportunities for joint delivery access to training sessions to promote shared learning and understanding within the partnership and with third sector partners.	Year 3
		3. Support the NHSGGC modernisation of the AHP workforce through the development of Advanced Practice roles across (but not limited to) Mental Health, Addictions, Children's Health Services and Nursing.	Year 3
		4. Support GP practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development.	Year 3
		5. Support the delivery of the Strategic Pharmacy Framework, enabling staff to work at the highest level of practice.	Year 3

Train

Some Case Study Examples

Supporting our people to develop their careers

When she was 17, Amy Duffin had a choice between continuing in full time education or joining our Finance Team as a Modern Apprentice. Thankfully, she chose us. Now, as a Senior Accountant, Amy can look back at her decision with pride and talk about why this was a great career pathway for her, and could be for many people in her position.

She said: “The HSCP have been very supportive of me developing my career and helping me gain the qualifications I needed to progress. My team have all been in my position and knew what I was going through. Time to study or for exams was never an issue and everyone was very supportive.

“This was the right choice for me. I now have the same qualifications I would have achieved at University, but have also had a chance to build up my career and earn full time wages at the same time.

The HSCP has given me the opportunity and support to get a point in my career where I’m satisfied with what I’m doing and where I’m going. I really enjoy working here”.



Cross Organisational Mentoring

The Cross Organisational Mentoring Programme is one of a number of mentoring schemes that HSCP staff have access to. Laura Glennon was new to a leadership role within our RES team and wanted support to develop as a leader.

As Laura explains, mentoring has been a positive experience for her: “My mentor has been easy to talk to and our meetings are a ‘safe space’ where I can talk freely. I feel it has helped me make service improvements, ensure staff are engaged, involved and we can build on the areas we are working on.

“My team has fed back that they are happy we are working through improvement areas and can see we are making progress as a team. I now have more confidence in myself and will take this forward when the mentoring comes to an end.





Nurture

Nurture

Taking action to support the wellbeing of staff

Nurture

Prioritising the wellbeing of those working in the sector

Our people are our most precious resource and their wellbeing is a priority for the HSCP, our partners within NHS GGC and Renfrewshire Council, the wider health and social care sector, and the Scottish Government. This includes not only our staff but also unpaid carers providing essential support to their family and friends in Renfrewshire.

The significant impact of the pandemic on the physical and mental wellbeing of staff has been recognised both nationally and locally. The wellbeing initiatives and support implemented will continue to be prioritised and built on to ensure that staff feel supported to deliver high quality care and support.

Beyond this, we will also focus on the continued development of our organisational culture and compassionate leadership, recognising that this plays a key role in supporting staff wellbeing. Through this we will seek to enhance the diversity and inclusiveness of our workforce, ensure the safety of our staff at work every day and through our communications and engagement strategy support staff to feel heard and involved in decision making.

“Promoting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive.”

Wellbeing at Work, [CIPD](#)



The outcome we want to achieve:

Our organisational culture(s) prioritise the health and wellbeing of our staff so that they feel supported with their physical, emotional and professional needs

Key Challenges

- Staff are exhausted following the pandemic and need the opportunity to reflect and recover from the pressures faced.
- Traditional ways of working have not offered the flexibility required by many colleagues within the workforce.
- Our workforce is not as diverse as it could be at all levels, including senior management.
- Many roles are female-dominated, in particular nursing and caring roles, with ongoing challenges in attracting more male workers into caring roles.
- Workforce pressures and service demands have necessitated a focus on meeting needs in the here and now and recruiting fully skilled staff, with limited capacity for managers to further develop staff and help us to ‘grow our own’.
- The recording of long COVID sickness will require further review to address inconsistencies and ensure fair treatment for all staff.

Reference	Strategic Objective	Actions	Delivery by
Nurture.1	Promote equality, diversity and inclusivity across the sector.	<ol style="list-style-type: none"> 1. Continue to deliver online and face to face training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias. 2. Support the delivery of, and staff access to, (i) networking opportunities for staff from minority ethnic backgrounds; (ii) parent organisation workforce equality groups; and (iii) staff equality training to be developed by Scottish Government and partners. 3. Work with partners to improve the availability of data and demographics on protected characteristics in line with Scottish Government and PHS guidance. 4. Fund the In-Ren network post hosted by Engage. 5. Undertake the LGBT Charter award to equip our staff to improve health and wellbeing outcomes experienced by LGBT people in Renfrewshire. 	Year 2
Nurture.2	Continue to prioritise the health and wellbeing of staff through the provision of local, regional and national support.	<ol style="list-style-type: none"> 1. Continue to promote the availability of national resources to support health and wellbeing through the recovery process. 2. Promote Healthy Working Lives. 3. Support access to Mental Health First Aider training. 4. Work with third and independent sector partners to develop a framework to support sector staff to access wellbeing resources. 5. Include consideration of health and wellbeing as part of every change process. 6. Implement absence management plans to help staff into work with additional support as required. 7. Work with partners to deliver Wellbeing initiatives, e.g. including Mental Health and menopause policies 	Year 1+

Reference	Strategic Objective	Actions	Delivery by
Nurture.3	Promote a positive workforce culture that endorses staff wellbeing where leaders listen and nurtures a compassionate, diverse, and inclusive workplace.	<ol style="list-style-type: none"> 1. Develop a structured succession planning approach, linking with work set out in National Strategy and working with partners (e.g. contributing to NHSGGC proposals for a refreshed development programme). 2. Support training to enhance leaders' 'soft' skills. 3. Remove any barriers and promote diversity in senior leaders to reflect the community in Renfrewshire. 4. Develop mentoring support for emerging leaders. 5. Support staff to feel confident in raising concerns, and to access their employer's whistleblowing processes where appropriate. 6. Work with partners to deliver trauma-informed training for a trauma responsive workforce. 	Year 3
Nurture.4	Continue to protect the health and wellbeing of staff and residents in HSCP and independent Care Homes.	<ol style="list-style-type: none"> 1. Continued delivery of the "Huddle" model and care home reporting. 	Year 1
Nurture.5	Ensure that existing and new staff have access to the right guidance, equipment and accommodation to support them to do their jobs safely.	<ol style="list-style-type: none"> 1. Review induction processes and information provided to ensure inclusion of key elements. 2. Continued review of risk assessments and provision of PPE for frontline staff. 3. Support for staff to access vaccinations in line with national guidance. 4. Continue the HSCP's review of property use to ensure it meets current and future needs. 5. Undertake Display Screen Equipment (DSE) assessments for all staff working at home and utilise Occupational Health to define reasonable adjustments for staff where required. 	Year 1+

Reference	Strategic Objective	Actions	Delivery by
Nurture.6	Implementation of the Health and Care (Staffing) (Scotland) Act 2019.	1. Implement the provisions of the Act in line with updated implementation and transition timetable.	Year 2 (indicative)
Nurture.7	Consider how Long COVID is managed moving forward to address any inconsistencies in absence management and ensure fairness of treatment.	1. Work with NHSGGC and Renfrewshire Council HR to implement processes as they are developed and reflect any future national guidance on treatment of Long COVID.	Year 1 to 2
Nurture.8	Continue to assist unpaid carers to provide support for family and friends.	<ol style="list-style-type: none"> 1. Implementation of updated Carers Strategy following Renfrewshire IJB approval in June 2022. 2. Work with NHSGGC to improve the experience of unpaid carers before and during hospital admissions, stays and discharges. 3. Through the Carers Partnership, encourage employers across Renfrewshire to be Carer positive employers. 4. Develop blended (online and face to face) support to give a range of access choices. 5. Progress initiatives such as the Carers Passport to provide discounted opportunities for unpaid carers. 6. Coordinate cross sector activity to develop Renfrewshire as a carer-friendly community. 	Year 1+

Recognising the efforts of our people

Each year, our staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the Partnership.

The categories include Team of the Year, Employee of the Year, Leader of the Year and Innovation of the Year.

The pride, motivation and confidence generated from our annual staff awards makes a big difference to the wellbeing of our people.



Volunteering for career and experience development

Elaine Penman has been volunteering with NHS Greater Glasgow & Clyde for over five years. Elaine explains why she got involved: "Over the five years, I have moved between different roles and locations, which has been an excellent opportunity to experience diverse areas of the NHS and play a part in helping staff and patients."

"Building confidence in interacting with patients and feeling comfortable in the ward environment has been great. As a dietetic student, I am gearing up towards placements and working with the public in a healthcare role. Every shift is a learning experience!"

In April 2022, Elaine was offered a paid role as a Dietician in her local health board. We are delighted that she has progressed onto her chosen career path, in an area of work she is passionate about.





Appendices: Further workforce data and Glossary

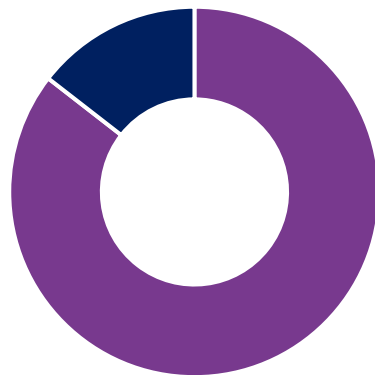
Appendix 1

Further workforce demographic data: Gender

Renfrewshire Council Employees within the HSCP by Gender

Gender	Head Count	%
Female	897	86%
Male	152	14%
Total	1049	100%

Renfrewshire Council HSCP Employees

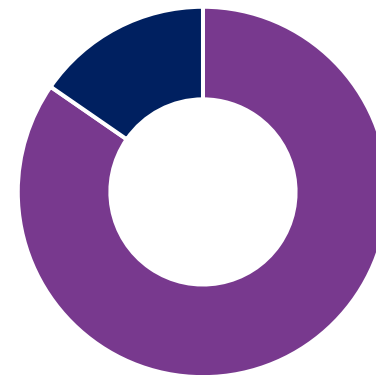


■ Female ■ Male

NHSGGC Employees within the HSCP by Gender

Gender	Head Count	%
Female	1045	85%
Male	190	15%
Total	1235	100%

NHSGGC HSCP Employees



■ Female ■ Male

Appendix 1

Further workforce demographic data: Pay Band / Grade

Renfrewshire Council Employees by Grade

Grade	Head Count	%
Grade 1	17	1.6%
Grade 2	463	44.1%
Grade 3	98	9.3%
Grade 4	39	3.7%
Grade 5	90	8.6%
Grade 6	72	6.9%
Grade 7	65	6.2%
Grade 8	33	3.1%
Grade 9	103	9.8%
Grade 10	34	3.2%
Grade 11	13	1.2%
Grade 12	5	0.5%
Grade 13	4	0.4%
Grade 14	6	0.6%
Grade 15	2	0.2%
Grade 16	1	0.1%
CO20	4	0.4%
Total	1049	100.0%

NHSGGC Employees by Grade

Band	Head Count	%
Band 2	45	3.6%
Band 3	293	23.7%
Band 4	76	6.2%
Band 5	265	21.5%
Band 6	226	18.3%
Band 7	190	15.4%
Band 8A	27	2.2%
Band 8B	4	0.3%
Band 8C	9	0.7%
Medical and Dental	89	7.2%
Non AFC*	11	0.9%
Total	1235	100.0%

*Non Agenda for Change banding

Appendix 1

Further workforce demographic data: Age Bands

Renfrewshire Council Employees by Age

Age	Head Count	%
16-20	3	0.3%
21-25	18	1.7%
26-30	51	4.9%
31-35	103	9.8%
36-40	83	7.9%
41-45	105	10.0%
46-50	125	11.9%
51-55	192	18.3%
56-60	229	21.8%
61-65	117	11.2%
66-70	21	2.0%
71-75	1	0.1%
75-80	1	0.1%
Total	1049	100.0%

NHSGGC Employees by Age

Age	Head Count	%
21-24	27	2.2%
25-29	126	10.2%
30-34	135	10.9%
35-39	127	10.3%
40-44	167	13.5%
45-49	148	12.0%
50-54	212	17.2%
55-59	186	15.1%
60-64	90	7.3%
65-69	15	1.2%
70-74	2	0.2%
Total	1235	100.0%

Appendix 1

Further workforce demographic data: Comparison with 2017 figures

Renfrewshire Council Employee Headcount

2017	2022	% change
1192	1049	12% -

NHSGGC Employee Headcount

2017	2022	% change
1243	1235	0.6% -

% Council Staff Aged 50+

2017	2022	% change in split
50%	57%	7% +

% NHSGGC Staff Aged 50+

2017	2022	% change
43%	41%	2% -

% Council Staff Gender Split

Gender	2017	2022	% change
Female	86%	86%	-
Male	14%	14%	-

% NHSGGC Staff Gender Split

Gender	2017	2022	% change
Female	84%	83%	1% -
Male	16%	17%	1% +

Appendix 2

Glossary of Acronyms

- **ADRS** – Alcohol and Drug Recovery Services
- **AHP** – Allied Health Professionals
- **CAMHS** – Children and Adolescent Mental Health Services
- **DSE** – Display Screen Equipment
- **GMS** – General Medical Services
- **GPST3** – General Practitioner Speciality Trainee (at stage 3 of training)
- **HR** – Human Resources
- **IJB** – Integration Joint Board
- **LA** – Local Authority
- **L&D** – Learning and Development
- **NCS** – National Care Service
- **NHSGGC FP&P** – NHSGGC Financial Planning & Performance Committee
- **NMaHP** – Nursing, Midwifery and Health Professionals
- **OD** – Organisational Development
- **PCIP** – Primary Care Improvement Plan
- **PCS** – Primary Care Service
- **PPE** – Personal Protective Equipment
- **R&R** – Rest and Relaxation
- **RES** – Rehabilitation and Enablement Service
- **SAMH** – Scottish Association for Mental Health
- **SDS** – Self-Directed Support
- **SG** – Scottish Government
- **SMT** – Senior Management Team
- **SPF** – Staff Partnership Forum
- **SPG** – Strategic Planning Group
- **SSSC** – Scottish Social Services Council
- **TECS** – Technology Enabled Care Services
- **WTE** – Whole Time Equivalent

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We are happy to consider requests for this publication in other languages or formats such as large print

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RenfrewshireHSCP



To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Head of Strategic Planning and Health Improvement

Subject: Draft Annual Performance Report 2021/22

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

1. Summary

- 1.1 This paper presents the Draft Annual Performance Report 2021/22 for IJB review and approval. The report also includes the HSCP Performance Scorecard as Appendix 1 and the Core Suite of Integration Indicators as Appendix 2.
- 1.2 Previously HSCPs were required to publish their Annual Performance Reports (APRs) by 31 July however, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to 30 September 2022. The Scottish Government advised that IJBs were able to extend the date of publication of APRs for 2021/22 to 30 November 2022, which the IJB agreed at its meeting on 16 September 2022. In taking advantage of this extension, the data in this report is more robust than previous years, having been validated through the appropriate structures.
- 1.3 As the Annual Performance Report is for the financial year 2021/22 it therefore does not reflect more recent developments, such as the improved waiting lists for CAMHS or the opening of the CIRCLE Recovery Hub.

2. Recommendation

It is recommended the IJB:

- Approve the draft Annual Performance Report 2021/22.

3. Annual Performance Report Structure 2021/22




3.1 Our Annual Performance Report 2021/22 is structured around the nine National Health and Wellbeing Outcomes and is divided into seven main sections covering all nine outcomes. Under each outcome you will find evidence and relevant performance indicators from service areas across the HSCP, highlighting our commitment to improving health and wellbeing outcomes within our communities. We also reflect on how we have progressed service area priorities over the past, and final year of our Strategic Plan 2019-2022, against the National Health and Wellbeing Outcomes and have included examples from Care Planning Groups, individual Case Studies and service user feedback.

3.2 Subject to IJB approval, the final Annual Performance Report 2021/22 will be published online on 30 November 2022 at the following link <https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>

A summary version will also be available online and printed copies will be available on request.

4. HSCP Scorecard Measures Comparison 2021/22 and 2020/21

4.1 At the financial year end 2021/22, the HSCP Performance Scorecard showed a slightly better position compared to 2020/21, with red status indicators reduced by one, amber increased by one and green remaining the same. The full Scorecard is included as Appendix 1 within the Annual Performance Report.

Performance Indicator Status	2021/22	2020/21
	Alert: 13	Alert: 14
	Warning: 10	Warning: 9
	Target achieved: 16	Target achieved: 16
	No targets: 18	No targets: 18

4.2 While 2021/22 has been another challenging year, overall performance has improved slightly when compared against 2020/21. Taking into account the staffing challenges due to recruitment and retention, as well as absence levels as a result of sickness and COVID, staff have worked hard to ensure the quality and professionalism of services was not compromised where possible, for service users.

5. 2021/22 Highlights

5.1 Some key performance improvements over 2021/22 included:

- The number of emergency admissions from care homes decreased with a reduction of nearly 21% from 506 admissions at March 2021 to 400 admissions at March 2022
- The uptake rate of child health 30-month assessments rose from 87% at March 2021 to 94.9% at March 2022, against a target of 80%
- The percentage of complaints the HSCP responded to within 20 days increased from 82% at March 2021 to 90% at March 2022 against a target of 70%

5.2 Furthermore, some service highlights for 2021/22 included:

- The rollout of Totalmobile was progressed throughout 2021/22 and was completed for all areas of in-house provision by April 2022. The new electronic system focussed on replacing paper-based processes used for arranging peoples visits of care. The system enhances the way in which Care at Home can engage and communicate with its workforce whilst enabling them to better meet service demands with the resources available.
- The ECLIPSE social care case management system went live for Adult Services on 1 June 2021, with work ongoing to refine and enhance operational case recording and reporting standards. This will improve service user outcomes by maximising the quality of case records and allowing the sharing of information between relevant services in a secure manner.
- We were successful in maintaining the UNICEF Gold Award and remain accredited as a Gold Baby Friendly Service. To maintain gold status, we must submit annual evidence to show standards are being maintained and progressed. We were highly commended by UNICEF.

5.3 During 2021/22, we have successfully developed a number of new Strategies and Plans in collaboration with our partners and service users. These included our Strategic Plan 2022-25, Unpaid Adult Carers' Strategy 2022-25 and Palliative and End of Life Care Strategy 2022-25.

Our Workforce Plan 2022-25 has also been developed, with positive feedback from the Scottish Government, and is the subject of a separate paper to this meeting.

6. Areas for Improvement

6.1 Whilst good progress has been made over the last year, work is ongoing to continuously improve performance across services. Service waiting times and a return to unscheduled care numbers comparable to pre-pandemic levels has proven particularly challenging. Services are committed to addressing the underlying issues and actions are in place to improve performance in these areas.

6.2 Service Waiting Times

6.2.1 Waiting times for a number of service areas deteriorated during the pandemic, namely Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Services, Paediatric Speech and Language Therapy and Podiatry Services.

6.2.2 Referrals have continued to increase for these services and actions are in place to manage the growing demand accordingly. While these actions have resulted in recent improvements, the demand for urgent care remains high and must be prioritised.

6.2.3 Although not reflected in performance indicators for 2021/22, there has been good progress made in reducing waiting times and, performance in late 2022 has evidenced an improved picture, particularly in relation to CAMHS Waiting Times.

6.3 Unscheduled Care

6.3.1 As expected, unscheduled care indicators (A&E attendances; emergency admissions; delayed discharges etc.) declined in performance relative to year end 2020/21 as service demand increased to pre-pandemic levels. This mirrored both national and NHS GGC trends as public behaviours changed again, as the pandemic eased. The number of delayed discharge bed days lost was 9,177 for 2021/22, similar to the level of 9,122 recorded for 2019/20. In 2020/21, the number had reduced to 8,759. Reducing delayed discharges is a key priority for the HSCP and we continue to scrutinise performance rigorously.

6.3.2 Within a national context, Renfrewshire was the highest performing HSCP area in Scotland at March 2022 for standard delays with 80 bed days lost. This equated to a rate of 54 per 100,000 population. The national average rate as at March 2022 was 799.9 and the Greater Glasgow and Clyde average was 553.6 per 100,000 population.

6.3.3 We are implementing our Delayed Discharge Improvement Plan to ensure a strategic approach to the management of the delayed discharge agenda. This is coordinated via the HSCP's Adult Services

and includes a care pathway, which takes account of the assessed needs of individual service users.

- 6.3.4 Our local Unscheduled Care Action Plan includes a number of initiatives to reduce reliance on Acute Services including a Community Falls Integrated Pathway Improvement Project; building capacity for care and support at home and community nursing; screening and assessing for frailty; and improved coordination of anticipatory care.

7. Strategic Plan 2022-25 and Performance Reporting in 2022/23

- 7.1 Following approval from the Integration Joint Board (IJB) in March 2022, we have now published our [Strategic Plan](#) for 2022-25.
- 7.2 Our Plan highlights how, over the next three years, 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.
- 7.3 The new Plan demonstrates how we will do this through a focus on activity across five key themes. As we implement our new Strategic Plan, we will measure our success against these themes. The results of this will begin to be reflected in next year's performance reporting cycle and our Annual Performance Report for 2022/23 will align with this structure.
- 7.4 Progress on the Strategic Plan themes will be measured through annual Strategic Delivery Plans which, include a range of targets and milestones recorded against each of the key themes and, are aligned to National, NHSGGC and local priorities.
- 7.5 We will also provide a mid-year and end-year update on the 2022/23 HSCP Performance Scorecard to the IJB utilising the format approved at the 16 September 2022 IJB meeting. These will be presented at the January 2023 and June 2023 meetings.

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** – No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
8. **Health & Safety** – None
9. **Procurement** – None

- 10. **Risk** – None
- 11. **Privacy Impact** – None

List of Background Papers – None.

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Renfrewshire
Health & Social Care
Partnership

Annual Performance Report 2021 / 22

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



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Foreword

Welcome to Renfrewshire Health and Social Care Partnership's (HSCP) Annual Performance Report, which covers the period from April 2021 to March 2022.

For the third year running, this report reflects the HSCP's performance in an operating environment significantly impacted by COVID and other challenging circumstances. While the severity of the pandemic has varied over this time, there has not yet been a period when our services have been free from restrictions of some kind.

Despite this, in collaboration with our partners, the HSCP has continued to deliver essential services for those who need them most. We continue to encourage innovation and flexibility to establish new and different ways of working in response to a changing environment. This is informed by listening to and acting upon feedback from those closest to our services.

This year's report once again measures performance against the nine National Health and Wellbeing Outcomes, National Core Integration Indicators, the Ministerial Strategic Group Indicators and local Key Performance Indicators.

The Integration Joint Board (IJB) receives regular progress reports. These reports, along with previous Annual Performance Reports, can be found on the Renfrewshire HSCP website on our [Performance Reports page](#).

We would like to sincerely thank people with lived and living experience and unpaid carers for their support and patience over the last year. We would also like to acknowledge the dedication and hard work of the staff teams across the HSCP, Renfrewshire Council, NHS Greater Glasgow and Clyde (NHSGGC), providers of services and the amazing network of volunteers within the local communities who have all contributed to the delivery of services.

Thank you all for your unrelenting hard work and for going that extra mile - it really is making a positive difference to people's lives.



John Matthews OBE
Chair, Renfrewshire
Integration Joint Board



Christine Lavery
Chief Officer,
Renfrewshire HSCP

APR Executive Summary

The purpose of this Annual Performance Report is to update on year-end performance for the financial year 2021 / 22. The report also reflects on how we have progressed key service area priorities against the nine National Health and Wellbeing Outcomes over the past, and final year of our Strategic Plan 2019 / 22.

At the financial year end 2021 / 22, the Scorecard (pages 58 to 68) showed an improved position compared to 2020 / 21, with red status indicators reduced by one, amber increased by one and those with green status remained the same.

Considering the staffing challenges due to recruitment and retention, as well as absences due to sickness and COVID, staff have worked hard to ensure, where possible, the quality and professionalism of services was not compromised.

While 2021 / 22 has been another challenging year, services have improved, or at least maintained performance against a number of key performance measures.

Performance Indicator Status	2021/22	2020/21
	Alert: 13	Alert: 14
	Warning: 10	Warning: 9
	Target achieved: 16	Target achieved: 16
	No targets: 18	No targets: 18

Some examples where improvement was evident include:

- Successfully maintaining the UNICEF Gold Award and remaining accredited as a Gold Baby Friendly Service. To maintain gold status, we submit annual evidence to show standards are being maintained and progressed. We were highly commended by UNICEF.
- The number of emergency admissions from care homes decreased, with a reduction of nearly 21% from 506 admissions at March 2021 to 400 admissions at March 2022.
- A good increase in the uptake rate of child health 30-month assessments from 87% at March 2021 to 94.9% at March 2022 against a target of 80%.
- The percentage of complaints we responded to within 20 days increased from 82% at March 2021 to 90% at March 2022 against a target of 70%.
- The rollout of Totalmobile was progressed throughout 2021 / 22 and was completed for all areas of in-house provision by April 2022. The system enhances the way Care at Home can engage and communicate with its workforce, enabling them to better meet service demands with the resources available.
- The ECLIPSE social care case management system went live for Adult Services on 1 June 2021. This will improve service user outcomes by maximising the quality of case records and allowing the sharing of information between relevant services in a secure manner.

APR Executive Summary

New Strategies and Plans

During 2021 / 22, we developed a number of new Strategies and Plans in collaboration with our partners and service users. These included our Strategic Plan 2022-25, Unpaid Adult Carers' Strategy 2022-25 and Palliative and End of Life Care Strategy 2022-25.

Our Workforce Plan 2022-25 has also been developed and will be presented to the IJB for approval by the end of this year.

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



Areas for improvement:

Service Waiting Times

Waiting times for several service areas deteriorated during the pandemic, namely Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Services, Paediatric Speech and Language Therapy and Podiatry Services. Referrals have continued to increase for these services and actions are in place to manage the growing demand accordingly. While these actions have resulted in recent improvements, the demand for urgent care remains high and must be prioritised.

Unscheduled Care

As expected, unscheduled care indicators (A&E attendances, emergency admissions, delayed discharges etc.) declined in performance relative to year end 2020 / 2021 as service demand increased to pre-pandemic levels. This mirrored both national and NHSGGC trends as public behaviours changed again as the pandemic eased. The number of delayed discharge bed days lost was 9,177 for 2021 / 22, similar to the level of 9,122 recorded for 2019 / 20. In 2020 / 21, the number had reduced to 8,759.

Within a national context, Renfrewshire was the highest performing HSCP area in Scotland at March 2022 for standard delays, with 80 bed days lost. This equated to a rate of 54 per 100,000 population. The national average rate at March 2022 was 799.9 and the Greater Glasgow and Clyde average was 553.6 per 100,000 population.

Our Continued Response to the COVID Pandemic

Our APR for 2020 / 21 described our response to the first 12 months of the pandemic. As the situation has changed over the last year, we have responded on a range of COVID related matters.

Critical frontline services have continued throughout this period. At the same time, additional services were developed to support the national response to the pandemic. These included:

- A comprehensive COVID vaccination programme in Renfrewshire.
- The continued review of service contingency and deployment plans to ensure our workforce was flexible to respond to changing circumstances.
- Oversight, management and distribution of Personal Protection Equipment (PPE) and testing support.
- A Community Assessment Centre, which provided services to assess people presenting with COVID symptoms, until its closure in March 2022.
- Supporting the health and wellbeing of our staff and wider communities during the pandemic.
- Additional financial support to third sector and independent social care providers and hospices who were key to our response to the pandemic.

COVID Recovery and Renewal

During 2021 / 22, we also began to focus on **recovery** and planning for the **renewal** of services.

However, this period was marked by recurrent waves of the virus, with the Omicron variant in early 2022 resulting in challenges, particularly in relation to staffing absence rates.

Given the need to continue to deliver our essential operational activities effectively and safely it therefore was, and continues to be, necessary to flex the scale of recovery and renewal activity.

That said, the IJB was able to progress with a number of initiatives through our Recovery and Renewal Programme, examples of which are provided throughout this report.

In addition, the development of the IJB's Strategic Plan for 2022-25, undertaken throughout the year, sets a number of principles which will continue to inform organisational and community recovery in future:

COVID 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

Report Framework

Our 2021 / 22 report is structured around the nine National Health and Wellbeing Outcomes and is divided into six main sections detailed below. We have used a range of key performance indicators to track our progress during the last year.

We have included examples from care groups, individual case studies and service user feedback. We have also linked evidence to service area priorities within our Strategic Plan 2019-2022. Outcomes 8 and 9 include examples of the ongoing work to support staff health and wellbeing throughout the pandemic. We also show how our approach to change and improvement of service delivery has continued to aid our response to ensure we manage our resources as best we can.

Community Health and Wellbeing and Reducing Health Inequalities	Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
	Outcome 5 - Health and social care services contribute to reducing health inequalities.
Delivering Positive Outcomes for Service Users	Outcome 2 - People, including those with disabilities or long terms 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 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.
	Outcome 4 - Health and social care services are centred on helping to maintain and improve the quality of life of people who use those services.
Carers	Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
Safer Services	Outcome 7 - People using health and social care services are safe from harm.
Effective Organisation	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.
Supporting Organisational Delivery, Financial Performance and Best Value	Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

A large crowd of people is gathered outdoors, holding up red roses high in the air. The scene is set against a bright blue sky with some light clouds and green foliage in the background. In the foreground, a dark metal railing is visible. A man in a light blue t-shirt is prominently featured in the center, holding a rose high. To his left, a woman in a striped shirt is also holding a rose. On the far left, a person is wearing a red vest with the words "RECOVERY WALK" printed on it. The overall atmosphere is celebratory and positive.

Outcomes 1 and 5: Community Health and Wellbeing and Reducing Health Inequalities

Outcomes 1 and 5: Community Health and Wellbeing and Reducing Health Inequalities

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

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

The Community Partnerships and Health Improvement Teams work together to tackle health inequalities and promote health and wellbeing. We do this through collaboration across the area with commissioned providers of health and social care services, third sector and community groups as part of our Strategic Planning Group (SPG). Feedback from all participants has highlighted the benefits of working in partnership to empower people to improve their wellbeing.

During 2021 / 22 we maintained our focus on the six priorities identified by the Strategic Planning Group (SPG), namely:



Healthy and active living



**Place and connectedness to
reduce loneliness and isolation**



Mental health



Inequalities



Early years and vulnerable families



Housing as a health issue

Outcomes 1 and 5

Examples of some of the work carried out in partnership



A 60-minute virtual Introduction Session to Self-Harm was rolled out across Renfrewshire Council Education staff to support Education Authorities and Schools to consider how they may implement a whole organisation approach to self-harm awareness and training.



Funding was allocated to Roar – Connections for Life and the Star Project to start providing befriending for people experiencing isolation and / or loneliness. The outcomes from this will be evaluated with a view to establishing a longer-term resource.



The projects include developing a Connectedness Network in a specific geographical area, creating more opportunities for people to be physically active in their local communities, producing mental health information in various languages, funding a post to focus specifically on improving health in ethnic minority group communities and supporting parents with the transitional experiences in early years to nursery and school.



A resource has been developed in collaboration with Community Planning Partners, following the findings of the Renfrewshire Alcohol and Drug Commission Report for children and young people. Lessons were developed with young people and people who have lived experience of drug and alcohol addiction.
<https://www.youtube.com/watch?v=OT1Xjceg48w>



Through funding from Renfrewshire Alcohol and Drug Commission the team recruited a Lead Officer to work with Community Planning Partners to introduce revised policies and practices recognising the impact of alcohol promotion and supply across communities and workplaces. Renfrewshire Council and West College Scotland are working to review and update workplace alcohol and drug policies.



The HSCP provided 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.



In partnership with Renfrewshire Council, we developed a programme to support mental health and wellbeing in workplaces across Renfrewshire as part of the Renfrewshire Economic Recovery Plan.

55

trained in
supporting
MH in
workplace

90

Trained in
self-harm
awareness

Outcomes 1 and 5

Examples of some of the work carried out in partnership – early years

Our aim is to ensure the best start for children, with a focus on early years, to promote healthy development, good health, wellbeing and quality of life by ensuring an evidence based Public Health approach.



Home-Start Renfrewshire received funding from the HSCP to develop a programme, which offers parents with perinatal mental ill health, or those at risk of developing it, the chance to take part in a peer support and parenting support model. We created a package of support for the Home-Start team, ranging from provision of health resources to sourcing and delivering training.



In collaboration with Renfrewshire Council, Health Improvement led on A Smoke Free Play Parks Project to supply all playparks and skate parks within Renfrewshire with no smoking signs which are child friendly and convey the message of ASH Scotland's Charter to become a smoke free generation by 2034.



The Healthier Wealthier Children (HWC) Service has mostly continued to deliver services through online channels. For many families accessing the service, this has proved beneficial, as it removes the burden of travel and childcare costs. However, the service is flexible, adapting to suit individual needs.

There continues to be significant financial gains from the HWC Service in Renfrewshire - **a financial gain of £417,319.15** for HWC families in 2021 / 22, with an overall financial gain of **£9,034,310.92 since the programme began.**

Case Study: Miss A

Miss A was supported by HWC to claim a Personal Independence Payment for herself and Disability Living Allowance for her son, who had been diagnosed with ADHD. She was then able to claim Carers' Allowance for her son, which had the added benefit of removing the cap from her Housing Benefit - enabling her to cover her rent payment. She was also entitled to back pay for her Housing Benefit claim and this cleared her arrears with her private landlord.

Miss A was also supported to claim Child Benefit for her two younger children. This will mean an extra £19,983.60 a year coming into the household. Her backdated money totalled £8,227.70.

By getting all the benefits owed to her, Miss A can now access after school clubs for all her children, get better support for her son at school, and has opened more suitable housing options for her and her family.

Outcomes 1 and 5

Early years - our continued commitment to normalising breastfeeding

Over the last year, Renfrewshire HSCP continued to support families in making informed decisions about infant feeding, as part of our commitment to GIRFEC ("Getting it Right For Every Child"), particularly the post-natal contacts as part of the Universal Pathway. We will continue to explore creative and innovative ways to increase breastfeeding rates in our most deprived areas.

The percentage of exclusive breastfeeding at 6-8 weeks has decreased from 26.8% at March 2021 to 19.7% at March 2022, below the target of 21.4% - amber status

The percentage of exclusive breastfeeding at 6-8 weeks in the most deprived areas has decreased from 23.3% at March 2021 to 11.8% at March 2022, below the target of 19.9% - red status



UNICEF Gold

In March 2022, we successfully maintained the UNICEF Gold Award and remain accredited as a Gold Baby Friendly Service. To maintain gold status, we must submit annual evidence to show standards are being maintained and progressed. We were highly commended by UNICEF and the team praised for its ongoing support, dedication and commitment to families.

Infant Feeding Audits

The UNICEF Baby Friendly Standards continue to be high priority for the Service, supporting our children to have the best start in life. The recent audit results demonstrate the high level of care mothers continued to receive from the Service despite the pandemic.

From July 2021 to March 2022 there have been **708 referrals** from midwifery to health visitors for antenatal contacts as part of the Universal Pathway.

100% of mothers were happy with overall care

100% of mothers stated staff were kind and considerate

Outcomes 2, 3 and 4: Delivering Positive Outcomes for Service Users



Outcomes 2, 3 and 4: Delivering Positive Outcomes for Service Users

Outcome 2: People, including those with disabilities or long terms 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 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

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

We have presented outcomes 2-4 collectively as they underpin how we co-design and shape our services. This approach stems from our vision, which brings the outcomes together to reflect our overarching organisational purpose: for Renfrewshire to be a caring place where people are treated as individuals and are supported to live well.

In this section we highlight how we have supported different care groups over the last year, along with our locality services. We have selected some of the key developments and performance from the last year, where we have maintained essential service provision to deliver positive outcomes for our communities and the people who use our services.



Outcomes 2, 3 and 4

Locality Services

Locality service delivery has continued to evolve in line with COVID guidance and the needs of the Renfrewshire community. The teams provide a first response service to a range of people with complex and diverse needs. This includes undertaking comprehensive assessments and in-depth reviews.

Developments during 2021 / 22 include:



Implementing group supervision sessions on a 6-weekly basis, ensuring the development of improved staff knowledge and skills.



Further developing our partnership approach with Renfrewshire Carers Centre, to support unpaid carers. This led to an increase in referrals to the Carers Centre.



Improving staff awareness of the role of a Mental Health Officer and their duty relating to the 'Adults with Incapacity Act'.



Implementing a new Occupational Therapy (OT) bathing assessment process, which enabled non-OT staff to provide basic equipment for service users, without them having to go on the OT waiting list.



Forming closer working relationships with our ADRS and Community Mental Health teams to support understanding of changes within services and how they will continue to meet service users' needs.



Delivering services by the Sensory Impairment Team to all situations where there has been a critical or substantial need or risk in relation to physical safety, or other harms including social isolation, independence, and emotional wellbeing.



Implementing updated Scottish Government guidance on using SDS budgets flexibly.

Using SDS flexibly

Laura lives alone but is very sociable. She is a full-time wheelchair user. She normally enjoys attending Day Services, but this has not been possible during the pandemic. Her laptop was broken, and she was having difficulty using her mum's temperamental iPad, due to her tremors.

Laura chose to use SDS money to purchase a laptop with an adapted mouse and large screen. This allowed her to participate in zoom classes, calls and stay connected with her friends and family, as well as doing her online grocery shopping.

Outcomes 2, 3 and 4

District Nursing

The District Nursing Service has continued to play a pivotal role by proactively prioritising their workload and working with families and colleagues across the Partnership to maintain this vital service.

Highlights included:



District Nursing Advance Nursing Practitioners (DN ANPs):

We have three new DN ANPs sitting alongside our District Nursing Team, who offer advanced clinical assessment to patients with an acute presentation or deteriorating condition and are currently on the DN caseload.



Treatment Rooms: In June 2021, the inception of treatment rooms began in Renfrew Health and Social Work Centre, and we have expanded this to a further five sites over the past year. Patients can attend for wound care, injections and post-operative follow up care, at the right time and right place that is convenient for them. Over the coming months there will be more treatment rooms established meeting the needs of patients across Renfrewshire.

Approx. 2,600 patients have attended the treatment rooms

Service User Feedback

"I am writing to express my gratitude for the excellent care and attention I received from the District Nurse team, based at Dykebar Hospital. For the past month, I have had different members of the team visiting me to change dressings following a cellulitis infection. Without exception, each member of the team was very caring, took time to address any concerns I had and offered good advice and support. I found them to be entirely patient focused, professional, yet warm and friendly. That they are able to deliver such a first-class service in these trying times is testimony to their dedication to their work and to the patients that they have in their care"



Outcomes 2, 3 and 4

Rehabilitation and Enablement (RES)

The RES Team played a major role in their flexible approach to joint working through the pandemic. Over this time, they have strengthened their team-working ethic and have developed enhancements to some services.

Highlights for 2021 / 22 included:



All staff were set up to work remotely and use Near Me technology for consultations, which helped manage waiting lists. This continues to be used.



Staff helped provide an extended care home response team alongside Care Home Liaison Nurses to support care homes, providing direct patient support.



Ongoing development of the Respiratory Team which now comprises of Nurse Specialist, Occupational Therapist (OT), and Physiotherapy and Psychology input. Supporting patients with diagnosed respiratory disease in their home and preventing unnecessary hospital admission.

RES drop-in sessions were held across 2021 / 22 for information and advice on falls and falls prevention.

This was following general deconditioning and reduced activity seen during lockdowns and the subsequent impact this had on physical, mental health and risk of falls.

The service aims to hold further sessions in different locations within Renfrewshire in 2022.

Throughout 2021 / 22 the RES team have worked tirelessly to address the demand for Physiotherapy and Occupational Therapy following the easing of COVID restrictions against a context of staffing absence and recruitment issues.

High absences within the Physiotherapy Team due to sickness and vacancies were particularly challenging which saw the waiting list for the service more than double during this period.

Actions being progressed to address the situation included the recruitment of additional staff and support from agency staff which has seen an improved position since March 2022.



Outcomes 2, 3 and 4

Services to Support Older People

Day Support

Falcon Day Centre re-opened for critical building-based support on 15 November 2021. This was complemented by our remote service. As part of recovery activity within day support, we developed an interim hub and spoke approach to day support for older people and adults with a physical disability, which began in April 2021.

This approach combined support provided by the Falcon Day Centre for those with most critical needs, with community outreach services provided to people within the local community and delivered alongside ongoing welfare calls.

We have worked closely with Connecting Scotland and our digital champions to ensure our digital offering has been developed to meet the needs of our service users.

The model has been created in recognition that it would not be possible to re-open every care building immediately, and that buildings will need to operate at reduced occupancy due to infection control and physical distancing requirements.



Virtual Day Centre

The day centre formed a digital team during the pandemic to bring the activities and support of the day centre online. By creating 'how to' guides on everything from how to get the most out of their devices, sending emails and photos, video calling their families in places such as Australia, and even joining in their church services.

Online groups included, quizzes, knitting groups, music and exercise classes as well as reminiscing over film screenings.

Service users never gave up learning and are now video calling each other without staff support and just like day centres they started hosting events such as Christmas parties, St Andrews Day, Platinum Jubilee Celebrations to birthday parties on Zoom.

Outcomes 2, 3 and 4

Care at Home services

Throughout 2021 / 22, COVID once again presented a significant challenge to our Care at Home services. However, our team have continued to provide critical care and support to people of Renfrewshire, in their own homes, throughout the pandemic. Our flexible approach helped us identify and implement improvements across Care at Home services while incorporating learning from our response to COVID. These included:



A revised management structure to support the ongoing service development work commenced in January 2022.



A renewed approach to managing recruitment and absences across Care at Home services.



Continuing to develop staff training programmes to meet Scottish Social Services Council (SSSC) requirements.



Providing staff with increased access to a digital communication portal, reducing paper processes, and providing staff access to a range of online information and guidance.



Rollout of Totalmobile was completed for all areas of in-house provision by April 2022. The system enables greater productivity and more efficient ways of delivering homecare services, supporting people to live independently in their own home for as long as possible.

Percentage of long-term care clients receiving intensive home care - Target: 30%.
Performance 29% at March 2022 – amber status

Clients receiving intensive home care are those who receive more than 10 hours of home care per week. It does not include other Home Care Services such as Community Meals and Technology Enabled Care (TEC).

In 2021 / 22, 93% of clients accessed out of hours home care services (65+), above the 85% target - green status

Outcomes 2, 3 and 4

Services to Support Older People

Care Homes

COVID continued to have a major impact on care homes throughout 2021 / 22, with fluctuations in staffing availability and the need to manage periodic outbreaks and closures. Our team continued to play a leading role in delivering support and oversight to care homes across Renfrewshire through our involvement in daily huddles and clinical oversight, with multi-agency input from Public Health, Renfrewshire Council and NHSGGC.

Many family members have provided positive feedback during these difficult times, which is evidence of the commitment and dedication of all our staff and our partners.

Regular meetings were established between HSCP Primary Care colleagues and care home managers which have enabled better communication and understanding of issues on both sides. The working relationships between independent care homes and GPs, Scottish Ambulance Service and the Royal Alexandra Hospital, has helped improve the patient discharge process and assisted in the reduction of emergency admissions from care homes.

Work is also ongoing with our Local Intelligence Support Team to capture the impact of the support provided by our Advanced Nurse Practitioners within Renfrewshire Care Homes to reduce avoidable emergency hospital admissions throughout 2021 / 22.

In response to the prolonged restrictions on visiting, we installed bespoke cabins at each of our 'older adult' care homes as a long-term investment. The cabins provide comfortable, heated environments for visitors, while allowing adequate airflow to minimise the risk of infection.

In 2021 / 22 there were 400 emergency admissions from care homes. Target: 692 - green status

The number of emergency admissions from care homes decreased, with a reduction of nearly 21% from 506 admissions at March 2021 to 400 admissions at March 2022.



Outcomes 2, 3 and 4

Physical Disabilities

Physical Disability Day Services - Disability Resource Centre

The Disability Resource Centre (DRC) provided an interim service in 2021 / 22. In the first quarter, the team provided a mixture of welfare calls, digital sessions, and face-to-face contact. A preference to get back to a building-based service was highlighted by people who use the service and their families.

Although the DRC was able to re-open in November 2021, a fire in the building meant we had to close the Centre again after only a few days. Partner organisations were extremely supportive and provided accessible venues which have allowed people to organise sessions during the closure.

The DRC opened once again in October 2022.



Online Groups – A selection of feedback from some of the groups that took place during 2021 / 22:

“I’d like to say thank you for the wonderful work you have all done, also what has made a difference to my life.”

“It has made such a difference having the zoom groups in my life and I want to thank you for all your caring. Looking after me ... still feeling part of the centre.”

“Thank you each and everyone of you for being there for me, giving me something to look forward to each day, and whatever happens in the near future we will continue to be there for each other.”

“I have so enjoyed these groups and they have all brought a bit of stability to my days.”

“I’ve been ever so grateful to everyone at the centre for their help, care, support and just knowing someone cares about me.”

Outcomes 2, 3 and 4

Specialist Children's Services

Child and Adolescent Mental Health Service (CAMHS)

The demand for CAMHS has increased by 20% compared with pre-pandemic levels.

- A waiting list initiative for initial assessment has been in place since January 2022. This has significantly increased the number of appointments available to our children, young people and their families.
- Weekend and evening appointments are also now available, providing greater flexibility.
- The introduction of an 'opt in' process has allowed families to book an appointment at a time that suits them.

This improvement activity has decreased the time children and families are having to wait for initial assessment.

Neurodevelopmental assessments were paused during the pandemic, which increased demand. Reducing waiting times for these assessments is a priority. There has been significant investment in training more staff to undertake these assessments to increase capacity.

We continue to invest in the recruitment of clinical staff to increase case co-ordination capacity. Recruitment to traditional CAMHS professions is challenging. However, we are introducing new, innovative roles to support the assessment, care and treatment of our children and young people, including trainee Advanced Nurse Practitioners, Pharmacists and Arts Therapists. These new roles will provide alternatives to talking therapies for our children and young people, support the management of complex cases and increase our prescribing capacity.

As at March 2022, 58.8% of patients waiting were seen within 18 weeks of Referral to Treatment (RTT) below the 80% target – red status



Outcomes 2, 3 and 4

Specialist Children's Services

Paediatric Physiotherapy

During the pandemic, service delivery was amended to ensure the safety of our patients and staff. This resulted in a reduction in available appointments and face-to-face activity, with waiting times increasing. For Paediatric Physiotherapy these peaked in October 2021, when 160 children and young people were awaiting assessment. The longest wait was 38 weeks.

Several service developments were put in place to address this.



Funding was secured to carry out a waiting list initiative clinic in partnership with our colleagues at the Royal Hospital for Children in Glasgow.



A temporary increase in staff, improved utilisation of existing staff and an increased availability of accommodation has allowed us to build capacity within the service.



Telephone triage of referrals was established, allowing clinicians to give advice early and prioritise referrals effectively.



Our previously successful drop-in service has been replaced by a weekly advice line and face-to-face triage clinic. The latter has been incredibly successful with 75% of attendees assessed as needing advice and reassurance only. Informal feedback from parents highlights the value families place on this reassurance from a specialist and their satisfaction in the service provided.

Paediatric Occupational Therapy

Paediatric Occupational Therapy (OT) has used learnings and feedback from service users during the pandemic to provide a patient-centred, group intervention to help children achieve their personal goals.

Two members of the team were instrumental in developing and implementing our Trailblazers Programme, which involved a mixture of online group sessions, smaller break-out groups and outdoor group sessions to demonstrate how skills can be practised and developed within the natural environment. The feedback from these sessions was very positive and will be evaluated to improve and develop the sessions for our next group of Trailblazers.

Child reported to Mum

"It's not just me who finds these things tricky."

A Mum reported "I never thought she would be able to manage her buttons and cutlery by herself."

A Mum reported that a child who was struggling to engage in school was very engaged in Trailblazers every session.

Outcomes 2, 3 and 4

Learning Disabilities

Renfrewshire Learning Disabilities Service (RLDS) has continued to support adults with learning disabilities by developing new and creative ways to support positive outcomes in their lives. Experiences shared during the pandemic have informed conversations about how support can be shaped differently to meet individual aspirations. Working in partnership with people with living experience (PWLE), carers and other stakeholders continues to be a priority. We are working collaboratively with HSCPs across NHSGGC, to meet the objectives of the Scottish Government's 'Coming Home Implementation Report' (CHIR).

Assertive Outreach Model

As part of the implementation of the CHIR, we have invested to bring additional posts to the Community Integrated Team. This has enabled a new approach to support PWLE, their families and providers when experiencing challenge and crisis within their homes. The new outreach support will provide a proactive response to enable preventive interventions and reduce episodes of crisis and promote stability.

Staff Award – 'Innovation of the Year'

RLDS was delighted to win 'Innovation of the Year' at the 2021 HSCP Awards for its Digital Transformation Project. This was also celebrated at a national level with Health Improvement Scotland (HIS) inviting the team to present at a national conference where the developments were acknowledged as transformational.

Lived Experience Reference Groups

Care planning reference groups have begun for individuals who access Autism and Learning Disability Services. These groups aim to ensure those with living experience are heard as part of the strategic planning process. This newly developed structure includes separate reference groups for carers, facilitated with support from Renfrewshire Carers Centre.

HSCP Strategic Plan – Autism Care Group

Autism was identified as an individual care group within the HSCP Strategic Plan (2022-25). The service has worked closely with lived experienced individuals to help shape input to the Strategic Plan and develop the year one action plan. Many aspects of the action plan are progressing well, with the introduction of new peer-led support groups and the creation of new roles designed to solely support autistic adults within Renfrewshire.



Outcomes 2, 3 and 4

Mental Health

Our Mental Health In-patients and Community Mental Health Services (CMHS) have used a range of flexible options to ensure patient care and treatment has remained their priority through recovery from the pandemic.




Increased use of technology such as Near Me video consultation for routine assessments has enabled more patients to be seen and freed time for speedier access for follow up treatment appointments. Staff have responded quickly to the change in care provision and planning, to ensure movement throughout the secondary care service, re-establishing reviews and meetings using digital technology such as Microsoft Teams. This has reduced time spent travelling, which has freed more time to focus on patient contact and care.

We continue to work with HSCPs across the NHSGGC area on the implementation of the Scottish Government's 10-year Mental Health Strategy 2017-2027. The Mental Health and Wellbeing Strategic Care Plan Group meet quarterly to monitor the progress of impact locally.



In-Reach Service

We have recruited two In-Reach Workers to support a review of discharge processes from our inpatient mental health wards and form part of our new Mental Health Discharge Team. This aims to:

-  Improve communication between mental health inpatient and the community services to promote a 'seamless' mental health service within Renfrewshire.
-  Improve patient care, with patients seen by the right service, within the right team, at the right time.
-  Improve the co-ordination and patient experience of discharge, with patient and family's involvement central to the discharge planning process.

Outcomes 2, 3 and 4

Mental Health

Community Safety Service

Since beginning in March 2021, the Community Safety Service (CSS) has established links with GPs and Link Workers, and worked collaboratively with the Police, Fire and Rescue Service, Social Work, and the CCTV Community Safety Hub. The service collates relevant information and shares this with the relevant Mental Health Services, to ensure vulnerable adults are identified and offered support as quickly as possible. It also assists at the drop-in clinic for Women and Children First, to support people by offering low intensity psychological intervention and anxiety management.

Key highlights include:



The service has established working links with Women's Aid, offering a drop-in clinic for staff where referrals are discussed, and support and advice given to staff.



Staff from the service provide mental health representation on the Multi Agency Risk Assessment Conference (MARAC) group, sharing information and receiving referrals for individuals who may need support for their mental health.



In July 2021, the service began working alongside Housing, Homelessness and Housing Support Services, offering staff the opportunity to refer directly when there are concerns for an individual's mental health. This provides Housing Services with easier access to Mental Health Services and the ability to access support and advice when needed.



The service is also involved as a mental health representative on the HSCP Panel to support housing priority for individuals and has a role in agreeing priority status for housing need.

Community Wellbeing Nurses

Community Wellbeing Nurses work across existing services including the CMHS, GPs and Community Link Workers, to improve links between these services, increase support and improve referrals made to secondary care. This allows all referrals to be triaged within the GP surgery.

There are now five Community Wellbeing nurses working across Renfrewshire GP Surgeries.



Outcomes 2, 3 and 4

Mental Health

Suicide Prevention

It was widely expected that deaths by suicide and instances of self-harm would increase due to the pandemic. Data issued recently has shown that there has been a slight increase in suicides within Renfrewshire. In 2020 / 2021 there were 22 suicides within Renfrewshire and in 2021 / 2022 there were sadly 25, an increase of three.

Our Choose Life Service Co-ordinator developed a suite of 'A Conversation about' sessions, which are delivered via Microsoft Teams. The topics covered are mental health, anxiety, depression, psychosis, suicide and staying safe, self-harm and ASIST (Applied Suicide Intervention Skills Training). Initial uptake was encouraging and has resulted in additional sessions being added to the programme.

The Choose Life Co-ordinator has also been providing the Living Works Start Programme, which raises awareness of suicide prevention and enables participants to connect people to help and safety.

Renfrewshire will establish a new Suicide Prevention Strategy Group early in 2023 which will implement local actions to meet the recommendations of the Scottish Government's suicide prevention strategy 'Creating Hope Together'.

No Substitute for Life - RAMH's Annual Memorial Football Tournament

In partnership with RAMH and St Mirren FC Charitable Foundation, we helped to remember those lost to suicide and promote awareness and understanding of suicide.

The event, held on world mental health day, consisted of a 7-a-side tournament, to raise awareness of suicide and show support for all those looking for help and advice around their own mental health. Speakers also took part in the event, telling powerful and emotive stories on their experiences of suicide and mental health.



Outcomes 2, 3 and 4

Alcohol, Drug and Recovery

Renfrewshire's Alcohol and Drug Recovery Service (ADRS) has continued to provide essential services, despite a reduction in face-to-face contact due to COVID. We have continued prescribing specialist medication, including essential Opiate Replacement Therapy and continued Blood Borne Virus Testing, albeit in limited numbers. The Acute Addiction Liaison Service continues to provide service users with essential pathways from acute settings to other services or return to their homes, reducing some of the pressures and demands on acute services. ADRS has contingency in place to provide support to those returning to Renfrewshire following early prison release.

Alcohol and Drug Partnership (ADP) Drug Death Prevention Lead Officer

We have appointed a dedicated role to support the prevention of drug related deaths in Renfrewshire. The ADP Drug Death Prevention Lead Officer will work with partners to implement evidence-based strategies, aimed at reducing drug-related deaths in Renfrewshire. The post has led in the development of the Renfrewshire Drug Death Prevention Group (DDPG), which works to implement national policy alongside local needs, to mitigate the harms caused by drug use.

The lead officer is also coordinating the increase of Naloxone provision throughout Renfrewshire. To achieve this, a multi-agency Naloxone Delivery Group was established. This group's remit includes improving education on overdose prevention and Naloxone, reducing barriers, and ensuring Naloxone is available to those who need it most.

Reduction in Alcohol Related Hospital Stays. 6.8 per 1,000 population aged 16+. Target: 8.9 - green status

We have continued to exceed our target for reducing alcohol related hospital stays. The latest data shows the rate at March 2022 at 6.8 compared with March 2021 when the rate was 6.5 reflecting a slight decrease in performance (target 8.9).

Overdose Response Team

Funded by the Drug Deaths Taskforce, the Greater Glasgow & Clyde Overdose Response Team launched in Renfrewshire in September 2021. The Team provides a rapid response to those who have suffered a non-fatal overdose, offering harm reduction interventions, and signposting and supporting individuals into mainstream alcohol and drug recovery services. The service provides an outreach response and operates out of hours between 10am-10pm, 7 days a week.

Alcohol and Drugs waiting times for referral to treatment. 90.8% seen within 3 weeks.

Target: 91.5% - amber status

Waiting times for referral to treatment within 3 weeks has seen a decrease in performance with 90.8% at March 2022 seen within the 3 weeks compared with 98.0% at March 2021 (Target: 91.5) and below the overall rate for Scotland which was 91.8% for the same period.

Outcomes 2, 3 and 4

Palliative and End of Life Care

Palliative Care Strategy

The Palliative Care Strategy was developed during 2021 / 22. A series of initial development workshops were held involving key partners and services across Renfrewshire, including our two local hospices. The workshops encouraged a partnership and collaborative approach to identify our current priorities, and emerging challenges and opportunities following the COVID-19 pandemic.

The Palliative Care Planning Group then took ownership of developing and finalising the strategy. The HSCP received good engagement during the consultation period, which supported development of the final version.

There are four priority areas within the strategy which include:

1. Developing and supporting people that support and provide palliative and end of life care.
2. Improving access and pathways to and from services.
3. Improving, enabling and encouraging better conversations through the enhancement and embedding of Anticipatory Care Planning (ACP).
4. Establishing and strengthening the Palliative Care Planning Group to ensure leadership and governance of the plan.

Anticipatory Care Planning (ACP)

ACP is a person-centred approach, which supports conversations about a person's wishes when it comes to treatment and their future, with the aim of improving their quality of life. Enhancing and embedding ACP is a local priority within the Palliative Care Strategy.

An ACP Work Group has started locally, with engagement across HSCP services. An action plan is being agreed, which will include an element of staff training using both electronic learning, and available bespoke training for each individual service. Training levels are being monitored through the group, and performance data will be available shortly to show how many ACP conversations and plans have been completed. Importantly, further work is underway around assessment of the quality of ACP, with an audit tool being developed across NHSGGC for use locally.

Renfrewshire Bereavement Network

A funded collaboration, developed in response to the pandemic and 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.



Helping you
cope when you
need us most

Outcomes 2, 3 and 4

Primary Care

Primary Care continues to play a critical role in supporting our communities through and beyond the pandemic.

Over the last year, the HSCP has continued to implement work in line with the GP Contract and associated Memorandum of Understanding through Renfrewshire's Primary Care Improvement Plan. The key aim of the plan, in line with the GP Contract, is to enable GPs to operate as '**expert medical generalists**' by diverting work that can best be done by others and to improve outcomes for patients.

Key achievements over the last year include:



Responsibility for vaccinations that were previously delivered in GP Practices have now transferred to the Health Board / HSCP.



New treatment rooms have opened locally with migration of patients from 14 of our 28 GP Practices. Work continues to facilitate this for our remaining GP Practices. Community Treatment and Care Services (CTACs) offer standardised interventions for patients, from wound management, removal of sutures, observations, injections, and male / female suprapubic catheters.



Funding for urgent care remains focused on Advance Nurse Practitioners (ANP), who are supporting GPs in caring for residents living in care homes.



Work is progressing on a phased approach to roll out pharmacy hubs across Renfrewshire.

Other new roles have been expanded and aligned to some local GP Practices.

Examples include:



Primary Care Occupational Therapists are now established within three GP Practices in the West Renfrewshire area, with a consistent flow of referrals from Practice staff. This service delivers occupational therapy assessment and intervention.



Community Wellbeing Nurses maintain interagency working, providing input to GP Practices in the Renfrewshire area. The Service provides support for patients with mental health problems and liaises between Practices, CMHTs and other Mental Health Services.

Outcomes 2, 3 and 4

Unscheduled Care

Unscheduled Care (UC) is the unplanned treatment and care of a patient, usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances and emergency admissions to hospital. We are working with hospital services to avoid unnecessary admissions and focusing on keeping people supported at home where possible.

A local delivery plan is being implemented to monitor the progress of UC aims and the delivery of winter funded priority projects. A local group is in place to pull together these strands. A brief update on some of the key areas of priority within the UC Delivery Plan is provided below:



Systematic programme of anticipatory care plans with the aim of reducing emergency admissions has been supported by the establishment of the NHSGGC ACP Design and Implementation Group, including the roll out of HSCP Implementation groups and associated plans. ACP Champions continue to increase in number.



Approved Multi-Disciplinary Team (MDT) Interface model developed (now known as Home First Response Service), with progress made towards the launch and recruitment of associated roles. Pathways developed for implementation of this model for the Royal Alexandra Hospital (RAH) and the Queen Elizabeth University Hospital (QEUH).



Flow Navigation Centre designed and implemented to provide planned urgent care service in partnership with NHS24. The admin hub operates 24 / 7 receiving all Urgent Care Referrals from NHS24.



Nursing / Care Home Falls Pathways via Flow Navigation Centre being developed.



Outcomes 2, 3 and 4

Unscheduled Care

Ministerial Strategic Group Indicators

The table below shows the data for these performance indicators for the 3-year period April 2019 – March 2022. The overall impact of the pandemic on unscheduled care indicators remains unpredictable and it is important to note that performance for 2020 / 21 is reflective of the relative impact on services.

Ministerial Strategic Group Indicators	2019 / 20	2020 / 21	2021 / 22	Direction of travel
Number of emergency admissions	18,173	14,399	17,372	↓
Number of unscheduled hospital bed days (acute specialties)	126,904	112,609	129,987	↓
A&E attendances (18+)	47,297	31,892	40,601	↓
Acute Bed Days Lost to Delayed Discharge	9,122	8,759	9,117	↓
Percentage of last six months of life spent in Community setting	87.3%	89.5%	88.4%p	↓
Balance of care: Percentage of 65+ population living at home (unsupported)	90.7%	91.6%	Data Unavailable	↑

Comparison to previous year:	Improved performance ↑	Decline in performance ↓
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Outcomes 2, 3 and 4

Podiatry

Delivering Person Centred Care (PCC) During COVID

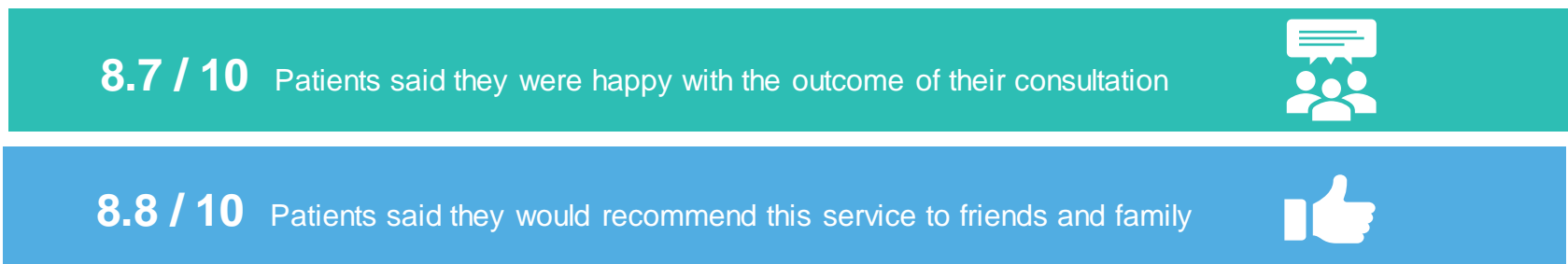
In line with the Digital Health & Care Strategy (2021) the service aimed to improve the care and wellbeing of podiatry patients by redesigning the service to best utilise digital technologies. The referral rate for the service had risen to pre-pandemic rates of over 3,782 referrals per month. With a loss of clinical accommodation of 70% the service had 3,084 new patients waiting to be triaged. To reduce waiting times the project aimed to explore the use of technology enabled pathways of care.

The service worked collaboratively with patients to gain feedback on our new ways of working via telephone, virtual and face to face clinics. Themes gathered from the feedback were used to influence the development of the new blended templates which have improved patient flow. Patients were offered a further opportunity to join any future PCC work carried out by the service, and 21 patients have since volunteered.

Feedback from Care Experience Survey:



Patient Centred Care Survey, January 2022:



A photograph of an elderly man and a woman sitting on a patterned couch in a living room. The man, on the left, has grey hair, wears glasses, and a blue and white striped shirt. He is smiling broadly. The woman, on the right, has blonde hair in a ponytail and is wearing a light orange long-sleeved shirt. She is also smiling. In the background, there is a wooden cabinet with glassware and a wooden door on the left.

Outcome 6: Carers

Outcome 6: Carers

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

Refreshing the IJB's Unpaid Adult Carers Strategy

Our new Carers Strategy 2022 / 25 was developed over the last year by our Unpaid Carers Planning Group. This Group includes unpaid carers, the Carers Centre and key operational staff. The new strategy was informed by a programme of consultation, where we tested if the existing priorities remained the most important ones for unpaid carers.

Consultees included carers with lived experience, to ensure meaningful engagement with those who know what it is like to devote a significant proportion of their time to caring for a loved one or friend. Staff, carer organisations and a range of delivery partners were also consulted to make sure those who have responsibilities to support carers had the chance to shape the strategy.

New support for unpaid carers in 2021 / 22 included:



Distributed Scottish Government Winter Recovery Fund grants to **230** unpaid carers to help with fuel bills and emergency items (total of £87,000 distributed).



93 unpaid carers supported to get a break, through the ScotSpirit Holiday Voucher Scheme.



Partnership with Nordoff Robbins to offer music therapy sessions, which both carer and cared for can attend.



Ethnic Minority Carers Information and Development Worker began working to identify and support ethnic minority unpaid carers.



New social activities such as the coffee and cake monthly drop-in.



Benefits advice partnership with Citizens Advice Bureau.



Training courses including Wellbeing, Stress, Power of Attorney, Dementia, Autism, First Aid, Self-Directed Support, Hospital Discharge, and Digital Skills.

Outcome 6

Supporting Unpaid Carers to Access Cultural and Leisure Opportunities

As COVID restrictions eased during 2021, we initiated a 'carers passport' pilot across OneRen facilities, supporting unpaid carers to access leisure facilities free for a 12-week period, beginning in October 2021. 77 carers signed up to the initial pilot and agreed to share their experience.

Due to the reintroduction of some COVID restrictions however, several of the participants were unable to make full use of the initiative, and some felt they were not able to continue participating in the pilot. We agreed at that point to extend the pilot until June 2022 to facilitate the unpaid carers who expressed an interest in continuing. OneRen also removed the requirement to book to attend swimming and / or the gym as COVID guidelines had relaxed, to encourage unpaid carers to use their passport. OneRen, the Carers Centre, and the HSCP are currently working on an evaluation of the pilot, which will inform the development of the passport as well as wider work to support carers to get a break from caring.



963 new unpaid carers received support. This is the highest number since the HSCP started reporting this figure.



2,815 unpaid carers received support.



2,178 subscribers to Renfrewshire Carers Centre's e-bulletin.



148 unpaid carers completed an Adult Carer Support Plan.



96 new unpaid carers received group support.



282 unpaid carers accessed training.



35 unpaid carers received counselling.



71 unpaid carers accessed advocacy.



"What a wonderful, life changing experience [this] has been for me. Due to my daughter's illness, I gained 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 the elusive fitness bug that I never understood before. The potential for healing is quite amazing." - Feedback on the Passport Scheme trial



Outcome 7: Safer Services

Outcome 7: Safer Services

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

The HSCP's commitment to Safer Services is integral to how we work. In this section we have included an overview of the key areas that support this outcome. We have highlighted some of the ways we ensure people using our services are kept safe from harm and how we support the delivery of safe, effective and person-centred health and social care services:

Quality, Care and Professional Governance Annual Report

The HSCP presented the 'Renfrewshire Quality Care and Professional Governance Annual Report' to Renfrewshire IJB and NHSGGC in September 2021. The report provided a variety of evidence to demonstrate the continued delivery of the governance core components within Renfrewshire HSCP and the clinical and care governance principles specified by the Scottish Government. There is an obligation on each HSCP to complete an annual clinical and care governance report that includes data and activity from throughout the year.

The governance core components within Renfrewshire HSCP are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective.

Oversight of Care Homes and Care at Home Services

In May 2020, the Scottish Government published statutory guidance that required clinical and care professionals at NHS boards and local authorities to provide scrutiny, support, and oversight of care home and care at home services. These enhanced multidisciplinary arrangements will continue to be in place, with some adaptations, until at least the end of March 2023. This includes ongoing assurance visits across Care Homes. In Renfrewshire, we continue to implement the following governance arrangements to strengthen the clinical and care oversight of care homes across Renfrewshire.



Outcome 7

Adult Support and Protection (ASP)

Safety (Incident Management, Reporting and Investigation)

All incidents, regardless of severity, must be reported, to review, action and share learning where appropriate. Incident reports are produced and discussed regularly at relevant HSCP governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.

From April 2021 – March 2022 there were:

- **1,934** incidents reported on the DATIX incident management system used within health. This compared to **1,821 (+113)** in previous report. Note: this increase may be attributable to more accurate recording / alignment to relevant service on Datix.
- A total of **443** accidents and incidents were reported on the Business World system used within social work services. This compared to **371 (+72)** in the previous report.

Procedure for Large Scale Investigation of Adults at Risk of Harm

Renfrewshire has conducted one Large-Scale Investigation (LSI) during this reporting period. Comprehensive and collaborative reports are completed for every individual included in the LSI, with the reports directly contributing towards risk assessments on both an individual and setting wide basis. LSIs demonstrate exemplary multi-disciplinary and multi-agency cooperation. This coordinated response to shared concerns enhances the efficiency and efficacy of safeguarding measures undertaken.

Independent Inspection of Care Homes

There are **22** Older Adult Care Homes across Renfrewshire of which the HSCP operates 3. The homes are subject to a rolling programme of independent inspection from the Care Inspectorate. Inspection assures us that services are working well and highlights areas for improvement. We work closely with our Scottish Care Independent Sector Representative around the service improvement agenda. Detail on the [evaluation criteria used by the Care Inspectorate](#) can be found on the Care Inspectorate website.

Evaluation of HSCP Care Homes at March 2022

Service Name	How well do we support people's wellbeing	How well is care and support planned	How good is our care and support during the COVID-19 pandemic?
Renfrew Care Home	4 (Good)	4 (Good)	Not assessed
Montrose Care Home	4 (Good)	4 (Good)	Not assessed
Hunterhill Care Home	4 (Good)	4 (Good)	4 (Good)

Risk Management

In April 2021, Renfrewshire IJB approved the implementation of a revised risk framework. This was soft launched to all HSCP services in July 2021. As part of the implementation, we established a risk network, with representation from all services. This aimed to give the process a revised focus and to assure the consistent capture, escalation and reporting of risks and issues across services.

Outcome 7

Adult Support and Protection (ASP)

Audit Activity

The Renfrewshire Adult Protection Committee has taken a very proactive approach to quality assurance and audit activity.

Every quarter, a small-scale audit is completed, based on an identified theme. There are 30 cases audited in the quarterly small-scale audits. The themes these audits have been based on are as follows:



ASP protection plans



Engagement of service users at inquiry stage



Leadership / management in ASP



The quality of reports submitted to Case Conferences for those invited and those who attended



Review of frequency of invitations and decisions sent to GPs for Case Conferences



Service user engagement in Case Conferences



Outcomes of ASP investigations

Some examples of key areas of development in 2021 / 22:

Renfrewshire Partnership Missing Person Protocol

Renfrewshire have worked with Missing People on the National Implementation Project to develop a best practice protocol for missing people. This work was completed in August 2021 and the Renfrewshire missing person's protocol was launched. The protocol introduces a pathway for return discussions to occur with adults who have returned from a missing episode. The protocol also includes templates for use in risk assessments for children, young people and adults at risk of going missing.

ASP National Minimum Dataset – Learning Partner with Institute for Research and Innovation in Social Services (IRISS)

IRISS has been commissioned by the Scottish Government to work with all Adult Protection Committees and other members of the sector to develop a new National Minimum Dataset for Adult Support and Protection. Renfrewshire Adult Protection Committee (RAPC) was selected as a learning partner to co-design, test and refine a National Minimum Dataset for quarterly indicators and support packages. Several workshops were held from September 2021 which Renfrewshire have attended and contributed towards.

Outcome 8: Effective Organisation



Outcome 8: Effective Organisation

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.

Our Interim Workforce Plan 2021 / 22

Renfrewshire HSCP worked with partners to develop a short, interim, workforce plan for 2021 / 22 which was finalised in April 2021. This Interim Plan was developed in the context of the ongoing COVID pandemic and had a clear focus on supporting our services and workforce through the challenges faced, prioritising health and wellbeing. The Plan also recognised the importance of looking towards service transformation where realistic and possible within the wider context.

A brief summary of progress made against the commitments in the Interim Plan is provided on this and following pages. This does not go into the full detail of the actions identified in that Plan but our assessment has informed the objectives and actions captured in the development of a new HSCP Workforce Plan for 2022-25. We have also considered where actions are required to extend into future years, whether these are currently in progress or yet to be commenced.

Living with COVID

The Interim Plan set out our short-term plans for living with COVID and in particular the continued delivery of new COVID-related services. We noted particular aspects including the COVID Assessment Centre, staff testing and use of Personal Protective Equipment (PPE), support to Care Homes and delivery of the vaccination programme.

The HSCP and partners have continued to support all of these elements, delivering in line with emerging national policy and guidance. All COVID Assessment Centres across NHS GGC closed in March 2022. The use of PPE, staff testing arrangements, support to Care Homes and the vaccination programme all continue and reflect the changing environment as the country transitions to a 'Living with COVID' approach.

Resourcing, Delivering and Supporting Essential Services

The HSCP committed to the continued delivery of essential services, and where possible recovery from the pandemic. This included enabling staff to return to substantive posts and ensuring services are adequately resourced and support to support vulnerable individuals.

The HSCP's actions under this theme have continued to flex in response to the pandemic. Focus has remained on the response to the pandemic and service development and recovery has been undertaken within this frequently changing context. In particular, in early 2022 the HSCP's emergency response was escalated once again to respond to the impact of the Omicron variant. Mitigating plans were put in place to support the deployment of staff to core services where necessary to meet the needs of local citizens.

Staff returned to their substantive positions from the Community Assessment Centre while the HSCP has supported the Winter Flu and COVID booster vaccination

Outcome 8: Effective Organisation

programmes within Care Homes and for the housebound. This work is ongoing.

In addition to the above, rolling recruitment programmes have continued, alongside innovative approaches to attracting talent. However, skills gaps remain and recruitment and retention remains a significant challenge which this Plan will continue to address.

Developing the Organisation and Workforce

In the interim plan we set out objectives to review the HSCP's vision and align forthcoming work with our guiding principles. We also committed to continuing to assess the impact of COVID on our workforce. These actions have been replaced by the work undertaken with staff and partners to develop our Strategic Plan for 2022-25 and work which is currently ongoing to consider how we use our accommodation and technology as part of hybrid working arrangements. The timing of this activity also reflects the impact of the pandemic in the last year.

More broadly, our interim plan set out to develop the scope and timelines for the HSCP's transformation programme. The direction of travel for our transformation programme has now been set out by our new Strategic Plan with further work planned over 2022 to determine a prioritised scope for the programme.

Supporting Staff Wellbeing

In the Interim Workforce Plan, we described how we would support our staff's health and wellbeing through a series of commitments. These included promoting health and wellbeing activities which were available at a national

and local level, developing a communications strategy which ensures that staff feel engaged and receive regular updates, providing additional assistance for line managers to support them and their teams in remote working to reduce isolation. We also stated that we will improve our processes for collating and reporting on staff demographics, in particular ethnicity and other protected characteristics to ensure we are being inclusive.

We will continue to maintain and develop these commitments and ensure the health and wellbeing of staff remains a priority. We recognise that the physical and psychological wellbeing of staff is critical to the ongoing recovery of services but also the longer-term sustainability of the HSCP and the wider health and social care sector.

In previous plans we have developed, the correlation between lower mental health and wellbeing and staff absence and turnover has been clear. This in turn places significant pressure on remaining staff to maintain service provision and is often compounded by vacancy levels and retirement associated with an ageing workforce.

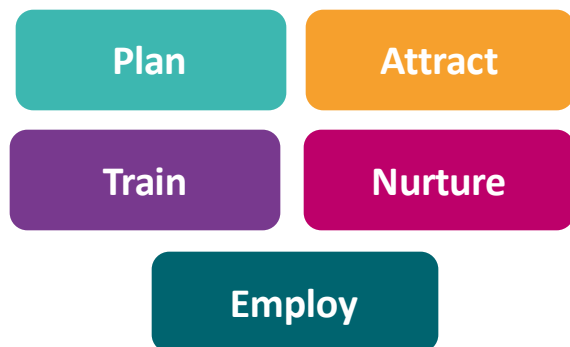
COVID-related absences have also placed a significant strain on the health and social care workforce, with particular peaks of absence observed in Winter 2021 / 22 and Spring 2022. In addition, the extent of Long COVID within our workforce is still emerging and it can be expected that there will be an increase in mental health-related absence as a result of post-traumatic stress.

Outcome 8: Effective Organisation

Details on our Draft Workforce Plan 2022-25

We have developed a draft Workforce Plan for 2022 / 25 to reflect the focus, structure and commitments contained in the National Workforce Strategy for Health and Social Care. This Plan will be submitted to Renfrewshire IJB for review and approval in November 2022. Following this, a detailed delivery plan containing deliverables and owners will be developed.

This Plan aligns with the National Strategy's vision, which aims to deliver 'a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do'. This vision is itself supported by an ambition to deliver the recovery, growth and transformation of our workforce. To achieve these aims, the HSCP's draft Workforce Plan sets out key objectives and actions which reflect the five core pillars set out by the Scottish Government. These are:



It is important to note that the development of a three-year Workforce Plan has been undertaken within a highly uncertain context. This extends from the Interim Workforce Plan, where there was a clear focus on responding to the pandemic, recovering where possible, and supporting staff with their health and wellbeing.

This uncertainty includes, but is not limited to, the creation of a National Care Service, which will shape the focus and nature of the IJB and HSCP in coming years. This will need significant resource, but it is also recognised that alongside the range of challenges to be addressed, many opportunities to improve the effectiveness of our organisation will be available. In capitalising on these, we will also be able to support the growth and development of our workforce.



Outcome 8

Staff Engagement and Communication

Staff engagement and communication have played an important role for the HSCP throughout the pandemic. Our approach has been to develop a clear narrative, to help everyone associated with the partnership understand and make sense of the situation as it evolved, and to help bring people with us on our journey towards a vision for the future.

Individual team engagement activity is informed by iMatter, an employee engagement survey, introduced by the Scottish Government in January 2015. The survey provides opportunities for individuals to share their views on work-related issues, and each team are asked to provide robust action plans to make sure any issues or trends identified locally are discussed as a group and given serious consideration.

We communicate with and encourage staff to engage with what's going on across the HSCP in a variety of ways, including:



Chief Officer Updates – are issued regularly to HSCP colleagues, who have fed back positively about this form of communication.



Leadership Network - Leaders play a vital role in engaging with staff at team levels. We reintroduced our Leadership Network in 2021 to drive a consistent message and approach to staff engagement across our services.



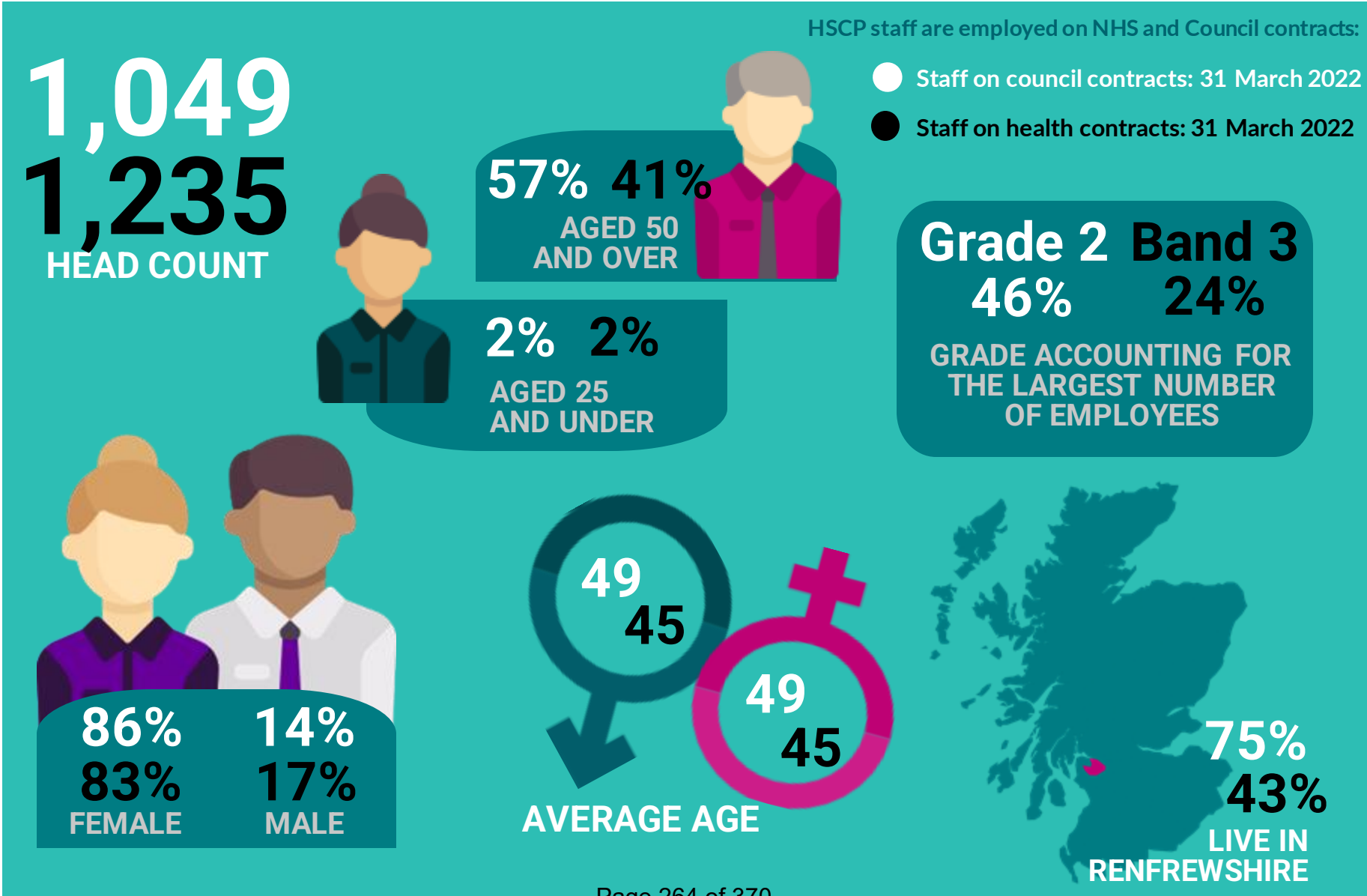
Consultation - We also make sure our staff have opportunities to help 'shape the future' of the HSCP and our services. We do this through involving our staff in comprehensive consultation procedures, which allow individuals to take time away from their usual role to participate in consultation sessions and share their views on proposed plans.



Our iMatter response rate in October 2021 was 58% (up from 51% the previous reporting year). This is below the target of 60%, but this can be directly attributed to a period when many staff were focused on responses to emerging personal, clinical and organisational challenges.

Outcome 8: Effective Organisation

Key Workforce Statistics

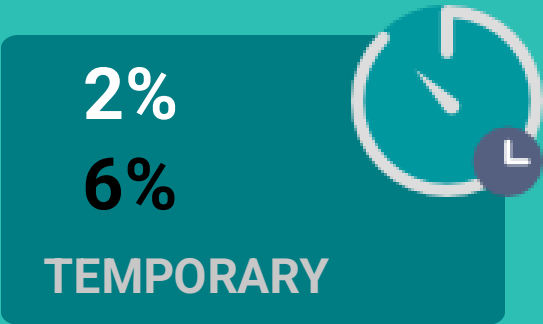
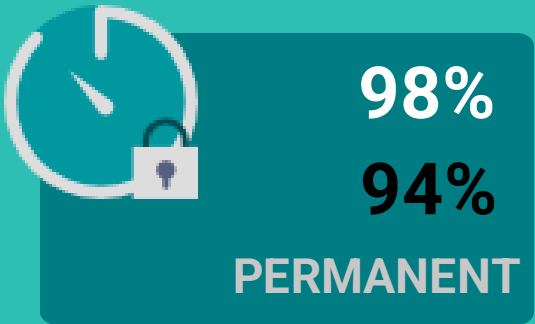
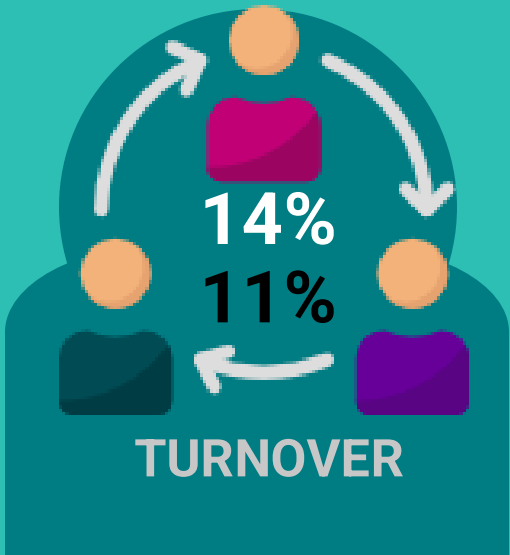
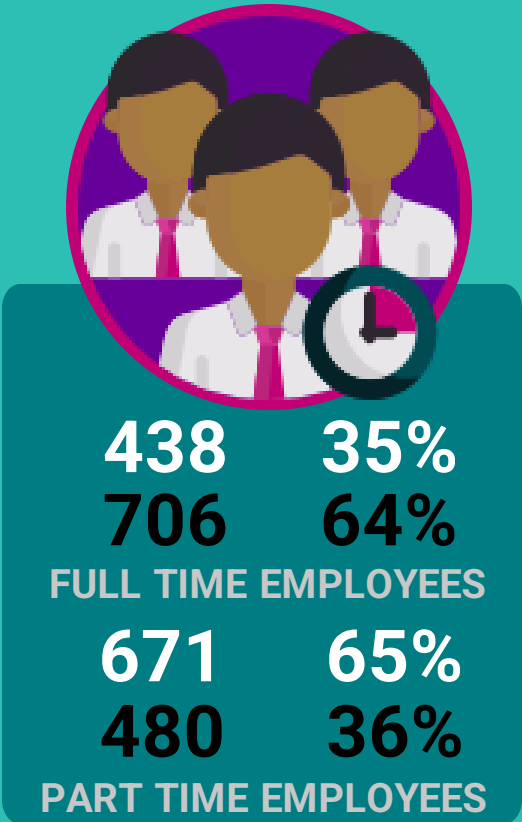
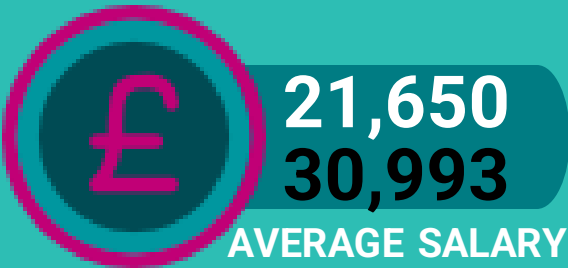


Outcome 8: Effective Organisation

Key Workforce Statistics

HSCP staff are employed on NHS and Council contracts:

- Staff on council contracts: 31 March 2022
- Staff on health contracts: 31 March 2022



Outcome 8: Effective Organisation

Sickness Absence

Managing sickness absence and having a healthy workforce continue to be one of our priorities. NHSGGC and Renfrewshire Council - the two employers of HSCP staff - monitor sickness absence rates in different ways. The Local Delivery Plan (LDP) standard is for NHS boards to achieve a sickness absence rate of 4% or less. In line with reporting requirements for Scottish Councils, Renfrewshire Council's staff absence is expressed as a number of work days lost per full-time equivalent (FTE) employee. The annual target for 2021 / 22 was 15.3 days.

The sickness absence level for NHS staff at March 2022 was 6.52%, an increase of 0.87% on the March 2021 figure of 5.65%.

Absence rate (%)	March 2020	March 2021	March 2022
NHS	4.7%	5.65%	6.52%

Absence figures for Adult Social Work show a deterioration from 13.5 days lost per FTE at March 2021 to 17.79 at March 2022.

Absence rate (Work Days Lost)	March 2020	March 2021	March 2022
Adult Social Work	18.0	13.5	17.79

Musculoskeletal issues, stress and mental wellbeing, and respiratory issues were the main reasons recorded for absence across both the NHS and the Council. We remain focused on working with NHSGGC and Renfrewshire Council to implement existing attendance policies, support staff, and improve sickness absence performance.

The figures do not include absences relating to COVID. These absences were recorded separately as Special Leave by both employing organisations and do not count towards an employee's sickness absence record. In addition, absences due to long COVID are also recorded in this way. As our understanding of the impact of long COVID develops, future consideration will be given to how we can support staff most effectively and consistently. NHSGGC, for example, has established a dedicated HR Support Team for staff suffering from long COVID.



A photograph of two men in a meeting. On the left, a man with glasses and a grey sweater sits on a red sofa, gesturing with his hands while speaking. On the right, a man in a dark blue shirt and jeans sits on a wooden bench, smiling and listening. Between them is a low wooden table with a small potted plant and two purple circular stickers. In the background, there is a window with a pink orchid on the sill and a wall with a power outlet and a telephone.

Outcome 9: Our Approach to Supporting Organisational Change

Outcome 9: Our Approach to Supporting Organisational Change

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

Our previous Annual Performance Reports (APRs) have described our approach to delivering organisational change through a Change and Improvement Programme. In addition, our APR for 2020 / 21 set out how the HSCP had responded to the COVID pandemic. This focus extended throughout 2021 / 22 following several further waves of the pandemic, and the implementation of an unprecedented programme of vaccinations for both COVID and Winter Flu. Alongside this response, change and support within the HSCP was directed towards (i) continued delivery of existing commitments within Renfrewshire IJB's Strategic Plan for 2019-22; and (ii) facilitating the development of the IJB's new Strategic Plan for 2022-25.

Delivering the Commitments of our 2019 / 22 Strategic Plan

The Strategic Plan for 2019 / 22 outlined four main areas on which the IJB wanted to focus efforts across the lifetime of the Plan:

- Prevention
- Self-management
- Treatment
- Recovery, Care and Reablement



Outcome 9

Developing the IJB's Strategic Plan for 2022-25

Development of the Strategic Plan has been a priority during the 2021 / 22 financial year. The HSCP's Change and Improvement Team have worked closely with NHSGGC's Corporate Planning Team and Renfrewshire Council, and with stakeholders in our Strategic Planning Group to develop a Plan covering 2022-25. The Plan was approved by the IJB in March 2022.

Our new Plan sets out our strategic change and improvement objectives for the coming three years. It 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. In doing so, our focus is 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.

Our new themes are described on the right of this page.



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 have access to 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.

Outcome 9

Collaborative Strategy Development

As noted on the previous page, the development of the Strategic Plan was highly collaborative, engaging services, partners, the third sector, carers and service user representatives. The development of the Strategic Plan, and the formal consultation on a draft Plan, sought to reach as many individuals, groups and organisations as possible.

As part of our updated Strategic Planning process, the HSCP designed and implemented Care Planning Groups to support focused discussion at a service level. This approach was agreed with the Strategic Planning Group as an effective mechanism for enabling engagement throughout the development of the Plan's themes and strategic objectives, and for ensuring that care group priorities continue to be reflected within the new approach to the Strategic Plan that has been adopted.

In addition to supporting the development of the objectives described in the Strategic Plan, agreed through facilitated workshops, the Care Planning Groups will also lead the delivery and monitoring of supporting actions within our services over the lifetime of the Plan. Each Care Group will have an annual action plan which will guide the HSCP's approach to organisational change, and will ensure that agreed transformational priorities are developed through ongoing consultation with staff, providers, unpaid carers and service user representatives.



Outcome 9

Financial Performance and Best Value

In this section of our report, we present an overview of financial performance for 2021 / 22 and trend data looking back to the first year the IJB was fully operational in 2016 / 17. We also revisit our commitment to Best Value and reflect on our newly updated Medium Term Financial Plan, as we look ahead to Future Challenges for 2021 / 22 and beyond.

Financial Performance

COVID continued to severely impact public services throughout 2021 / 22 with a changing demographic and increased demand for services compounded by the ongoing pandemic and the associated emergency response.

The financial position for public services continues to be challenging. This requires the IJB to have robust financial management arrangements in place to deliver services within the funding available in-year as well as plan for the years ahead.

Financial performance is an integral element of the HSCP's overall performance management framework. Through regular updates to the IJB from the Chief Finance Officer, members are provided with a detailed analysis of significant variances and reserves activity. This ensures that where required, early decisions are taken to support medium and long-term financial sustainability.

Our Commitment to Best Value

Renfrewshire IJB 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 and with due regard to equal opportunities and sustainable development. The IJB has a duty of **best value**, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost. In Renfrewshire the IJB achieved this through:

- Regular performance reporting to the IJB members and operational managers.
- Benchmarking to compare performance with other organisations to support change and improvement, with National Outcomes being monitored throughout the year.
- Financial Reporting.
- Reporting on the delivery of the priorities of the Strategic and Financial Plans to the IJB.

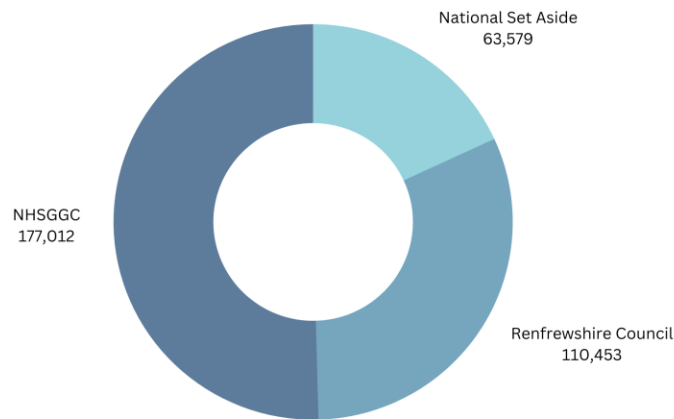
Outcome 9

Resources Available to the IJB 2021 / 22

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 NHSGGC. The resources available to the IJB in 2021 / 22 to take forward the commissioning intentions of the IJB, in line with the Strategic Plan, totalled £351,044k. The following chart and table provide a breakdown of where these resources come from.

Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £63,579k (based on actual spend and activity). 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 IJB is responsible for the strategic planning of these services but not their operational delivery.

Resources available to the IJB 2021 / 22 (£000's)



Funding Type	2021/22	2020/21	2019/20	2018/19	2017/18
	£000's				
Renfrewshire Council	110,453	104,573	93,797	89,107	82,500
NHSGGC	177,012	166,081	143,218	134,432	133,343
Set Aside	63,579	64,738	56,497	57,461	29,582
Total	351,044	335,392	293,512	281,000	245,425

Outcome 9

Resources Available to the IJB 2021 / 22

The following tables show how the resources available to the IJB have changed over the past five years providing a breakdown of where these resources come from; as well as a summary of how resources were spent over the past five years.

(Note: The following figures are taken from the IJB Annual Accounts Comprehensive Income and Expenditure Statement).

Care group	Actual Outturn				
	2021/22	2020/21	2019/20	2018/19	2017/18
	£000's				
Adults & Older People	76,652	72,628	71,944	69,706	68,711
Mental Health	30,550	26,827	24,984	23,328	24,815
Learning Disabilities	29,685	27,861	27,269	25,760	23,611
Children's Services	6,325	5,943	5,970	5,058	5,023
Prescribing	36,396	34,814	35,276	35,942	36,271
Health Improvement & Inequalities	1,161	890	710	939	1,044
Family Health Services	57,171	53,351	48,535	45,282	45,138
Resources	6,723	6,665	6,273	4,011	1,810
COVID-19	6,951	12,610	-	-	-
Hosted Services	10,713	10,810	11,098	10,603	10,109
Set Aside	63,579	64,738	56,497	57,461	29,583
Other delegated services	1,095	766	912	880	1,363
Movement in reserves	24,043	17,489	4,044	2,030	-2,052
TOTAL	351,044	335,392	293,512	281,000	245,426

Outcome 9

Summary of Financial Position 2021 / 22

The overall financial performance against budget for the financial period 2021 / 22 was an underspend of £32,899k (prior to the transfer of ring-fenced year-end balances to Reserves), including the net impact of delivering additional services as part of the IJB's response to COVID, and for which additional funding was provided by the Scottish Government at regular intervals.

Once all ring-fenced balances have been transferred to the relevant earmarked reserve in line with Scottish Government guidance the revised outturn for the IJB is an underspend of £2,266k.

The IJB's allocation of COVID monies during 2021 / 22 accounts for £16,453k of the overall underspend position reflecting funding in advance of need to address COVID expenditure commitments in 2022/23.

In addition, a further £14,180k in relation to in-year allocations from the Scottish Government was received in 2021 / 22 relating to ring-fenced funding to meet specific commitments and must be carried forward to meet the conditions attached to the receipt of the funding.

The amounts received in 2021 / 22 are higher than in previous years reflecting additional funding allocated during 2021 / 22 to implement national policy commitments. The level of reserves to be carried forward for these funding streams are reflective of the timing of when this funding was received and the difficulty in securing full spend before the financial year-end.

Care Group	Revised Budget	Spend to Year End (before movements to reserves)	Variance
Adults & Older People	73,553	65,721	7,832
Mental Health	27,835	27,662	173
Learning Disabilities	19,453	19,193	260
Children's Services	8,287	6,660	1,627
Prescribing	37,688	36,396	1,292
Health Improvement & Inequalities	1,153	830	323
Family Health Service	57,172	57,172	-
Resources	9,206	4,508	4,698
Hosted Services	11,642	11,375	267
Resource transfer	-	-	-
Social Care Fund	-	-	-
Set aside	63,579	63,579	-
NET EXPENDITURE (before delegated services)	309,568	293,096	16,472
Other delegated services	1,069	1,095	-26
NET EXPENDITURE before COVID	310,637	294,191	16,446
COVID-19	17,288	835	16,453
NET EXPENDITURE	327,925	295,026	32,899
Transfer to reserves			
COVID-19			-16,453
Other ring-fenced funding			-14,180
			-30,633
Grand total (inclusive of COVID-19 and other ring-fenced funding)			2,266

Outcome 9

Medium Term Financial Plan

Our new Medium Term Financial Plan 2022 – 2025 was approved by the IJB in March 2022. The new plan reflects the impact of COVID and other emerging issues facing the IJB. Bringing together a range of assumptions on future income and expenditure, its intention is to outline, in broad terms, specific service and funding issues over the next three-year period and how the IJB should work towards achieving financial sustainability and resilience, whilst delivering its priorities.

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 manage emerging financial risks and challenges and the likely impact these could have on the financial position of the IJB.



Our new plan will deliver several benefits to Renfrewshire HSCP, including:



Playing an important role in the HSCP's strategic planning process, to ensure that where possible 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.





Appendix 1













Renfrewshire IJB Scorecard 2021 / 2022

Performance Indicator Status		Direction of Travel		Target Source	
	Target achieved		Improvement	N	National Target
	Warning		Deterioration	B	NHSGGC Board Target
	Alert		Same as previous reporting period	L	Local Target
	Data only			M	MSG Target















13 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
1. Number of adults with a new Anticipatory Care Plan (Outcome 2)	159	201	185	221			L
2. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	66.7%	70.1%	58.8%	80%			N













Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
3. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	90.5%	89%	88%	100%			B
4. A&E waits less than 4 hours (Outcome 3)	87.4%	88%	67.1%	95%			N
5. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	84.4%	80.2%	90%			B
6. Reduce drug related hospital stays - rate per 100,000 population (Outcome 4)	303.35	246.79	2021/22 data not available until Oct 2023	170			N
7. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	100%	63%	52.7%	95%			
8. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	16.7%	23.3%	11.8	19.9%			B
9. % of health staff with completed TURAS profile/PDP (Outcome 8)	49.3%	41.7%	50.5%	80%			B
10. Sickness absence rate for HSCP NHS staff (Outcome 8)	4.75%	5.65%	6.52%	4%			N

Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
11. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	18.08	13.5	17.79	15.3			L
12. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	90.1%	67.0%	41.4%	90%			B
13. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)	91.4%	62.0%	41%	90%			B

10 Amber Indicators	Performance is less than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
14. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	24.4%	26.8%	19.7%	21.4%			B
15. Percentage of long term care clients receiving intensive home care (national target: 30%) (Outcome 2)	27%	29%	29%	30%			N
16. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	95.9%	98%	90.8%	91.5%			N
17. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.7%	6.2%	6.3% (Dec 21)	6%			B
18. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	173	161	167	182			B
19. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID.		58%	60%			B





Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
20. Formulary compliance (Outcome 9)	78.1%	77.6%	76.6%	78%	↓	⚠	L
21. Prescribing cost per treated patient (Outcome 9)	£91.34	£87.71	£88.28	£86.63	↓	⚠	L
22. % of foot ulcers seen within 2 working days in NHS GGC (Outcome 9)	81.2%	75.0%	83.7%	90%	↑	⚠	B
23. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	81.7%	77.0%	84.6%	90%	↑	⚠	B

16 Green Indicators		Performance is on or exceeds target					
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
24. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	41%	68%	45%			L
25. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	90%	93%	85%			L
26. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	159	143	350			L
27. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	92.3%	86.8%	90.9%	90%			N
28. Uptake rate of child health 30-month assessment (Outcome 4)	95.5%	87%	94.9%	80%			N
29. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	95.0%	98.5%	97.3% (Q3)	95%			N
30. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	99.0%	96.8%	96.8% (Q3)	95%			N






Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
31. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	7.2	6.3	6.8	8.9			N
32. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100%	100%			B
33. Emergency admissions from care homes (Outcome 4)	746	506	400	692			L
34. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.5 (2017)	1.0 (2018)	1.1 (2019)	1.6			L
35. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	94.4%	93.7%	80%			N
36. Number of adult support plans completed for carers (age 18+) (Outcome 6)	162	86	148	114			L







Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
37. Number of adult support plans declined by carers (age 18+) (Outcome 6)	34	51	36	46	↓	✓	L
38. Number of carers accessing training (Outcome 6)	255	165	282	220	↑	✓	L
39. % of complaints within HSCP responded to within 20 days (Outcome 8)	78%	82%	90%	70%	↑	✓	B



Sensitive Routine Enquiry Indicators (4)


Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
40. Number of routine sensitive enquiries (Outcome 3)	200	1,382	No data available	-	▬		-
41. Number of referrals made as a result of the routine sensitive enquiry being carried out (Outcome 3)	1	* Paused due to COVID	No data available	-	▬		-
42. Number of staff trained in sensitive routine enquiry (Outcome 5)	28	* Paused due to COVID	* Paused due to COVID	-	▬		-
43. Number of staff trained in Risk Identification Checklist and referral to MARAC. (Outcome 5)	64	* Paused due to COVID	* Paused due to COVID	-	▬		-

Ministerial Scottish Government Indicators (5)

Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
44. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	126,904	112,609	129,987	-			M
45. Number of emergency admissions (18+) (Outcome 2)	18,173	14,399	17,372	-			M
46. Number of delayed discharge bed days (Outcome 2)	9,122	8,759	9,117	-			M
47. Total number of A&E attendances (Outcome 9)	60,238	39,432	54,111	-			M
48. Number of A&E attendances (18+) (Outcome 9)	47,297	31,892	40,601	-			M

Safe from Harm Indicators (6)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
49. Number of Alcohol Brief Interventions (Outcome 1)	224	53	7	-	-		-
50. Number of suicides (Outcome 7)	16 (2019)	22 (2020)	25 (2021)	-	-		-
51. Number of Adult Protection contacts received (Outcome 7)	3,106	3,487	4,263	-	-		-
52. Total Mental Health Officer service activity (Outcome 7)	683	627	905	-	-		-
53. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	110	115	125	-	-		-
54. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	11%	29%	30.4%	-	-		-

Social Care Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
55. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	414	390	411	-	↑		-
56. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	50	46	58	-	↑		-

Prescribing Indicator (1)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
57. Prescribing variance from budget (Outcome 9)	2.61% under budget	5.72% under budget	3.43% under budget	-	↓		-

Appendix 2

Core Suite of Integration Indicators

National Core Suite of Integration Indicators	2017-18 Renfrewshire (Scotland)	2018-19 Renfrewshire (Scotland)	2019-20 Renfrewshire (Scotland)	*2020-21 Renfrewshire (Scotland)	*2021-22 Renfrewshire (Scotland)	Direction of Travel From 2020-21
11. Premature mortality rate (per 100,000 people aged under 75)	473 (425)	465 (432)	463 (426)	507 (457)	494 (466)	↑
12. Emergency admission rate (per 100,000 people aged 18+)	12,536 (12,211)	12,447 (12,280)	13,011 (12,525)	10,552 (10,953)	11,015 (11,641)	↓
13. Emergency bed day rate (per 100,000 people aged 18+)	129,281 (122,571)	132,548 (120,007)	135,715 (118,574)	122,360 (101,166)	127,291 (111,293)	↓
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	90 (103)	88 (103)	93 (105)	100 (120)	81 (106)	↑
15. Proportion of last 6 months of life spent at home or in a community setting	88.5% (88.0%)	87.2% (88.0%)	87.3% (88.3%)	89.5% (90.2%)	88.4% (89.8%)	↓
16. Falls rate per 1,000 population aged 65+	18.8 (22.2)	22.1 (22.5)	21.3 (22.8)	19.0 (21.7)	20.6 (22.9)	↓

KEY: (current year)	Better than Scotland average	Poorer than Scotland average
-------------------------------	-------------------------------------	-------------------------------------

Comparison to previous year:	Improved performance ↑	Decline in performance ↓
-------------------------------------	-------------------------------	---------------------------------

National Core Suite of Integration Indicators	2017-18 Renfrewshire (Scotland)	2018-19 Renfrewshire (Scotland)	2019-20 Renfrewshire (Scotland)	*2020-21 Renfrewshire (Scotland)	*2021-22 Renfrewshire (Scotland)	Direction of Travel From 2020-21
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88.1% (85.4%)	87.3% (82.2%)	85.2% (81.8%)	85.5% (82.5%)	81.5% (75.8%)	↓
18. Percentage of adults with intensive care needs receiving care at home	62.1% (60.7%)	63.4% (62.1%)	65.5% (63.0%)	64.7% (63.0%)	64.5% (64.9%)	↓
19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population**	190 (762)	246 (793)	383 (774)	368 (484)	298 (761)	↑
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4% (24.1%)	23.7% (24.2%)	24.0% (24.3%)	Not available	Not available	

INDICATOR DATA STATUS – DATA PUBLISHED (updated) in September 2022

***2020-21 data is currently reported as 2020 calendar year for indicators 11-16, 18 and 20.**

Previous years (2016-17 to 2019-20) are reported as financial years for all indicators 11-20.

**** NI 19:**

1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non-hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at Partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

**** NI 20:**

2. NHS boards were not able to provide detailed cost information for 2020/21 due to changes in service delivery during the pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID pandemic on activity and expenditure, PHS no longer consider this appropriate.

Source: PHS Delayed Discharge data collection



To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Chief Finance Officer

Heading: IJB Financial Sustainability and Outlook 2023/24

1. Purpose

- 1.1 This report provides an update to the Renfrewshire Integration Joint Board (IJB) on the Financial Outlook previously outlined to the IJB in March 2022 in the Chief Finance Officer's (CFO) "2022/23 Delegated Health and Social Care Budget Paper". It describes the CFO's estimated financial outlook for the IJB for 2023/24, taking into account the extreme and ongoing period of uncertainty and increasing levels of risk relating to the financial sustainability and stability of the IJB.
- 1.2 The paper also provides updates of activity underway to maintain continued financial balance at this time of significant economic volatility.
-

2. Recommendations

It is recommended that the IJB:

- Note the assumptions and context of the medium term financial outlook and the levels of uncertainty that exists in relation to these assumptions; and the ongoing expectation of the IJB being required to continue to plan for further significant budget gaps going forward.
 - Agree to take forward Audit Scotland's key recommendation from its Annual Audit Report 2021/22 as highlighted at section 8.2 that *"The Board should remain focussed on the financial challenges facing the IJB and continue to ensure decisions are taken to support medium and long-term financial sustainability."*
 - Note and agree the replanned timetable for financial planning at section 10.3.
 - Note the additional areas of focus for savings and transformation at section 10.5.
-

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 (CFO) 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. Medium Term Financial Outlook

- 4.1 This report sets out the CFO’s estimated financial outlook for the IJB for 2023/24, outlining the main financial pressures on health and adult social care services and potential implications of the CFO’s current assumptions regarding the anticipated budget pressures for 2023/24.
- 4.2 As Renfrewshire IJB will be aware the CFO has - through annual budget setting reports, monthly budget monitoring reports, financial sustainability reports and the Medium Term Financial Plan (MTFP) - forecast a significant and sustained financial challenge over the medium term for multiple consecutive years. These predictions pre-dated the COVID-19 pandemic.
- 4.3 In September 2019 it was estimated that the financial planning period 2020-23 would see the IJB facing gross pressures of between **£18m to £24m**. As a result, the IJB approved a **two-tiered model** to address immediate financial pressures, whilst in parallel introducing a more strategic approach to financial sustainability over the medium term. This approach was confirmed in the MTFP 2020/21 – 2025/26.
- 4.4 The unforeseen events of the COVID-19 pandemic created considerable unanticipated pressures for the IJB and disrupted our financial plans; accelerating the delivery of some of our objectives, making others increasingly important, and lowering the priority of some of our previously agreed actions.
- 4.5 The pandemic also had the effect of delaying the immediate impact of the predicted financial challenge, due to a variety of factors including increased short-term funding provided by the Scottish Government to cushion the blow of the virus, together with a simultaneous recruitment crisis leading to a significant underspend.

- 4.6 The financial challenge was delayed, but not averted. The war in Ukraine, the volatility of inflation and interest rates, rising energy costs, supply chain issues, the cost-of-living crisis, recruitment challenges, and continuing COVID-19 impacts, are converging to create a hugely difficult funding scenario for the public sector across the UK, the full extent of which is still emerging. We are now projected to be entering a period of recession. Public sector strike action will potentially increase amid ongoing pay negotiations. Members should be aware that it is highly likely that these scenarios will negatively impact the current year end projections for the IJB.
- 4.7 In March 2022, the IJB approved an updated MTFP for 2022 – 2025, which reflected the impact of COVID-19 and other emerging issues facing the IJB. This new MTFP estimated a gross budget gap within a range of **£37m to £48m** over the next three years.
- 4.8 When the new MTFP was approved, inflation was **5.5%** - at the time it's highest level in almost 30 years – and predicted by the Bank of England to 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. The cause of the rise in inflation has been largely attributed to a near doubling in wholesale gas prices since May, owing to Russia's restriction of supplies to Europe, which feeds through to retail energy prices.
- 4.9 In August 2022, inflation stood at **9.4%** with predictions from the Bank that this would exceed **13%** in Q4 of 2022. Now in November 2022, inflation stands at **10.1%** (a 40-year high) with the most recent Bank of England predictions suggesting a marginally lower peak of **11%** later this month, before a gradual fall until finally reaching its 2% target in around two years.
- 4.10 In a bid to push inflation down, the Bank of England has, for the past eight consecutive months, raised interest rates. Currently at **3%** - and expected to exceed 5% in 2023 – the cost of borrowing is now at the highest since 2008.
- 4.11 On 17 October – a little over a fortnight since the **energy price guarantee**¹ was introduced with the intention of affording some protection to households from massive increases in energy bills – the new Chancellor Jeremy Hunt announced that it would end after just six months, rather than after two years as originally planned. Energy analysts Cornwall Insight are now currently predicting April's price cap to be £3,702 a year for a typical household, or 48% more than the energy price guarantee². This will push a vast number of the population into fuel poverty³.

¹ UK Government provided support to energy suppliers to ensure a typical household would pay no more than £2,500 a year on their energy bills.

² <https://www.cornwall-insight.com/predicted-fall-in-the-april-2023-price-cap-but-prices-remain-significantly-above-the-epg/>

³ Fuel poverty is defined by Scottish Government as a household spending more than 10% of its income (take home wages, benefits, pension etc.) on energy bills.

- 4.12 The recent UK Government mini-budget⁴, whilst now almost entirely rolled back, has also contributed to the worsening financial climate, resulting in the pound falling to a 37 year low against the US dollar, and triggering a £65bn bond-buying programme by the Bank of England to ease pressure on pension funds and insurance companies. Despite a statement from then Prime Minister Liz Truss on 19 October 2022 that she was “committed to the triple lock” – the commitment that the state pension will increase each year in line with either inflation, the average wage rise, or 2.5% (whichever is the higher) – the prospect of the UK Government reneging on the restoration of the pension triple-lock remains a strong possibility. Indeed, current Prime Minister Rishi Sunak stated on 26 October 2022 that he will not commit to raising state pensions in line with inflation, and that a decision on whether to honour the triple lock would be wrapped up into the fiscal statement due on 17 November 2022. Furthermore, there remains no commitment to uprating benefits payments, at the time of writing.
- 4.13 Soaring energy, food and fuel costs, and the increased cost of borrowing which will impact millions of mortgage customers, coupled with the failure of wages and/or benefits to keep pace with these rises, means that households across the country are facing the biggest income squeeze over the next two years since records began. Recession is all but a given at this point, with the Bank of England now predicting the longest recession in 100 years. Those hit hardest will be our poorest and most vulnerable people and communities.
- 4.14 Further complicating the financial landscape is the recently published economic case for Scottish independence. “A stronger economy with independence” published on 17 October 2022 sought to set out the economic case, covering issues such as currency, trade, and public sector finances. This includes plans to move to a new Scottish pound when economic conditions are right, plans to re-join the European Union, and the establishment of a £20bn “Building a New Scotland Fund” over the first decade of independence, funded by set aside North Sea Revenues and windfall income. However, it remains unclear how Scotland would transition from current levels of revenue and spending to something more sustainable, in line with the desired fiscal rules set out in the publication.

5 Impact for Health and Social Care Services

- 5.1 For health and social care, the future continues to look extremely challenging. The Scottish Government Resource Spending Review (RSR), published in May 2022 set the scene for a very difficult few years ahead in terms of the funding landscape. Whilst the RSR identified a planned increase of 0.6% in real terms for health and social care over the next four years, local government budgets are expected to decline by 7% in real terms between 2022/23 and 2026/27 and health budgets will continue to be stretched. The impact on our funding partners arising from the Review may have a negative effect on the IJB’s financial position in the medium to long term,

4

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1105989/CCS207_CCS0822746402-001_SECURE_HMT_Autumn_Statement_2022_BOOK_Web_Accessible.pdf

which could potentially add further pressure on the financial sustainability of our services.

5.2 Adding to the financial challenge, the Emergency Budget Review, published by the Scottish Government on 2 November 2022, set out further savings in the region of £615 million. Within this package was a reprioritisation of spend within the Health and Social Care portfolio amounting to £400 million. This included, amongst other measures, a £65 million adjustment to the Primary Care budget, and a £38 million adjustment to the mental health budget. The full detail of the budget adjustments is yet to be confirmed by the Scottish Government.

5.3 The health and social care sector faces multiple competing demands over the medium term, including the continued recovery from COVID-19 and addressing the treatment backlog; the planned creation of the National Care Service (NCS); and cost and demand pressures in areas such as pay, drug costs and demographic pressures. Future budget settlements are unlikely to recognise these increasing pressures and it is highly likely that the level of financial support provided will enable these changes to be managed within the resource envelope available. As such it will not be possible to deliver the extent of change required, successfully, within existing resources without significant changes in how we deliver our existing services.

Pressure on providers

5.4 In its briefing for the Health, Social Care and Sport Committee on Winter Pressures in Social Care (26 September 2022), the Coalition of Care and Support Providers in Scotland (CCPS) noted that 48% of responding organisations said they would be directly affected by energy price rises during the winter period, with 37% facing this issue immediately or within the next month when their fixed rate contracts expire. 27% of responding organisations said that one or more of their services would become financially unsustainable in the face of energy increases. The report concluded:

“The pressures on individuals and families from the cost-of-living crisis is likely to drive up service demand. Equally these pressures are being felt by low paid staff in the sector, destabilising recruitment and retention at a time when services are needed most. Pay rises offered in the public sector are pushing third sector social care pay backwards, adding to the pressures on staff and providers. Inflation is bearing down hard on financial sustainability, and even where some relief is being offered it is limited in scope and timescale. The people who will lose out, if sector sustainability remains that this heightened risk, are those who most need crucial care and support from third sector providers this winter.”⁵

5.5 Rising demand for - and cost of delivering - services, exacerbated by the challenges above, alongside the potential that local and national care providers will no longer be financially sustainable due to increased operating costs, means that continuing to serve our communities within our current resources is increasingly difficult. Recent

⁵ https://www.ccpscotland.org/wp-content/uploads/2022/09/CCPS-Briefing_Winter-pressures-in-social-care-260922.pdf

projections by the Fraser of Allander Institute suggest that over the coming five years, expenditure on adult social care in Scotland will rise 18% from £3.9bn to over £4.6bn, and that by 2044/45 this will be nearly 70% bigger, with expenditure over £6.6bn⁶. Providers will, understandably, look to the HSCP for uplifts which currently are not budgeted for and cannot be sustained.

“We are living in the midst of a perfect storm and already in the last month high quality and excellent performing care homes have either closed or intimated their intention to cease delivery. The same is true of homecare organisations both closing their doors to new business and handing back care packages. The reasons are numerous and manifold from the struggle to recruit staff, inexcusable contractual practices, the critical withdrawal of funding for PPE and infection control at a time of rising Covid cases, astonishing increases in the cost of insurance and so much more. There are many reasons for concern.”

Donald Macaskill, Scottish Care, 6 August 2022

- 5.6 It is important to note also, that the projections by Fraser of Allander consider only ‘met need’ i.e., individuals who currently receive social care as opposed to unmet need i.e., those with social care need who are not currently eligible for social care services, but may become eligible through future reforms, such as the National Care Service (NCS). The NCS remains a cornerstone of current Scottish Government plans, with the stated intention that it is established before the end of this parliamentary term in 2026. How, and to what extent, it will be funded remains unclear and adds to the challenge of planning, resourcing and redesigning health and social care services in the medium term.

6 Delegated Adult Social Care Budget 2023/24

- 6.1 In addition to the ongoing impact of COVID-19 across all service areas, and similar to 2022/23, demographic and socio-economic factors will continue to drive significant demand and cost pressures for 2023/24 in the delegated Adult Social Care budget relating to:
- Funding of the 2023/24 pay award
 - Cost pressures arising from contractual arrangements which are subject to renewal
 - Financial impact of the increased living wage across the sector
 - Increases associated with the National Care Home Contract
 - Ongoing pressure on the Care at Home service in relation to costs associated with shifting the balance of care, by supporting people to live safely at home for as long as possible and facilitating prompt discharge from hospital, and
 - Increasing number and complexity of care packages required to support adult clients to live as independently as possible in the community.
- 6.2 The recently agreed 2022 pay award for local government workers, whilst anticipated, also puts significant additional strain on already pressured budgets.

⁶ <https://fraserofallander.org/demand-and-expenditure-for-adult-social-care-in-scotland/>

Implementation of the pay deal was confirmed on 25 October 2022 and includes the following:

- A minimum pay rate of £10.50. This will benefit 12% of the workforce.
- £2,000 incorporated fully into pay of those earning less than £20,500. This equates to 18% of local government workers across Scotland.
- £1,925 minimum increase incorporated fully into the pay packets up to £39,500. This equates to 85%.
- The proposed increases would be calculated on 36 hours a week.
- 5% increase incorporated into pay packets of £39,501 with a cap at £3,000.
- The removal of all SSSC registration fees.
- An additional 1 day's leave.

The pay award will be backdated to 1 April 2022 and the estimated financial impact for the HSCP is estimated to be £1,576k.

- 6.3 The CFO, using a range of informed assumptions, has estimated that the demand and cost growth for Adult Social Care in 2023/24 linked to the areas highlighted above, and in section 9 of this report, is likely to be in the region of a gross increase between c£9m and c£13m. Members should however be aware that the current levels of demand on Care at Home Services continues to be far outwith our 'normal projected levels of activity' which we would use to assess the future pressure on these budgets. Consequently, our ability to accurately project future demand is complex, and therefore the figures we are currently using are heavily caveated.

7 Delegated Health Budget 2023/24

- 7.1 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 2023/24 including:
- Pay Inflation and impact of Agenda for change
 - Inflationary linked increases on non-pay eligible budgets and
 - Prescribing cost and volume impact
- 7.2 Using a range of informed assumptions, the CFO has estimated that the demand and cost growth for Delegated Health Services (not including Set Aside) in 2023/24 linked to the areas highlighted above, and in section 9 of this report, is likely to be in the region of a gross increase between c£3m and c£5m.

8 IJB 2021/22 Annual Audit Report Key Recommendation

- 8.1 Continuing the theme of recent audit reports, the key focus of the 2021/22 Annual Audit Report from the IJB's external auditors was the financial sustainability of the IJB. Within the report they highlight that:

"The IJB has identified a budget deficit of £37 million to £48 million over the period from 2022/23-2024/25. Future efficiency and transformation savings alone will not

address this gap. The IJB should continue to work with partners to develop a revised financial strategy which ensures the IJB remains financially sustainable.”

and

“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.”

8.2 The key recommendation of the report, echoing that of previous years, is that:

“The Board should remain focussed on the financial challenges facing the IJB and continue to ensure decisions are taken to support medium and long-term financial sustainability.”

8.3 In light of the above, it is therefore essential that the IJB and the HSCP Senior Management Team take forward the CFO’s recommendations highlighted within this report.

9 Cost Pressures and Demand

9.1 In line with the approach taken in the MTFP 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.

9.2 Using the above range of scenarios, current projections for the period 2023 to 2025 include a wide range of assumptions in respect of key cost pressures and demand, highlighting a potential budget gap within a range of £18m to £36m for this 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.

9.3 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 as outlined earlier in this paper; effect of new statutory obligations; increasing demographic and demand pressures as well as the impact of COVID-19. Appendices 1 to 3 set out the four scenarios to illustrate the potential financial impact assuming minimum, medium, high and worst case increases e.g., pay inflation, contract price increases.

9.4 The financial projections for 2023/24 include a range of key assumptions for which there remains significant and real uncertainty. These include:

- **The continuing impact of COVID-19 across a range of areas** including staff absences, significant increases in demand etc.
- **Future funding allocations from Partner Organisations** is anticipated to be subject to greater downward pressure due to the current financial outlook for our partner organisations. This is confirmed in the recent Renfrewshire Council paper (Financial Sustainability and General Fund Financial Outlook, 29 September 2022) which outlines the Council's significant sustainability concerns and a deteriorating medium term financial outlook forecasting a deficit of £35m over the next three years. That paper also outlines the Council's stated intention to work through COSLA to emphasise the restrictive financial impact of passing on increased social care funding in full to the HSCP, with the implication that they may seek to reduce the settlement in future years.
Similar pressures are expected on Health budgets with NHS Greater Glasgow and Clyde (NHSGGC) planning to continue implementation of their Moving Forward Together (MFT) strategy, which describes the strategic vision for future clinical and care services in NHSGGC. Whilst no specific savings targets have been attributed to the implementation of MFT as yet, the strategy sets out the vision for transformational service change underpinned by the need for good quality and high performing NHS estate and infrastructure, which will require significant investment. There is a risk that this may lead to either static or reduced settlements for the IJB and/or the further increasing prevalence of non-recurring funding streams, creating a lack of flexibility in how the IJB can use its budget.
- **Future Pay Settlements:** the return to single-year settlements from 2022 and the current cost-of-living crisis leads to a greater degree of uncertainty going forward and will be a major challenge for the IJB to manage in future years. Employee costs represent 31.89% of the IJB's net budget. Inflationary pressure in this area represents a significant pressure for the IJB e.g. every 1 % increase to current pay rates represents an additional cost of c£1,101k per annum.
- **Demand led Pressures:** the scale of evolving demographic and socio-economic demand led cost pressures continue to be a key financial risk. Our ability to continue to manage the current and projected demand levels into the future is limited without significant service redesign and transformation in our approach to delivery of our services.
- **Prescribing:** prescribing costs now represents one of our main financial risks, mainly due to the volatility of global markets and the impact of drug tariffs in relation to contracts with community pharmacy. In addition, the impact of COVID-19 on the ability of our pharmacy staff and GP's to deliver on prescribing efficiencies and initiatives has been and will continue to be severely impacted. In the CFO Financial Report of September 2022 a year end outturn overspend of c£402k was projected. This prudent projected overspend reflects: prescribing volumes now being on par with those experienced prior to the pandemic, as well as an unprecedented number of items being on short supply and, a number of issues currently impacting on the price of drugs including:

- limitations in manufacturing capacity due to COVID-19, Ukraine, lockdowns in Far East, staffing shortages
 - ongoing issues with availability and cost of card and cardboard packaging
 - ongoing issues with raw materials
 - manufacturing processes
 - increased testing for excipients in the manufacturing process
 - increased shipping costs (fuel and containers - delays and strikes at ports in England)
- **Inflation and Contractual Commitments:** Non-Pay inflationary pressures reflect anticipated annual increases to payments to third parties, and in the main reflect anticipated increases linked to contracts such as the National Care Home Contract and Supported Living Framework. The legacy and ongoing impact of COVID-19 and rapidly escalating energy costs on provider sustainability will also impact on all of our contractual commitments.

9.5 The following table provides a high-level summary of the gross estimated budget pressures (based on “medium case” scenarios ref Appendices 1 to 3) in relation to the above for 2023/24. (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 £000s	Social Care £000s	Overall Position £000s
Contractual	516	4,663	5,180
Pay	1,168	1,845	3,013
Demand	408	2,665	3,073
Living Wage		1,566	1,566
Prescribing	1,467		1,467
Total Pressures	3,559	10,740	14,299

9.6 In line with the IJB Reserves Policy, approved in June 2020, the IJB have worked to build up reserves to circa 2% of the IJB’s net budget, including set aside, the purpose of which is to allow time for the development and implementation of its transformation programme and to create a contingency fund to offset expected financial pressures in future years, where and when possible.

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

- Resource Transfer from the NHS is used to directly fund social care services provided directly through the Council or commissioned from third party organisations;
- Prescribing budget has a clear clinically led approach to cost containment and volume control as part of an NHSGGC system wide approach and one that is built up from the prescribing patterns of individual GPs and informed by known costs;
- Family Health Service budgets directly fund income to contracted services such as GPs;

- Social Care Fund is passed directly through to Renfrewshire Council for allocation to the Adult Social Care Budget;

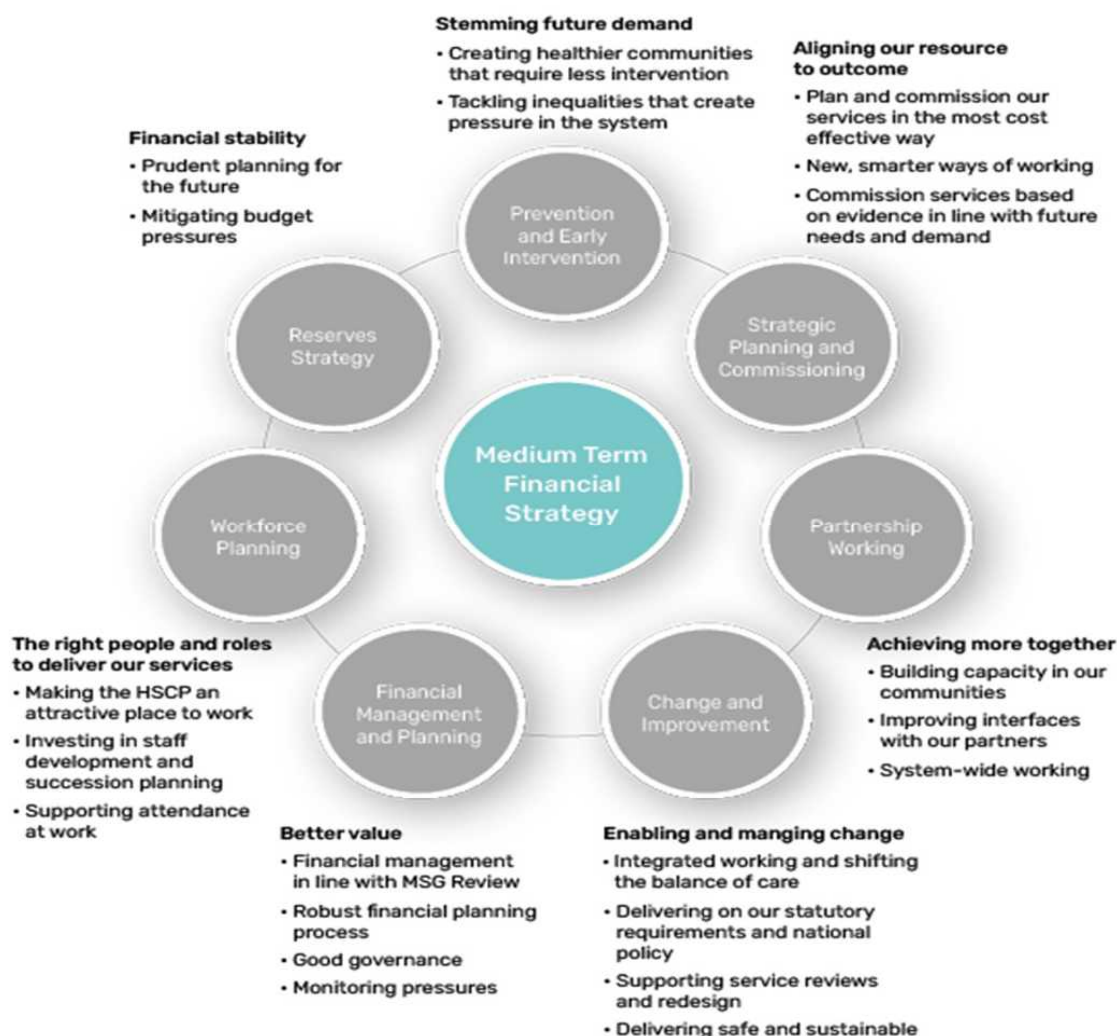
9.8

The following table shows that taking the above into account, the remaining budget against which any savings targets need to be delivered is circa £59m (23.01%), the majority of which are employee related budgets.

Health Budget Influenceable Spend	22.23	22.23
	£'000	£'000
2022-23 Budget	218,554	221,994
Add: Resource Transfer & Social Care Fund	35,357	34,271
	253,911	256,265
Less:		
Set Aside	-66,111	-63,579
Resource Transfer	-23,103	-22,017
Prescribing	-37,483	-37,423
FHS	-52,547	-58,122
Social Care Fund	-12,254	-12,254
ADP (Ring Fenced Funding)	-1,640	-1,640
Equipu	-526	-588
Rent Of Premises	-524	-524
GP Appraisers	-808	-832
PCIP baseline		-317
	-194,996	-
		197,296
= Remaining Budget against which Savings can be applied	58,915	58,969
% of Budget against which Savings can be applied	23.20%	23.01%

10. Progressing the IJB's Financial Planning Workstreams

10.1 The IJB's Medium Term Financial Strategy remains as per the MTFP:



10.2 Aligned to the strategy, the HSCP continues to progress a number of workstreams in support of the transformational change required to deliver financial balance. Following the IJB development session in August 2022, the SMT have undertaken a further review of financial planning activity, both in the development and delivery of planned savings and transformation. The result of this review is a proposed refinement of the IJB financial planning timetable, and a renewed focus on a number of key areas.

10.3 In terms of timing, and in light of the ongoing period of economic and political turmoil, it would be prudent for the IJB to consider options for savings and transformation when greater clarity regarding forthcoming budget years is available. The 2023-24 Scottish Budget is due to be published on 15 December 2022. In the weeks following its publication the IJB will gain a clearer understanding of its budget position for the next financial year, which will in turn help support decision-making around financial planning. Consequently, it is proposed that the decision point for future financial planning is moved back from November 2022 to March 2023.

- 10.4 As discussed with the IJB in August 2022 and documented in the Chief Officer's report to the IJB in September 2022, the SMT continue to work with services to anticipate and respond to a range of financial scenarios through the development of evidence-based savings and transformation options. This scenario-based planning process focuses on reviewing existing provision and determining which areas it is most appropriate and achievable to:
- **Deliver savings** (aligned to the tier one process in the MTFP which encompasses a rolling process of identifying possible savings), with a focus on non-statutory activity. In doing so, it may be necessary to reduce current levels of provision in some areas.
 - **Protect but develop** services (aligned with tier two transformational activity within the MTFP), focussing on key areas of activity which should be maintained but can benefit from service change and the development of alternative models of delivery. In doing so, it may be possible to deliver financial efficiencies from services in this category.
 - **Protect** our services, focussing on statutory activity which must be delivered.
- 10.5 In addition to those areas of transformation already in train, IJB are advised that the SMT are also undertaking:
- A review of existing management structures to robustly assess their resilience based on our organisational requirements going forward
 - A forensic review across all vacancies, considering length of vacancy, viability, deletion or changes required to ensure the HSCP can proactively progress, and
 - A consideration for further service redesign.
- 10.6 Further updates will be provided to the IJB in the period to March 2023, when final financial planning proposals for delivery over the medium term will be tabled for decision, alongside a refresh of the IJB's current MTFP.

Implications of the Report

1. **Financial** – the report highlights the scale of the medium-term financial challenge facing the IJB and the levels of economic uncertainty surrounding this. The development and implementation of the transformation programme and other financial planning areas as outlined in the report are critical to supporting the IJB to secure a financially sustainable position.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – n/a
8. **Health & Safety** – none
9. **Procurement** – none
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.

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APPENDIX 1

Summary of Combined Unavoidable Adult & Health Services 2023 - 2033											
Based on Recurring Budget 20221/23	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	32-33	TOTAL
LOW SCENARIO											
Contractual Pressures	£4,566,477	£4,716,460	£5,044,663	£5,378,605	£5,741,203	£6,127,170	£6,544,290	£6,995,367	£7,483,475	£8,001,323	£60,599,032
Pay Pressures	£2,326,622	£2,059,548	£2,113,853	£2,169,639	£2,226,947	£2,285,820	£2,346,301	£2,408,437	£2,472,274	£2,537,860	£22,947,302
Demand Pressures	£2,911,777	£3,147,680	£4,083,343	£2,334,321	£2,098,838	£3,054,846	£3,140,321	£3,231,535	£3,328,879	£3,432,772	£30,764,313
Living Wage	£1,566,383	£1,808,836	£1,953,319	£2,111,262	£2,284,022	£2,473,012	£2,679,853	£2,906,331	£3,154,418	£3,426,284	£24,363,720
Prescribing	£1,283,380	£1,328,298	£1,374,789	£1,422,906	£1,472,708	£1,524,253	£1,577,602	£1,632,818	£1,689,966	£1,749,115	£15,055,835
Total Pressures	£12,654,638	£13,060,822	£14,569,968	£13,416,733	£13,823,718	£15,465,101	£16,288,368	£17,174,488	£18,129,012	£19,147,354	£153,730,202
MEDIUM SCENARIO											
Contractual Pressures	£5,168,176	£5,330,556	£5,696,128	£6,070,770	£6,477,280	£6,909,214	£7,375,479	£7,879,121	£8,423,475	£9,001,528	£68,331,727
Pay Pressures	£3,012,927	£2,601,665	£2,672,233	£2,744,779	£2,819,358	£2,896,030	£2,974,855	£3,055,895	£3,139,214	£3,224,879	£29,141,835
Demand Pressures	£3,084,317	£3,331,094	£4,278,093	£2,541,163	£2,318,586	£3,288,366	£3,388,536	£3,495,433	£3,609,516	£3,731,275	£33,066,378
Living Wage	£1,566,383	£1,813,765	£1,958,426	£2,116,553	£2,289,503	£2,478,691	£2,685,736	£2,912,426	£3,160,732	£3,432,825	£24,415,039
Prescribing	£1,466,720	£1,525,389	£1,586,404	£1,649,861	£1,715,855	£1,784,489	£1,855,869	£1,930,103	£2,007,308	£2,087,600	£17,609,597
Total Pressures	£14,298,523	£14,602,469	£16,191,284	£15,123,125	£15,620,582	£17,356,789	£18,280,474	£19,272,979	£20,340,245	£21,478,107	£172,564,578
HIGH SCENARIO											
Contractual Pressures	£5,843,078	£6,022,466	£6,436,150	£6,861,129	£7,322,284	£7,811,919	£8,340,348	£8,910,997	£9,527,616	£10,183,645	£77,259,633
Pay Pressures	£3,730,186	£3,255,067	£3,342,187	£3,431,717	£3,523,727	£3,618,287	£3,715,470	£3,815,350	£3,918,007	£3,889,228	£36,239,226
Demand Pressures	£3,424,761	£3,694,974	£4,664,454	£2,951,515	£2,754,539	£3,751,643	£3,880,978	£4,019,004	£4,166,317	£4,323,548	£37,631,733
Living Wage	£1,566,383	£1,808,836	£1,953,319	£2,111,262	£2,284,022	£2,473,012	£2,679,853	£2,906,331	£3,154,418	£3,426,284	£24,363,720
Prescribing	£1,650,060	£1,724,313	£1,801,907	£1,882,993	£1,967,727	£2,056,275	£2,148,807	£2,245,504	£2,346,551	£2,452,146	£20,276,283
Total Pressures	£16,214,467	£16,505,656	£18,198,017	£17,238,617	£17,852,300	£19,711,136	£20,765,456	£21,897,187	£23,112,908	£24,274,852	£195,770,595
WORSE SCENARIO											
Contractual Pressures	£6,481,378	£6,675,470	£7,131,894	£7,602,392	£8,112,825	£8,654,293	£9,238,376	£9,868,812	£10,549,686	£11,274,807	£85,589,933
Pay Pressures	£4,443,431	£3,904,038	£4,007,272	£4,113,333	£4,222,300	£4,334,255	£4,449,284	£4,567,473	£4,688,911	£4,813,692	£43,543,989
Demand Pressures	£3,596,235	£3,878,416	£4,859,292	£3,158,516	£2,974,522	£3,985,483	£4,129,607	£4,283,423	£4,447,590	£4,622,818	£39,935,903
Living Wage	£1,566,383	£1,808,836	£1,953,319	£2,111,262	£2,284,022	£2,473,012	£2,679,853	£2,906,331	£3,154,418	£3,426,284	£24,363,720
Prescribing	£1,833,400	£1,925,070	£2,021,324	£2,122,390	£2,228,509	£2,339,935	£2,456,931	£2,579,778	£2,708,767	£2,844,205	£23,060,308
Total Pressures	£17,920,827	£18,191,829	£19,973,101	£19,107,893	£19,822,178	£21,786,978	£22,954,052	£24,205,817	£25,549,372	£26,981,805	£216,493,854

APPENDIX 2

Summary of Unavoidable Adult Services 2023 - 2033											
Based on Recurring Budget P6 2022/23	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	32-33	TOTAL
LOW SCENARIO											
Contractual Pressures	£4,061,676	£4,201,563	£4,519,469	£4,842,907	£5,194,791	£5,569,830	£5,975,803	£6,415,510	£6,892,021	£7,408,702	£55,082,273
Pay Pressures	£1,265,241	£974,817	£1,005,258	£1,036,655	£1,069,037	£1,102,436	£1,136,883	£1,172,411	£1,209,055	£1,246,851	£11,218,642
Demand Pressures	£2,494,818	£3,117,289	£4,062,305	£2,312,546	£2,076,301	£3,031,521	£3,116,179	£3,206,548	£3,303,018	£3,406,006	£30,126,532
Living Wage	£1,566,383	£1,808,836	£1,953,319	£2,111,262	£2,284,022	£2,473,012	£2,679,853	£2,906,331	£3,154,418	£3,426,284	£24,363,720
Total Pressures	£9,388,118	£10,102,506	£11,540,352	£10,303,369	£10,624,150	£12,176,799	£12,908,718	£13,700,801	£14,558,512	£15,487,843	£120,791,168
MEDIUM SCENARIO											
Contractual Pressures	£4,663,376	£4,815,660	£5,170,934	£5,535,072	£5,930,869	£6,351,873	£6,806,992	£7,299,264	£7,832,021	£8,408,908	£62,814,969
Pay Pressures	£1,845,408	£1,408,460	£1,452,778	£1,498,496	£1,545,657	£1,594,307	£1,644,494	£1,696,266	£1,749,674	£1,804,769	£16,240,310
Demand Pressures	£2,664,853	£3,297,742	£4,253,873	£2,515,975	£2,292,390	£3,261,122	£3,360,202	£3,465,966	£3,578,870	£3,699,404	£32,390,396
Living Wage	£1,566,383	£1,813,765	£1,958,426	£2,116,553	£2,289,503	£2,478,691	£2,685,736	£2,912,426	£3,160,732	£3,432,825	£24,415,039
Total Pressures	£10,740,020	£11,335,627	£12,836,011	£11,666,096	£12,058,418	£13,685,993	£14,497,424	£15,373,923	£16,321,297	£17,345,905	£135,860,714
HIGH SCENARIO											
Contractual Pressures	£5,338,278	£5,507,570	£5,910,956	£6,325,431	£6,775,872	£7,254,578	£7,771,861	£8,331,140	£8,936,162	£9,591,025	£71,742,874
Pay Pressures	£2,138,114	£1,627,970	£1,679,294	£1,732,241	£1,786,862	£1,843,210	£1,901,342	£1,961,312	£2,023,179	£1,952,714	£18,646,238
Demand Pressures	£3,004,924	£3,658,646	£4,637,008	£2,922,834	£2,724,568	£3,720,323	£3,848,248	£3,984,802	£4,130,575	£4,286,198	£36,918,126
Living Wage	£1,566,383	£1,808,836	£1,953,319	£2,111,262	£2,284,022	£2,473,012	£2,679,853	£2,906,331	£3,154,418	£3,426,284	£24,363,720
Total Pressures	£12,047,699	£12,603,022	£14,180,577	£13,091,768	£13,571,324	£15,291,124	£16,201,304	£17,183,585	£18,244,333	£19,256,221	£151,670,958
WORSE SCENARIO											
Contractual Pressures	£5,976,578	£6,160,574	£6,606,700	£7,066,694	£7,566,413	£8,096,952	£8,669,889	£9,288,955	£9,958,232	£10,682,186	£80,073,174
Pay Pressures	£2,320,669	£1,734,575	£1,790,081	£1,847,364	£1,906,480	£1,967,487	£2,030,447	£2,095,421	£2,162,474	£2,231,674	£20,086,671
Demand Pressures	£3,174,959	£3,839,098	£4,828,575	£3,126,263	£2,940,657	£3,949,924	£4,092,271	£4,244,220	£4,406,427	£4,579,596	£39,181,991
Living Wage	£1,566,383	£1,808,836	£1,953,319	£2,111,262	£2,284,022	£2,473,012	£2,679,853	£2,906,331	£3,154,418	£3,426,284	£24,363,720
Total Pressures	£13,038,589	£13,543,083	£15,178,676	£14,151,583	£14,697,572	£16,487,376	£17,472,460	£18,534,928	£19,681,551	£20,919,739	£163,705,557

APPENDIX 3

Summary of Unavoidable Health Services 2023 - 2033											
Based on Recurring Budget P6 2022/23	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	32-33	TOTAL
LOW SCENARIO											
Contractual Pressures	£504,800	£514,896	£525,194	£535,698	£546,412	£557,340	£568,487	£579,857	£591,454	£592,620	£5,516,759
Pay Pressures	£1,061,381	£1,084,731	£1,108,595	£1,132,985	£1,157,910	£1,183,384	£1,209,419	£1,236,026	£1,263,218	£1,291,009	£11,728,659
Demand Pressures	£416,959	£30,391	£21,038	£21,775	£22,537	£23,325	£24,142	£24,987	£25,861	£26,766	£637,781
Prescribing	£1,283,380	£1,328,298	£1,374,789	£1,422,906	£1,472,708	£1,524,253	£1,577,602	£1,632,818	£1,689,966	£1,749,115	£15,055,835
Total Pressures	£3,266,520	£2,958,317	£3,029,616	£3,113,364	£3,199,567	£3,288,302	£3,379,649	£3,473,687	£3,570,500	£3,659,511	£32,939,034
MEDIUM SCENARIO											
Contractual Pressures	£504,800	£514,896	£525,194	£535,698	£546,412	£557,340	£568,487	£579,857	£591,454	£592,620	£5,516,759
Pay Pressures	£1,167,519	£1,193,204	£1,219,455	£1,246,283	£1,273,701	£1,301,723	£1,330,361	£1,359,628	£1,389,540	£1,420,110	£12,901,525
Demand Pressures	£419,464	£33,352	£24,220	£25,188	£26,196	£27,244	£28,334	£29,467	£30,646	£31,871	£675,982
Prescribing	£1,466,720	£1,525,389	£1,586,404	£1,649,861	£1,715,855	£1,784,489	£1,855,869	£1,930,103	£2,007,308	£2,087,600	£17,609,597
Total Pressures	£3,558,503	£3,266,841	£3,355,273	£3,457,030	£3,562,164	£3,670,796	£3,783,050	£3,899,056	£4,018,948	£4,132,202	£36,703,863
HIGH SCENARIO											
Contractual Pressures	£504,800	£514,896	£525,194	£535,698	£546,412	£557,340	£568,487	£579,857	£591,454	£592,620	£5,516,759
Pay Pressures	£1,592,071	£1,627,097	£1,662,893	£1,699,477	£1,736,865	£1,775,076	£1,814,128	£1,854,039	£1,894,828	£1,936,514	£17,592,989
Demand Pressures	£419,837	£36,328	£27,446	£28,681	£29,971	£31,320	£32,730	£34,202	£35,742	£37,350	£713,607
Prescribing	£1,650,060	£1,724,313	£1,801,907	£1,882,993	£1,967,727	£2,056,275	£2,148,807	£2,245,504	£2,346,551	£2,452,146	£20,276,283
Total Pressures	£4,166,769	£3,902,634	£4,017,440	£4,146,848	£4,280,976	£4,420,012	£4,564,152	£4,713,601	£4,868,575	£5,018,630	£44,099,637
WORSE SCENARIO											
Contractual Pressures	£504,800	£514,896	£525,194	£535,698	£546,412	£557,340	£568,487	£579,857	£591,454	£592,620	£5,516,759
Pay Pressures	£2,122,762	£2,169,463	£2,217,191	£2,265,969	£2,315,820	£2,366,768	£2,418,837	£2,472,052	£2,526,437	£2,582,019	£23,457,318
Demand Pressures	£421,276	£39,318	£30,717	£32,253	£33,865	£35,559	£37,336	£39,203	£41,163	£43,222	£753,912
Prescribing	£1,833,400	£1,925,070	£2,021,324	£2,122,390	£2,228,509	£2,339,935	£2,456,931	£2,579,778	£2,708,767	£2,844,205	£23,060,308
Total Pressures	£4,882,238	£4,648,747	£4,794,426	£4,956,310	£5,124,607	£5,299,602	£5,481,592	£5,670,889	£5,867,821	£6,062,066	£52,788,297

To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Renfrewshire HSCP - Winter Plan 2022/23

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. Each year, Renfrewshire HSCP, concurrently with partner organisations, proactively develop plans to ensure the resilience of critical services over the winter period. An update on winter planning is brought to the IJB for approval annually, and in recent years this has taken into account the highly uncertain and challenging operating environment in which health and social care services are delivered. These updates have also recognised that pressures which were usually more likely to be prevalent in winter, are now being identified and managed throughout the year.
- 1.2. The HSCP's winter planning therefore focuses on identifying further actions which are required to protect service provision during this period. In advance of the submission of this paper to the IJB, this planning process for winter 2022/23 has been undertaken across all of the HSCP's internal and hosted services, taking into account learning from the pandemic and also reflecting our current risk and issue context.
- 1.3. The Winter Plan 2022/23 is attached as Appendix 1 to this paper and provides a summary of the additional actions being taken to prepare for the winter period in Renfrewshire. This Plan links to individual service level plans, planning that has been undertaken by partner organisations and the Unscheduled Care Commissioning Plan. It also reinforces existing Business Continuity Plans which are under ongoing review within the HSCP.

2. Recommendations

It is recommended that the IJB:

- Approve Renfrewshire HSCP's draft Winter Plan 2022/23;

- Note that the Plan will be aligned to both the NHSGGC Board and Renfrewshire Council Winter Plans and will remain a live document to respond to changing circumstances throughout the winter period; and
 - Note that implementation of winter plans will be supported by internal and external communications and engagement strategies, developed in conjunction with NHSGGC and Renfrewshire Council.
-

3. Background

- 3.1. As part of the IJB's role as a Category One responder under the Civil Contingencies Act 2004, the IJB has formal duties to assess risk and to maintain Emergency and Business Continuity Plans. Winter planning forms a core part of these duties. In June 2021, the IJB agreed to delegate to the Chief Officer, as its Accountable Officer, responsibilities for discharging these duties.
- 3.2. In undertaking these delegated responsibilities, and the winter planning that this entails, the HSCP continues to engage with partners through existing resilience arrangements regionally and locally. As part of these arrangements, the IJB and HSCP's Winter Plan is shared with colleagues within NHS Greater Glasgow and Clyde and Renfrewshire Council, while HSCP staff also contribute to the development and review of the IJB's partner organisations' respective Winter Plans.
- 3.3. In preparation for the coming winter, it is clear that a range of significant challenges remain with regards service demand and available staffing, whilst a range of additional challenges have also developed or increased in priority, reflecting our current risk and issue context. These are set out in further detail in Section 4 of this paper.

4. Assessment of emerging winter risks

- 4.1. Ongoing assessment of existing and emerging winter risks and issues has ensured that a number of key aspects, and their implications and impacts, have been considered within this year's planning cycle. They include:
- The volatility of the Ukraine situation and the potential forms of disruption this may cause on supply chains, public finances and cyber security;
 - The continued potential for, and likelihood of, waves of COVID infection and increase levels of influenza this winter;
 - The importance of continuing to prioritise the health and wellbeing of our staff, recognising the continued pressures facing health and social care services locally, regionally and nationally;
 - The potential for disruption to power supplies. This could be unplanned incidents due to local or national electricity system faults or severe weather such as the impacts observed following Storm Arwen last winter. It also includes potential planned rolling outages in the reasonable worst-case scenario set out by National Grid in the event of possible gas and power shortages during the winter months;

- The potential for cyber-attacks or technology incidents, which could be related to the security situation arising from the war in Ukraine or could arise from severe weather or other causes. A recent example of this includes the loss of internet and telephone communications in Shetland due to underwater cable damage, with significant impacts on service delivery;
- The financial climate, the cost-of-living crisis and the impact that this will have on the HSCP, local communities and service users and patients across the partnership's services.

4.2. The HSCP continues to experience consistently high demand on all services, and there has not been a return to pre-pandemic seasonal peaks and troughs. Reflecting this context, and in line with the approach agreed with the Audit, Risk and Scrutiny Committee to ensure 'winter' impacts are mitigated all year round, the HSCP has undertaken a complete review of the partnership's overarching Business Continuity Plan.

4.3. It is also important to note that whilst the number and visibility of COVID-19 cases reduced over the summer period, it is projected that further waves of infection will be experienced from November onwards. As society has increasingly opened, reflecting the removal of restrictions earlier in 2022, this will however be coupled with an expected increase in other viral infections such as norovirus, flu and other viruses through winter. It is therefore essential that the HSCP maintains flexibility and capacity to adapt the partnership's response at any time. Balancing this continued need for flexibility alongside ongoing service recovery will be challenging and will continue to need significant effort and focus to ensure provision of high quality, safe and person-centred care to our service users.

5. **Details of the HSCP's Winter Plan and supporting processes**

5.1. The Winter Plan 2022/23, attached as Appendix 1, provides a summary of the additional actions being taken to prepare for the winter period to mitigate against the risks identified above. This has been developed from detailed work which has been undertaken to develop individual plans within each service area, including hosted services. Each service plan focuses on that service's response to six key scenarios, which are:

- disruptive weather and the ability for staff to get to work;
- staff cover for the festive period;
- the impact of disruptive weather on the HSCP's supply chain;
- the impact of weather on available accommodation and property;
- disruption to systems and/or data loss; and
- disruption to infrastructure e.g. a loss of power supply.

5.2. It has also been developed to reflect (i) the Unscheduled Care Commissioning Plan and Delivery Plan 2022/23 to 2024/25 which covers actions being undertaken within Renfrewshire to support the timely provision of unscheduled care, and the delivery of the right care, at the right time and in the right place; and (ii) winter planning and resilience actions developed by NHS Greater Glasgow and Clyde and Renfrewshire Council.

- 5.3. Each of the deliverables which form the HSCP's Winter Plan encompass a range of key activities. This includes those actions which are both organisation-wide and service specific to ensure that appropriate arrangements are in place to support service provision during the winter period. Actions also reflect work undertaken in winter 2021/22 and developed over the course of this year, including the range of initiatives developed as a result of the winter funding monies from the Scottish Government. These actions are captured under the following categories:
- Vaccination programmes
 - Operational resilience
 - Surveillance and Response - Monitoring and Control (Governance)
 - Supporting the public
 - Supporting our partner organisations
 - Enablers and optimisations of existing infrastructure
 - Festive period planning
 - Workforce planning / staffing
- 5.4. Examples of actions within these categories include the HSCP's response, with partners, to addressing the impacts of the cost-of-living crisis and supporting delivery of the Fairer Renfrewshire Committee's objectives. The Committee has been set up to ensure that no-one in Renfrewshire is left behind, and has responsibility for matters on cost of living, social renewal and tackling poverty.
- 5.5. The HSCP has Head of Service participation in the Fairer Renfrewshire Officers Group and is working with colleagues within Renfrewshire Council to shape and deliver the Winter Connections programme. This programme aims to create a network of local spaces and places where people can connect with others in their community this winter. It will include a programme of events and activities that everyone can access, feel welcome, and make connections to other services and supports should they need to. To ensure the programme is as broad as possible, small grants have been made available to local groups to assist with participation.
- 5.6. Planning the necessary response to power outages has also been designated as a high priority and actions continue to define and put in place robust response plans. This includes assessment of backup power sources that may be required to support critical services, and the necessary operational arrangements for service delivery should there be a prolonged period of system and/or internet outages. The HSCP attends and contributes to contingency planning structures with partner colleagues on an ongoing basis.
- 5.7. The HSCP and partners also recognise the critical importance of continuing to support staff to maintain their health and wellbeing, and to complement existing measures and support mechanisms where possible. Cross service discussions are ongoing to ensure necessary additional measures have been considered (and will continue to be identified and implemented) to support and improve the health and wellbeing of staff. These measures include, but are not limited to:
- Continued support to access local and national wellbeing support (regularly covered in Chief Officer staff update emails);
 - Refreshing the Healthy Working Lives group;

- Ensuring appropriate uniforms and work wear for winter weather are available and scoping suitable contents for a winter pack for staff;
- Scoping of drop-down locations for staff, including access to hot drinks;
- Ensuring staff have access to information on cost-of-living e.g., food, fuel and financial advice and support; and
- Ensure all staff have access to NHS GGC All About Money information for staff who live outwith Renfrewshire and promoting access to related advice services through internal and external routes.

6. Related partner planning arrangements

- 6.1. The NHS GGC winter planning process has been undertaken concurrently and has included a series of cross-system workshops to confirm priorities, capture activity occurring in local areas and agree on new initiatives required to support resilience this winter. At the time of writing, this winter plan is well developed and in the process of being refined and finalised.
- 6.2. In addition, Renfrewshire Council also undertakes regular planning for winter and is working closely with HSCP colleagues to develop resilience plans and to coordinate communications over the winter period as part of the annual 'Ready for Winter' communications plan. Key elements of this plan over the coming months will target staff, local businesses and residents and will include enhanced public health messaging in relation to flu and COVID vaccinations, the cost-of-living crisis, and the potential for planned and unplanned energy outages, and cyber security.

7. HSCP Communications and Monitoring arrangements

- 7.1. In addition to communications provided to staff through partner organisations, the HSCP's Communications Team incorporates regular winter planning messaging into Chief Officer updates to ensure that staff and teams are aware of necessary preparations and actions that are required and the support that is available to them to maintain their health and wellbeing. In addition, a Leadership Network session was held with the HSCP's managers in early November to cover the key aspects of winter planning activity ongoing, and to set out the additional actions that will continue to be taken forward. As noted above, this activity and supporting communications will continue to be iterative and responsive to changing circumstances.
- 7.2. The Winter Plan will be brought regularly to HSCP Senior Management Team meetings, with Operational Heads of Service responsible for service updates. The Senior Management Team will continue to oversee the delivery of the Plan and monitor supporting data to ensure the effectiveness of the actions being taken. In doing so, the IJB will be kept briefed on our response throughout the winter if there are any significant changes to the Plan.

Implications of the Report

1. **Financial** – Winter planning requirements are incorporated within ongoing financial planning.
2. **HR & Organisational Development** – None from this report.
3. **Community Planning** – Links with the council regarding the provision of warm spaces and food bank provision.
4. **Legal** – Meets the IJB's obligations as a Category One responder under the Civil Contingencies Act 2004.
5. **Property/Assets** – The identification of back up properties for each of our services.
6. **Information Technology** – Appropriate scenario planning for use of digital technology to support service provision during winter will be undertaken. This will draw upon the experience and learning from the pandemic to date. Additional planning undertaken to assure access to our critical data when normal access routes are compromised.
7. **Equality & Human Rights** – None
8. **Health & Safety** – Actions within the plan have been specifically identified regards the health, safety and wellbeing of HSCP staff and service users.
9. **Procurement** – Potential for increased purchasing through winter to ensure sufficient stocks remain and also for contractual agreements with specific winter equipment providers, e.g. 4x4 vehicles.
10. **Risk** – a clear link between the HSCP Risks and Issues log and winter / continuity planning was established in 2021 and has been maintained.
11. **Privacy Impact** – None

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 / 0141 618 7621)

Appendix 1: RHSCP Winter Plan

No	Priority	Objective	Related Actions	Owner(s)
1	Vaccination programmes	To ensure we protect our staff and the public by delivering the required seasonal vaccination programmes; Flu and COVID Booster.	The delivery of flu, boosters and COVID-19 vaccinations to staff and the public including child immunisations as appropriate.	Clinical Director Head of Health & Social Care (West Renfrewshire)
2	Operational resilience	<p>To ensure we continue to embed our frameworks, policies and plans to support service resilience and the prioritisation of emergency and critical services, whilst maintaining the delivery of other essential services.</p> <p>One key aspect which has been further developed in this year's plan is the HSCP's 'Data Resilience' plans and specifically how each service would respond when faced with a loss of systems, network or power for a period of one week.</p>	<ul style="list-style-type: none"> Review and update of Business continuity plans and specifically data resilience plans. Promoting and operationalising disruptive weather policies including working with the council regards gritting, securing appropriate transport (such as 4x4 vehicles), creating forecasts, rotas and plans for contingency service arrangements for additional surge / staff deployment capacity especially in Care at Home, Care Homes and Community Meals. Logistics and supply chain monitoring for PPE, hand sanitiser, medication and other key supplies (particularly due to Ukraine and other ongoing supply chain impacts including financial climate implications). 	All Operational Heads of Service
3	Surveillance and response - monitoring and control (governance)	To ensure we continue to survey our environment and stay abreast of how our services are performing for our service users, taking note of any lessons learned and amending our policy and practice as required to sustain service levels.	<ul style="list-style-type: none"> Development of a regular Winter Plan update within our response and recovery dashboard which includes relevant operational and strategic risks and issues, aligned to the terms of our Risk Framework. Daily multi-disciplinary delayed discharge meetings within Renfrewshire and two weekly 	All Operational Heads of Service

			<p>board-wide meetings to provide high level of scrutiny.</p> <ul style="list-style-type: none"> • Coordination of Partnership planning and management of dependencies between service and organisational plans. 	
4	Supporting the public	To ensure we support the public to continue to access required services, addressing their critical and essential needs and supporting residents to remain safe and well.	<ul style="list-style-type: none"> • Comprehensive communications and engagement strategies which provides our staff and the public with information to help them prepare for winter. • Working with partners to implement additional measures to support our communities, including close working with the Fairer Renfrewshire Committee and implementation of the Winter Connections programme 	Communications Team
5	Supporting our partner organisations	To ensure we support our partner organisations to take steps to prepare for winter and collaborate on necessary solutions for the benefit of residents.	<ul style="list-style-type: none"> • Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays. • Spot purchase of interim placements (up to 6 weeks in duration) as required to provide step down support from a hospital setting, with identification of required number of placements to be commissioned for six months to cover the winter period. • Continued development of services using winter monies to reduce delays and prevent unnecessary admission to hospital, such as the Home First Response Service, increase in number of Health and Care Support Worker posts and increase of resources within social work teams to undertake assessment and care management. • Proactive planning with GP Practices, Care Homes and Nursing Homes. 	<p>All Operational Heads of Service</p> <p>Communications Team</p>

			<ul style="list-style-type: none"> Continued delivery of clinical support through the Renfrewshire Care Home Liaison Team and oversight through the Care Home huddle model. 	
6	Enablers and optimisation of existing infrastructure	To ensure we deliver, champion and optimise the use of appropriate infrastructure across the partnership, with our partners, to underpin the successful delivery of our plans.	<ul style="list-style-type: none"> Scenario planning for potential situations where additional roll out of digital resources may be required (e.g. NHS Near Me, virtual clinics, video calling) and ensuring we are adequately prepared from a technology and ICT perspective. Optimising the use of Community Pharmacy. Utilising existing infrastructure to build resilience within services. E.g. telephony infrastructure changes for pharmacy hub, learning disabilities and community mental health. 	<p>All Operational Heads of Service</p> <p>Links with Partners (NHSGGC/Renfrewshire Council)</p>
7	Festive period planning	<p>To ensure we adequately understand the needs of services through the festive period and plan appropriately to maintain and manage service levels and any potential disruption.</p> <p>This includes a focus on early confirmation of festive rotas, alongside mitigating actions to address any service staffing issues should these arise.</p>	<ul style="list-style-type: none"> Forecasting of service demand through the festive period and aligning this to the staffing to ensure we have adequate cover. Signposting staff and the public to the right services at the right time, taking into account the need for redirection to address peaks 	All Operational Heads of Service
8	Workforce planning / staffing	To ensure we deliver the right balance of annual leave and staffing across services to maintain service levels throughout the winter period.	<ul style="list-style-type: none"> Agreed annual leave policies / volumes and staff flexibility at a service level Implementing additional measures to support staff health and wellbeing (as set out above) 	All Operational Heads of Service

		<p>To ensure we support the health and wellbeing of our staff so that they remain well and are able to undertake their roles through potentially challenging winter conditions.</p>	<ul style="list-style-type: none"> • Contingency staffing arrangements between services and from 3rd parties, partners and other third sector organisations • Accommodation planning (e.g. crisis respite) which can be deployed if and when required. • Continued focus on supporting personal safety, winter driving and lone working arrangements. 	<p>Partner Organisations HR Teams (NHSGGC / Renfrewshire Council)</p>
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To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Interim Head of Mental Health, Learning Disabilities and Alcohol and Drugs Recovery Services

Heading: Mental Health – Suicide Prevention

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on the local and national suicide prevention context; and the current and planned strategic activity relating to suicide prevention. The most recent statistics for probable deaths by suicide in Renfrewshire are highlighted.
- 1.2. The paper provides an outline of the Scottish Governments recently published National Suicide Prevention Strategy 2022-2032 'Creating Hope Together' and accompanying 3-year Action Plan for 2022-2025. The strategy's vision, guiding principles and priorities are described and aligned with the HSCP's Strategic Plan and ongoing local activity.

2. Recommendations

It is recommended that the IJB note:

- The local and national position and ongoing activity in relation to suicide prevention;
- The headline priorities of the National Suicide Prevention Strategy and how this aligns with the ongoing and planned activity within Renfrewshire; and
- The progression towards implementing a multi-agency strategic group for suicide prevention in Renfrewshire; and the request for IJB representation and support.

3. Background

- 3.1. In August 2022, the National Records of Scotland published its statistics for probable deaths by suicide in 2021. Figures for Renfrewshire showed 25

suspected suicides in 2021, an increase of 3 (13%) from 2020. This compares with figures for Scotland which showed a decrease of 6% in suspected suicides across Scotland to 753.

3.2. In September 2022, Scotland's new 10-year Suicide Prevention Strategy was published, titled 'Creating Hope Together'. This is accompanied by a 3-year action plan to deliver on the strategy's vision and target outcomes.

3.3. The strategy replaces the previous Suicide Prevention Action Plan: Every Life Matters which was published in 2018. It aims to build on the good work already happening across Scotland to prevent suicide.

4. National Suicide Prevention Strategy 2022/23 – 'Creating Hope Together'

4.1 Scotland's new national strategy sets out the Scottish Government and COSLA's vision for suicide prevention over the next ten years, to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide. The aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

4.2 The strategy outlines a collaborative whole of Government and whole society approach across all sectors to support communities, so they become safe, compassionate, inclusive and free of stigma.

4.3 The strategy aims to deliver on four key outcomes:

- Outcome 1 – The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic, and physical environment.
- Outcome 2 – Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others need support.
- Outcome 3 – Everyone affected by suicide is able to access high quality, compassionate, appropriate, and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
- Outcome 4 – Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local, and sectoral partners.
- Our work is designed with lived experience insight, practice, data, research, and intelligence. We improve our approach through regular monitoring, evaluation, and review.

4.4 The outcomes are based on four priority areas:

- Build a whole of Government and whole society approach to address the social determinants which have the greatest link to suicide risk.
- Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal.
- Promote & provide effective, timely, compassionate support – that promotes wellbeing and recovery.
- Embed a coordinated, collaborative, and integrated approach.

4.5 The delivery of the Strategy is directed by seven guiding principles:

- We will consider inequalities and diversity – to ensure we meet the suicide prevention needs of the whole population whilst taking into account key risk factors such as poverty, and social isolation.
- We will co-develop our work alongside people with lived and living experience (ensuring that experience reflects the diversity of our communities and suicidal experiences). We will also ensure safeguarding measures are in place across our work.
- We will ensure the principles of Time, Space, Compassion are central to our work to support people's wellbeing and recovery. This includes people at risk of suicide, their families/carers and the wider community, respectful of their human rights.
- We will ensure the voices of children and young people are central to work to address their needs and co-develop solutions with them.
- We will provide opportunities for people across different sectors at local and national levels to come together, learn and connect – inspiring them to play their part in preventing suicide.
- We will take every opportunity to reduce the stigma of suicide through our own work.
- We will ensure our work is evidence informed, and continue to build the evidence base through evaluation, data, and research. We will also use quality improvement approaches, creativity, and innovation to drive change – this includes using digital solutions.

4.6 In the 2021-22 Programme for Government, the Scottish Government committed to double the specific annual funding available for suicide prevention from £1.4million to £2.8million. The funding aims to directly support the ambition of the strategy. The whole of Government and society approach also draws

upon non-mental health funding and resource to support suicide prevention including policies aimed at child poverty, substance use and debt.

4.7 The previous suicide prevention strategy, 'Every Life Matters' generated local area suicide prevention action plan guidance, development of new digital learning resources, raising awareness through the 'United to Prevent Suicide' campaign, pilot programmes in 'Supporting People Bereaved by Suicide'; and reviews of deaths by suicide. In addition to this, provision of "more timely data" has commenced, as well as work to ensure that "lived experience" and the needs of children and young people are included in this work.

4.8 It should be noted that Scottish Government will be consulting on and drafting a Self-Harm Prevention Strategy early in 2023.

5. Local position and activity

5.1 Locally, we continue to build on the strong work already underway ensuring this aligns with the newly published National Strategy, other national policies including the Mental Health Strategy 2017-2027 and the priorities outlined in the HSCP's Strategic Plan

5.2 The overall decrease in suicides in Scotland is to be welcomed, however we are saddened to see an increase in the number of people who have died by suicide within Renfrewshire. This is now the 3rd consecutive year there has been an increase in the number of deaths within Renfrewshire from a low of 13 in 2018. For Scotland the 5-year rolling average data for 2017-21 was 14.4 deaths by suicide per 100,000 of population. For Renfrewshire the 5-year rolling average data was below this at 11.1 per 100,000 of population.

5.3 Suicide is a complex issue for Renfrewshire, and the 'Whole of Government' and 'Whole Society' approach of 'Creating Hope Together' is welcomed. "Suicide is Everyone's Business".

5.4 One of our short-term strategic priorities is to implement a Chief Officer led local multi-agency strategic group for suicide prevention by March 2023. The group is currently being established; the remit being developed with a comprehensive term of reference. The group will consist of relevant key partners across Renfrewshire and will lead on developing a suicide prevention strategy aiming to reduce the rate of suicide and self-harm within Renfrewshire. This aligns with the national strategy's whole society approach.

5.5 Building on previous work, a new online training programme 'Living Works START' commenced in Renfrewshire from January 2022. The programme aims to support staff to become more comfortable and confident in talking about suicide, keep people safe in times of distress; and to build skills and knowledge about resources available. To date 200 people have completed this course, from a range of statutory and 3rd sector organisations.

- 5.6 The Choose Life Service Co-ordinator works closely with a range of services and departments to further the work of suicide prevention. Working collaboratively with colleagues in Education Services, every education establishment now has a mental health, suicide prevention and self-harm policy available to all staff. More than 40 pupil support staff have been trained in ASIST (Applied Suicide Intervention Skills Training) with further courses planned to increase this number.
- 5.7 Return of face-to-face training is expected in January of 2023, with the Choose Life Service Co-ordinator, having a large supporting role to the limited number of trainers to deliver face to face training. This programme of courses will include SMHFA (Scotland's Mental Health First Aid), safeTALK (suicide alertness for everyone); ASIST (Applied Suicide Intervention Skills Training); and What's the Harm? (self-harm awareness training). In addition to this, Living Works START programme will continue to be offered online, alongside other online sessions.
- 5.8 The Choose Life Service Co-ordinator represents Renfrewshire HSCP at National and Greater Glasgow & Clyde strategic meetings. The Co-ordinator is currently working collaboratively with colleagues from West Dunbartonshire HSCP and the City Deal Team, Clyde Waterfront Renfrew Riverside Team regarding the construction of a new bridge. This partnership approach will ensure that learning from the 'Erskine Bridge Case Study' will be used to inform the design, enable safety measures to be 'designed in'; and reduce the need for retrospective work.
- 6. Next Steps**
- 6.1 Progress with the development of a Local Strategic Suicide Prevention Group for Renfrewshire.
- 6.2 As part of establishing the strategic group, we will develop a local communications and awareness raising plan. We will engage with people with lived experience and a wide range of stakeholders to share the National Strategy and seek views about how we will implement the priorities locally.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – Local leadership and accountability for suicide prevention will sit with Chief Officers in line with public protection guidance. As part of this role Chief Officers will connect into Community Planning Partnerships (CPPs) which will help ensure suicide prevention is considered as a priority in the wider strategic context, and that all local partners are engaged and supportive.

4. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No specific risks require to be highlighted.
11. **Privacy Impact** – None from this report.

List of Background Papers: None

Author: Douglas Johnston, Choose Life Service Co-ordinator

Laura Howat, Interim Head of Mental Health, Learning Disabilities and Alcohol and Drugs Recovery Services

<p>Any enquiries regarding this paper should be directed to Laura Howat, Interim Head of Mental Health, Addictions and Learning Disability Services (laura.howat@renfrewshire.gov.uk)</p>
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To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Laura Howat, Interim Head of Mental Health, Learning Disabilities and Alcohol and Drugs Recovery Services

Heading: Alcohol and Drugs Recovery Service - Update

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on the local activity and progress in relation to tackling drug related deaths in Renfrewshire. This follows the outline brief update within the Chief Officer's Report to IJB on 14 September 2022 and includes information relating to the publication of 2021 statistics and the most recent figures on suspected drugs related deaths for 2022.
- 1.2. This paper provides detail on the current local position and how this aligns with national context and policies, and an overview of the important work already underway or planned to tackle drug related deaths in Renfrewshire.

2. Recommendations

- 2.1. It is recommended that the IJB note:
- The confirmed 2021 drug related death statistics published by National Records of Scotland, and the 2022 Suspected Drug Related Deaths report from Police Scotland;
 - The local and national position and ongoing activity in relation to tackling drug related deaths in Renfrewshire; and
 - The important local work progressed thus far, future planned activity; and how the impact of this will be monitored and evaluated.

3. Background

- 3.1. On 28 July 2022, the National Records of Scotland (NRS) published the Drug Related Deaths in Scotland in 2021. [Drug-related Deaths in Scotland in 2021](#).

In Scotland, there were 1330 drug misuse deaths in 2021 – 9 fewer than in 2020. In Renfrewshire, there were 50 drug related deaths – a decrease of 25% compared to 2020 when 67 deaths were recorded.

3.2. On 23rd September 2022, Police Scotland published their latest quarterly report [Suspected Drug Deaths in Scotland](#). In the Renfrewshire and Inverclyde Police Division, suspected drug deaths decreased from 23 (January to March 2022) to 7 (April to June 2022).

3.3. Every single drug related death is a tragedy and impacts on a wide range of people and has far reaching implications for families and communities. The latest statistics reinforce the local commitment to continuing to work collaboratively to prevent and reduce drug-related harms within communities.

4. Drug-related deaths 2021 – National and Local Context

4.1. Across all 32 local authorities Renfrewshire had the 7th highest rate of deaths per 100,000 population. Within NHS Greater Glasgow and Clyde (NHSGG&C), there were 427 drug misuse deaths in 2021, a decrease of 4% compared with the previous year.

4.2. Figure 1 details the number of drug misuse deaths across each NHSGG&C local area in 2021:

Area	2020	2021	% change
Renfrewshire	67	50	-25%
East Dunbartonshire	14	16	+14%
East Renfrewshire	10	6	-40%
Glasgow city	291	311	+7%
Inverclyde	33	16	-52%
West Dunbartonshire	29	28	-3%
NHS GGC	444	427	-4%
Scotland	1339	1330	-1%

4.3. Initial analysis undertaken across NHSGG&C has highlighted deaths are more common in males (68.4%), aged between 45-54 (37.5%). In 2021 there was an overall 9% decrease in male deaths whilst there was a 10% increase in female deaths. This means that the ratio of M:F deaths was 2:1.

4.4. In 93% of all drug misuse deaths, more than one drug was found to be present in the body. Subsequently, in recent years there has been a large increase in the number of drug misuse deaths involving benzodiazepines.

In 2015 there were 191 of these deaths and in 2021 there were 918; almost five times as many. This increase has mostly been driven by street benzodiazepines rather than those which are prescribed.

- 4.5. Opiates or Opioids continue to be present in 82% of all drug related deaths in NHSGG&C with heroin/morphine in 33%. Codeine (3%) and Dihydrocodeine (9%) were implicated to a much lesser degree. Methadone was implicated in 51% of all deaths, a decrease of 5% compared with 2020. In 2021 there was a slight fall in the incidence of benzodiazepines implicated but it is still one of the most commonly found family of drugs implicated in drug related deaths (70.0%), which is usually due to the drug Etizolam (67.0%).
- 4.6. Across NHSGG&C there were decreases in Gabapentinoids (28%%) use and Cocaine (22%) use compared with 2020 such that they are now both implicated in one in every four deaths. There was small or no change in the incidence of Ecstasy (1%), and Amphetamine (2%) in those involving Alcohol (10%).
- 4.7. Across NHSGG&C 42.9% of all drug-related deaths were on Medication Assisted Treatment (MAT) at the time of their death, which is a slight increase compared to 2020 (39%).
- 4.8. In Renfrewshire, 36% of all drug related deaths were on Medication Assisted Treatment (MAT) at the time of their death, also an increase compared to 2020 (29.9%).

5. Suspected Drug Deaths in Scotland 2022

- 5.1. The Scottish Government's National Mission announced in January 2021, included a commitment to improve data and surveillance. Police Scotland have since published quarterly reports on suspected drug deaths to provide as timely indication of current drug trends in Scotland as is possible.
- 5.2. In the quarter 2 report for 2022/23, Police Scotland reported that Renfrewshire and Inverclyde had the lowest number of suspected drug deaths (7) in quarter 2 of all Police Divisions. This is also the lowest figure reported for Renfrewshire and Inverclyde Police Division over the period covered by this report (January 2017 – June 2022)
- 5.3. There were 562 suspected drug deaths in Scotland during the first 6 months of 2022, 22% (160) lower than during the same period in 2021.
- 5.4. Males accounted for 69% of these deaths. This compares with 72% between January and June 2021. There were 173 suspected drug deaths of females, a decrease of 15% (30) compared to the same period in 2021.
- 5.5. The majority (64%) of suspected drug deaths were of people aged between 35 and 54, broadly in line with previous quarters, and there were 31 suspected drug deaths in the under 25 age group, 11% (4) fewer than between January and June 2021.

5.6. The Police Divisions with the greatest number of suspected drug deaths were: Greater Glasgow (103), Edinburgh City (70) and Lanarkshire (57).

5.7. It is worth noting that Police Scotland's Suspected Drug Deaths figures are for the purpose of monitoring trends only, and it is likely that final confirmed figures, which form the statistics released annually by the National Records of Scotland report, will differ.

6. Preventing Drug-Related Deaths: Local Actions

6.1. A number of activities and developments are underway and continue to be progressed locally to reduce and prevent drug related deaths in Renfrewshire.

6.2. A dedicated post to support the prevention of drug-related deaths in Renfrewshire was recruited to in September 2021. The Alcohol and Drug Partnership (ADP) Drug Deaths Prevention Lead Officer has been working with all relevant partners to deliver local and national recommendations. This has led to the development of the Drug Deaths Prevention Group, the expansion of the provision of Naloxone throughout Renfrewshire; and the investigation of drug-related deaths to inform future preventative activities, as part of the Drug Deaths Review Group.

6.3. Funded by the Drug Deaths Taskforce, the Greater Glasgow and Clyde Overdose Response Team launched in Renfrewshire in September 2021. The Team provides a rapid response to those who have suffered a non-fatal overdose, offering harm reduction interventions; and signposting and supporting individuals into mainstream alcohol and drug recovery services. The service provides an outreach response and operates out of hours between 10am-10pm, 7 days a week.

6.4. A recent report from the Overdose Response Team identified that there were 25 individuals in Renfrewshire open to their service in August, including 10 individuals referred into the service that month. Renfrewshire Alcohol and Drug Recovery Service (ADRS) is working with the team to increase the number of referrals by further developing internal processes, including immediate referrals as part of the assertive outreach process, Friday prison releases; and instances when medication is not collected from pharmacy.

6.5. The Drug Deaths Prevention Group was established in November 2021 and is attended by partners across the ADP. The Group aims to provide interagency working to apply national policy and guidance alongside local needs to mitigate the harms caused by drug use in Renfrewshire. An Action Plan has also been developed which details the multi-agency activities required to achieve these outcomes as well as having a monitoring performance role. The Group will also action any trend information and implement learning highlighted through the drug death review process.

6.6. A multiagency Naloxone Delivery Group has been established with the goal of expanding Naloxone availability throughout Renfrewshire. The Group has developed a work plan which focuses on reducing barriers to receiving Naloxone,

addressing stigma, raising the profile of Naloxone; and providing more learning opportunities for overdose awareness.

The distribution of Naloxone continues to target those most at risk of overdose through supply by local services including ADRS, CIRCLE, HaRRT, the Overdose Response Team, pharmacies, and needle exchanges.

- 6.7. Naloxone figures have been released for quarters 1 and 2 (April - September 2022) and indicated that 331 Naloxone kits have been supplied in the community in Renfrewshire during this period. This is 38% towards the 2022/23 target of 880 kits.
- 6.8. The Medication Assisted Treatment (MAT) Standards were developed by the National Drug Death Task Force in 2019. The Standards have been developed to address issues related to treatment access, retention, and quality of services across Scotland. There are ten standards in total which aim to address change in the service delivery landscape and the culture of services, both over the short and long term. ADRS is currently implementing the MAT Standards with a focus on introducing same day prescribing and choice of treatment. ADRS will aim to offer 'same day' provision, where appropriate, for hard-to-reach individuals using rapid access assessment to opiate substitute therapy. In addition to this, ADRS is currently in the process of upscaling the administration of Buvidal, with the aim of being able to offer same day treatment. A NHSGG&C standard operating procedure is in place. The data to be captured, and how it is to be used, is currently being explored to enable the ADP to monitor progress. ADRS is committed to the implementation of the MAT Standards in Renfrewshire to ensure individuals who use the service have immediate access to support and treatment with the same range of options as other parts of Greater Glasgow and Clyde.
- 6.9. The expectation from the Scottish Government is that all 10 MAT Standards are be implemented throughout Scotland by April 2023. An Improvement Plan which outlines the specific actions required within Renfrewshire to achieve implementation of the standards is now in place. A Senior Information Analyst, specifically for Renfrewshire has been recruited, and the process is underway to employ three Project Managers to work across NHS GG&C to support this work, one of which will be a dedicated post for Renfrewshire.
- 6.10. Providing enhanced access to residential rehabilitation placements has been introduced as part of the choice of treatment options. A scoping exercise has been carried out to identify abstinence-based provision which has led to an agreed contract with a local provider. A standard operating procedure has been developed to ensure consistency of assessment, reinforce care management roles/responsibilities and aftercare provision. Discussions are also underway to address gaps in stabilisation and crisis service provision. The development of a pathway has also been published to ensure the process of accessing residential rehabilitation services is clear and easy to navigate for staff and service users.

- 6.11. The Acute Addiction Liaison Service continues to work with colleagues in the Royal Alexandra Hospital (RAH). The Service assesses the nature and degree of alcohol and drug use experienced by patients admitted to hospital.

The Team works in partnership with acute and community services that support the delivery of care and treatment whilst the patient is in an acute hospital. This provides capacity to deliver immediate care and to manage higher levels of risk, along with engaging individuals with the appropriate services for continued support following their hospital discharge.

- 6.12. CIRCLE (Continuing In Recovery Changes Lives Entirely) Recovery Hub opened its doors in late 2021. CIRCLE provides unique mental health and addiction support for people looking for a recovery focus, by providing a varied programme of activities aimed at encouraging, involving, and supporting people in their recovery journey. CIRCLE has a different look and feel to any similar resource in Renfrewshire, having been designed collaboratively with a group of peers with lived and living experience, who have been at the heart of the development and instrumental in shaping how our services will operate. CIRCLE operates an open referral system, including self-referrals; and continues to scale up the service provision. The service has been subject of national interest and was formally opened by the Minister for Drug Policy, Angela Constance, on 26 October 2022.

- 6.13. The current FIRST Crisis Service, delivered by RAMH (Recovery Across Mental Health), has been enhanced and now includes alcohol and drugs. The Service was set up in April 2022 as a test of change for a period of 18 months. The Service provides access to a telephone helpline in the evenings, weekends and public holidays for individuals aged 16 years and over who are experiencing a crisis related to their alcohol and or drug use. Two dedicated practitioners offer appropriate advice and support applying a strength-based approach. The practitioners will also aim to enhance the role of existing mental health workers to ensure the sustainability of the service going forward. This will be achieved by delivering alcohol and drug training to all FIRST Crisis staff to broaden core knowledge and skills around the effects and impact of alcohol and drugs.

- 6.14. The Specialist Outreach Alcohol Nurses provide assertive outreach in the community to individuals frequently attending hospital as a result of their alcohol use. The Service aims to reduce frequent A&E attendances and hospitalisations by supporting individuals who are not currently engaged with services, providing care and treatment, and connecting individuals with appropriate services, including district nurses, ADRS, and other care providers. This service is being expanded to incorporate service users who have issues relating to drug use.

- 6.15. In collaboration with the Scottish Recovery Consortium (SRC), Renfrewshire has hosted a series of events throughout 2022 including the National Recovery Walk to highlight recovery development support, tackle discrimination and stigma, amplify compassion and connect communities across the whole population. This will form part of the Connected and Caring legacy.

- 6.16. SRC estimated that between 3000-4000 people attended the National Recovery Walk, which took place in Paisley, 24th September 2022. These are the largest numbers reported in its eleven-year history.
- 6.17. In collaboration with Scottish Families Affected by Alcohol and Drugs, a programme of Family Inclusive Practice and Bereaved Through Substance training is underway for all ADRS staff.

7. Planned Activity and Next Steps

- 7.1. Although recent drug-related figures in Renfrewshire have reduced, it is acknowledged that there is still much work to be done. Building on the extensive work already underway, the HSCP continues to work with the ADP and local partners to develop and embed these and additional preventative measures.
- 7.2. Renfrewshire is currently enhancing the drug death review process. An important aspect of preventing drug deaths includes the gathering of intelligence in relation to drug harms and deaths in order to identify trends, risk factors, and areas of focus for prevention. Although a process is currently in place to collect information on individuals who have died of a drug-related death in Renfrewshire, the ADP is in the process of working with a wide range of partners to enhance the scope of the Group. By including multiagency partners in this process, a higher quality of information on circumstances will be available. The enhanced model will also aim to identify good practice, trends, and learning opportunities which can be communicated to a whole range of partners.
- 7.3. A multi-disciplinary MAT Response Team will be established to ensure rapid, responsive support, with no barriers to accessing treatment. This will also include the recruitment of a Pharmacy Independent Prescriber which will enable ADRS to significantly enhance the opportunity to prescribe flexibly and consistently. The recruitment of a MAT Project Manager and a dedicated Information Analyst will assist the ADP to drive forward the embedding and evaluation of the MAT standards.
- 7.4. The ADP will continue to work to ensure alcohol and drug services are more visible and accessible by mapping routes to recovery, including service provision, and referral pathways for services available to citizens of Renfrewshire.
- 7.5. The Preventing Drug Deaths in Renfrewshire Action Plan will be embedded and monitored.
- 7.6. A self-assessment against the Drug Death Task Force Final Report: Changing Lives (2022), which outlines a number of recommendations and evidence-based actions that will prevent drug-related harms and deaths is underway by the ADP. The Drug Death Prevention Group will evaluate these findings and include required developments and actions within the Preventing Drug Deaths Action Plan.

- 7.7. A workforce development plan has been devised to ensure all ADRS staff have the most appropriate, up to date, trauma and recovery informed training in relation to both alcohol and drug use.
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Implications of the Report

1. **Financial** – No implications from this report - all costs will be contained within the allocated funding
 2. **HR & Organisational Development** – No implications from this report.
 3. **Community Planning** – No implications from this report.
 4. **Legal** – All updates in this report are consistent with the HSCP's statutory duties and support delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
 5. **Property/Assets** – No implications from this report.
 6. **Information Technology** – No implications from this report.
 7. **Equality and Human Rights** – No implications from this report.
 8. **Health & Safety** – No implications from this report.
 9. **Procurement** – No implications from this report.
 10. **Risk** – No specific risks require to be highlighted.
 11. **Privacy Impact** – None from this report. Completed
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List of Background Papers: None

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To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Chief Social Work Officer

Heading: Chief Social Work Officer Report 2021/2022

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

1. Summary

- 1.1. The Chief Social Work Officer provides an annual update report to Renfrewshire Council and the Integrated Joint Board (IJB) in the Autumn each year. The requirement for every local authority in Scotland to appoint a professionally qualified Chief Social Work Officer (CSWO) is set out within Section 3 of the Social Work (Scotland) Act 1968. The particular qualifications are set down in regulations and this is one of a number of statutory requirements which local authorities must comply with. In Renfrewshire the role of Chief Social Work Officer is held by the Head of Childcare and Criminal Justice. The Chief Social Work Officer is a non-voting member of the IJB
- 1.2. The annual reports of all CSWOs are submitted to the Office of the Chief Social Work Advisor at the Scottish Government in order that a national overview report can be produced. The annual report from the Renfrewshire Chief Social Work Officer provides a summary of activity relating to the role of the Chief Social Work Officer during 2021/22 and is attached at appendix 1.

2. Recommendation

It is recommended that the IJB:

- Note the key activities outlined in the Chief Social Work Officer Annual Report;

- Acknowledge the commitment of social work staff in the consistent delivery of quality frontline services;
- Note that the report was presented to the meeting of Renfrewshire Council on 29 September;
- Note that the report will be submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and
- Agree that the next annual report from the Chief Social Work Officer will be presented in Autumn 2023.

3. Background

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

advise on the specification, quality and standards of service commissioned. Current guidance for the role reflects the strategic nature and the particular function in relation to Integration Joint Boards and Health and Social Care Partnerships.

- 3.7. The CSWO has a range of other strategic responsibilities including oversight of professional standards in social work services, as well as undertaking the leadership of the profession through the Chief Social Work Officer function through promotion of the values and standards.
- 3.8. Social work services have a statutory duty to provide care and protection to the most vulnerable people across their local authority area. Access to the majority of services is assessed on the basis of need, and social work staff in partnership with individuals, carers, families and communities to meet the need within the resources available to the service and partner agencies.

4. Local Governance Arrangements

- 4.1. Within Renfrewshire Council the Head of Child Care and Criminal Justice also acts as Chief Social Work Officer. As well as the responsibilities associated within the directorship, as CSWO he retains professional leadership for adult social work and social care services delivery by Health and Social Care Partnership (HSCP).
- 4.2. The CSWO has a number of general and specific duties, including:
 - (i) Providing regular reports to Elected Members on the key activities and role of the Chief Social Work Officer.
 - (ii) Leading for Social Work on the Renfrewshire HSCP Executive Governance Group and the Integration Joint Board (IJB).
 - (iii) Reporting directly to the Education and Children's Services Policy Board and Renfrewshire Council.
 - (iv) Member of the Council's Corporate Management Team and Chief Officer's Group and reporting directly to the Chief Executive and senior Elected Members.
 - (v) The CSWO is accountable to the Chief Executive, the Corporate Management Team and the Council as part of the Chief Officers' Group which manages public protection risks on a partnership basis. Heads of Service have responsibility for the management of risk within their respective service areas.
 - (vi) Representing Renfrewshire Council at local, regional and national level.
 - (vii) Chairing the bi-annual meeting of all social work managers from both Children's Services and the HSCP.

(viii) Management of risk.

(ix) Specific Duties associated with the position, the CSWO within Renfrewshire Council acts as:

- Final point of appeal in relation to Adoption and Fostering decisions;
- Recipient of all Mental Health and Adults with Incapacity Orders and Guardianship cases; and
- Decision maker in relation to Secure Care application for children.

5. Activities of the Chief Social Work Officer 2021/22

- 5.1. The report attached as Appendix 1 summarises the key activities of the Head of Child Care & Criminal Justice in his capacity as Chief Social Work Officer in Renfrewshire during 2021/22. It does not provide an exhaustive description of the full range of duties and responsibilities undertaken but seeks to provide a broad overview of the CSWO role. The report and its appendices will be submitted to the Office of the Chief Social Work Officer to inform a national overview report.
- 5.2. The next report on the activities of the CSWO will be submitted to Council in Autumn 2023.

6. Overview Social Work services

- 6.1. The CSWO has a range of statutory duties which are detailed in Appendix 1 to this report, this also includes detail of demand and provision in those areas.
- 6.2. The Chief Social Work Officer Annual Report 2021/22 describes services which are performing well with many areas evidencing innovative practice; both inspired by the creativity of teams with the aim of improving service delivery, or in direct response to existing or predicted challenges. Services continued to operate and transition through recovery, whilst following public health measures governing national and local restrictions.
- 6.3. Social work and social care services are delivered by a substantial number of staff from statutory, third and independent sector organisations. Across all sectors involved in the delivery of social work and social care services, workforce remains a key focus, both in terms of recruitment and retention.

Key Priorities in 2022/23

- 6.4. Based on an assessment of internal and external factors the CSWO has identified key priorities for the year ahead:

- Continue to effectively discharge our public protection role and working closely with partners to ensure that vulnerable children and adults live as safely as possible within local communities;
- Strengthen the approach to supporting children and families in the community through the development of the Children's Services Partnership Plan;
- Support the delivery of The Promise in Renfrewshire;
- Supporting the Council to deliver on the corporate and community priorities;
- Continue to ensure strong and positive links between Children's Services and Renfrewshire Health and Social Care Partnership;
- The new social work case management system within Justice Social Work;
- Ensure that the voice of local social work staff influences the development of the National Care Service.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None.
 3. **Community Planning** – this report details the progress made by the service to protect vulnerable children and adults, reduce offending behaviour, increase community safety, and promote early intervention, independent living and wider health improvement. It highlights partnership working, details the measure which ensure the workforce is skilled and effective and highlights achievements in relation to support to the communities, customer service and consultation.
 4. **Legal** – None.
 5. **Property/Assets** – property remains in the ownership of the parent bodies.
 6. **Information Technology** – None.
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health & Safety** – None.
 9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
 10. **Risk** – None.
 11. **Privacy Impact** – None.
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List of Background Papers –

- (a) [The Role of the Chief Social Work Officer](#) – Guidance Issued by Scottish Ministers
- (b) [Chief Social Work Officers Annual Report Summary 2020-2021](#)
- (c) Annual report of the Fostering and Adoption Service 2019/20
[Update on developments for Looked After Children and Fostering Service](#) – Education and Children’s Services Policy Board 21 January 2021

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Annual Report of the Chief Social Work Officer

2021/22

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

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

Chief Social Work Officer – Renfrewshire

Introduction

I'm pleased to present the annual Chief Social Work Officer report for Renfrewshire for the period April 2021 to March 2022. The Chief Social Work Officer is a "proper officer" in relation to the social work function of the local authority. As such, the Chief Social Work Officer is given particular responsibility on behalf of the local authority in respect of social work functions and also the authority to discharge some functions in law on an individual basis.

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

Scottish Government has set out the vision for a new National Care Service which will be accountable to Ministers, with services designed and delivered locally. This is an evolving landscape, which we will continue to participate in and contribute to this significant national agenda.

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

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

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

John Trainer
Chief Social Work Officer
August 2022

Governance and Accountability

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

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

The table below illustrates further the range of structures in which the CSWO participates to inform the delivery of the role

Structure	Role
Council	<ul style="list-style-type: none">• Corporate Management Team• Head of Service Meetings
Children's Services	<ul style="list-style-type: none">• Children's Services Management Team• Education and Children's Service Policy Board
Integrated Joint Board	<ul style="list-style-type: none">• Executive Governance Group• Standing member of IJB• Clinical and Care Governance Board
Public Protection	<ul style="list-style-type: none">• Chief Officer Group for Public Protection• Child Protection Committee• Adult Protection Committee

Duty of Candour Statement for 2021/22

All social work and social care services in Scotland have a duty of candour. This is a legal requirement which means that when unintended, or unexpected, events happen that result in death or harm as defined in Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, the people affected understand what has happened, receive an apology, and that organisations learn from the experience and put in place improvements.

An important part of this duty is the requirement for organisations to provide an annual statement detailing how the duty of candour is implemented across services. This brief statement describes how Renfrewshire Council has operated the duty of candour during the period 1 April 2021 to 31 March 2022. During this period, there were no incidents where the duty of candour applied. (These are unintended or unexpected incidents that result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition).

Role of Chief Social Work Officer

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

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

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

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

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

In addition to supporting business as usual and Covid recovery work, a priority for me will be ongoing engagement with the Scottish Government's on the National Care Service. The vision set out by Scottish Government would have a considerable impact on the social work and social care workforce as well as on people who use these services and will need to be a focus for ongoing consideration, engagement and participation in this significant national agenda. I will also be focusing on progress towards our commitment to Keep the Promise, providing additional support for its delivery through collaboration and driving change.

Service Quality and Performance

As a statutory service, social work provision continued throughout the various phases of restriction, and as we transition out of Covid-19, we continued to deliver services and develop strong foundations.

Many of the social work services are delivered by locality teams in Renfrewshire or by one of the specialist services. In addition to the locality and specialist services the council and Renfrewshire Health and Social Care Partnership operates 23 services registered with the Care Inspectorate – four children's houses, three care homes for older adults, five day services for older adults, five day services for adults with learning disabilities, one day service for adults with physical disabilities, one residential respite service for adults with

learning disabilities, Care at Home Service, Fostering Services, Adoption Services, and a housing support service for care leavers.

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

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

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

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

During the period covered by this report the Care Inspectorate was continuing to operate a reduced programme of inspections. As a result, only one of the Renfrewshire registered services were inspected over the past twelve months. The service was graded in two areas as good and two areas as adequate. The service took immediate action to address the two areas graded as adequate and has an improvement plan in place to increase grades for future inspections.

Looking back at the most recent inspection for those services not inspected in period covered by this report almost all have been graded as good or very good.

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

Given the Care Inspectorate are returning to full operation it is expected that there will be an increase in the number of Renfrewshire's registered services being subject to inspection in the next twelve months.

The following pages set out the performance of each of the three main areas of social work practice in Renfrewshire during 2021/22. This includes information about how the service recovers from Covid-19 and the incorporates learning which arose from delivering services through a pandemic.

Statutory Service Provision: Adult Social Work and Social Care

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

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

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

Although our Care at Home services faced significant challenges, the HSCP were able to continue to support existing vulnerable service users whilst remaining responsive to the safe and timely discharge of patients from hospital.

The volume of adult protection work continues to increase, and in 2021/22 Renfrewshire received 4,263 adult welfare concern and adult protection referrals. Of these, 1,444 were adult protection concerns and 2,819 were adult welfare concerns. The total referral number for 2021/22 reflects a 22% increase in the referral rate as compared to the 2020/21 financial year, which was a 12% rise on the previous year.

Following initial inquiries, 88 adult protection investigations were conducted, a decrease from 112 the previous year. 29 of these investigations resulted in an Initial Adult Protection Case Conference, a decrease from 51 in 2020/21.

To ensure that people using our services were kept safe from harm during the pandemic, the Renfrewshire Adult Protection Committee (RAPC) met on a regular basis to consider adult support and protection governance from both operational and strategic perspectives, including: the impact of COVID-19 and associated risks and national guidance; specific adult support and protection concerns; and an analysis of data and identification of any actions required.

During the year, four large-scale investigations were carried out in private sector care homes across Renfrewshire, as a response to concerns raised by HSCP staff and by the

Care Inspectorate. Enhanced governance arrangements and safeguards were put in place in these four establishments.

Adults with Incapacity work remains a significant demand pressure, and the situation in Renfrewshire reflects the national picture of having to manage an increasing number of guardianships and supervise private guardianships. Orders where the Chief Social Work Officer is appointed Welfare Guardian rose in recent years, from 79 in March 2015 to 125 in March 2022 (up from 115 in March 2021). Each order requires a qualified social worker to act as the “nominated officer” on behalf of the CSWO for day-to-day management of the case. In addition, there are in excess of approximately 485 private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted.

The MHO Service continued to deal with a high volume of work under both the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity Act 2000. Demands for MHO consent to detention under the act has risen by approximately 25-30% since the pandemic and shows no sign of slowing, this picture is reflected nationally. Work under Adult with Incapacity and the provision of MHO reports for applications for guardianships is also up by 25% and like the mental health act work demand continues to remain high. The pressures on the service for reports where a hospital delayed discharge is involved also creates additional pressures for the service. The total number of MHO's in the authority has reduced since last year as result of staff moving to other employment. There remains a constant challenge of recruiting sufficient MHO's to maintain the service capacity and also for existing social workers to undertake training to gain the MHO qualification in order to fulfil the duties of an MHO.

As of 31st March 2022, approximately 1600 individuals had an open involvement with Renfrewshire Alcohol and Drug Recovery Service. The Renfrewshire area has welcomed a reduction in the number of drug related deaths but there has been an increase in the number of alcohol related deaths. Renfrewshire Alcohol and Drug Partnership (ADP) is committed to continuing to work collaboratively to prevent and reduce alcohol and drug-related harms within communities with a number of key actions and developments currently underway.

Statutory Service Provision: Children and Families Social Work

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

Throughout 2021/22 the service continued to adapt to the needs of children and families as the longer-term impact of the Covid-19 pandemic became apparent. Securing office accommodation that satisfied safe working guidance was a particular challenge, with teams such as Whole Systems, Renfrewshire Adolescent Drug and Alcohol Resource and the Women and Children's First Service impacted most severely by this disruption. As accommodation became available, locality teams quickly made use of this to deliver their duty service and facilitate family contact time. Child protection case conferences were provided via a hybrid model, with parents, social work staff and other professionals accessing from offices and through video calls. An increasing number of children's hearings took place on a face-to-face basis, progressing work previously delayed because of the pandemic.

Children's houses continued to operate to meet the needs of the young people who live there. The children's houses have maintained a high-quality support for young people throughout and the period following the pandemic.

The emotional and mental wellbeing of our children and young people was previously identified as a risk factor prior to the pandemic, and significant work was undertaken throughout 2021/22 to address their immediate needs and develop a sustainable approach that embeds this provision in the longer term. A new multi-agency service called Ren10 was launched to improve families' access to health and wellbeing support, by providing appropriate and proportionate help at the time it's needed most. Ren10 seeks to bridge the gap between universal services that deal broadly with wellbeing and the highly special support for more severe mental health conditions. Ren10 is part way through implementation, and key activity has included the development of Non-violence Resistance Approaches, Child Psychology Parent Drop Ins, inter-agency training and extensive digital supports. Interventions are framed within a context of open access to ensure families who believe they will benefit can seek support timeously. Over 1000 children and young people have been directly supported by a Ren10 resource, 125 of whom were care experienced. The added value of the partner collaboration has been critical to Ren10's success, and previously distinct services and teams are more integrated and benefit from enhanced communication.

Very good progress has been made in supporting the implementation of The Promise in Renfrewshire and raising its profile amongst key partners. A Promise Ambassador was recruited in July 2021 to support the implementation of The Promise across the local authority and drive forward the key recommendations of The Independent Care Review. A large component of this role has been to raise the profile of The Promise through engaging with a wide range of staff teams and partners. Through awareness raising sessions, points of interest and relevance are highlighted to ensure all partners understand what role they play in ensuring that care experienced children and young people are appropriately

supported. To support this work further, a set of values have been developed for professionals to #KeepthePromise. Promise Keepers are formally recruited and are responsible for acting as a champion for The Promise, ensuring that the recommendations and priorities remain at the forefront of discussions around service delivery and design. Good progress has been made to establish The Promise Self-Evaluation tool, which will be used to identify areas of best practice that can be shared to encourage partnership learning between staff teams and identify where services require further support to fully implement The Promise.

Information on referrals, investigations, conferences and registrations continued to be monitored by the Child Protection Committee. During 2021/22 there were 111 new registrations and 121 deregistrations, roughly in line with that reported in 2020/21. A total of 61 children were the register as of 31 March 2022, fewer than the 71 reported as at the 31st March 2021. The biggest areas of concern pertaining to child protection registration continued to be domestic violence, neglect, parental mental health problems and parental drug misuse. There were 21 Child Protection Orders granted during the year, slightly higher than the previous year's figure of 15. Renfrewshire Child Protection Committee and its subgroups continue to meet to discuss key trends and emerging areas of focus.

The rate of children in care in Renfrewshire when measured as at 31st July 2021 was 1.7%. Although this remains higher than the Scottish average figure of 1.3%, the rate reflects the long-term efforts of the service to reduce the number of children in care, particularly those in foster care and residential provision. The number of looked after children in Renfrewshire who are cared for in kinship, foster or residential care has reduced from 517 in 2012 to 427 in 2021. The number of children in independent sector foster care has reduced by 56.3% over a ten-year period. By comparison, internal foster care numbers have reduced by 21.4% and kinship care has increased by 12.9% over the same period.

Statutory Service Provision: Justice Social Work

Throughout 2021-22 Justice Social Work has continued to adapt and respond creatively to the challenges stemming from the Covid-19 pandemic. This approach enabled the service to meet its statutory obligations and provide support and interventions for some of the most vulnerable members of our communities.

The volume of work generated by court and tribunal services increased throughout the year. This reflects measures that came into effect to address the significant backlog stemming from the pandemic. Provisional information shows the service completed 693 Criminal Justice Social Work Reports (CJSW reports) 2021/22 compared to 472 in 2020/21. Though this is not at pre-Covid levels (966 in 2019/20) it demonstrates a significant uplift in year-on-year work. This is also evidenced in the number of new Community Payback Orders, which has increased from 218 in 2020/21 to 369 in 2021/22. This shows recovery towards pre-Covid figure of 561 recorded in 2019/20.

Renfrewshire's Justice Social Work service has worked hard to respond to these increasing demands by reviewing and prioritising workloads to ensure resources are in place to support people with convictions, on community orders and on release from custody. This maintains focus on those with high levels of need and those who present a risk to the community.

Working practice has adapted in accordance with safe working requirements to ensure the health and wellbeing of staff and clients. Creative solutions such as home-based unpaid work activity brought in during the height of the pandemic have continued, allowing clients to progress their orders safely within required timeframes. Groupwork activity continues to be prioritised where safe to do so, with group sizes increasing when restrictions have allowed. The service remains committed to overcoming challenges relating to client accommodation and transport, particularly in terms of capacity constraints. Efforts continue to identify safe and appropriate venues that allow provision to be delivered at an appropriate pace. The service has also taken steps to meet the increased demand for weekend provision, owing to a higher number of clients in weekday employment.

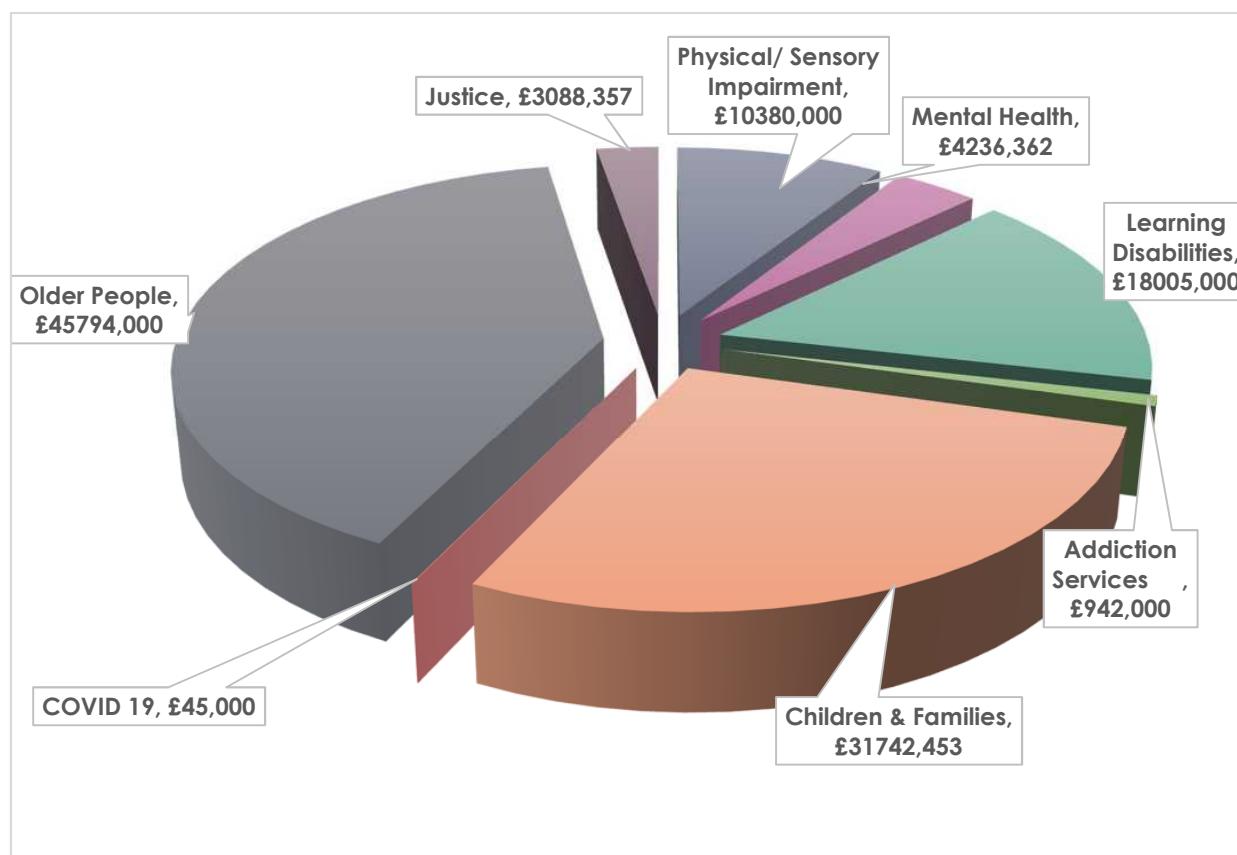
Throughout 2021/11 Justice Social Work provided a Voluntary Throughcare service to support people with the transition from custody to our communities. This support has helped ensure such individuals have the means to access vital services that facilitate reintegration and provide the best possible chance of going on to attain positive outcomes. This service is offered to all individuals in Renfrewshire released from short custodial sentences.

A temporary post, established through CORRA foundation funding and as agreed through the Alcohol and Drugs Partnership, has yielded an analysis of pathways between justice social work and addiction services in relation to information sharing and standardisation. This will be developed further over the coming year, with learning used to improve the interface between these areas of work.

Preparation has commenced in relation to alternatives for demand (electronic monitoring assessments, provision of bail supervision, alternatives to custody such as Structured Deferred Sentences) to ensure the service is aligned and appropriately resourced to support government requirements.

Resources

The chart below shows the breakdown of expenditure on social work by Renfrewshire Council and Renfrewshire in 2021/22. As in previous years, the largest area of expenditure is on services for older people, followed by services for children and families. Funding for Justice Social Work comes directly from the Scottish Government by means of a grant.



There have been significant pressures on services during 2021/22 and Renfrewshire Council has ensured that appropriate funding has been allocated to children and justice social work. A substantial overspend is anticipated within Children & Families relating to external Residential Accommodation placements, the number of which is currently around 80% higher than it had been in 2020/21. This is due to the complexity of cases arising in recent months coupled with the additional number of placements required, this presents a significant cost pressure to the service. The cost pressures relating to external Residential Accommodation placements have continued to build since the latter part of 2021/22, and in that financial year the impact was mitigated through the application of COVID 19 funding where appropriate.

We are currently modelling the coming year financial planning in terms of overall cost/service pressure. In addition, other financial pressures related to inflation, particularly fuel and food prices and also workforce pay inflation will also be factored into this modelling.

Workforce

The challenges stemming from the Covid-19 pandemic have continued to impact the delivery of social work throughout 2021/22. Whilst operational solutions have been identified to meet the needs of our communities, cognisance has also been given to the associated impact on social work staff and the measures required to ensure their wellbeing and development needs are satisfied.

The service has consolidated this work into a Covid Recovery Plan which seeks to address the following areas:

- Return to office accommodation
- Revisions to Social Work Policy and Procedure Manual
- Staff training and development programme
- Targeted capacity enhancements at critical points of service
- Development of a new collaborative, community-based early intervention model, and
- Improved recruitment process

The service has made significant progress in returning to office-based delivery from a largely home-based working approach in 2020/21. This change – delivered at a pace in accordance with safe working guidance - has increased the opportunities for in-person contact between individual social work colleagues and teams, and fostered the associated benefits of peer learning, reflection, and general professional and personal support. This is invaluable for all staff, and particularly those new to the profession who benefit from the advice and support from more experienced colleagues. Whilst home-working by arrangement will continue to provide flexibility to staff who require it, it is anticipated at least 80% of the workforce will attend the office on any given day.

The service has revised its Work Policies and Procedures manual to improve the relevance and legibility of practice expectations to social work staff. The new manual forms the basis of quality improvement activity and complements the wider training and development programme. New and inexperienced staff will be a training priority over the coming months, with the structure, format and content of these sessions shaped by a series of planned engagement events to establish the challenges, lessons learned and opportunities relevant to this staff group. All training and development will reflect our core competency framework, ensuring staff have the knowledge, skills and confidence around the key practice areas of risk, vulnerability, recording and home visiting. More experienced staff will be invited to contribute their insight to these sessions, adopting a mentoring role which it is aimed will prompt practice reflection.

Additional work is underway align resources to known operational pressure points to make best use of available capacity, both in house and that available through our local partners. An emerging partnership approach with Barnardo's will aim to support families on the edge of social work involvement to mitigate the need for subsequent social worker involvement. This community-based model of time-limited assessment and intervention has shown itself to work well in other areas by reducing social work referrals. This local pilot will be a key learning opportunity that will inform local workforce planning.

Recruitment to vacant posts remains a key challenge across social work and social care in Renfrewshire. We experienced a high number of social work vacancies throughout 2021/22, compounded by a national shortage of social workers. Work in partnership with colleagues in HR to ensure that critical front-line posts are filled as quickly as possible is progressing. A new process has been agreed on a trial basis with a named officer to support each social worker recruitment. Weekly progress reports on recruitment are being provided to the relevant senior manager to ensure appropriate actions are taken timeously.

“There will never be a paradise with people like angels
Walking and singing through forests of music,
But let us have the decency of a society
That helps those who cannot help themselves.
It can be done; it must be done; so do it.”

From *Brothers and Keepers* by Edwin Morgan



To: Renfrewshire Integration Joint Board

On: 25 November 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Climate Change Duties

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 Scottish Government requires Integration Joint Boards (IJB) to prepare an annual report on compliance with climate change duties. This report must be submitted to Sustainable Scotland Network by 30 November 2022, Renfrewshire IJB's report is provided in appendix 1.
- 1.2. On 3 November 2022, the Scottish Government issued specific guidance for IJBs recognising that since mandatory reporting legislation came into force in 2015, IJB climate change emissions and service delivery are reported through the relevant NHS Board and Local Authority. However, they are keen to better understand how IJBs interact with their partner bodies on decision-making relating to climate change policies
- 1.3. Renfrewshire HSCP continues to support both Renfrewshire Council and NHS Greater Glasgow and Clyde in tackling the Climate Emergency and environmental challenges locally and across the Glasgow City region.

2. Recommendation

It is recommended that the IJB:

- Approve the content of the compliance with climate change report 2021/22.

3. Background

- 3.1. The Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires significant public bodies to prepare a report on their compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.
- 3.2. Integration Joint Boards (IJBs) are required to submit the report on or before 30 November each year. The Climate Change duties report to a Scottish Government prescribed standard template, so all public bodies such as Local Authorities and NHS Boards, including Renfrewshire Council and NHS Greater Glasgow and Clyde, respond in the same format. As a consequence, the Guidance accompanying the 2015 Order recognised that much of the standard report template related to the policies, procedures and services of the Local Authority and NHS Board, rather than IJBs. As such, it was further recognised in the Guidance that there would be a significant degree of proportionality in completion of the report. Unfortunately, some sections within the template are difficult to read due to the prescribed formatting, therefore it is recommended that the supporting Appendix is best viewed on-screen rather than in printed format.
- 3.3. On 3 November 2022, the Scottish Government issued specific guidance for IJB's. The guidance acknowledges that IJB's set up and structure differs to other public bodies and that since mandatory reporting legislation came into force in 2015, IJB climate change emissions and service delivery are reported through the relevant NHS Board and Local Authority. However, the Scottish Government are keen to better understand how IJB's interact with their partner bodies on decision-making relating to climate change policies. This is specifically reflected in Part 2 of the template which is supplemented with organisation and structure charts.
- 3.4. Within the guidance, the Scottish Government also requested additional information that they would like IJBs to include:
- Where possible, please include the target dates for the Health Board and Local Authority area delivering the services:
- Response: Renfrewshire IJB is committed to Renfrewshire's Plan for Net Zero by 2030 and has set annual targets to reduce tCO₂e - the sum of Scope 1 emissions (from direct operations) and Scope 2 emissions (from electricity purchased) during a given period, measured in metric tons of carbon dioxide equivalent, according to the World Resources Institute and the World Business Council for

Sustainable Development's Greenhouse Gas Protocols (March 2004).

- Provide information on whether your IJB oversees spending plans for the partner bodies and if so, what consideration is being taken on emissions reductions in these decisions? We are keen to know of any future planning in this area also:

Response: Although the IJB does not oversee the spending plans of partner bodies, we are aware that Renfrewshire Council are currently developing a carbon budget, which will be published alongside financial budgets. The carbon budget will require investment and changes to the way in which resources are deployed, however it will contribute to us reaching our net zero target.

- Provide information of any work on adaptation the IJB has considered/agreed with the partnership bodies. This could include discussions/policies that are still being progressed:

Response: A key action within the Plan for Net Zero is to develop an Adaptation Plan for Renfrewshire - developing adaptation solutions and implementing a phased programme of priority actions which are designed to respond to and address the local impacts of climate change that are already happening, as well as prepare for future climate risks across the Renfrewshire area. These actions will be centred around communities, security and resilience, infrastructure and our local environment, with a projected completion date of 31st October 2023.

A City Region Adaptation Strategy and Action Plan was launched in June 2021, and this sets out the processes and early interventions needed to manage climate risks. It also sets out how progress in climate resilience will be monitored, evaluated and learnt from to improve policies, strategies, programmes and projects.

We will continue to work with local and regional partners in the year ahead and a key priority will be to support the development of an Adaptation Plan for Renfrewshire, in addition to the Glasgow City Region Adaptation Strategy to identify localised solutions based on needs within different areas.

- 3.5. Renfrewshire HSCP recognises the urgent need to act to address the climate emergency and accelerate our efforts to cut greenhouse gas emissions and become environmentally sustainable. Many of the actions required to respond to the climate emergency crisis have positive health impacts.

- 3.6. As a result of this and the intrinsic links to poverty, tackling the climate emergency is a key feature in our Strategic Plan 2022-2027.

4. 2021/22 Activity

- 4.1. The HSCP continues to work with partners to tackle the climate emergency, the following activities were undertaken during 2021/22:

- The Renfrewshire Growing Grounds Forum supports local residents and groups to maintain and increase the quantity and quality of growing opportunities for people across Renfrewshire. Managed jointly by Renfrewshire Health and Social Care Partnership and Renfrewshire Council, the Forum represents more than 50 organisations including allotment and community garden associations, development trusts and voluntary sector bodies. The Forum has created a valuable support and guidance network for members, including assistance in securing leases, funding advice and specialist growing advice.

Our growing grounds support a sustainable environment, encouraging biodiversity and conservation. A key benefit is the contribution to local food production and the reduction of 'food miles'. The adoption of organic methods provides the further benefit of production that is sustainable from an ecological standpoint.

Additional benefits include:

- The grounds and their margins, hedges and non-cultivated areas provide valuable habitats for many species of animals, birds and invertebrates.
 - Offsetting carbon and increased resilience to climate impacts (e.g. flooding)
 - Improving air quality and mitigating noise pollution,
 - Improved health and wellbeing for individuals (reduces stress, increases physical activity, provides social outcomes, and connects communities).
- In association with our two parent organisations our sustainable travel planning aims to reduce the impact we have on the environment, increase the use of electric vehicles, promote active travel for shorter staff journeys and encourage more efficient ways of travel. Staff guidance has been prepared to encourage and support more efficient travel by employees to reduce corporate emissions.
 - A series of practical solutions have been adopted by the HSCP including reports are now available online which significantly reduces our use of paper; joining meetings remotely means staff are no longer required to travel for meetings; and we moved to an electronic

scheduling system (TotalMobile) significantly reduced paper based systems and processes.

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – This report ensures that the IJB complies with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
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** – n/a
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Yvonne Farquhar, Service Planning and Policy Development Manager, Chief Executive's Service, Renfrewshire Council

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

Public Bodies Climate Change Duties Compliance Reporting Template 2021/22

1.Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions may not be accepted for analysis and may be classed as non-compliant with Public Bodies Duties legislative reporting requirements.



2. Guidance

- 1. Please save-as this workbook with your organisation's name in the title before completing
- 2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b,
- 3. If you need to add more rows please email the file to ccreporting@ed.ac.uk
- 4. Hybrid/homeworking emissions - please include an estimate of FTEs working remotely - hybrid/home in the designated row provided in table 3b
In order for this to be calculated correctly the total no. of FTEs must be entered in Q1c
- 5. Local Authorities completeing the recommended tab should select their local authority region at the top of the sheet
and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

PART 1 Profile of Reporting Body

Renfrewshire Integration Joint Board

Integration Joint Boards

THIS MUST BE COMPLETED

Metric	Units	Value	Comments
Please select from drop down box			Metrics are not relevant to the assessment of the health and social care partnership
Other (please specify in comments)			

Budget	Budget Comments
327926,000	2021/22

Report type	Report year comments
Financial	1 April 2021 - 31 March 2022

The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 committed Scotland to become net zero by 2045, with the Public Bodies Climate Change Reporting Duties placing a legal requirement on public bodies to set target dates for zero direct emissions and indirect emission reductions; report on how spending and resource will contribute to these targets; and report on the body's contribution to Scotland's Climate Change Adaptation Programme. Renfrewshire Integration Joint Board recognises the importance of leadership in the response to the climate emergency.

Renfrewshire Integration Joint Board is responsible for community health and adult social care services, however all commissioning is undertaken by both parent organisations - NHS Greater Glasgow and Clyde (NHSGGG) and Renfrewshire Council. Although the HSCP does not directly employ any staff, own any buildings, it is fully committed to, and actively participates in, tackling the climate emergency in association with it's two parent organisations and our community planning partners.

PART 2 Governance, Management and Strategy

Governance and management


2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

Renfrewshire's Integration Joint Board is the corporate body which has responsible for the planning and delivery of health and adult social care functions which have been delegated by Renfrewshire Council and NHS Greater Glasgow and Clyde Health Board (know as the parent organisations), refer to the diagram below.

Renfrewshire Council declared a climate emergency in 2019, committing to working towards net zero carbon emissions by 2030 for the whole area of Renfrewshire. This means reducing carbon emissions as far as possible and then offsetting any remainder. This target is significantly ahead of both the Scottish and the UK Government's own target dates of 2045 and 2050 respectively. Following the declaration, work has been undertaken to develop a programme to drive the collective strategic response to the climate emergency in Renfrewshire. The focus has been to develop a plan which sets out how the Council will work with partners, communities and stakeholders to achieve the net zero carbon emissions target. Detailed information about the Council's emissions is submitted annually to the Scottish Government through the Public Bodies Climate Change Duties Report. Given the significance of the climate emergency, in June 2022 Renfrewshire Council establish the Planning and Climate Change Policy Board, which replaced the Climate Change Sub-Committee.

In June 2020, NHS Greater Glasgow and Clyde and Renfrewshire Council joined forces with other organisations across the Glasgow City region to adopt a shared vision, strategy and action plan to ensure Glasgow can flourish in the face of climate change and the environmental challenges of the future. Climate Ready Clyde brings over 100+ partners together to work strategically to minimise the risks and seize the opportunities this brings for our economy, society and environment. The Climate Ready Clyde Board meets on a quarterly basis and both Renfrewshire Council and NHSGGC have representation on the Board.


Renfrewshire HSCP
Governance
Arrangements.docx

<Insert Diagram Here or Attach File>

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

he accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow and Clyde. However, the Strategic Plan 2022-25 Plan reflects and supports the delivery of local and national plans for net-zero.


Renfrewshire Council Arrangements

In addition to the Planning and Climate Change Policy Board, all Council reports are required to consider if there any implications relating to the climate emergency. The Council's Corporate Management Team (CMT) plays a key leadership role in tackling the climate emergency and Renfrewshire's response and ensures that staff and key stakeholders are kept well informed. The CMT is comprised of senior staff from all services (including the HSCP Chief Officer) and meets on a weekly basis. Although matters relating to climate change adaptation and mitigation are not the sole focus of this group, operations, projects, programmes, policies and strategies from across the collective areas of responsibility contribute to Renfrewshire's overall emissions and performance are considered by the CMT. Baselineing and monitoring of emissions and the contributions across service areas to emissions reductions are also considered at CMT, alongside the financial implications

NHSGGC Arrangements

Board approved an Environmental Sustainability Policy, which aims to develop a sustainable organisation that is financially sustainable, environmentally sustainable, and socially equitable. This approach to sustainability is coordinated by the Sustainability Planning Implementation Group (SPIG), chaired by the Director of Estates and Facilities. In addition the Board remains committed to the Glasgow Climate Change Declaration Sustainable Glasgow.

Both Renfrewshire Council and NHSGGC are active participants in Climate Ready Clyde, which promotes inter-agency working within the Glasgow and Clyde geographical boundaries to improve how the organisations adapts to climate change issues and how these changes will affect their ability to continue to deliver a high quality service.


Organisational_Chart_.pdf

<Insert Diagram Here or Attach File>

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
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.	Renfrewshire HSCP Strategic Plan 2022 - 2025	https://www.renfrewshire.hscp.scot/media/1411/Renfrewshire-IJB-Strategic-Plan-2022-27/PDF/RUB_Stratigic_Plan_FINAL.pdf?m=1648226178537
Deliver social housing new build that aims to meet Renfrewshire's climate change commitments, through delivering homes that are sustainable for tenants and the environment. Thus, removing poor energy efficiency as a driver for fuel poverty.	Renfrewshire HSCP Strategic Plan 2022 - 2025 - Shared Outcome with Renfrewshire Local Housing Strategy 2022-2027	https://www.renfrewshire.hscp.scot/media/1411/Renfrewshire-IJB-Strategic-Plan-2022-27/PDF/RUB_Stratigic_Plan_FINAL.pdf?m=1648226178537
The Community Plan's aim is: "working together to make Renfrewshire a fairer, more inclusive place where all our people, communities and businesses thrive". Addressing the climate emergency on a partnership basis, is a key area of focus identified within the refreshed Community Plan. There are 3 key areas of focus for the remainder of the Plan to deliver 12 priority actions. The 3 x focus areas are supporting low-income families; tackling health inequalities; and addressing the climate emergency, under the themes Thriving; Well; Fair; and Safe.	Renfrewshire Community Plan 2017-2027	https://www.renfrewshire.gov.uk/media/4598/Our-Renfrewshire---Renfrewshires-Community-Plan-2017-2027/pdf/Community_Plan.pdf?m=1506695136457

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Renfrewshire UB continues to work with partners towards achieving Renfrewshire's Plan for Net Zero. The Plan for Net Zero sets out objectives and actions required to end Renfrewshire's contribution to climate change within a generation to ensure a safer, healthier, greener and fairer place for everyone to live, work and spend time in.
<https://www.renfrewshire.gov.uk/article/12759/Renfrewshires-Plan-for-Net-Zero>

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	Glasgow City Region's Adaptation Strategy and Action Plan	http://climatereadyclide.org.uk/adaptation-strategy-and-action-plan/	2020-2025	As part of Climate Ready Clyde, we work collaboratively in partnership with 15 member organisations to create a shared vision, strategy and action plan. This has produced Glasgow City Region's Adaptation Strategy and Action Plan which will build a more resilient, prosperous and just Glasgow City Region.
Business travel				
Staff Travel				
	Renfrewshire's Plan for Net Zero	https://renfrewshire.cmis.uk.com/renfrewshire/Document.ashx?czJKcaeAiStUFL1DTL2UE4zNRBcoShgo=23FRQv5m7aoiDB8BU84Quu11guHqclyCXhLMZfFQMEjij%2f9yEnzpOBg%3d%3d&rUzwRPfj%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNih225F5QMaQWcTPHwdhUfCZ%2ftLUQzgA2uL5jNRG4jdQ%3d%3d&mCT1bCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d%3d&ulovDxwdjMPoYv%2bAjvYtyA%3d%3d=ctNjFF55vVA%3d&FgPIIEJYlot5%2bYGoBI5oIA%3d%3d=NHdURQburHA%3d&d9QjJ0ag1Pd993jsyQJqFvmyB7X0CSQK=ctNJfF55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJfF55vVA%3d&WGewmoAfeNQ16B2MHuCPMRKZMwaG1PaO=ctNJfF55vVA%3d	2022-2030	Link is the Planning and Climate Change Policy Board approval for Renfrewshire's Plan for Net Zero: Quick Read Version: from p21-31 Full Plan: from p33-64
Energy efficiency				
Fleet transport				
ICT				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (please specify in comments)				
Please select from drop down box				

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

We will support Renfrewshire Council and Renfrewshire community planning partners to:

1.Develop a Detailed Phased Road Map to 2030 - The detailed Net Zero road map will be broken down into clear annual phasing and will highlight the interim carbon emissions reduction target for each year and will show how the Renfrewshire awill fare in relation to these targets if the proposed interventions and projects are implemented. The target setting will take into account both national and local policies and will outline the actions that can be taken to meet our long-term and near-term targets.

2.Quantified Delivery Plans - costed, area based phased delivery plans with benchmark capital costs for each period of the Net Zero road map and will quantify and consider all impacts of the proposed delivery plans. The Plan for Net Zero will deliver multiple outcomes simultaneously (not all of which can be monetised, e.g. carbon reduction, fuel poverty alleviation, job opportunities). We will undertake area-based socio-economic impact assessments to identify and evaluate direct and indirect impacts and benefits of the proposed strategic interventions and projects to be implemented through the Plan for Net Zero. Viable and replicable projects and low regret options will be prioritised, and appropriate zones for priority area-based delivery programmes will be designated across the Renfrewshire area.

3.Verifying, adopting and updating our emissions modelling tool - quantify the impact of the phased actions, to inform future targets and present data in an interactive way. Good quality data is key in order to track proportional progress to net zero. Updating the tool in line with the road map as projects are implemented or as new technologies arise will give a running total of carbon savings within each phase, correlating with amounts of sequestration required in order to work towards net zero by 2030. It will also enable us to measure the impacts of implementing different projects so we can prioritise using agreed weightings.

4.Developing a carbon reduction budget and plan - encourage organisations across the Renfrewshire area to prepare carbon reduction plans and associated budgets.

5.Developing an Adaptation Plan for Renfrewshire: Developing adaptation solutions and implementing a phased programme of priority actions which are designed to respond to and address the local impacts of climate change that are already happening, as well as prepare for future climate risks across the Renfrewshire area. These actions will be centred around communities, security and resilience, infrastructure and our local environment.

Running concurrently with these actions, consultation with all stakeholders is essential across all phases in the design and delivery of the Plan for Net Zero. Two-way communication channels will remain in place as projects and activities are implemented to ensure everyone is informed of progress and can provide feedback on our collective journey to net zero.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

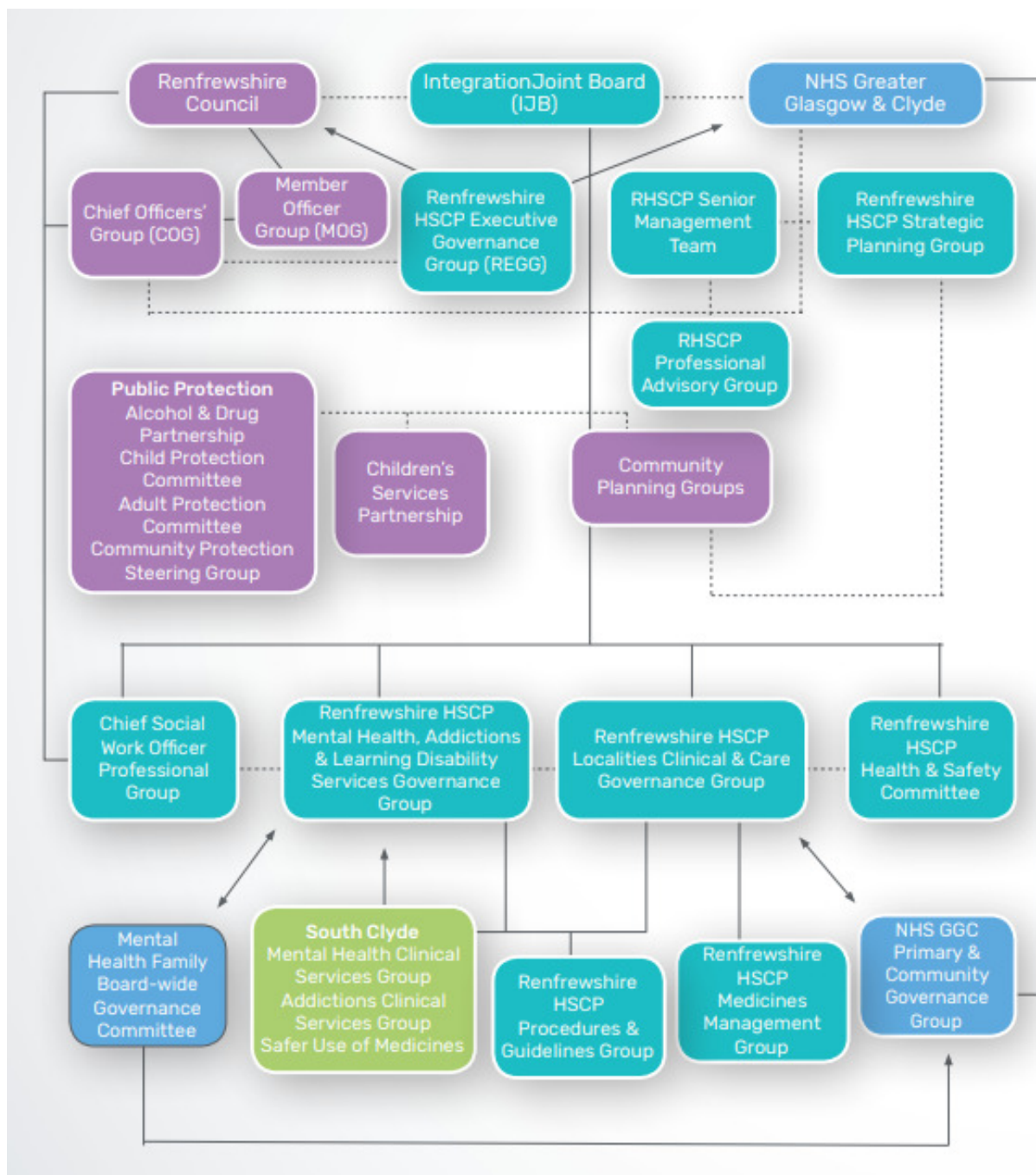
If yes, please provide details of the key findings and resultant action taken.

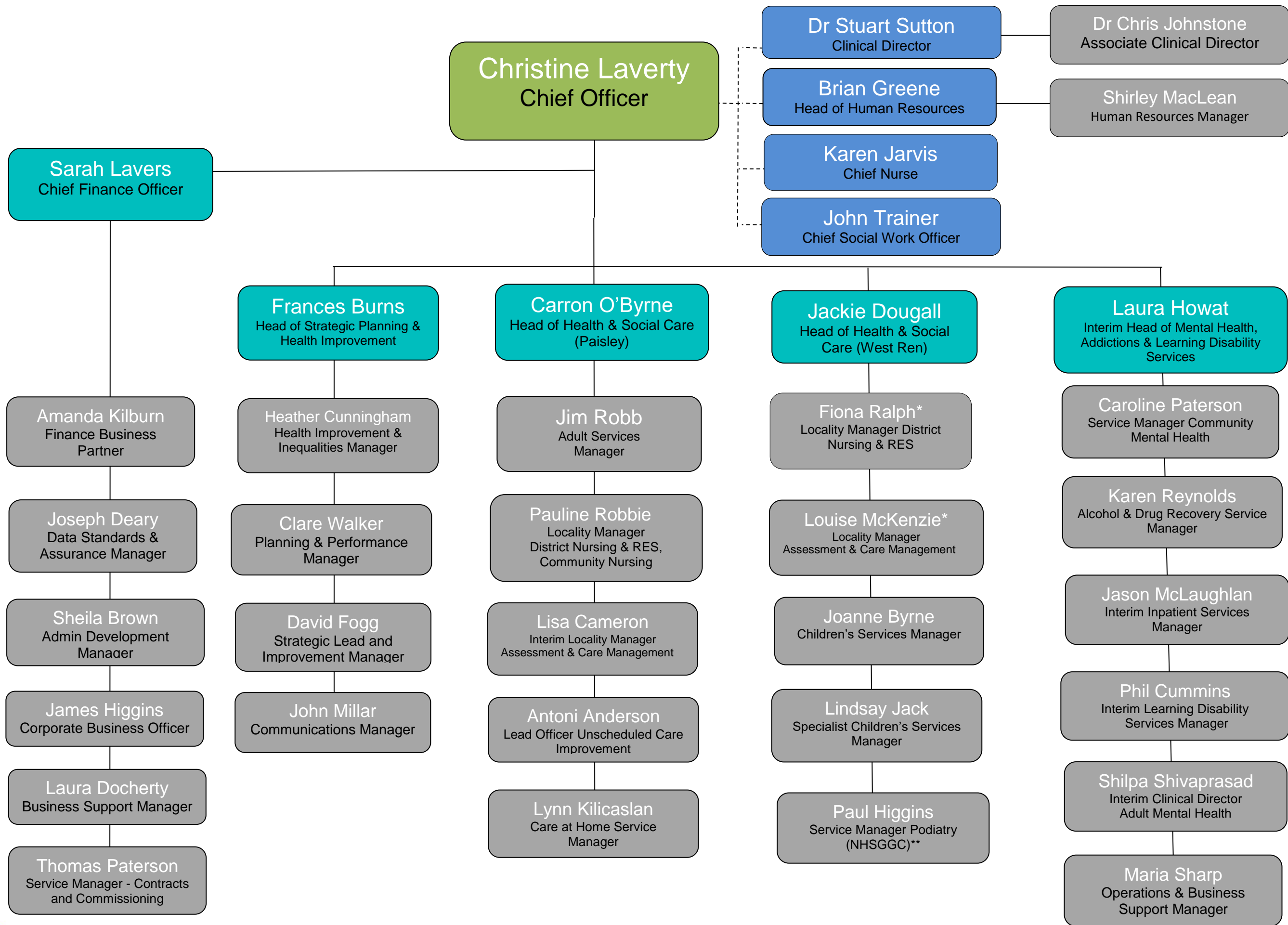
(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

Further information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.





Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b). If data is not available for any year from the start of the baseline year to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004). ISBN: 1-56973-568-9.

ENSURE QUESTION 3f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial				-	tCO ₂ e	
Year 1 carbon footprint		Financial				-	tCO ₂ e	
Year 2 carbon footprint		Financial				-	tCO ₂ e	
Year 3 carbon footprint		Financial				-	tCO ₂ e	
Year 4 carbon footprint		Financial				-	tCO ₂ e	
Year 5 carbon footprint		Financial				-	tCO ₂ e	
Year 6 carbon footprint		Financial				-	tCO ₂ e	
Year 7 carbon footprint		Financial				-	tCO ₂ e	
Year 8 carbon footprint		Financial				-	tCO ₂ e	
Year 9 carbon footprint		Financial				-	tCO ₂ e	
Year 10 carbon footprint		Financial				-	tCO ₂ e	
Year 11 carbon footprint		Financial				-	tCO ₂ e	
Year 12 carbon footprint		Financial				-	tCO ₂ e	
Year 13 carbon footprint		Financial				-	tCO ₂ e	
Year 14 carbon footprint		Financial				-	tCO ₂ e	
Year 15 carbon footprint		Financial				-	tCO ₂ e	

3b Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data consumption available for an emission source enter the emissions in kgCO₂e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year

2021

The emission factor year is auto-assigned based on your answer to Q1f. If it is incorrect please contact SSN.

You can now filter emission sources by "type" in column C to enable quicker selection of emission source in column D.

User defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require extra rows in the table please send the template to ccreporting@ed.ac.uk.

Emission	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO ₂ e)	Comments
	Hybrid/Homeworking emissions	Scope 3		100.00% percentage of total FTEs		0.30000 tCO ₂ e/FTE/annum	-	
							0.0	

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	
Please select from drop down box					

Targets

3d Organisational targets

List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included. Where applicable, you should also provide the body's target date for achieving zero direct emissions of greenhouse gases, or such other targets that demonstrate how the body is contributing to Scotland achieving its emissions reduction targets.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Progress against target	Comments
Work with partners towards net zero in the Renfrewshire Council area	Annual	Work towards net zero by 2030	tCO ₂ e reduction	All emissions	2014/15	914	tCO ₂ e	2030/31	Reduction of 14.23tCO ₂ e Emissions reduced to 22.27tCO ₂ e	2022-23 is the first year of monitoring using modelling tool: progress is to 2018-19 so the pandemic did not skew results for baselining exercise
	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box		

3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information

Renfrewshire UB does not oversee the spending plans for the parent organisations, however we are aware that Renfrewshire Council are currently developing a carbon budget, which will be published alongside financial budgets. The carbon budget will require investment and changes to the way in which resources are deployed, however it will contribute to us reaching our net zero target.

3db How will the body publish, or otherwise make available, it's progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

We will work with our partners in Renfrewshire Council who have developed a metrics of success which can be quantified and measured in isolation as well as combining to measure our journey to net zero in an open and transparent manner. They will set annual emissions targets to align with our phased road map, and which are designed to measure progress to our net zero target. This will be reviewed after the first year and updated as required as new technologies or improved reporting practices come on stream during the Plan for Net Zero.

Verifying, adopting and updating the emissions modelling tool which was developed as part of Renfrewshire Council's emissions baselining exercise will enable us to quantify the impact of phased actions, inform future targets and present progress in an interactive way. Annual updates will be published by Renfrewshire Council so that all stakeholders can track progress.

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown".

If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
Please select from drop down box		
Total	-	

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO ₂ e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO ₂ e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
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		Please select from drop down box	Please select from drop down box				Please select from drop down box			Please select from dropdown box	
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3g

Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total		-	

3h

Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".
If the organisation does not have any information for an emissions source, enter "Unknown".
If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Please select from drop down box		
Total		-

3i

Estimated decrease or increase in emissions from other sources in the year ahead

If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total		-	

3j

Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO ₂ e)	Comments
Total project savings since baseline year		

Further information

3k

Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

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PART 4Adaptation

Assessing and managing risk

4a

Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

As stated previously, this is undertaken by both parent organisations - Renfrewshire Council and NHSGGC

Renfresshire Council Risk Statement: The climate emergency brings a risk to Council and its communities in relation to increased extreme weather as well as food insecurity. We need to focus on mitigation and adaptation, and ensure a just transition so no one is left behind and none is disadvantaged in the transition to net zero. The Council would need to take action and support those most disadvantaged. A key risk is that the Council is not in control of all of the levers, and cannot deliver everything required in isolation, so there is a risk that others do not contribute to meet the 2030 target.

4b

What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

A key action within the Plan for Net Zero is to develop an Adaptation Plan for Renfrewshire - developing adaptation solutions and implementing a phased programme of priority actions which are designed to respond to and address the local impacts of climate change that are already happening, as well as prepare for future climate risks across the Renfrewshire area. These actions will be centred around communities, security and resilience, infrastructure and our local environment, with a projected completion date of 31st October 2023.

A City Region Adaptation Strategy and Action Plan was launched in June 2021 and this sets out the processes and early interventions needed to manage climate risks. It also sets out how progress in climate resilience will be monitored, evaluated and learnt from to improve policies, strategies, programmes and projects.

Taking action

4c

What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

As stated previously, this is undertaken by both parent organisations - Renfrewshire Council and NHS GGC, however it is worth noting that one of our officers supported the development of Climate Ready Clyde, the adaptation strategy and action plan for Glasgow and the Clyde Valley. This provided the opportunity to develop a shared vision with a clear and ambitious commitment of working collaboratively to adapt to the impacts of climate change.

4d

Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

In partnership with Renfrewshire Council, Renfrewshire's Plan for Net Zero sets out the joint strategic framework required to meet our ambitious climate change targets and outlines the key plans, policies and activities and provide the direction we need to become carbon-neutral. Using expert research, we will identify the immediate, medium-term and long-term risks, as well as setting out the actions required to mitigate them. It will also set out how we will collaborate with local businesses and organisations and with the local community, and how we will equip and support all our partners and stakeholders to play their part in our action against climate change.

Renfrewshire HSCP has a Risk Management Framework which sets out our arrangements for recording, managing and reporting all risks which includes climate risks. This framework also indicates how we liaise with our partner organisations regards to the sharing and transfer of risk ownership.

Review, monitoring and evaluation

4e

What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

We will continue to work in partnership with Renfrewshire Council and NHSGGC to regularly review the current and future climate risks.

4f

What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

A State of the Environment Report for Renfrewshire is also produced on a regular basis by our colleagues in Renfrewshire Council. The State of the Environment Report provides a robust information base for the Strategic Environmental Assessment of the Renfrewshire Local Development. The State of the Environment Report is updated regularly to ensure that data is relevant. The publication of the State of the Environment Report is an important step in the monitoring process as trends can be identified and the indicators show if the status of indicators is improving, deteriorating or if there is no change.

Future priorities for adaptation

4g

What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

We will continue to work with local and regional partners in the year ahead and a key priority will be to support the development of an Adaptation Plan for Renfrewshire, in addition to the Glasgow City Region Adaptation Strategy to identify localised solutions based on needs within different areas.

Further information

4h

Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

Procurement is undertaken by the two parent organisations - Renfrewshire Council and NHS GGC, as contracting authorities they have developed a range of policies and strategies to ensure compliance with the sustainable procurement duty under section 8 (2) of the Procurement Reform (Scotland) Act 2014, the Climate Change (Scotland) Act 2009 and the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

The Council's Corporate Procurement Strategy aligns with our aspiration to contribute to reducing our impact on climate change to make Renfrewshire's economy and communities as sustainable as possible. The need to ensure compliance and commitment is further reinforced in Renfrewshire Council's Standing Orders relating to Contracts. This requires sustainable procurement is considered at the outset as part of the development of every contract strategy for regulated and above EU threshold procurements. The approach adopted supports identifying potential environmental, social and economic aspects requiring to be incorporated within the procurement process through the development of a relevant specification or through the contract Terms and Conditions. This approach also helps to support spending decisions based on sustainable choices.

The Council's Corporate Procurement Strategy aligns with our aspiration to contribute to reducing our impact on climate change to make Renfrewshire's economy and communities as sustainable as possible. The need to ensure compliance and commitment is further reinforced in Renfrewshire Council's Standing Orders relating to Contracts. This requires sustainable procurement to be considered at the outset as part of the development of every contract strategy for regulated and above EU threshold procurements. The approach adopted supports identifying potential environmental, social and economic aspects requiring to be incorporated within the procurement process through the development of a relevant specification or through the contract Terms and Conditions. This approach also helps to support spending decisions based on sustainable choices.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

The range of policies and procedures adopted by Renfrewshire Council and NHS GGC make a significant positive contribution to compliance with climate change duties by actively considering the reduction of greenhouse emissions, energy efficiency and recycling responsibly. Procurement work with key stakeholders to develop strategies which carefully consider the impact of what the Council and NHS buys and takes account of all opportunities to promote sustainable procurement.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The Council's Corporate Procurement Unit takes a proactive approach towards the legislative and policy requirements which has been developed and embedded within the procurement process. The team have completed the Climate Literacy for Procurers eLearning on the Scottish Government Sustainable Procurement Tools platform and embed this learning, and the use of the tools, into all procurement processes. Additionally, the team have also participated in a number of specialised sustainability training sessions, both internally and with support from Sustainable Procurement Ltd, to build confidence in including climate and sustainability requirements in tenders and challenging the client service on climate considerations.

In February 2022 the Climate Change Sub Committee approved allocation of funding from the Climate Change Action Fund to support the development of a Renfrewshire Sustainable Procurement programme which would strengthen and accelerate the local approach and support Net Zero ambitions across Renfrewshire.

The CPU are also actively engaging with the Council's Climate Emergency Lead Officer and the Green Economy Officer to help maximise the impact of procurement, exploring opportunities for procurement to support with the delivery of our climate goals and our community wealth building aspirations for our local economy.

In February 2022 the Climate Change Sub Committee approved allocation of funding from the Climate Change Action Fund to support the development of a Renfrewshire Sustainable Procurement programme which would strengthen and accelerate the local approach and support Net Zero ambitions across Renfrewshire.

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Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 6 Validation and Declaration

6a

Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The information contained within this report has been prepared across a number of HSCP services.

6b

Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

The information contained within this report has been provided in consultation with colleagues in Renfrewshire Council and NHSGGC.

6c

External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

6d

No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

6e

Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Christine Lavery
Role in the body:	Chief Officer
Date:	03/11/2022

