To: **Renfrewshire Integration Joint Board**

On: **25 June 2021**

Report by: **Interim Chief Officer**

Heading: **Chief Officer's Report**

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

1. Summary

1.1. This report provides an update to the Integration Joint Board (IJB) on the key operational activity, including the HSCP's operational response to COVID-19. The report focuses on activity undertaken since the last IJB on 29 January 2020.

1.2. The continually changing circumstances locally and nationally continue to necessitate the prioritisation of the HSCP's response to the pandemic, including the continued delivery with partners of the COVID-19 vaccination programme.

1.3. The report also provides the IJB with an update on the regional and national developments for health and social care services.

2. Recommendations

It is recommended that the IJB:

1. Note the updates provided on the Renfrewshire vaccination programmes, and ongoing operational response to the COVID pandemic (sections 4 to 11);

2. Note the update provided on the findings of the Mental Wellbeing Commission for Scotland report, 'Authority to discharge: Report into decision making for people in hospital who lack capacity', and the responding actions to be taken forward by the HSCP (section 6);

3. Note the update provided on HSCP and IJB governance, strategy and operational developments including the re-establishment of Recovery and Renewal Governance; development and consultation on the Integration Scheme; and updates with regards reporting on the Primary

Care Improvement Plan and the Quality, Clinical and Care Governance Annual Report (sections 12 to 18);

4. Approve the proposal and approach outlined for taking forward the scoping of a review of the Administration and Business Support service (section 12); and

5. Note the national policy updates provided, covering an update on the Independent Review of Adult Social Care, the Health and Care (Staffing) (Scotland) Act 2019, and the IJB's inclusion as Category One responders under the Civil Contingencies Act 2004 (sections 19 to 22);

6. Delegate to the Chief Officer, as the IJB's Accountable Officer, responsibility for carrying out on its behalf all necessary arrangements to discharge the duties of the IJB as a Category One Responder under the Civil Contingencies Act 2004 (section 21).

3. Background

3.1. The previous Chief Officer report to the IJB in March 2021 provided an update on the Scottish Government's revised Strategic Framework, which set out the expected process and indicative timescales for COVID-19 restrictions to be reduced. This framework recognises the impact of the COVID vaccination programme and previous lockdown restrictions on the prevalence on the virus across Scotland.

3.2. Progress made in reducing the overall infection figures across Scotland enabled restrictions to be further lifted on Monday 26 April whereby all areas in Scotland moved from Level 4 to Level 3 restrictions. This included broadening access to care home visiting, along with wider social and economic changes.

3.3. The Scottish Government's objective was that subsequently all areas would move to Level 2 on 17 May, subject to a continued downward trend in infection numbers. However, the previous removal of restrictions had resulted, in some areas, in an increase in infection numbers and Glasgow and Moray remained in Level 3 for a further period. Within identified hotspots, public health actions taken include proactive surge testing and the extension of vaccine eligibility to aid the management of increasing infection levels.

3.4. A new variant of the virus (the Delta variant) has also emerged in Scotland and the UK and has contributed to these new infections. At the Scottish Government's review in early June, it was confirmed that 13 local authority areas would remain in Level 2 rather than move to Level 1 as planned due to increasing infection numbers. This includes Renfrewshire which, at the time of writing, has experienced a significant increase in the numbers of positive cases driven by clusters within some communities.

3.5. In recognition of these increases, the Cabinet Secretary for Health and Social Care stated on 13 June 2021 that plans to move Scotland to Level 0 on 28 June 2021 were likely to be delayed. These circumstances continue to reinforce the changeability of the situation locally and nationally and reinforce the need for continued flexibility in response and recovery. It is hoped,

however, that the continued rollout of the vaccination programme will be able to break the link between infection numbers, serious illness and hospitalisation and deaths.

3.6. Closely related to the above position, the HSCP has reinstated recovery and renewal governance structures and will continue to develop recovery plans in line with the approach of our partners and reflecting the local COVID context. Further detail is provided within this report, in addition to a number of strategic and policy updates which will be reflected in HSCP activity moving forward.

4. Vaccination Programmes

COVID Vaccinations

4.1. As of 15 June 2021, more than 3.5 million people had received their first Coronavirus (COVID-19) vaccination in Scotland – 79.3% of the adult population and over 2.4 million had received their second dose. The national vaccination programme is now moving through those aged 30 - 39 years old.

4.2. In line with national direction, the pace of the vaccination programme across Greater Glasgow and Clyde Health Board has been accelerated to include the establishment of drop-in clinics for those that are 40 years old or over who have not yet had their first dose of vaccine and/or those over 50 years old and have waited 10 weeks or more for a second dose of AstraZeneca.

4.3. In Renfrewshire, five vaccination drop-in clinics and one vaccination bus were operational over the first week of June 2021. Over 3,400 attended these vaccination drop-in clinics and the vaccination bus. For the drop-in clinics, 92.7% of those who attended were there for 2nd dose vaccinations, most were in the 50-59 age group, followed by the 60-64 age group.

4.4. As at 15 June 2021, Greater Glasgow and Clyde Health Board is reporting 96.4% of those aged 40 years and over have received their first dose vaccination - one of the highest % coverages across all Health Boards.

4.5. Nationally, all those aged 18-39 years old will receive an appointment letter, to attend a vaccination centre for their first dose vaccination by mid July 2021. This will be undertaken alongside expedited 2nd dose appointments, with people receiving appointments for 8 weeks after their 1st dose, this is a change from the previous communication which was 10 weeks after the 1st dose.

4.6. By 15 June 2021, 79% of the adult Renfrewshire population had received dose 1 and 50.4% of the population had received dose 2 of the vaccination (this compares with 79.3% of the Scottish population having received dose 1 and 55.6% dose 2).

Expansion of 2021/22 Adult Flu Vaccination Programme

4.7. Previous reports to the IJB over the Autumn and Winter period for 2020/21 provided a series of updates to Board members on the HSCP's delivery of the 2020/21 Winter Flu Vaccination Programme. The cohort of recipients for the vaccination programme was significantly extended in comparison to previous years to minimise the potential impact of Flu in the midst of the COVID pandemic.

4.8. The Chief Medical Officer wrote to Chief Officers on 26 March 2021 to set out the planning which has been undertaken for the 2021/22 Adult Flu Vaccination Programme, including the agreed objectives to be delivered. This was supplemented by further correspondence from the Vaccinations Division on 4 June 2021. These letters confirmed that the priority of the programme is:

- To ensure that the impact of potential co-circulation of flu and COVID-19 is kept to a minimum.
- To learn lessons from previous years and recognise that arrangements may need to be adapted, including the positioning of resources, to deliver the programme at scale.
- To increase flu vaccination update across all eligible groups with a particular focus on those who aged 65 years and over; those aged 18-64 years in clinical risk groups; and pregnant women.
- To continue to deliver vaccinations to those included in 2020/21 and also to offer vaccination to social care staff who deliver direct personal care; unpaid and young carers; Independent NHS Contractors; support staff, teachers and pupil facing support staff; prison population and prison officers who deliver direct detention services, secondary school pupils and all those aged 55-64 years old.
- To increase uptake amongst frontline health and social care staff.
- To meet uptake targets across included cohorts of (but not limited to) 90% of those 65 and over, 75% for those under 65 and in an at-risk group and for unpaid and young carers, and 60% for health and social care staff and Independent NHS Contractors.

4.9. The extended flu programme is expected to be delivered alongside the ongoing COVID vaccination programme. The HSCP will continue to work with partner organisations to identify and manage the resources required to deliver the flu vaccination programme effectively.

5. Care Homes

5.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. The positive impact of the COVID vaccination programme continues to be visible across all Care Homes, reflected in ongoing stability in infection levels since the last update to the IJB. At the time of writing the position within Care Homes has been stable for 16 weeks.

5.2. The HSCP has continued, and will continue, to work closely with both Public Health and the Care Inspectorate. The range of enhanced oversight delivered through the Daily Huddle and enhanced clinical and care governance arrangements also remains in place. Surveillance and mass testing of staff and residents also continues to be undertaken to proactively identify and manage any potential outbreaks.

6. Report by the Mental Welfare Commission for Scotland into decision making for people in hospital who lack capacity: Discharge to Care Homes

6.1. The Mental Welfare Commission for Scotland has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take actions to promote or safeguard their welfare is impaired due to a mental disorder.

6.2. On 20 May 2021, the Mental Welfare Commission published 'Authority to discharge: Report into decision making for people in hospital who lack capacity'. This report sets out the findings of their investigation which was initiated due to a number of stakeholders raising concerns with them regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move during the pandemic. This section of the report provides a summary of the Commission's findings. Further detail is provided in a report to the Audit, Risk and Scrutiny Committee on 18 June 2021, available here.

6.3. The focus of their report was to examine the detail of a sample number of hospital to care home moves of people from across Scotland, to check that those moves were done in accordance with the law during the early stages of the pandemic (1 March 2020 – 31 May 2020). In total, the Commission focused on 457 people reported have lacked capacity to agree to a move from hospital to a care home.

6.4. It was reported by the Commission that 20 people across 11 HSCPs had been moved during this time without the protection of legal authority and as a result were deemed unlawful. The Commission identified a number of areas for improvement in current practice. While recognising the pressures caused by the pandemic, instances were identified of poor practice not related to the pandemic, lack of understanding of the law and confusion over the nature of placements and misunderstanding over power of attorney. The report also found a lack of uniformity between HSCPs, with different approaches to national guidance, legislation and training adopted. It is noted that the Commission also identified a number of areas of good practice in its investigation.

6.5. The Commission has made eleven recommendations, eight of which are relevant to HSCPs. Some of these recommendations although directed towards HSCPs will also fall on other partners, including NHS Greater Glasgow and Clyde where actions to address issues of staff training and awareness within Acute settings will fall to the Health Board to implement.

6.6. The Commission will be contacting individual Health and Social Care Partnerships to highlight both good areas of practice and areas of practice which they deem to fall short, however it is noted that Renfrewshire is not an area where concerns have been flagged. The HSCP will provide a response to the Mental Welfare Commission by 21 August 2021, in line with the Commission's request.

7. Care Home Visiting

7.1. The previous report to the IJB provided an update on the 'Open with Care' guidance published by the Scottish Government to support meaningful contact in care homes. In the first instance, the guidance states that indoor visiting should involve up to two designated visitors weekly, visiting one at a time. This may increase in future where care homes, with support from oversight arrangements, are confident it is safe to do so. Children under 16 are not recommended as a designated visitor at this stage.

7.2. Visitors to care homes are required to wear face coverings and any PPE requested by the care home and are strongly encouraged to take a COVID-19 test on-site. While visiting may sometimes still be restricted, for example in the event of an outbreak at a care home, the expectation is that homes will facilitate regular weekly contact for residents and will have in place nine levels of protection to mitigate risks, covering infection prevention and control, PPE, testing, vaccinations and public health and primary care support.

7.3. The three care homes run by Renfrewshire HSCP continue to enable visiting in line with the 'Open with Care' guidance. Due to footfall associated with staff testing every Monday and Wednesday, there are no visits arranged on these days. Visiting is facilitated over the remaining 5 days each week, during the hours of 10am and 6pm. Visiting can attract between 10-20 visitors (designated visitors indoors, and other visitors outdoors) to each care home on these days. In the event that there is a suspected case of COVID-19 within a setting and testing is undertaken, a pause on visiting will be put in place until it is confirmed as safe to resume.

7.4. All designated visitors are asked to undertake a Lateral Flow Test each time they visit the care home which takes around 40 minutes to undertake and administer, before the designated visitor is accompanied through the building to the resident's bedroom, where they will remain for the duration of the visit. Whilst there is no time limit on the visits, it is the ambition of "Open with care" to maximise meaningful contact, therefore care homes are approaching this in a person-centred manner, balancing the benefits to the resident with risks around infection control.

7.5. Outdoor visits continue to be facilitated for residents to see their non-designated visitors within the care home garden areas. These visits have continued in line with national restrictions for the general public on outdoor socialising. From 17 May this meant 8 people from 8 households could meet outdoors in Level 2 areas, therefore care homes require to do a risk assessment based on the circumstances of the care home and individual resident needs to determine the appropriate number of visitors outdoors per resident.

7.6. The care homes have also recently been able to welcome children and pets accompanied by adult visitors to the garden areas, in line with risk assessments. New outdoor cabins at each HSCP care home are expected to be completed during May 2021, which will provide much more comfortable areas for residents to meet with their visitors in heated, but adequately ventilated spaces.

7.7. Visiting co-ordinators have been employed to undertake the role of managing visitors to the care homes, including testing and recording, infection control adherence and supporting the visitor processes in alignment with each resident's individual support plans about spending time with their designated and non-designated visitors.

7.8. Residents are now also able to have outings from the care home with a relative or friend, with support from the care home staff in risk assessing individual circumstances and offering guidance to the resident and their relative or friend about minimising risk. Residents are not required to isolate on their return to the care home.

8. Care Home Testing Team

8.1. Renfrewshire's Care Home Testing Team was established in May 2020 with staff mobilised from access HSCP services. The purpose was the early identification, through PCR testing, of COVID-19 cases within adult and older adult care homes and the subsequent understanding and mitigation of the spread of COVID-19 amongst residents and staff. The role of the team has continued to evolve in line with national guidance.

8.2. In May 2021 the team ceased to undertake weekly surveillance testing in two older adult care or nursing homes on a rotational basis (10% of residents) due to low levels of infection within the care homes, on the guidance of the Director of Public Health NHS GGC.

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

8.4. The demand for testing residents has continued to decrease since February. At the peak of infection levels, the number of tests undertaken was around 700 per week and this had reduced by mid-May to 40. This is a result of the reduction in the number of positive cases and subsequent reduced demand for testing.

9. PPE and Lateral Flow Testing

9.1. Renfrewshire HSCP has in place a single point of contact and coordination for all PPE requirements across health and care services from the PPE Hub in Paisley, in conjunction with colleagues from Renfrewshire Council's Building Services team.

9.2. Regular inflows of stock continue to be received via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues. These ongoing arrangements have at present been extended until the end of June 2021. Further communication will follow with regards approach beyond that date.

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

9.4. Lateral Flow Testing has been introduced for HSCP health and social care staff who are patient or service user facing, including those visiting older adult care homes. Lateral flow tests do not require lab processing and so can return a result much quicker than a PCR test. With a lateral flow test, a liquid sample is placed on a small absorbent pad and the staff member reads the result.

9.5. Staff are provided with a box of tests, which they register the serial number, undertake the tests twice weekly and they log there results online. If the results are positive, the staff member is required to self-isolate and attend for PCR testing.

9.6. The roll out of LFTs continues with additional staff cohorts being added to include all staff in patient / service user facing roles, support and administrative staff have been provided with LFT testing kits.

10. COVID Assessment Centre

10.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to operate to provide a service for patients who are who experiencing COVID respiratory symptoms. Although infection numbers have decreased from peak levels (but have recently been increasing) the demand for the service has remained high, due to the increase of normal childhood viruses transmitting due to the return of education services. As a result, a decision has been agreed that GP practices would assess pre-school children unless they are confirmed as COVID positive or from a household of COVID positive. This will commence on Monday 14th June. Demand for this service is monitored on a daily basis by the Head of Service and Clinical Director, to make sure there is adequate appointments available and to predict any potential spikes in demand as lockdown eases

11. Operational Services COVID Update

Day Support and respite

11.1. Following national guidance on COVID-19, building-based day support services for were required to close. Support for older people and people with physical disabilities accessing these services, and their carers, was moved to a virtual model which included welfare calls and a range of online activities and support.

11.2. In line with easing restrictions nationally, service models have evolved and will be subject to ongoing review and feedback. It remains necessary to maintain social distancing and increased cleaning regimes, as part of enhanced infection control measures.

11.3. As present, Falcon Day Centre is providing a base for older people and those with a physical disability. Learning Disabilities continue to deliver their 4-tier support model to the most vulnerable adults with learning disabilities in line with national guidance, with building bases now open with restricted capacity. A short film on this 4-tier model, which highlights how Renfrewshire has helped people, family and carers to stay healthy, connected and included was positively received when presented at the Health Improvement

Scotland iHub National Learning event earlier this month. The film can be watched here.

11.4. The Health and Social Care Partnership has also recently received 52 iPads and free wi-fi for 12 months from Connecting Scotland to enable the further enhancement of digital support and information services.

11.5. Further information on current day support models is provided in the supporting Models of Care report provided to the IJB in this cycle.

Mental Health Inpatient Services

11.6. Patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.

11.7. The patient vaccination programme continues with the majority of current patients, across all Mental Health wards, having now received their second vaccination. The last few patients still to receive a vaccine will get theirs in the next few weeks. Following this there will be an ongoing programme of checking the vaccine status of new admissions and offering them the opportunity to receive the vaccine. The staff vaccination programme is well under way with most staff having received their second dose.

11.8. Renfrewshire Mental Health Wards have implemented NHS GGC guidance to ensure that patients are able to have visits from a family support or designated visitor. To make sure social distancing guidance continues to be met, this is still provided through a booking system. Carers are able to contact ward staff and book a time slot for the day they choose to visit.

11.9. There continues to be a significant demand on Mental Health Services, in particular inpatient services. Adult Mental Health admission wards are regularly full, resulting in a need to transfer patients out of sector or to Older People's Mental Health wards. This is reflected across NHS GGC and across Scotland. Renfrewshire are working closely with colleagues across the board area to ensure effective and efficient use of the whole system of Mental Health beds across NHS GGC.

11.10. There has been a significant amount of work to address the nursing recruitment challenges across NHS GGC. A board-wide recruitment programme has had limited success in recruiting registered nursing staff. However, the recruitment of current student nurses, who will be newly qualified in September 2021, has covered most of the current shortfalls. Although this is welcome news, the new qualified nurses will not be able to take up their posts until early October.

11.11. The previous Chief Officer Report to the IJB in March 2021 noted that a long day shift pattern pilot was underway in Renfrewshire. This pilot was put in place as locally a number of nursing staff have been lost to areas offering such a shift pattern. The pilot has now been evaluated, and a report

outlining the findings from this will be shared with the Staff Partnership Forum for consideration and discussion.

HSCP Strategic and Operational Updates

12. Recovery and Renewal Update

12.1. Over the course of the last 12 months, regular updates have been provided to the IJB on the HSCP's developing approach to recovery and renewal from the pandemic. The most recent update in January 2021 noted the importance of flexibility within the HSCP's approach, reflecting the inherent uncertainties of the progress of the pandemic and the experience of additional waves of infection.

12.2. This flexible approach was evidenced by the decision of the Senior Management Team to pause Recovery and Renewal governance in September 2020 to enable services to focus on responding to increasing infection numbers and subsequent impact on provision caused by a further wave of COVID-19.

12.3. As the vaccination programme has progressed, and the restrictions which were put in place over the Christmas period in 2020 have taken effect, the level of infection within the community and the associated impact on HSCP services has reduced, as noted above in this report. This has enabled the HSCP to reinstate the Recovery and Renewal Steering Group to oversee the HSCP's recovery and supporting change activity. The Steering Group will be supported and informed by robust reporting, which will also be shared with the Staff Partnership Forum (SPF) to ensure regular updates are provided as part of ongoing engagement with trade unions.

12.4. More broadly, the HSCP has worked with the Strategic Planning Group to develop a proposed approach for the creation of a new Strategic Plan for 2022-25, which will be central to setting the direction of recovery and change activity in the medium term. This is covered in further detail in a supporting paper to this IJB meeting. Linked to this, the HSCP has also developed options for the future branding of the Strategic Plan and associated recovery and renewal activity, to reflect the central and transformative role that this will have in (i) responding to the opportunities and challenges emerging; and (ii) determining future models of care for the services currently provided by the HSCP. Further details on the branding proposals developed to date is also included in the supporting Strategic Plan paper.

Review of Administration and Business Support Services

12.5. The Administration and Business Support service has played a critical role in service provision throughout the COVID-19 pandemic, supporting the implementation of emergency arrangements, the delivery of additional COVID services, and the continued delivery of essential services. These additional demands and changes to the Senior Management Team within the service mean that, in order to ensure that the service is currently sustainable and fit for purpose as part of wider recovery planning, the HSCP has determined the need to undertake a review of the service.

12.6. The initial step would be to undertake a scoping exercise to understand the areas which a review should focus on and to fully engage staff from the outset of the review. The HSCP has sought to identify resource internally and within our partner organisations to take forward this scoping exercise however due to current resourcing constraints caused by the pandemic it has not been possible to do so. As such, the Senior Management Team has proceeded to identify, in line with procurement regulations, an external consultant with suitable expertise and skill to support the Partnership in taking the scoping phase forward. It is proposed that this short-term support would be funded through the IJB's earmarked transformation reserve.

12.7. The Staff Partnership Forum, in discussion with SMT, have raised concerns with the proposal to engage an external consultant to undertake this work. A risk assessment undertaken by SMT has highlighted the need to proceed quickly with the scoping exercise due the ongoing level of demand placed on the staff teams by the interim arrangements within the service and the continued requirement to support recovery. Short-term external support with the required skill and knowledge base is the most effective approach to this work and will avoid delay.

12.8. The IJB is asked to approve the proposed approach and spend associated with progressing the review of Administration and Business Support as set out above.

13. Integration Scheme

13.1. The HSCP continues to work with our partners in Renfrewshire Council and NHS Greater Glasgow and Clyde to progress necessary updates to, and consultation on, Integration Schemes. This work was in progress during 2019 and early 2020 however was paused at the onset of the COVID-19 pandemic.

13.2. This activity is being progressed jointly with HSCPs within the NHS GGC boundary, chaired by the Chief Officer of West Dunbartonshire HSCP, and is focused on determining updates required as a result of developments which have occurred in the last 12 months and are anticipated in the near future. These discussions have also recognised broader legislative and policy uncertainty which may influence Integration Schemes in future, such as the impact of recommendations which may be taken forward following the Independent Review of Adult Social Care (Feeley report).

13.3. At the time of writing, work is ongoing between Renfrewshire Council and NHS GGC to confirm the timescales for consultation and subsequent approval of Integration Schemes.

14. Inclusion of Carers within EQIA processes and templates

14.1. In 2019 the Scottish Government estimated that there were approximately 750,000 carers in Scotland. As a result of COVID-19, it is now projected that this figure has increased to over one million.

14.2. Although carers are not a protected group under the Equality Act 2010, they receive protection under the Act because of their association with the disabled

people they care for. There are also protected from direct discrimination where they are treated less favourably as a result of their caring role.

14.3. Many carers fall within groups with protected characteristics; and they may be disadvantaged by changes to services provided to those they care for. Such changes can include negative impacts on carers ability to combine caring with employment and can also have adverse impacts on the disabled person where service changes lead to a breakdown in the caring role.

14.4. Recognising the above points, it is important to ensure that young and adult carers are appropriately considered within equality impact assessments although at present this is not mandatory. The HSCP currently utilise the NHS GGC process and templates for assessing equality impacts which does allow for assessment of impact on carers but not specifically. The HSCP will review local EQIA screening processes (those followed prior to undertaking a full EQIA) to assess how consideration of carers can be incorporated most effectively.

15. UNICEF Infant Feeding Award

15.1. UNICEF UK's Achieving Sustainability standards are designed to help services to embed Baby Friendly care in their workplace for the long term. On the 15 March 2021 Renfrewshire were informed by UNICEF that our services meet all of the criteria and has been accredited as a Gold Baby Friendly organisation which recognises excellent and sustained practice in the support of infant feeding and parent-infant relationships.

15.2. The conditions of the award are that the HSCP take forward an action plan to demonstrate that staff are supported to put forward ideas and that they feel listened to. This is in addition to the plan in place to improve services in relation to increasing breastfeeding rates in our most deprived communities.

16. Primary Care Update

GMS Contract / Primary Care Improvement Plan (PCIP) – PCIP4 Update

16.1. The GP Contract and associated Memorandum of Understanding (MoU) set out a planned transition over three years commencing in 2018/19. This requires an extensive programme of change to support expanded teams of HSCP and NHS Board employed health professionals, create skilled multi-disciplinary teams surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist. The MoU covered the negotiated three-year period from 1 April 2018 until 31 March 2021 for implementation of the Contract. It has since been recognised that it is not possible for full implementation to be achieved by the original deadline, in part as a result of the Covid pandemic and it has been agreed that the timeframe for implementation needed to be revised and extended.

16.2. In December 2020 the Scottish Government and the BMA issued a “Joint Letter - the GMS Contract Update for 2021/22 and Beyond”. A revised MoU is being drafted that will provide more detail on how these revised commitments will be implemented. Until this time the original MoU remains in effect. Priorities include Vaccination Services, Pharmacotherapy Services,

Community Treatment and Care Services, Urgent Care Services and Additional Professional Roles (Physiotherapist and Mental Health) and Community Link Workers.

16.3. Locally, implementation continues to be made against these through our local Primary Care Improvement Plan however challenges remain, in particular that there the current funding available will not enable delivery of all the commitments in the 2018 contract and the MoU. It is estimated that additional funding in the region of £3.7 million would be required to achieve the objectives of the MoU. No further funding has been confirmed from the Scottish Government, therefore plans at this stage must be limited to the final funding which is available, which is £5.3 million. This is constantly being reviewed as models develop and new ways of delivering services are identified. The inability to fully deliver on the contractual MoU requirements based on current recurring budget is recorded on the HSCP risk register and common to other HSCPs across NHS GGC.

16.4. On 1 April 2021 Scottish Government requested completion of a newly developed PCIP 4 implementation tracker template for return by HSCPs by 31 May 2021, attached in Appendix 1. This aims to provide the National GMS Oversight Group with the information it needs to establish the current position on delivery, including any barriers to implementation and to understand how the extended multi-disciplinary team will continue to be developed between now and March 2022. This information is not required to go through the formal IJB sign off process. However, as per the MOU, completion of templates should still involve IJB and GP sub-committee and be agreed with the LMC (Local Medical Committee). Further work continues to develop the service models in those areas which are less well developed, in particular Community Treatment and Care Services. Initial work to support the opening of our first treatment rooms at Renfrew Health and Social Work Centre is at an advanced planning stage. Ongoing recruitment to extend multi-disciplinary teams will also continue between now and March 2022.

Primary Care Pressures

16.5. General Practice services continue to operate under significant pressures as a result of the pandemic. This includes the need to address workload and workforce pressures in order to recruit and retain staff within primary care. A recent BMA survey of Scottish GPs found that 73% reported struggling to cope, with their work having a negative impact on their health and wellbeing and almost 9 out of 10 reported they or their staff had been subject to physical or verbal abuse in the past month (BMA Scotland, Spiralling demand pushing GPs to the brink).

16.6. Practices across Renfrewshire are facing unprecedented levels of demand with the significant increase in mental health problems in the wake of the pandemic, people suffering deterioration in their chronic diseases because of the impact of COVID19 on routine services, and a spike in common viral illnesses previously supressed by lockdown measures.

16.7. Additionally, when COVID cases rise there is a consequential large impact on Primary Care, which is the first port of call for most cases, as well as the

COVID19 Assessment Centres (CACs). Whilst the country is in a more positive situation thanks to the vaccination programme (a large part of which was delivered in GP surgeries) the ongoing impact of the pandemic means the pressures on general practice are likely to continue, particularly if COVID becomes a disease primarily managed out of hospital.

16.8. Consequently, patients are likely to find that for routine appointments they have a longer wait as a result and staff within practices will continue to signpost people to members of the HSCP multi-professional teams based within surgeries as part of the Primary Care Improvement Plan (new GP contract) implementation.

17. Community Link Worker Contract Update

17.1. The Community Link Worker programme is a key component of the above Primary Care Improvement Plan and requires each GP Practice to have access to a Community Link worker. Following a procurement exercise carried out in late 2020, *We Are With You* were selected to provide the service. The HSCP has worked closely with the new provider to support a successful service transition, which took place on 1 April 2021. Link workers transferred from the previous provider to the new provider under TUPE to enable continuity of service. A small number of vacancies occurred as a result of this transition with recruitment to these posts progressing.

17.2. As part of the contract transition process, a series of GP Practice consultation events and 1-1 practice meetings have been offered by the new provider. The provider has also been invited to attend future cluster meetings.

17.3. In addition to the individual appointments offered to patients, the new provider will introduce group work sessions for patients. These will be issue specific, non-medical in nature and determined in discussion with the GP Practice and the issues raised by the patients.

18. Quality, Clinical and Care Governance Annual Report

18.1. As part of ongoing governance arrangements, Renfrewshire HSCP develops an annual Quality, Clinical and Care Governance report to provide assurance to the IJB and NHS Greater Glasgow and Clyde that appropriate, efficient and effective governance arrangements are in place.

18.2. Due to the COVID-19 pandemic, NHS Greater Glasgow and Clyde advised that annual reports would not need to be submitted to board-wide governance in 2020. This position remains the same in 2021, and Renfrewshire HSCP is not required to submit an annual report for 2020/21 to NHS GGC. However, as part of ongoing local governance arrangements, the HSCP will proceed with the development of a 2020/21 Quality, Clinical and Care Governance report to provide the necessary assurance to the IJB that services continue to operate safely and effectively. This annual report will be brought forward to the IJB at its next meeting in September 2021.

Additional National Policy Updates

19. Independent Review of Adult Social Care (Feeley Review)

19.1. Speaking during the Health Recovery Debate on 1 June 2021, the Cabinet Secretary for Health and Social Care stated that the Scottish Government will seek to begin a consultation within the first 100 days of this Parliament on the necessary legislation for a National Care Service. The Cabinet Secretary also noted the establishment of a social covenant steering group including those with lived experience of care services to ensure they are part of the co-design process moving forward.

19.2. A number of working groups have been set up to include key stakeholders from across the health and social care system, including Chief Officers and Chief Finance Officers, to consider the recommendations of the review in further detail. Further updates on progress will be brought to future meetings of the IJB.

20. Health and Care (Staffing) (Scotland) Act 2019 Update

20.1. Progress towards the planned implementation of the Health and Care (Staffing) (Scotland) Act 2019 has been delayed by the disruption to health and social care provision, with work paused on supporting activity in March 2020. The Cabinet Secretary for Health and Sport recently wrote to all Health Boards to confirm the Scottish Government's ongoing commitment to the full implementation of the Act in the term of the recently elected Parliament.

20.2. Once the Act is implemented, Health Boards will be required to ensure that appropriate clinical advice is sought and taken into account when decisions are taken regarding staffing. In advance of this implementation, the Cabinet Secretary requested that the key principles and intent of the Act be taken into account within current working practices.

20.3. In particular, it is recognised that during the pandemic a range of decisions regarding service delivery models and skill mix have been required and will continue to be required. In doing so, Health Boards should seek to reflect the spirit and intent of the Act and ensure that systems and processes are in place for professional advice to be obtained at the appropriate level where any decisions are made with regards staffing. Where decisions are made contrary to advice received, associated risks should be identified, recorded and appropriate mitigations put in place.

21. Inclusion of IJBs as Category 1 Responders under Civil Contingencies Act 2004

21.1. The Chief Officer report to the IJB in January 2021 provided an update to the IJB on the confirmation received from the Cabinet Secretary for Health and Sport that IJBs would subsequently be included as Category One responders under the requirements of the Civil Contingencies Act 2004.

21.2. Until now, Chief Officers have contributed to local emergency and resilience planning through their roles as directors of Health Boards and Local Authorities but without the appropriate reference to their accountable officer status within Integration Joint Boards. Throughout COVID, the Chief Officer and HSCP colleagues have continued to work collaboratively with partners to provide a whole system response to the pandemic.

21.3. The inclusion of IJBs as Category One responders will ensure that where there is a risk of an emergency which will impact functions delegated to the IJB there will be formal coordinated and appropriate arrangements in place for emergency planning, information sharing and advice for the public. The following duties are now placed on IJBs:

- The duty to assess risk
- The duty to maintain emergency plans
- The duty to maintain business continuity plans
- The duty to promote business continuity
- The duty to communicate with the public
- The duty to share information

21.4. There are a range of existing resilience partnership arrangements currently in place, including Regional Resilience Partnerships (West, East and North) and Local Resilience Partnerships (the West LRP covers Renfrewshire, East Renfrewshire and Inverclyde). NHS Greater Glasgow and Clyde and Renfrewshire Council have established governance arrangements in place as existing Category One Responders and since inception the HSCP has worked with our partners within these structures to ensure that the necessary duties are adhered to. Business Continuity Planning and testing is undertaken in partnership, and key contact details are shared to ensure a joint response in response to emergency situations.

21.5. These existing relationships and governance arrangements have operated throughout the COVID-19 pandemic, supplemented where necessary by additional oversight. This has included HSCP Senior Management Team participation in Renfrewshire Council's Emergency Management Team and Corporate Resilience Management Team (CRMT) arrangements. The HSCP has also continued to contribute to NHS GGC's Strategic Executive Group and supporting arrangements, and as part of the GGC Resilience Partnership which was set up as a steering group to guide the COVID-19 civil contingencies response.

21.6. The changes to the Civil Contingencies legislation therefore represent a formalisation of existing activity. In support of this, training led by the Scottish Government was held for HSCP Chief Officers and/or Civil Contingency leads on 20 May 2021. Additional training was also offered to IJB members and this training took place on 1 June 2021.

21.7. Following the changes outlined above, the IJB is asked to delegate to the Chief Officer, as its Accountable Officer, responsibility for carrying out on its behalf all necessary arrangements to discharge the duties of the IJB as a Category One Responder under the Civil Contingencies Act 2004. Definition and monitoring of an annual work plan will be undertaken by the Risk Review Board being implemented as part of the IJB's revised risk framework, with oversight provided by the Senior Management Team.

22. Notification of Potential Visit to Scotland by European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment

22.1. On 9 April 2021, the Scottish Government's Director for Equality, Inclusion and Human Rights wrote to NHS Greater Glasgow and Clyde and a range of public sector bodies to notify stakeholders that a delegation from the Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment ("the CPT") will visit the UK this year as part of its planned periodic cycle of national visits.

22.2. The dates and details of this visit are yet to be confirmed as this constitutes an 'unannounced' inspection visit and as such there will be limited advance notice of the CPT's programme. It is not yet confirmed that the CPT will visit Scotland however officials from the Scottish Government's Human Rights Policy Team continue to liaise closely with the CPT Secretariat to manage any Scotland component on the planned visit.

22.3. The HSCP will participate in and support the facilitation of the visit of the delegation locally should there be a requirement to do so once the programme has been confirmed.

Implications of the Report

1. **Financial –** Financial implications resulting from the operational response to COVID-19 are described further in a separate report to the IJB.
2. **HR & Organisational Development** – The Health and Care (Staffing) (Scotland) Act 2019 update provided will have HR and OD implications as both the principles of the Act and subsequently the Act itself are implemented. Appropriate advice and guidance will be sought on an ongoing basis.
3. **Community Planning** – No implications from this report.
4. **Legal –** No implications from this report.
5. **Property/Assets –** Ongoing COVID guidelines around physical distancing continue to guide the nature of service provision and the ability to use existing property.
6. **Information Technology –** No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety –** No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk –** Risks and issues arising during the COVID response are tracked and managed on an ongoing basis as part of the HSCP's overall risk management arrangements.
11. **Privacy Impact** – None from this report.

List of Background Papers: None.

Author: David Fogg, Change and Improvement Manager

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

Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tab** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as that the barriers that areas are facing to full delivery. Integration Authorities should provide information on the number of practices in their area which have no/partial/full access to each service. The sum of these should equal the total number of practices in each area. Please only include numbers (or a zero) in these cells; comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profile tab** should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress.

For the workforce numbers and projections, we are limiting our questions to WTE numbers, but are also asking you to provide headcounts for community links workers so that we can monitor progress towards the commitment to 250 additional CLWs.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Table 1. However, they should be included in Tables 2 and 3 to inform workforce planning.

We have included new rows this time at the foot of Tables 1 and 3 (shaded in red). Please include here your estimate of total required spend (Table 1), and total required staff (Table 3) in order to reach full delivery across each of the services.

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **31st May 2021.**

Covid PCIP 4	May-21

Health Board Area: NHS Greater Glasgow & Clyde
Health & Social Care Partnership: Renfrewshire HSCP
Total number of practices: 29

MOU PRIORITIES

2.1 Pharmacotherapy	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices with NO Pharmacotherapy service in place	0	0	0	0	0	0
Practices with Pharmacotherapy level 1 service in place	0	29	0	0	29	0
Practices with Pharmacotherapy level 2 service in place	0	29	0	0	29	0
Practices with Pharmacotherapy level 3 service in place	0	29	0	0	29	0

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this? **HSCP Response:** Recruitment of pharmacy staff continues where funding available. Work is underway to determine a standardised service which can be provided to all practices from the available staffing and funding rather than, as at present, a variable model determined by the main identified priorities in each practice. Work continues to identify the gaps between potential delivery and the range of tasks as detailed in the contract. The major barriers to full delivery remain funding and availability of professionally qualified workforce. Pharmacists were added to the Home Office's shortage occupation list in March 2021. A cohort of pre-registration pharmacy technicians has been recruited who are undertaking a 2 year training programme supported by acute and community pharmacy to enable completion of the required training. Further cohorts will be required in future years, recognising that these staff will require support during training from existing staff. Skill mix is regularly reviewed to ensure maximum delivery.

2.2 Community Treatment and Care Services	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices with access to phlebotomy service	0	29	0	0	0	29
Practices with access to management of minor injuries and dressings service	29	0	0	0	0	29
Practices with access to ear syringing service	29	0	0	0	0	29
Practices with access to suture removal service	29	0	0	0	0	29
Practices with access to chronic disease monitoring and related data collection	29	0	0	0	29	0
Practices with access to other services	29	0	0	0	0	29

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this? **HSCP Response**: As is the case across Scotland, NHSGGC partnership areas all had different starting points and have developed accordingly. All GG&C HSCPs have at least an element of CTACS up and running. Glasgow City HSCP has 100% of practices able to access CTAC but there is less coverage in other areas. A standardised interventions list and core service specification for CTAC has been developed and is being used across GG&C. A suite of agree clinical SOPs have been developed and adopted. All GGC CTACS have been impacted by the covid-19 pandemic with staff necessarily deployed to support other services and CTAC treatment rooms having been used in some placed for other functions (e.g. assessment centre). There is therefore a resultant delay to the implementation timescales for CTACS across GG&C. A stock take has been undertaken to determine the status of each GGC CTACS and to determine common issues which require to be addressed. The 6 GGC HSCPs seek to move in step with each other in relation to CTACS development and continue to collaborate closely. All areas are experiencing varying degrees of significant premises pressures which remain the main rate limiting factor to CTACS roll out alongside eHealth system challenges, workforce and funding. In Renfrewshire, although all GP practices x29 have and will continue to have access to practice based phlebotomy service and domiciliary service this may reflect at partial access due to Covid. Note: Pre Covid model was costed in PCIP on 8 minute appointments - with COVID this has had to move to 12 minutes appointments. This reduces the volume of clinics that are available in GP Practices. This will be kept under review. Access to other services will include access to wider biometrix

2.3 Vaccine Transformation Program	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Pre School - Practices covered by service	0	0	29	0	0	29
School age - Practices covered by service	0	0	29	0	0	29
Out of Schedule - Practices covered by service	0	29	0	0	0	29
Adult imms - Practices covered by service	29	0	0	29	0	0
Adult flu - Practices covered by service	0	29	0	0	0	29
Pregnancy - Practices covered by service	0	0	29	0	0	29
Travel - Practices covered by service	29	0	0	29	0	0

What assumptions are you using to determine full delivery, and what specific barriers are you facing in achieving this? **HSCP Response:** Full delivery includes to transfer responsibility for delivering a range of vaccinations from GPs to NHS Boards/HSCPs. The overall Vaccination Transformation Programme (VPT) is being coordinated at a NHSGG&C Board level. Progress is varied across the different programmes. One of the main limiting factors for the adult flu programme has been the lack of a bespoke IT system for call and recall and data sharing arrangements between practices and the wider system The model for travel health advice and travel vaccinations has still to be confirmed. Pause of NHSGGC VTP board during covid means that we do not currently have clarity on a board wide approach to adult vaccinations. Increased demands on VTP already include bigger venues to accommodate social distancing, additional flu cohort numbers and covid booster vaccinations. Learning from local flu and covid vaccination approaches makes it clear that planning, managing, funding and delivering at HSCP level is significant.

2.4 Urgent Care Services	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices supported with Urgent Care Service	11	15	3	10	16	3

What assumptions are you using to determine full delivery, and what specific barriers that you are facing to achieving this? **HSCP Response**: Renfrewshire is delivering a mixed model of practice based ANPs and Care Home aligned ANPs to deliver the Urgent Care Services MoU commitment. Those practices with 'full access' are those with a practice aligned ANP whilst those with 'partial access' are those with registered patients residing in a care home with an aligned ANP. We continue to review and refine our model with a view to providing cover to a wider number of care homes to maximise the reach and impact of the service for both patients and practices. Based on current funding we do not believe we will be able to provide a service to every practice but with additional funding and available ANPs would be able to do so using the Care Home aligned model.

Additional professional services

2.5 Physiotherapy / MSK	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing APP	18	0	11	16	0	13

Comment / supporting information. Covid 19 Pandemic has slowed the final recruitment. **HSCP Response**: Plans for additional APP resource coming to Renfrewshire HSCP is underway, and it is anticipated that this will bring another 9 sessions of APP resource to the HSCP. Available funding and limitation in available workforce, with the required knowledge, skills and experience for these role limits further expansion at this time- In addition any plans for further recruitment at this time would come with significant risk of destabilising mainstream MSK Physiotherapy Service provision. Definition of Full and Partial Access is not clearly defined in relation to MSK Physiotherapy/APP Input. In the tracker above 'Full Access' has been indicated where by practices have access to APP in practice, however it should be noted that this at times exceeds the recommended 1wte:16,000 population and if this is the ratio we are aiming for this brings into question if some practices indicated are in fact receiving 'partial' input rather than 'full'.

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**

Practices accessing MH workers / support through PCIF/Action 15	23	0	6	17	0	12
Practices accessing MH workers / support through other funding streams						

What are the specific barriers to your practicesreceiving a full MH service? Please attach a copy of your Mental Health action plan if you have one. **HSCP Response**: This resource is currently funding through Action 15 monies. There is currently insufficient funding to upscale to all 29 GP practices in Renfrewshire. Note Posts are currently funded for 2 years only and 2022 position is subject to current recruitment underway.

2.7 Community Links Workers	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing Link workers	0	0	29	0	0	29

Comment / supporting information. **HSCP Response**: New provider in place from 1 April 2021 following recent tendering exercise. This will extend offering of both 1-1 appointments and group work sessions for patients. Locally, we have weighted link workers towards biggest practices and most deprived practice. Some practices would welcome additional resource should further funding become available. Locally, the referral rate has surged in some of the practices which may be in part as a result of the Covid pandemic.

2.8 Other locally agreed services (insert details)	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing service						

Comment / supporting information

2.9 Issues FAO National Oversight Group

Please detail the impact of Covid on the PCIP process and where you are in that process. How has Covid impacted previous projected delivery. **HSCP response:** COVID has specifically impacted on our ability to implement the PCIP due to a number of staff being redeployed to support ongoing running of our local COVID Assessment Centre. The major barriers to full delivery remain funding, accommodation space and availability of professionally qualified workforce.

2.10 Health Inequalities

Covid has highlighted existing health inequalities and without mitigation the response to Covid is likely to increase health inequalities. Ministers are keen to see all sectors renewing their efforts on this and will be encouraging all sectors to work together. HSCPs and GPs are already taking significant actions to close the gap. HSCPs are using their position to bring sectors together to help take a whole-system approach to big issues. GPs are playing their part - whether through referrals to services for weight management or smoking cessation, or through outreach to the communities which are hardest to reach and where most inequality is experienced.

Please provide any comments on the impact of Covid on health inequalities and any measures taken to mitigate this impact. Please attach a copy of your EQIA/Fairer Scotland Duty Assessment /Health Inequalities Assessment if you have them. HSCP Response: Renfrewshire HSCP Strategic Planning Group members work in partnership to develop and implement a programme of work which delivers upon of Renfrewshire HSCP's Recovery and Renewal programme which aims to deliver: 'Improved outcomes for our communities and people who use services through a focus on prevention and early intervention within community-based support – enabling financial sustainability of health and social care in the long-term'. Members of Renfrewshire's Strategic Planning Group have been working collaboratively to develop the required approach to progressing thi activity. This approach reflects the need to work at a community level to improve health and wellbeing outcomes, taking into account the different needs of geographic and social communities across Renfrewshire. As a result of this work, six key priorities have been identified to maximise impact and support the focused use of available resources. These are: Loneliness and social isolation, Lower-level mental health and wellbeing, Housing as a health issue, Inequalities, Early years and vulnerable families, Healthy and active living. Renfrewshire HSCP has identified funding which has been allocated to agreed projects following an application process to support their delivery. This opportunity aims to identify new and innovative ways of working which can actively contribute to improvements in health and wellbeing. Locally, we have also weighted

Funding and Workforce profile

Health Board Area: NHS Greater Glasgow & Clyde
Health & Social Care Partnership: Renfrewshire HSCP

Table 1: Spending profile 2018 - 2022
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	59,992		275,534	53,921	33,810	219	27,183	4,424	118,269	28,730	70,166	
2019-20 actual spend	160,925		517,911	6,899	228,411	5,452	178,041	6,985	150,288	12,489	191,617	
2020-21 actual spend	260,620	50,600	925,129	11,481	570,767	46,276	214,499	5,345	229,042	3,501	249,133	
2021-22 planned spend	485,749	93,055	1490,858	35,000	1445,662	250,000	510,710	30,000	306,277	20,000	249,133	
Total planned spend	967,286	143,655	3209,432	107,301	2278,650	301,947	930,433	46,754	803,876	64,720	760,049	0
Total spend required for full delivery	571,715	100,000	4525,400	35,000	1752,001	100,000	984,500	20,000	882,200	40,000	249,133	

Table 2: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link
TOTAL headcount staff in post as at 31 March 2018	
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	
TOTAL headcount staff in post by 31 March 2022	0

[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 3: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	5.6	1.6										6.7
INCREASE in staff WTE (1 April 2018 - 31 March 2019)		0.4		5.0		2.5				1.6	1.0	1.1
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	6.0	5.8	1.5	18.8		2.1				2.2		
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0.8	5.4	6.1	0.8		2.0		1.0				
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	5.0	6.0	10.4	7.0	3.0	1.0				1.0		
TOTAL staff WTE in post by 31 March 2022	17.4	19.2	18.0	31.6	3.0	7.6	0.0	1.0	0.0	4.8	1.0	7.8
Total staff (WTE) required for full delivery	37.1	53.8	18.0	31.6	3.0	14.1		1.0		12.9		7.8

[a] please specify workforce types in the comment fielc
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comment: