

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

Date	Time	Venue
Friday, 17 September 2021	10:00	Remotely by MS Teams ,

KENNETH GRAHAM
Clerk

Membership

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

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

* Please note that John Matthews appointment as Chair and Councillor Jacqueline Cameron's appointment as Vice Chair are effective from 15 September 2021.

Recording of Meeting

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

Recording

<https://youtu.be/sPaZE1BCk0I>

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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|----------|---|------------------|
| 1 | Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee and Membership Update
Report by Clerk. | 5 - 8 |
| 2 | Minute
Minute of meeting of the Integration Joint Board held on 25 June 2021. | 9 - 18 |
| 3 | Rolling Action Log
IJB rolling action log. | 19 - 20 |
| 4 | Chief Officer's Report
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| 5 | Financial Report 1 April to 31 July 2021
Report by Chief Finance Officer. | 35 - 60 |
| 6 | Strategic Plan 2022/25: Update on Approach and Progress
Report by Head of Strategic Planning and Health Improvement. | 61 - 66 |
| 7 | Performance Framework Report 2021/22
Report by Head of Strategic Planning & Health Improvement. | 67 - 82 |
| 8 | Quality, Care and Professional Governance Annual Report 2020/21
Report by Head of Health & Social Care Services. | 83 - 102 |
| 9 | Renfrewshire HSCP Winter Plan 2021/22
Report by Head of Strategic Planning & Health Improvement. | 103 - 108 |

10 Renfrewshire Rapid Re-housing Transition Plan and 109 - 150
Homelessness Update

Report by Head of Strategic Planning & Health Improvement.

11 Date of Next Meeting

Note that the next meeting of the IJB will be held at 10.00 am on 19 November 2021.

To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Clerk

Heading: Chair and Vice Chair of the IJB and the IJB Audit, Risk and Scrutiny Committee and Membership Update

1. Summary

Integration Joint Board

1.1 The Integration Scheme between Renfrewshire Council and Glasgow and Clyde Health Board states that:

2.14 The Parties will take turns nominating the Chair and Vice-Chair, with one nominating the Chair and the other nominating the Vice-Chair. The first Chair will be nominated by the Council from its voting members and the first Vice Chair will be nominated by the Health Board from its voting members. Each appointment of Chair and Vice-Chair shall be for a two year period at the end of which the Party which last nominated the Chair shall nominate the Vice Chair and vice versa.

1.2 The IJB Procedural Standing Orders state that:

3.1 The first Chair of the IJB shall be appointed at the first meeting of the IJB in accordance with the arrangements made in the approved Integration Scheme. The Chair and Vice – Chair posts shall rotate every two years between the NHS Board and Council, with the Chair being from one body and the Vice-Chair from the other.

1.3 In accordance with the above, members are asked to note that John Matthews has been appointed as Chair of the IJB from 15 September 2021 for a period of two years with Councillor Cameron being appointed as Vice-Chair of the IJB from 15 September 2021 until the next Local Government Elections on 5 May 2022.

1.4 AmandaJane Walton resigned as Co-chair of the Staff Side Partnership and therefore her role as a non-voting member on the IJB as the Trade Union representative for the Health Board. Annie Hair has been appointed to this position effective from 1 September 2021.

Integration Joint Board Audit, Risk and Scrutiny Committee

- 1.5 The IJB established an Audit Committee which came into being on 1 April 2016, now known as the IJB Audit, Risk and Scrutiny Committee.
- 1.6 The IJB Audit, Risk and Scrutiny Committee Terms of Reference state:
 - 4.1 The Chair of the IJB Audit, Risk and Scrutiny Committee shall be a voting member chosen by the IJB. The Chair of the Committee must not be the Chair of the IJB or be a representative of the same constituent authority as the Chair of the IJB. The IJB may also appoint a voting member as Vice Chair of the Committee.
- 1.7 At the meeting of the IJB held on 28 June 2019 it was decided that members would consider the arrangements for the Chair and Vice Chair of the IJB Audit Committee from September 2019 and advise the Head of Administration accordingly.
- 1.8 At the meeting of the IJB held on 20 September 2019 it was noted that Margaret Kerr had been appointed as Chair of the IJB Audit Committee from 15 September 2019 for a period of two years and that Councillor Hughes had been appointed as Vice Chair of the IJB Audit Committee from 15 September 2019 for a period of two years.
- 1.9 There is also a requirement to now consider the arrangements for the Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021. Members are therefore invited to propose which of their respective nominations will be appointed Chair and Vice Chair of the IJB Audit, Risk and Scrutiny Committee from that date.

2. Recommendations

- 2.1 That it be noted that John Matthews has been appointed as Chair of the IJB from 15 September 2021 for a period of two years with Councillor Cameron being appointed as Vice Chair of the IJB from 15 September 2021 until the date of the next Local Government Election on 5 May 2022;
- 2.2 That it be noted that Annie Hair had been appointed as a non-voting member on the IJB as the Trade Union representative for the Health Board; and
- 2.3 That members consider and appoint the Chair of the IJB Audit, Risk and Scrutiny Committee from 15 September 2021 until the date of the next Local Government Election on 5 May 2022 and appoint the Vice Chair from 15 September 2021 for a period of two years.

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

Date	Time	Venue
Friday, 25 June 2021	10:00	Remotely by MS Teams,

Present

Councillor Jacqueline Cameron, Councillor Jennifer Adam-McGregor, Councillor Lisa-Marie Hughes and Councillor James MacLaren (all Renfrewshire Council); Margaret Kerr, Dorothy McErlean, John Matthews and Frank Shennan (all Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Dr Shilpa Shivaprasad (Registered Medical Practitioner (non-GP)); Louise McKenzie (Council staff member involved in service provision); Diane Young (Health Board staff member involved in service provision); Alan McNiven (third sector representative); Stephen Cruickshank (service user residing in Renfrewshire); John Boylan (Trade Union representative for Council); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Shiona Strachan, Interim Chief Officer (Renfrewshire Health and Social Care Partnership); Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Chair

Councillor Jacqueline Cameron, Chair, presided.

In Attendance

Ken Graham, Head of Corporate Governance (Clerk), Paul Shiach, Senior Committee Services Officer and Euan Gray, Senior Committee Services officer (all Renfrewshire Council); Christine Lavery, Head of Mental Health, Addictions and Learning Disability Services, Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Interim Administration Manager, David Fogg, Service Improvement Manager, John Miller, Communications Manager, Amanda Kilburn, Finance Business Partner, Jim Robb, Service Manager (all Renfrewshire Health and Social Care Partnership); Mark Ferris, Audit Manager (Audit Scotland); and Heather Griffin, Senior General Manager and John Donnelly, Senior General Manager (both NHSGGC).

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.

Additional Item

The Chair intimated that there was an additional item of business in relation to the Appointment of Interim Chief Officer which had not been included in the notice calling the meeting. The Chair, being of the opinion that the item, which is dealt with at item 1 below, was urgent in view of the need to advise members of the position, authorised its consideration.

Declarations of Interest

Dr Sutton declared an interest in item 3 of the agenda as he resided in Bishopton/Dargavel and was registered as a patient at the Bishopton Health Centre mentioned in the report and indicated that he did not consider it necessary to leave the meeting.

1 Appointment of Interim Chief Officer

The Clerk submitted a report requesting that the Integration Joint Board (IJB) ratify the appointment of Christine Laverty as Interim Chief Officer for a period of six months beginning 28 June 2021.

The report intimated that in terms of Section 10 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB was required to appoint, as a member of staff, a Chief Officer. A report to the IJB on 29 January 2021 advised of Shiona Strachan's appointment as Chief Officer on an interim basis. Shiona's appointment was now coming to an end and a selection process had been undertaken involving collective input from the Health Board and the Council to find a successor.

Following a selection process, the Appointment Panel decided to appoint Christine Laverty, one of the Health and Social Care Partnership's Heads of Service as Interim Chief Officer for a period of six months beginning 28 June 2021 and the appointment of Christine Laverty as the Interim Chief Officer now required to be ratified by the IJB.

DECIDED: That the appointment of Christine Laverty as Interim Chief Officer be ratified by the IJB and that it be noted that the Interim Chief Officer would be a member of the IJB.

2 Minute

The Minute of the meeting of the IJB held on 26 March 2021 was submitted.

DECIDED: That the Minute be approved.

3 **Rolling Action Log**

The rolling action log for the IJB was submitted.

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

4 **Primary Care Estate Strategy: Renfrewshire (Pilot Study Area)**

The Interim Chief Officer submitted a report relative to the draft Primary Care Estate Strategy for Renfrewshire.

The report intimated that in December 2019, it had been agreed that a Primary Care Property Strategy for NHSGGC was required to guide the future development of the primary care estate within the board area with Renfrewshire Health and Social Care Partnership (HSCP) being selected as the pilot area.

The report summarised the work undertaken to date and the emerging findings and recommendations of the draft Primary Care Estate Strategy for Renfrewshire which had concentrated on the review of existing NHS and GP owned or leased premises and HSCP occupied council properties in the first instance.

It was noted that the strategy had identified recommendations covering the short-term (zero to three years), medium-term (three to eight years) and long-term (eight years and beyond) however, there might be further opportunity to factor the wider public sector estate into development thinking; the output of this draft strategy would feed into the GG&C Infrastructure Investment Strategy, currently being developed; and that property assets utilised by the HSCP were owned or leased by NHSGGC and Renfrewshire Council and therefore capital investment priorities and associated decision making were a reserved matter for these partner organisations.

The report provided detail in relation to the background and methodology of the strategy; the wider policy context; the findings from the assessment process; the proposed short, medium and long-term recommendations; and a summary of the next steps.

DECIDED:

(a) That the IJB support the work to date to develop the draft pilot Primary Care Estate Strategy for the Renfrewshire area, and the findings emerging from this pilot activity;

(b) That it be noted that the draft pilot Primary Care Estate Strategy would be kept under review and would require to take account of recovery and renewal planning taken forward by the HSCP and key partners including Renfrewshire Council and NHSGGC. The HSCP's Capital Planning, Property and Accommodation Group (CPPAG) would seek to develop an overview of all estate requirements and would liaise with Estates and Facilities within NHSGGC and Economy & Development Services within Renfrewshire Council on an ongoing basis;

(c) That it be noted that the draft pilot Primary Care Estate Strategy would form part of the overarching NHSGGC Integrated Infrastructure Strategy and that further work would now be undertaken across the other five HSCPs within NHSGGC;

(d) That it be noted that any draft proposals arising must support strategic planning priorities and service delivery;

(e) That it be noted that any proposals must be met from existing available resources including funding from the Scottish Government and in the context of existing considerable competing demands placed on the capital budgets. These budgets were not delegated to the IJB and remained reserved to NHS GGC;

(f) That the IJB support the following emerging core findings arising from the draft strategy:

(i) as part of the ongoing review, the HSCP should consider consolidating services to maximise the use of the existing estate as part of the short-term measures;

(ii) recognise the specific current capacity challenges relating to the Bishopton/Dargavel area and, as a medium-term measure, address these through minor reconfiguration of the existing health centre and proposed development of a new build, additional facility to augment. This proposal would be subject to available funding from the developer contribution, with match funding from Scottish Government which would leave a yet to be determined short fall requiring capital contribution;

(iii) in the longer-term (eight years plus) seek to develop four strategic hub locations (a) Renfrew, using the existing modern and fit for purpose Health & Social Care Facility; (b) a Paisley hub which would require a review of the current schedule of accommodation and a new build; (c) a Johnstone & Linwood hub through development of the existing Johnstone Health Centre or exploration of the option for a new facility; and (d) a Bishopton, Erskine and Dargavel hub (building on the proposal outlined above); and

(iv) note that the NHS GGC primary care prioritisation exercise carried out through 2019/20 identified the development of a Paisley hub as a priority for future, long-term investment, should funds become available.

5 Chief Officer's Report

The Interim Chief Officer submitted a report providing an update on key operational activity, including the HSCP's operational response to COVID-19, since the last meeting of the IJB held on 26 March 2021.

The report intimated that the continually changing circumstances locally and nationally continued to necessitate the prioritisation of the HSCP's response to the pandemic, including the continued delivery with partners of the COVID-19 vaccination programme. The report also provided an update on the regional and national developments for health and social care services.

The report provided detail in relation to the vaccination programmes; care homes; the Mental Welfare Commission for Scotland's Report into decision making for people in hospital who lacked capacity: Discharge to Care Homes; care home visiting; the care home testing team; PPE and lateral flow testing; the COVID assessment centre; operational services COVID updates; HSCP strategic and operational updates; the Integration Scheme; the inclusion of carers within EQIA processes and templates; the UNICEF infant feeding award received in Renfrewshire HSCP; primary care; the community link worker contract; the Quality, Clinical and Care Governance Annual Report; additional national policy updates; the Health and Care (Staffing) (Scotland) Act 2019; the inclusion of IJBs as Category 1 Responders under The Civil Contingencies Act 2004; and the notification received from the Scottish Government that the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or

Punishment would visit the UK this year as part of its planned periodic cycle of national visits.

DECIDED:

(a) That the updates on the Renfrewshire vaccination programmes and ongoing operational response to the COVID pandemic, as detailed in sections 4 to 11 of the report, be noted;

(b) That the update on the findings of the Mental Welfare 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, as detailed in section 6 of the report, be noted;

(c) That the update on HSCP and IJB governance, strategy and operational developments including the re-establishment of Recovery and Renewal Guidance; development and consultation on the Integration Scheme; and reporting on the Primary Care Improvement Plan and the Quality, Clinical and Care Governance Annual Report, as detailed in section 12 of the report, be noted;

(d) That the proposal and approach for taking forward the scoping of a review of the Administration and Business Support Service, as detailed in section 12 of the report, be approved;

(e) That the national policy updates, covering Independent Review of Adult Social Care, The Health and Care (Staffing) (Scotland) Act 2019, and the IJBs inclusion as Category 1 Responders under The Civil Contingencies Act 2004, as detailed in sections 19 to 22 of the report, be noted; and

(f) That responsibility be delegated to the Interim Chief Officer, as the IJB's accountable officer, to carry out, on behalf of the IJB, all necessary arrangements to discharge the duties of the IJB as a Category 1 Responder under The Civil Contingencies Act 2004, as detailed in section 21 of the report.

6 Financial Report 1 April 2020 to 31 March 2021

The Chief Finance Officer submitted a report relative to the revenue budget year-end outturn for the HSCP for the 2020/21 financial year, as detailed in appendices 1 to 5 to the report, and seeking approval for the transfer of funds to reserves to allow completion of the IJB's accounts by the statutory deadline of 30 November 2021.

The report intimated that budget monitoring throughout 2020/21 had shown the IJB projecting an underspend, prior to the transfer of balances to general and earmarked reserves, at the financial year-end. The IJB final outturn was an underspend of £8,396k, prior to the transfer of 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 had been provided by the Scottish Government at regular intervals. The IJB's response to COVID-19 in 2020/21 accounted for £2,033k of the overall underspend position. This reflected funding in advance of need which would be placed in an earmarked reserve to address COVID-19 expenditure commitments in 2020/21.

It was noted that the IJB's transformation programme would be central to achieving financial sustainability in the medium-term and unavoidable delays meant that financial challenges required to be addressed through other means. If required, general reserves would require to be used to offset any unexpected financial pressures, where and when possible.

The key pressures were highlighted in section 4 of the report; appendices 6 and 7 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 8 to the report detailed the Scottish Government funding streams; Appendix 9 to the report detailed the HSCP hosted budget position as at 31 March 2021; Appendix 10 to the report detailed the movement in reserves; Appendices 11 and 12 to the report detailed HSCP vacancies per client group and job description; the letter dated 14 April 2021 from the Director of Health Finance and Governance, Scottish Government, to HSCP Chief Officers and NHS Board Directors of Finance, formed Appendix 13 to the report; and the letter from CoSLA dated 11 June 2021 to the Department of Health Finance formed Appendix 14 to the report.

In line with the IJB's Reserves Policy the report sought approval of the transfer of £4.380 million from the 2020/21 in-year underspend to general reserves. Details of the earmarked reserves were detailed in section 10 and Appendix 10 of the report.

DECIDED:

(a) That the year-end financial position be noted; and

(b) That the proposed transfers to earmarked and general reserves, as detailed in section 10 and Appendix 10 of the report, be approved.

7 Unaudited Annual Accounts 2020/21

The Chief Finance Officer submitted a report relative to the unaudited annual accounts 2020/21 for the IJB which would be submitted for audit by the statutory deadline of 30 June 2021, a copy of which was appended to the report.

The report intimated that the accounts fully complied with International Financial Reporting Standards and that once approved the unaudited accounts and associated working papers would be passed to Audit Scotland for review. The auditor's report on the accounts would be submitted to a future meeting of the IJB Audit, Risk and Scrutiny Committee for consideration prior to the audited accounts being presented to the IJB for approval.

It was noted that The Coronavirus (Scotland) Act 2020 provided flexibility in terms of the timescales for approval of the 2019/20 audited accounts, this date being 30 November 2021. Audit Scotland considered that 30 November 2021 was reasonably practicable for 2020/21 and had set this date as the audit completion date.

The report advised that the final figures in the IJB accounts for 2020/21 might require to be changed, as during 2020/21 National Services Scotland supplied PPE to Scottish Health Boards free of charge. As health boards were consuming the PPE, they were 'customers' in terms of IFRS 15 which meant that they were required to account for the PPE as principal which entailed recognising a non-cash amount at fair value and an equivalent amount of notional expenditure. Once guidance was received from the Local Authority (Scotland) Accounts Advisory Committee (LASAAC), the IJB accounts for 2020/21 would be updated to reflect any relevant changes.

The report detailed the approval process and timetable in relation to approval of the IJB's annual accounts. Audit Scotland had advised that they would endeavour to complete the audit process in line with these timescales and a copy of the letter dated 3 June 2020 from Audit Scotland formed Appendix 2 to the report.

DECIDED:

- (a) That, subject to audit, the annual accounts for 2020/21, as appended to the report, be approved;
- (b) That it be noted that Audit Scotland would endeavour to complete the audit of the annual accounts in line with the timescales indicated in section 5 of the report; and
- (c) That the potential change to the IJB accounts for 2020/21, as highlighted in paragraphs 1.4 and 1.5 of the report, be noted.

8 Development of Renfrewshire's Strategic Plan 2022/25

The Interim Chief Officer submitted a report relative to the development of Renfrewshire's Strategic Plan 2022/25.

The report intimated that the Public Bodies (Joint Working) (Scotland) Act 2014 required the IJB to produce a Strategic Plan detailing how community health and social care functions delegated to it by Renfrewshire Council and NHSGGC would be planned and delivered over the medium-term (three years). The existing Strategic Plan covered the period 1 April 2019 to 31 March 2022 and the HSCP would take the necessary statutory steps to review the plan prior to 1 April 2022 and in accordance with the Act, the review would consider the national health and wellbeing outcomes; the indicators associated with the national outcomes; the integration delivery principles; and the views of the Strategic Planning Group.

It was noted that listening to, involving and engaging with communities would be at the heart of the Strategic Plan and the HSCP would work collaboratively with members of the Strategic Planning Group.

The HSCP proposed the creation of a Care Group Planning Structure whereby groups would be led by the HSCP, with additional sub-groups supporting where required, and the proposed structure formed Appendix 1 to the report. Branding options had also been developed, as detailed in section 7 and Appendix 2 to the report.

Subject to approval, the process for developing the plan would begin immediately with final approval being sought from the IJB in March 2022 and a detailed timeline was detailed in section 8 of the report.

DECIDED:

- (a) That the proposed collaborative approach to developing the Strategic Plan, encompassing the role of the SPG in providing oversight of the plan's development, the role of SPG sub-groups in developing plans for the agreed Health and Wellbeing Priorities, and the role of a revised Care Group Planning Structure be agreed;
- (b) That the timeline, as detailed in section 8 of the report, be agreed; and
- (c) That the ongoing development of a supporting brand for the Strategic Plan and associated recovery and change activity, as detailed in section 8 of the report, be noted.

9 Annual Performance Report 2020/21

The Interim Chief Officer submitted a report relative to the HSCP's draft Annual Performance Report for 2020/21 which included the 2020/21 Performance Scorecard, a copy of which was appended to the report.

The report intimated that the annual performance report also set out the wider context in which the HSCP had operated over the last year and highlighted some of the significant changes undergone to ensure the continued delivery of services for those who needed them most, whilst also mobilising a range of new services to respond to COVID-19.

The report advised that whilst the report was for the period April 2020 to April 2021, in light of the exceptional circumstances surrounding the COVID-19 pandemic, data remained unvalidated and should be seen as indicative. The data might be subject to change following the validation process and might also differ from National Official Statistics publications published at a later date.

DECIDED: That the draft Annual Performance Report 2020/21 for Renfrewshire HSCP and the Performance Scorecard, as appended to the report, be approved.

10 Development of an Interim Workforce Plan 2020/21

The Interim Chief Officer submitted a report providing an update on the development of an interim workforce plan for Renfrewshire IJB, covering the period 2021/22, a copy of which was appended to the report.

The report provided an overview of the process followed to develop the plan and described the structure and content of the interim workforce plan which had been submitted to the Scottish Government on 30 April 2021, subject to approval by the IJB.

A detailed three-year workforce plan covering 2022/25 would be developed during the summer period. It was critical that the workforce plan for 2022/25 aligned with the Strategic Plan. As work progressed there would be increased opportunities to engage with staff at all levels of the HSCP to ensure that developing proposals reflected the needs and views of services and staff. Updates on progress made against the actions within the interim workforce plan would be brought to future meetings of the IJB.

DECIDED:

(a) That the interim workforce plan for 2021/22 be reviewed and approved;

(b) That it be noted that updates on progress in delivering the actions in the interim workforce plan would be brought to future IJB meetings; and

(c) That it be noted that a draft workforce plan for 2022/25 would be brought to the IJB in March 2022 for approval.

11 Developing Models of Care

The Interim Chief Officer submitted a report relative to developing models of care.

The report intimated that the current policy context of integrated health and social care services, driven through the Independent Review of Adult Social Care (Feeley Review) and the recently published national Self-directed Support (SDS) framework, alongside

service remobilisation, focused on the enablement of choice, flexibility and control in service provision. This context was reflected in national good practice and in the HSCP's guiding principles. The report considered how these policy drivers and guiding principles would be applied to the development of models of care across the different care groups supported by the HSCP.

It was noted that a key element of this activity would be considering how choice and flexibility could be best delivered through SDS and the report set out the HSCP's current position regarding the utilisation of SDS locally. In particular, the report focused on the development of models of day support and set out initial thinking on a proposed direction of travel and features of a future day support model which would further enhance the level of choice and control individuals had over the support they accessed.

The report provided detail in relation to the policy context; the HSCP's guiding principles and their influence on models of care; the current position in Renfrewshire for SDS; good practice in the development of models of care; models of care for day support; the Renfrewshire demographic context; developing interim models of day support; proposed features of future day support models; and the next steps.

DECIDED:

(a) That the assessment of current policy drivers for developing models of care and the relationship with the HSCP's guiding principles, as detailed in sections 3 to 4 of the report, be noted;

(b) That the HSCP's current position with regards to take-up of Self-directed Support options and the findings of national audits of the implementation of Self-directed Support, which provided a case for further development, as detailed in section 5 of the report, be noted;

(c) That the current position of day support for older people, people with physical disabilities and people with learning disabilities, reflecting the impact of the COVID-19 pandemic, as detailed in sections 7 and 8 of the report, be noted; and

(d) That the direction of travel and proposed features set out for the development of day support, based on policy and good practice, subject to further development and consultation with stakeholders, as detailed in section 9 of the report, be approved.

12 Scottish Government Investment for District Nursing: Renfrewshire HSCP Plan

The Interim Chief Officer submitted a report providing an update on Scottish Government investment to district nursing, aligned to the HSCP's workforce plan recommendations published in December 2019.

The report intimated that in 2018, a national modelling exercise had been undertaken which identified that a 12% investment was required to the District Nursing workforce in order to address the gap between demand and supply and in consideration of demographic change including a growing older population. The Health and Social Care Integrated Workforce Plan subsequently committed to an additional 375 nurses across Scotland.

The Scottish Government wrote to Health Boards in late 2020 relative to the allocation of funding for November 2020 to April 2021 and recurring funding until 2024/25. It was noted that the board allocation across GGC was £10,081,786, which equated to 47.8

skill-mixed posts, with Renfrewshire HSCP's allocation being £1,396,592, which equated to 7.4 skill-mixed posts realised at end point 24/25.

Appendix 1 to the report provided an overview of funding and justification for posts to be created and the letter from the Principal Finance Manager, NHSGGC, detailing Renfrewshire HSCP's allocation of funding formed Appendix 2 to the report.

The report provided an overview of the outline plan across GGC and the intentions for Renfrewshire HSCP.

DECIDED:

- (a) That the content of the report be noted;
- (b) That the current progress in relation to the plan be noted;
- (c) That it be noted that the request for approval of the creation of an earmarked reserve to fund the additional investment in respiratory services was included within the Chief Finance Officer's Financial Report 1 April to 31 March 2021 considered at item 6 of this Minute; and
- (d) That it be noted that the funding for the investment in nursing assurance across Renfrewshire Care Homes was made available late on in 2020/21 and had been carried forward in earmarked reserves to be drawn down as required and was included within the Chief Finance Officer's Financial Report 1 April to 31 March 2021 considered at item 6 of this Minute.

13 Date of Next Meeting

DECIDED:

- (a) That it be noted that the next meeting of the IJB would be held remotely by MS teams at 10.00 am on 17 September 2021; and
- (b) That it be noted that this would be Councillor Cameron's last meeting as Chair of the IJB and that John Matthews would take up the position of Chair of the IJB as of 15 September 2021 with Councillor Cameron taking up the role of Vice-chair of the IJB from that date.

Valedictory

The Chair intimated that this would be Shiona Strachan's last meeting of the IJB. She thanked Shiona's for the leadership shown during the COVID-19 pandemic and for the way in which she had kept elected members informed during such a challenging period and for responding to their enquiries quickly and efficiently. On behalf of the IJB she wished Shiona best wishes for the future.

Shiona thanked the Chair, members of the IJB and HSCP staff for their kind comments and work undertaken and wished everyone the best for the future.

IJB Rolling Action Log – 17 September 2021

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
31/01/20	Draft Unscheduled Care Commissioning Plan 2020/25	Submit finalised Plan to the IJB later in the year for approval	Interim Chief Officer	September 2021	<p>Work is underway across NHSGGC to review this Plan within the context of COVID-19 and the resultant changes to some service models.</p> <p>It is expected that an update on this will be brought back to all IJBs within NHSGGC in November 2021 for consideration.</p>
25/06/21	Development of an Interim Workforce Plan 2021/22	<p>Submit updates on progress in delivering actions to future meetings</p> <p>Submit draft workforce plan for 2022/25 for approval</p>	<p>Interim Chief Officer</p> <p>Interim Chief Officer</p>	March 2022	



To: Renfrewshire Integration Joint Board

On: 17 September 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 developments and activity since the last IJB on 25 June 2021.
- 1.2. 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:

- Note the updates provided on the Renfrewshire vaccination programmes, and ongoing operational response to the COVID pandemic (sections 4 to 8);
- Note the update provided on the National Records of Scotland publication of alcohol, drug and probable suicide related death figures, and the ongoing work of the HSCP, ADP and Alcohol and Drugs Commission in Renfrewshire to support those with addictions (section 10);
- Note the work now underway to progress the review of Administration and Business services (section 11);
- Note the work being undertaken by the HSCP to identify resourcing requirements to meet short-term demand and the associated funding arrangements to do so (section 12); and

5. Note the national policy updates provided, covering an update on the Independent Review of Adult Social Care, New Legal Duties under the Carers (Scotland) Act 2016 and the report by the Mental Welfare Commission for Scotland on use of the Mental Health Act in Scotland during COVID-19 (sections 13 to 15).

3. Background

- 3.1. The previous Chief Officer report to the IJB in June 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. The framework set out recognised the importance of the COVID vaccination programme in enabling restrictions to be lifted.
- 3.2. The Scottish Government announced on 3 August 2021 that Scotland would move beyond Level 0 from 9 August 2021, reflecting the progress made in rolling out the vaccination programme and a concurrent reduction in infection rates across Scotland following increases observed over the Spring and early Summer period.
- 3.3. This change has enabled all venues across Scotland to re-open, including entertainment and sports venues. The legal requirement for physical distancing and limits on gatherings has also been removed. Adults identified as close contacts of someone who has tested positive for Covid-19 will also no longer be automatically required to self-isolate for 10 days from 9 August. Anyone who is double-vaccinated with at least two weeks passed since their second dose and who has no symptoms will be able to end self-isolation if they return a negative PCR test. The same conditions will also apply to anyone aged between five and 17 years old, even if they have not been vaccinated. The requirement to take a PCR test will not apply to children under the age of five.
- 3.4. However, some protective measures remain in place, including the use of face coverings and the collection of contact details as part of Test and Protect. Capacity limits on indoor and outdoor events will be in place unless an exception is agreed.
- 3.5. The third wave of the pandemic, driven by the Delta pandemic, does however continue to be a concern. At the time of writing, following a significant fall in infections over the summer period, infection rates have risen substantially in Renfrewshire and across Scotland. At 5 September there was approximately 1093 cases per 100,000 currently being identified over a 7-day period in Renfrewshire. This is above the Scotland average of approximately 774 cases. However, the positive impact of the vaccination programme on the link between cases, hospitalisations and deaths is visible.
- 3.6. Within this context, the HSCP continues to plan service remobilisation where possible and appropriate. As these plans develop, the HSCP will continue to maintain two-metre social distancing in all buildings, in line with Renfrewshire Council's current policy.

4. Vaccination Programmes

COVID Vaccinations

- 4.1 As noted above, the third wave of the pandemic is still a matter of concern due to the increased transmission of the new variant of the virus. Nevertheless, the impact of the vaccination programme is clear and providing continued reassurance.
- 4.2 Vaccination rollout has progressed well locally and across Scotland with 89% of the adult population (over 16 years) now having received at least one dose of the vaccine and over 77% having received both doses nationally. In Renfrewshire Drop-in vaccination clinics have been successful with vaccination levels now slightly above the Scottish average.
- 4.3 12 to 17-year-olds with underlying health conditions are now being offered a first dose of the vaccine by the end of August. The JCVI also approved the extension of the vaccination programme to all young people aged 16 to 17 years of age on 4 August, using the Pfizer-BioNTech vaccine. At this time, this approval has been extended to provision of a first dose only.
- 4.4 From 6 August 2021, young people in this category have been invited to register their interest at NHS Inform, following which they will be sent an appointment via SMS or email. Drop-in clinics will also be available.

2021/22 Adult Flu Vaccination Programme

- 4.5. The previous update to the IJB in June 2021 set out the expanded list of target groups to receive the Flu Vaccination this Winter. The cohort of recipients for the vaccination programme has been significantly extended in comparison to previous years to minimise the potential impact of Flu in the midst of the COVID pandemic.
- 4.6. Preparations are now underway for the delivery of the Adult Flu Vaccination Programme within Renfrewshire, and the HSCP continues to work with Renfrewshire Council and NHS Greater Glasgow and Clyde in developing the approach to vaccinations. This year's programme will draw on the existing delivery model for COVID vaccinations and are expected to be delivered via Mass Vaccination Centres and by the Housebound Vaccination Team.
- 4.7. The JCVI have yet to confirm the recommendation of offering a third COVID vaccination for some priority groups and arrangements of delivering this alongside the Adult Flu vaccination programme are still to be confirmed.

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.

- 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 regular Huddle arrangements and enhanced clinical and care governance 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. COVID Assessment Centre

- 6.1. 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 the recent peak levels, the demand for the service continues to vary. Following the recent changes with entertainment and sport venues re-opening and schools and further education due to return, the demand for this service will continue to be 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.

7. Scottish Government Update on Isolation Exemptions

- 7.1. On 23 July 2021, the Scottish Government published a framework for the implementation of isolation exemptions for Health and Social Care staff. This framework has been designed with clinical leads and set out the approach to enabling fully vaccinated and asymptomatic Health and Social Care staff who have been a contact of someone with a positive COVID test to be exempted from self-isolation requirements under specific circumstances, on a voluntary basis should the individual undertake regular testing.
- 7.2. This framework was designed in response to ongoing challenges in staff availability within the health and social care workforce, with the aim of providing additional contingency for services where they are experiencing 'in extremis' conditions. This is where there is deemed to be major disruption to services with the potential for a major incident.
- 7.3. A further update was provided to Health Boards, Local Authorities and HSCPs by the Scottish Government on 6 August 2021, following the First Minister's announcement that from 9 August people identified as close contacts of someone who has tested positive for COVID-19 will no longer be required to automatically self-isolate if they are double vaccinated, have no symptoms and return a negative PCR test followed by daily lateral flow tests up to Day 10.
- 7.4. The guidance also sets out that individuals within this category should not be deployed to services where the risk of COVID-related infection is particularly detrimental to patient or service user outcomes, for example those who are immune compromised or are social care service users with complex needs or who were in the shielding categories. The guidance also states that there is no longer a requirement nationally for services to be 'in extremis' before they can ask staff to return to work.
- 7.5. NHS Greater Glasgow and Clyde has developed a Self-Isolation Checklist to support decision-making and to ensure rigorous governance, monitoring and reporting.

- 7.6. The policy framework does not supersede or provide advice on matters that are governed by Part 1 of the Health and Safety at Work Act 1974, and any legislation or guidance made under, or about, that Act, occupiers liability or other legal obligations on health and social providers to ensure that premises are generally safe for patients, residents, visitors and staff.
- 7.7. The HSCP together with colleagues in the Council and NHS Greater Glasgow and Clyde will continue to engage with staff side, unions and HR regarding local implementation of the framework.
- 8. Scottish Government Letter on Updated Guidance for Physical Distancing**
- 8.1. The Scottish Government issued updated guidance on 1 September 2021 recommending that physical distancing remains within health and social care settings, although reductions from 2 metres to 1 metre can now be advised in some areas. The full guidance for Community Health and Social Care settings can be found [here](#). It sets out those circumstances where physical distancing must be maintained at 2 metres or may be reduced where appropriate, recognising that distancing requirements need to be considered on an individual setting basis. This has resulted in a complex and nuanced set of guidance, examples of which include the following.
- 8.2. The guidance states that it may be possible to reduce physical distancing where staff are using fluid resistant surgical masks however if these masks are removed for any reason, for example eating or drinking, then 2 metre physical distancing must be resumed. Staff must also maintain 1 metre distancing from patients, service users and residents when delivering care which does not require physical contact.
- 8.3. The guidance applies to and covers building-based services such as day support, within which people who use these services would not be required to physically distance. However, the guidance maintains that 2 metre social distancing should be maintained on transport to services, in contrast to that proposed within a building-based setting. This raises additional challenges as transport provision is an essential support for many people who access day support.
- 8.4. It should be noted that the above relates to the minimum level of physical distancing in each particular setting. Where services and organisations wish to maintain 2 metre distancing, the guidance supports them doing so within their own governance arrangements. This is reflected in the HSCP and Council's decision to maintain 2 metre distancing in all Council buildings at present, as highlighted earlier in this report.
- 8.5. NHS Greater Glasgow and Clyde has confirmed that 2 metre distancing will also be maintained in all inpatient areas and all settings supporting delivery of high-risk pathways.

Operational Services COVID Update

- 9. Day Support and respite**

Older People and Disability Resource Centre Day Services

- 9.1. Outreach support continues to be provided from the Falcon Centre to support people within the community and promote mental wellbeing through purposeful activity. The sessions are being delivered to service users who previously attended the Older People and DRC Day Services, and the HSCP delivers 36 and 25 sessions respectively to these groups each week.
- 9.2. In addition, the HSCP continues to expand the selection of online and virtual activities for service users across these two cohorts and, for those who do not partake in any of these, we provide as a minimum weekly welfare calls to service users, their families, and carers.
- 9.3. As part of ongoing service recovery planning, a full review for Older People and DRC service users assessed needs has been completed. This review will help to inform the associated requirements for proposals to additional building bases. Alongside this activity, Hazid reports and risk assessments have also completed for an additional three building bases. These assessments reflect the HSCP's ongoing adoption of two metre social distancing measures in line with the overall approach being utilised in all Renfrewshire Council buildings.
- 9.4. Following these assessments, the HSCP has identified areas within each centre identified that can be used safely for clients whilst promoting social distancing and minimising the risk of infection. Cleaning arrangements are under review to support infection control measures. Subject to the necessary level of additional support levels being available, including cleaning and transport, the HSCP will seek to phase the reopening of building-based day services for older people and in the DRC over the coming six months. Reflecting the maintenance of two metre social distancing and in the context of high levels of infection within the community, buildings will necessarily be operated on a limited capacity basis.

Learning Disability Services

- 9.5. Renfrewshire Learning Disability Services (RLDS) re-opened all building bases from April 26th, inclusive of Mirin and Milldale Day Opportunities based within Renfrewshire Leisure's Lagoon and On-X centres respectively. Due to two-metre social distancing remaining in place and applied Public Health / Care Inspectorate guidance, building based capacities remain limited.
- 9.6. RLDS also continues to utilise the implemented 4-Tier model, with priority given to family and/or unpaid carers. This is inclusive of community outreach and virtual/digital activities. This model continues to be assessed to identify further opportunities for community activities, with input from the HSCP's Community Links team.
- 9.7. In providing the above support, the service continues to assess family/carer and supported person need and are seeking to address wherever possible ongoing challenges in meeting service demand within the current available building capacities. Staff also continue to work with Health and Safety colleagues to ensure that environmental / building based risk assessments are regularly reviewed so that use of the building base can be safely maximised.

- 9.8. Further engagement will be undertaken with the Community Link team to explore potential community hubs and appropriate community activities as part of wider service provision.

Mental Health Inpatient Services

- 9.9. Patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.
- 9.10. The initial work on the patient vaccination programme is complete, with the majority of patients accepting the COVID-19 vaccine. An ongoing programme of checking the vaccine status of new admissions and offering them the opportunity to receive the vaccine is now in place. Similarly, the initial staff vaccination programme is complete, with new staff being offered the vaccine, if required, at the point of recruitment.
- 9.11. Renfrewshire Mental Health Wards have implemented NHS GGC guidance for level 0 and beyond to ensure that patients are able to have visits from family supports. 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.
- 9.12. 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.
- 9.13. There has been a significant amount of work undertaken to address the continued nursing recruitment challenges across NHS GGC. The NHS GG&C recruitment of current student nurses, who will be newly qualified in September 2021, will provide Renfrewshire with 12 new Staff Nurses. This will account for around half of the current vacancies for registered staff in Renfrewshire Adult Mental Health In-Patient services. Although this is welcome news, the new qualified nurses will not be able to take up their posts until early October. The other vacant posts will be re-advertised. However, it has been acknowledged across NHS GG&C that there is a deficit of registered nursing staff to fill the vacancies across the board.
- 9.14. The 'long day' (12 hour) shift pattern continues to be in operation within Renfrewshire. The staff continue to be able to choose to work the 'long day' shift or work the previous 'continental shift' pattern. This has improved the roster cover for the wards and the long day shifts are preferred by the majority of staff.

HSCP Strategic and Operational Updates

10. **National Record of Scotland publication of drug and alcohol-specific death figures and probable suicides**

- 10.1. The National Records of Scotland recently published the drug-related and alcohol-specific death figures for 2020. For every person losing their life leaves behind heartache for their family and friends. The HSCP, and Renfrewshire Alcohol and Drug Partnership (ADP) are committed to continuing to work collaboratively to reduce the harm caused by alcohol and drugs, to stop related deaths and support more people to recover in Renfrewshire.
- 10.2. In Renfrewshire 67 people sadly lost their lives in drug-related circumstances. This is the highest number in a decade and an increase of 49% compared to 2019. Across Scotland the increase from 2019 to 2020 was significantly less (5.9%) than that of Renfrewshire and across all 32 local authorities, Renfrewshire had the fourth highest rate of deaths per 100,000 population. Initial analysis undertaken across NHS Greater Glasgow and Clyde Health Board area has highlighted that drug-related deaths are more common in males (72.3%) aged between 35-44 and that opiates or opioids are present (87%). Etizolam remains a concern and features in almost 7 out of 10 drug deaths.
- 10.3. Statistics show that around 66% drug deaths are individuals not in treatment at time of death. To increase the reach of our treatment services we will continue to work with key partners in non-drug/alcohol services in Renfrewshire to ensure staff are equipped to identify if a person is using drugs and refer them to ADRS. In support, ADRS will urgently provide training for services and staff.
- 10.4. There were 44 alcohol-specific deaths registered in Renfrewshire in 2020. This was an increase of 22% from 36 in 2019. The increase from 2019 to 2020 was less across Scotland (17%) and across all 32 local authorities, Renfrewshire had the eight highest rates of deaths per 100,000 population. Since 2000-2004 Renfrewshire's deaths rates have seen one of the biggest reductions, going from 37.7 for 2000-2004 to 23.6 for 2016-2020.
- 10.5. The NRS report presents mortality rates for deaths from causes known to be exclusively caused by alcohol consumption. Alcoholic liver disease and mental and behavioural disorders due to alcohol have been the leading causes of alcohol death since 2000.

Treatment and Support provided in Renfrewshire

- 10.6. The provision of timely, evidence-based treatment and support to individuals attending Renfrewshire Alcohol and Drug Recovery Service (ADRS) continued to be a priority throughout the pandemic with services remaining operational. In addition, the following service provision is also available:
- Distribution of Naloxone has been extended as a result of the pandemic to include non-drug treatment services.
 - Peer Navigators to work in partnership with services to connect with individuals who have been affected by alcohol, drugs and mental health.
 - Near Me (Video consultation) introduced to be available for service users to encourage engagement with services.

- Extended access to residential rehabilitation services.
- Close collaboration with colleagues from the emergency department at the RAH following near fatal overdoses.
- Ensure that rapid restart of treatment is available following relapse.
- Adopted an assertive outreach approach for service users.
- Have a clear pathway in place for those who are released from prison.
- Continued delivery of alcohol-related interventions through effective multidisciplinary working ensuring our most at risk have access to in patient detoxification.
- The ADP continues to develop and implement the Drug Deaths Prevention Action Plan including the Medication Assisted Treatment (MAT) Standards with a focus on introducing same day prescribing and choice of treatment using rapid access assessment to opiate substitute therapy.

10.7. Renfrewshire HSCP will continue to develop a Mental Health Addictions Recovery Hub. The first of its kind in Scotland, it will provide an invaluable resource to promote and support recovery in Renfrewshire. Enhancing recovery opportunities will make it easier for local people to access a wide range of support when they need it, in a safe, trauma informed environment. Most importantly, the Recovery Hub will help to prevent future drug related deaths, near fatal overdoses and alcohol-specific deaths in Renfrewshire by enabling people to move through treatment into sustained recovery.

10.8. In addition, as part of a coordinated response to the recommendations from the Alcohol and Drugs Commission, a Programme Change Board has been established to manage delivery of a range of projects that will support the partnership to fundamentally address the impact of alcohol and drug use in Renfrewshire.

10.9. Renfrewshire is also participating in a review of Alcohol Day Service provision that has been commissioned across the NHS Greater Glasgow and Clyde Health Board Area. This review will advise on service provision post COVID-19 and make recommendations on a single pathway for day provision and Community Detoxification models, ensuring the HSCPs within the NHS GGC area embed continuity of care and consistency in approach.

National Records of Scotland Probable Suicide figures 2020

10.10. The National Records of Scotland publishes figures on probable suicides, which are defined as deaths which are the result of intentional self-harm or events of undetermined intent. These statistics showed that there were 22 probable suicides in Renfrewshire in 2020, an increase from 16 in 2019. One life lost to suicide is on too many, and the HSCP recognises the significant impact the suicide has on families, friends, loved ones and communities.

- 10.11. The overall rate in Renfrewshire for 2016-2020 is 9.9 deaths per 100,000 people, the second lowest of all 32 local authority areas and significantly below the Scotland-wide average of 14.1 deaths per 100,000 people.
- 10.12. The HSCP continues to invest in proactive suicide prevention measures and to support people with mental health concerns. This includes “A Conversation about”, a suite of interactive support sessions, developed by the Choose Life Service Co-Ordinator. These are focused on mental health and suicide prevention and have been available, via Microsoft Teams, to our HSCP services, third sector and individuals from across Renfrewshire.
- 10.13. The HSCP is also investing in the Living Works START programme, initially to train key members of staff. This is an interactive online training programme that can help anyone become more comfortable to talk about suicide and help keep people safe.

11. Administration and Business Support Review

- 11.1. The previous Chief Officer report to the IJB set out the HSCP’s intention to undertake a review of the existing Administration and Business Support service within the partnership. This reflects the critical role which the service has played in supporting the ongoing COVID-19 response, but also the significant level of additional demands which have been placed on the team as a result.
- 11.2. This work is now underway through the commencement of a scoping exercise to determine the priority areas which a review should focus on. A steering group is in place, with representation from SMT, Service Management, Change and Improvement and the Staff Partnership Forum. At the time of writing, data gathering and the development of a supporting project plan are also underway.
- 11.3. Engagement of staff will be a central focus throughout the scoping exercise, with early communication circulated jointly by the Head of Service and Staff Partnership Forum. Staff will also have the opportunity to contribute their views through a range of workshops which will be organised in coming weeks.

12. Recovery and Renewal: Addressing Demand

- 12.1. The Financial Report for the period 1 April 2020 to March 2021 provided to the IJB in June 2021 described the IJB’s financial position at the end of the financial year.
- 12.2. The report set out the impact of COVID-19 on the ability of both the HSCP and partners to respond to service demand during the period of the pandemic, with services required to prioritise services delivery at a critical level only. This resulted in underspends in some areas, and a total of £4.380m was approved by the IJB in June 2021 to be transferred to general reserves.
- 12.3. As restrictions continued into this financial year, services have been required to continue operating at a reduced capacity, focused on meeting critical needs. This is expected to lead to a further underspend this year. However, as restrictions in Scotland have eased, it is projected that demand will increase across services (with this increase being observed to date). This is expected

to be both from those currently engaged with services and from new patients and service users where needs have arisen during the pandemic.

- 12.4. Seeking to proactively address this increase in demand, the HSCP has undertaken an exercise to determine priority areas which could be addressed through the creation of, and recruitment to, a range of fixed term posts. These posts will be funded through a combination of in-year underspend and where appropriate general and earmarked reserves.

National Policy Updates

13. Independent Review of Adult Social Care

- 13.1. Following the Scottish Parliamentary Elections in May of this year, the First Minister committed to start formal consultation on the new National Care Service within the first 100 days of this Parliament. This consultation would set out proposals for how the National Care Service could be taken forward following the recommendations set out in the Independent Review of Adult Social Care in February 2021.

- 13.2. This consultation has now been published and is available [here](#). The consultation is divided into the following themes:

- Improving care for people
- The scope of the National Care Service
- Community Health and Social Care Boards
- Commissioning of Services
- Regulation
- Fair work and valuing the workforce

- 13.3. The Scottish Government will develop engagement packs alongside this consultation and have also set out a programme of online engagement sessions which can be attended. These events will vary in their focus on aspects of the consultation.

- 13.4. The deadline for responses to the consultation has been extended until 2 November 2021. The HSCP and partner organisations continue to review the proposals set out and those areas where the Scottish Government is seeking feedback. The Partnership will work with the IJB in advance of the consultation closing date to develop and agree a response to be submitted on the IJB's behalf.

14. New Legal Duties under the Carers (Scotland) Act 2016

- 14.1. The Carers (Scotland) Act 2016 introduced Adult Carer Support Plans (ACSP) for adult carers, to identify the personal outcomes and individual needs for support of adult carers. The Act did not set out timescales for the completion of ACSP but did require timescales for ACSP for an adult carer of someone who is terminally ill.

- 14.2. The Carers (Scotland) Act 2016 (Adult Carers and Young Carers of Terminally Ill Persons: Timescales for Adult Carer Support Plans and Young Carer Statements etc.) Regulations 2021 came into force on the 31st July 2021. The

regulations set out that once an authority identifies an adult carer of someone who is terminally ill, the authority must offer that adult carer an ACSP within two days. If the authority cannot do this within two days, due to unforeseen circumstances, they must make the offer as soon as reasonably practicable.

14.3. Following the identification of the adult carer, a three-step process should commence:

- A substantive conversation within five working days of the adult carer accepting an offer or requesting an ACSP.
- A light touch ACSP within ten working days of the date when the adult carer originally requested or accepted the offer of an ACSP.
- It should be agreed when the light touch ACSP should be reviewed to include the rest of the information contained in an ACSP.

14.4. The regulations formalise current practice of ensuring that where someone is caring for a person who is terminally ill, they receive the support they need, when they need it. There may be situations when the carer is unable or does not want to have a substantive conversation within the period of five working days set out above. In that case the carer can request a different date.

14.5. The Carers Planning Group, which includes carers, the Carers Centre, and operational managers, is leading on implementing these regulations within Renfrewshire. The Group is also developing material to provide carer awareness sessions with operational teams to ensure they are up to date on carers' policy.

15. Use of the Mental Health Act in Scotland during COVID-19: Report by the Mental Welfare Commission for Scotland

15.1. On 29 July 2021 the Mental Welfare Commission released a report on the findings from their assessment of the impact of COVID-19 on people who have needed to be treated against their will using compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003.

15.2. The report considered detentions under the Mental Health Act between 1 March 2020 and 28 February 2021, considering the number of detentions there were, where and when and if there was any difference between health boards and characteristics of people who were detained. The report found that:

- There were 9.1% more detentions in 2020-21 compared to 2019-20, with rises in all types of detention from shorter to longer periods of detention. The increases in the number of detentions were mainly seen in larger health boards with the most significant rise being in Short Term Detention Certificates (STDCs).
- There was a particular increase in detentions in May 2020 which then remained higher than historical monthly averages for Emergency Detention Certificates and Short-Term Detention Certificates.

- During the pandemic, the issue of lack of Mental Health Officer (MHO) consent in emergency detentions appeared to be an increasing challenge, with the proportion of Emergency Detention Certificates with MHO consent falling by approximately 8%.
- There were 32 back-to-back Short Term Detention Certificates, higher than the average of 23.
- There were fewer social circumstances reports prepared compared to the average in previous years (26.9% vs 37.5%).
- While noting gaps in available data, figures where ethnicity was recorded showed that there were slightly higher levels of detentions for people identifying as African, Caribbean, Black or Asian for all types of detention.
- There was no difference in the proportions of people detained from different Scottish Index of Multiple Deprivation (SIMD) quintiles, however there is evidence of higher proportions of people who are detained living in the most deprived areas of Scotland.

15.3. The report makes two key recommendations.:

- HSCPs, supported by Local Authorities, should seek to understand the reasons why important safeguards (MHO consent for Emergency Detention Certificates; and preparation of social circumstances reports by MHOs) are not being realised in practice.
- The Scottish Government is asked to take account of the content of this report as part of its current review of the mental health officer workforce; a critically important workforce which protects and safeguards the rights of vulnerable people.

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** – 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 and the Partnership's operational delivery 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

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

To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2021 to 31 July 2021

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

1. Purpose

- 1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue Budget position at 31 July 2021, and, the projected year end position for the year ending 31 March 2022.
- 1.2. The impact of COVID-19 on services delivered by the HSCP has been unprecedented and continues to create additional delivery and financial pressures for the HSCP as well as impacting on the HSCP's transformation and savings plans, which as previously reported are subject to ongoing review and realignment.

2. Recommendations

It is recommended that the IJB:

- Note the in-year position at 31 July 2021;
- Note the projected year-end position for 2021/22;
- Note the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2021/22;
- Approve the proposed creation of an Earmarked Reserve and the potential draw down of general reserves per Section 9.5 of this report to fund fixed term posts to help alleviate projected demand across services both from those currently engaged with services and from new patients and service users where needs have arisen during the pandemic.

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £928k and the projected outturn for 2021/22 an underspend of £2,853k (these figures include the impact of COVID-19). Members should note that the current projections assume that once all COVID-19 related earmarked reserves have

been fully utilised, any remaining balances will be fully funded by the Scottish Government.

Division	Year to Date Position	Projected Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £928k	Underspend £2,853k
Total Net COVID -19	Breakeven	Breakeven
Total Renfrewshire HSCP (inclusive of COVID-19)	Underspend £928k	Underspend £2,853k

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 net underspend of £2,233k:**
reflects the ongoing challenges we face in filling vacant posts across service areas. For a wide range of posts, we have tried to recruit on a number of occasions but have been unsuccessful due to limits on the number of people with the necessary skills for specialist posts and in recruiting for roles in social care such as Care at Home. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire.
- **3rd Party Payments: net underspend of £288k:**
This is mainly in relation to purchased care home placements, reflecting the impact of COVID-19 on the ability of care homes to take new admissions due to outbreaks and infection control issues. In addition, greater numbers of clients are choosing to remain at home for longer, resulting in the significant projected overspend in the Care at Home budget.

Looking ahead, the financial outlook for the IJB will be extremely challenging. The IJB's transformation programme which was paused because of the pandemic, will be central to us achieving financial sustainability in the medium term. Any underspend in 2021/22 will be used to offset expected financial pressures in 2022/23 and beyond while the IJB develops its transformation programme (where and when possible).

3.3. The key pressures are highlighted in section 4.

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

4. Pressures

Total Renfrewshire HSCP	Year to Date Position	Year End Outturn
	Underspend £928k	Underspend £2,853k

4.1. The overall net underspend for the HSCP at 31 July 2021 is an underspend of £928k, with an anticipated year-end underspend of £2,853k, assuming that the current trajectory of spend continues throughout this financial year.

- 4.2. The current and projected year end position for Action 15, the Primary Care Improvement Programme (PCIP), and Alcohol and Drug Partnership (ADP) assume any underspends are transferred to earmarked reserves at the year end in line with Scottish Government funding arrangements.
- 4.3. The current and projected underspend includes a drawdown of £10,444k to date, from earmarked reserves as detailed in the following table and in Appendix 9.

Movement in Reserves

HSCP Funded Earmarked Reserves	Amounts Drawn Down in 2021/22
	£000's
Mental Health Improvement Works	-5
Premises Related:	-5
PCTF Monies Allocated for Tests of Change and GP Support	-83
District Nurse Rolling Recruitment Programme	-24
Renfrewshire Wide Prevention and Early Intervention Programme	-159
Other:	-266
TOTAL HSCP FUNDED EARMARKED RESERVES	-271
Primary Care Improvement Program (19/20) (20/21)	-2,458
ADP Funding	-79
Mental Health Action 15 (19/20) (20/21)	-763
DN Workforce Allocation 20/21	-69
Covid - Winter Planning	-1,649
Covid - Integration Authority Support	-5,155
Scottish Government Ring Fenced Monies	-10,173
TOTAL EARMARKED RESERVES	-10,444

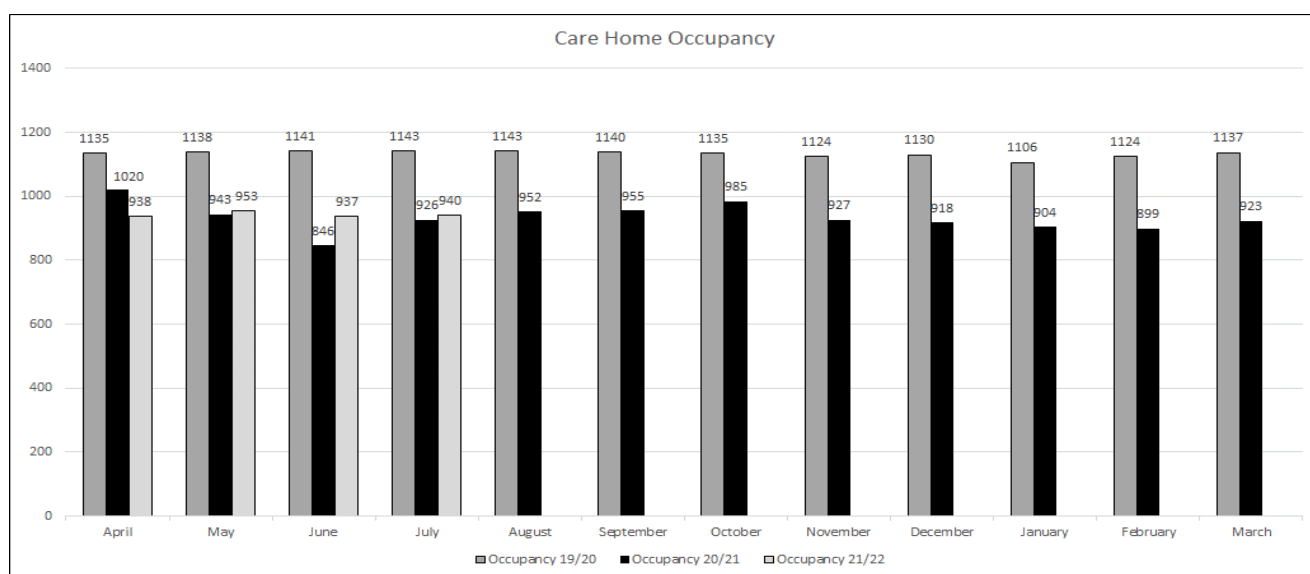
- 4.4. The main broad themes of the current and projected outturn include:

Adults and Older People	Year to Date Position	Year End Outturn
	Underspend £165k	Underspend £526k

- 4.5. The main pressures within Adults and Older People are similar to those reported throughout 2020/21 and mainly relate to:

- *Continued pressures within the Care at Home service* – spend within care at home continues to increase as the service responds to both the need to support delayed discharges and unprecedented increasing levels of demand. Members should note this level of demand is being experienced by IJBs across Scotland.
- *Care Homes* – Currently, the Care Home budget is projecting an underspend which is offsetting the above pressures within the Care at Home service. This position reflects the impact of COVID-19 on the ability of care homes to take new admissions. In addition, greater numbers of clients are choosing to remain at home for longer, which is in turn placing a significant pressure on our care at home services.

The following graph compares the movement in occupancy between July 20/21 to July 21/22 which is a 1.51% increase and July 19/20 to July 21/22 which is a 17.76% decrease.



- **Adult Community Services**

Underspend, reflecting ongoing turnover and recruitment and retention issues.

Mental Health Services	Year to Date Position	Year End Outturn
	Underspend £74k	Underspend £232k

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 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 £141k	Underspend £451k

4.7.

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

Children's Services	Year to Date Position	Year End Outturn
	Underspend £105k	Underspend £315k

4.8.

The underspend within Children's Services is mainly due to vacancies reflecting recruitment and retention issues across the service, including Children and Adolescent Mental Health (CAMHS).

Resources	Year to Date Position	Year End Outturn
	Underspend £97k	Underspend £290k

4.9.

The underspend within Resources is due to vacancies within Administration services which are in the process of being recruited to.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £290k	Underspend £871k

- 4.10. The underspend in Hosted Services is mainly due to vacancies within the Primary Care and Podiatry Services. In addition, the reduction in activity due to the impact of COVID-19 and the requirement to temporarily cease some services over the past few months has reduced spend on single use instruments within the Podiatry service, however this is not expected to continue as the service remobilises.

Prescribing	Year to Date Position	Year End Outturn
	Underspend £43k	Underspend £129k

- 4.11. During financial year 20/21 prescribing volatility was exacerbated due to COVID-19 as well as fears around a Brexit 'no-deal'. On average this resulted in a 2.5% reduction of items prescribed compared to previous years. Pricing remained steady with the exception of a few drugs which went onto short supply (and increased pricing) due to the pandemic and on-going ability of suppliers to maintain a constant supply to global markets.
- 4.12. Prescribing information is only available two months in arrears and at present no data is available for 2021/22. Work is underway on the forecast for this financial year, but it is highly likely that the uncertainty and volatility experienced throughout 2020/21 will continue for the foreseeable future.

5. Responding to the COVID-19 Pandemic

- 5.1. The CFO regularly provides estimated costs of the partnerships response to the COVID-19 Pandemic to the Scottish Government through our Local Mobilisation Plan (LMP) supported by an associated Financial Tracker. This feeds into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflect regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.
- 5.2. The LMP financial tracker is now only required to be submitted to the Scottish Government on a quarterly basis. The first financial tracker for 2021/22 was submitted on 27 July 2021.
- 5.3. The following table summarises the main areas of expenditure which the HSCP has incurred to date and is projected to incur as a result of the current emergency arrangements. To date (in 2021/22) £1,982k has been spent responding to COVID-19, of which £833k relates to health services and, £1,149k relates to adult social care services.

Total Estimated Costs at 23/07/21							
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	388	602	990	484	847	1,331	2,320
Provider Sustainability Costs			-	427	995	1,422	1,422
PPE	20	21	41			-	41
Delayed Discharge & Care at Home			-	-	-	-	-
Community Hubs	324	334	658			-	658
Loss of Income			-	197	445	642	642
FHS costs	32	34	66			-	66
Other Costs	69	507	577	42	1,069	1,110	1,687
TOTAL	833	1,499	2,332	1,149	3,355	4,505	6,836

- 5.4. Members should be aware that similar to the position in 2020/21, the actual impact may be higher or lower than currently estimated, depending upon a wide range of influencing factors including: the impact of Test, Trace, Isolate and Support (TTIS) on our internal services as well as our externally contracted services; in addition, costs associated with provider sustainability payments are wholly dependent on Scottish Government decisions in relation to the level and duration of support providers are to receive.
- 5.5. Currently costs are projected to continue until the end of 2021/22, with the exception of care home occupancy payments, which have been projected to the end of September 2021, in line with the latest COSLA guidance.
- 5.6. Funding of costs associated with COVID-19, for services delegated to the IJB, is being routed through NHS GGC and passed through to the IJB. The following table shows that in total, in line with the flexible funding approach agreed with the Scottish Government £7,593k was carried forward from 2020/21 to fund costs in relation to 2021/22. Based on our current projections we have sufficient funding in place to meet these costs, however this position may change in which case this will be reflected in our quarterly return to the Scottish Government and additional funding will be requested. Members should note the funding in respect of the Community Living Change Fund is ringfenced and not to be used for the wider COVID-19 response.

Confirmed Funding Sources to Support the HSCP's COVID-19 Response	Funding c/f from 2020/21 held in Ear Marked Reserves £000's	Amounts Received 2021/22 £000's	Estimated Costs @ 23/7/21 £000's	Remaining Balance £000's
Covid - Winter Planning	1,649	0	1,649	0
Covid - Integration Authority Support	5,247	32	5,187	92
Covid - Community Living Change	697	0	0	697
Total	7,593	32	6,836	789

6. Current Vacancy Position

- 6.1. As highlighted throughout section 4, and Appendices 1 to 4 of this report, Employee Costs are projecting a significant underspend throughout all services.
- 6.2. Recruitment has been delayed due to COVID-19 restrictions but continues to be progressed for vacant posts in all services.

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

7. Scottish Government Funding 2020/21

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

Funding Stream	Current Budget £m	Forecasted Expenditure £m	Forecasted Outturn £m
PCIF	5.091	4.621	0.470
Action 15	1.307	1.274	0.033
ADP	1.729	1.729	0.000
TOTAL	8.127	7.624	0.503

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

8. Other Delegated Services

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

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

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	255	255	-	0%	breakeven
Women's Aid	73	73	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	328	328	-	0%	breakeven

9. Reserves

- 9.1. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 bodies do not over-commit themselves financially. The Ministerial Strategic Group also recognised the need for reserves and the need for IJBs to have a prudent and transparent reserve policy. IJBs face a number of financial risks including demand, inflation and the scale and pace of transformation, which can require IJBs to access reserves.
- 9.2. As detailed in Appendix 9, the opening IJB reserves position for 2021/22 was £27,007k. This figure comprised £21,226k of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to

enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £5,781k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. This equates to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.

9.3. As detailed in Appendix 9 and paragraph 4.3, based on current projections for 2020/21 a total of £10,444m of earmarked reserves have been drawn down to date.

9.4. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This includes Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.

9.5. **Proposed Increases to earmarked reserves**

9.5.1. As highlighted in the 'Recovery and Renewal' section of the Chief Officer's report, as restrictions continued into this financial year, services have been required to continue operating at a reduced capacity, focused on meeting critical needs. However, as restrictions in Scotland have eased, it is projected that demand will increase across all services. Locally we are already seeing increased demand for our Care at Home, Mental Health and Alcohol & Drug services. This is expected to be both from those currently engaged with services and from new patients and service users where needs have arisen during the pandemic.

9.5.2. The Chief Officer working with the Senior Management team has undertaken an exercise to determine priority areas which could be addressed through the creation of, and recruitment to, a range of fixed term posts. It is intended that these posts will be funded through a combination of in-year underspend and where appropriate general and earmarked reserves.

9.5.3. In line with the IJB's Reserves Policy, members are asked to approve the creation of an earmarked reserve to fund these critical posts in forthcoming financial years. The figure to be transferred to the earmarked reserve will be determined by the level of in-year underspend at 31 March 2022. As a contingency measure, Members are also asked to approve the potential draw down from general reserves to fund any shortfall arising from the final outturn position which itself would be transferred to the newly created earmarked reserves to ensure these fixed term posts are appropriately funded.

10. Summary of 2021/22 Scottish Living Wage (SLW)

10.1. For 2021/22, the new Living Wage rate has been set at £9.50, an increase of 20p from the 2020/21 rate. In line with the current practice adopted for uprating provider rates to reflect Living Wage increases, a 2.2% increase will be applied from the 1st April 2021 as per communication issued by the Scottish Government.

10.2. All contracted providers of Care at Home services and Supported Living services have been offered an increase to allow the payment of the new Living Wage rate. All Care at Homes and Supported Living providers have accepted the increase.

- 10.3. The 3 Contracted providers of adult residential services within Renfrewshire have been offered an increase of 2.2% for the payment of the new Scottish Living Wage.
- 10.4. The new Living Wage Rate for 2021/22 will be announced on the 15th November 2021 during Living Wage Week which runs from the 15th to 21st November 2021
- 11. National Care Home Contract 2021/22**
- 11.1. The terms of the contract for 2021/22 were negotiated by COSLA and Scotland Excel, with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS). An increase of 2.8% for Residential Care and 4% for Nursing Care (which includes the NHS Pay Uplift) was agreed which includes an allowance to support delivery of the Living Wage for 2021/22 of £9.50 per hour to all care staff from 12th April 2021. A Minute of Variation (MOV) has been issued to providers of care homes for older adults in Renfrewshire for their acceptance of the payment of the new Living Wage rate for 2021/22.

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	170921-05
2.	Date Direction issued by IJB	17 September 2021
3.	Date from which Direction takes effect	17 September 2021
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	Yes, 260321-04
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services in line with the Integration Joint Board's Strategic Plan (2019-22), as advised and instructed by the Chief Officer and within the budget levels outlined in Appendix 1.
8.	Budget allocated by IJB to carry out Direction.	As outlined in Appendix 1.
9.	Outcomes	The functions will be carried out in a manner consistent with the Joint Board's Strategic Plan (2019-22), which was considered by the Integration Joint Board on 22 March 2019.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	November 2021.

Appendix 1

HSPC Position not including COVID 19

HSCP Revenue Budget Position

1st April 2021 to 31st July 2021

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	26,198	2,045	-	1,115	-	29,358	28,615	743	2.5%	underspend
Property Costs	120	13	-	-	-	133	146	(13)	-9.7%	overspend
Supplies and Services	6,591	(142)	(4,085)	89	-	2,453	2,525	(72)	-2.9%	overspend
Third Party Payments	18,597	1,226	-	-	-	19,823	19,734	89	0.4%	underspend
Purchase Of Healthcare	951	101	-	10	-	1,062	1,077	(16)	-1.5%	overspend
Transport	260	-	-	-	-	260	143	117	45.0%	underspend
Family Health Services	29,679	464	-	-	-	30,143	30,100	43	0.1%	underspend
Support Services	22	1	(1)	-	-	22	17	4	20.0%	underspend
Transfer Payments (PTOB)	2,059	(999)	-	-	-	1,061	1,020	41	3.8%	underspend
Resource Transfer	7,199	307	(7,506)	-	-	-	-	-	0.0%	breakeven
Set Aside	21,579	-	-	-	-	21,579	21,579	-	0.0%	breakeven
Gross Expenditure	113,255	3,016	(11,591)	1,213	-	105,893	104,957	935	0.9%	underspend
Income	(9,397)	(271)	-	-	(1,213)	(10,882)	(10,874)	(7)	0.1%	overspend
NET EXPENDITURE	103,858	2,744	(11,591)	1,213	(1,213)	95,011	94,083	928	1.0%	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	21,176	(254)	(1)	65	(65)	20,921	20,756	165	0.8%	underspend
Mental Health	7,754	264	-	256	(256)	8,018	7,944	74	0.9%	underspend
Learning Disabilities	5,332	311	-	-	-	5,643	5,502	141	2.5%	underspend
Children's Services	2,015	128	-	-	-	2,144	2,039	105	4.9%	underspend
Prescribing	12,254	299	-	-	-	12,553	12,510	43	0.3%	underspend
Health Improvement & Inequalities	272	19	-	53	(53)	291	278	13	4.5%	underspend
FHS	16,781	542	-	-	-	17,323	17,323	-	0.0%	breakeven
Resources	1,433	1,016	-	840	(840)	2,449	2,352	97	3.9%	underspend
Hosted Services	3,650	112	-	-	-	3,762	3,472	290	7.7%	underspend
Resource Transfer	7,199	307	(7,506)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	0.0%	breakeven
Set Aside	21,579	-	-	-	-	21,579	21,579	-	0.0%	breakeven
NET EXPENDITURE (before)	103,530	2,744	(11,591)	1,213	(1,213)	94,683	93,755	928	1.0%	underspend
Other Delegated Services	328	-	-	-	-	328	328	-	0.0%	breakeven
NET EXPENDITURE	103,858	2,744	(11,591)	1,213	(1,213)	95,011	94,083	928	1.0%	underspend

HSCP Revenue Budget Position

1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	81,095	6,189	-	3,344	-	90,628	88,395	2,233	2.5%	underspend
Property Costs	386	39	-	-	-	425	467	(42)	-9.9%	overspend
Supplies and Services	19,908	(427)	(12,254)	266	-	7,493	7,703	(210)	-2.8%	overspend
Third Party Payments	60,441	3,984	-	-	-	64,425	64,137	288	0.4%	underspend
Purchase Of Healthcare	2,852	303	-	30	-	3,185	3,232	(47)	-1.5%	overspend
Transport	845	-	-	-	-	845	465	380	45.0%	underspend
Family Health Services	89,036	1,393	-	-	-	90,429	90,300	129	0.1%	underspend
Support Services	70	2	(2)	-	-	70	56	14	20.0%	underspend
Transfer Payments (PTOB)	6,693	(3,246)	-	-	-	3,447	3,315	132	3.8%	underspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
Gross Expenditure	347,660	9,158	(34,773)	3,640	-	325,685	322,808	2,877	0.9%	underspend
Income	(30,285)	(925)	-	-	(3,640)	(34,850)	(34,826)	(24)	0.1%	overspend
NET EXPENDITURE	317,375	8,233	(34,773)	3,640	(3,640)	290,835	287,982	2,853	1.0%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	67,794	(847)	(2)	194	(194)	66,945	66,419	526	0.8%	underspend
Mental Health	23,482	798	-	768	(768)	24,280	24,048	232	1.0%	underspend
Learning Disabilities	17,228	1,014	-	-	-	18,242	17,791	451	2.5%	underspend
Children's Services	6,046	385	-	-	-	6,431	6,116	315	4.9%	underspend
Prescribing	36,762	896	-	-	-	37,658	37,529	129	0.3%	underspend
Health Improvement & Inequalities	815	57	-	159	(159)	872	833	39	4.5%	underspend
FHS	50,344	1,625	-	-	-	51,969	51,969	-	0.0%	breakeven
Resources	4,300	3,047	-	2,519	(2,519)	7,347	7,057	290	3.9%	underspend
Hosted Services	10,950	337	-	-	-	11,287	10,416	871	7.7%	underspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
NET EXPENDITURE (before)	316,309	8,233	(34,773)	3,640	(3,640)	289,769	286,916	2,853	1.0%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,066	-	0.0%	breakeven
NET EXPENDITURE	317,375	8,233	(34,773)	3,640	(3,640)	290,835	287,982	2,853	1.0%	underspend

Appendix 2

HSCP Position including COVID 19

HSCP Revenue Budget Position
1st April 2021 to 31st July 2021

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	26,198	2,045	-	2,267	-	30,510	30,805	(295)	-1.0%	overspend
Property Costs	120	13	-	18	-	151	215	(64)	-42.8%	overspend
Supplies and Services	6,591	(142)	(4,085)	231	-	2,595	2,788	(193)	-7.5%	overspend
Third Party Payments	18,597	1,226	-	497	-	20,320	20,669	(349)	-1.7%	overspend
Purchase Of Healthcare	951	101	-	10	-	1,062	1,077	(16)	-1.5%	overspend
Transport	260	-	-	-	-	260	143	117	44.9%	underspend
Family Health Services	29,679	475	-	-	-	30,154	30,121	32	0.1%	underspend
Support Services	22	1	(1)	-	-	22	17	4	20.0%	underspend
Transfer Payments (PTOB)	2,059	(999)	-	146	-	1,207	1,474	(267)	-22.1%	overspend
Resource Transfer	7,199	307	(7,506)	-	-	-	-	-	0.0%	breakeven
Set Aside	21,579	-	-	-	-	21,579	21,579	-	0.0%	breakeven
Gross Expenditure	113,255	3,026	(11,591)	3,168	-	107,858	108,889	(1,031)	-1.0%	overspend
Income	(9,397)	(271)	-	198	(3,366)	(12,837)	(14,795)	1,959	-15.3%	underspend
NET EXPENDITURE	103,858	2,755	(11,591)	3,366	(3,366)	95,022	94,094	928	1.0%	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	%	
Adults & Older People	21,176	(254)	(1)	65	(65)	20,921	20,756	165	0.8%	underspend
Mental Health	7,754	264	-	256	(256)	8,018	7,944	74	0.9%	underspend
Learning Disabilities	5,332	311	-	-	-	5,643	5,502	141	2.5%	underspend
Children's Services	2,015	128	-	-	-	2,144	2,039	105	4.9%	underspend
Prescribing	12,254	299	-	-	-	12,553	12,510	43	0.3%	underspend
Health Improvement & Inequalities	272	19	-	53	(53)	291	278	13	4.5%	underspend
FHS	16,781	542	-	-	-	17,323	17,323	-	0.0%	breakeven
Resources	1,433	1,016	-	840	(840)	2,449	2,352	97	3.9%	underspend
Hosted Services	3,650	112	-	-	-	3,762	3,472	290	7.7%	underspend
Resource Transfer	7,199	307	(7,506)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	0.0%	breakeven
Set Aside	21,579	-	-	-	-	21,579	21,579	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	103,530	2,744	(11,591)	1,213	(1,213)	94,683	93,755	928	1.0%	underspend
Other Delegated Services	328	-	-	-	-	328	328	-	0.0%	breakeven
NET EXPENDITURE before COVID	103,858	2,744	(11,591)	1,213	(1,213)	95,011	94,083	928	1.0%	underspend
COVID 19	-	11	-	2,153	(2,153)	11	11	-	0.0%	breakeven
NET EXPENDITURE	103,858	2,755	(11,591)	3,366	(3,366)	95,022	94,094	928	1.0%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	81,095	6,189	-	6,931	-	94,215	95,196	(981)	-1.0%	overspend
Property Costs	386	39	-	54	-	479	684	(205)	-42.8%	overspend
Supplies and Services	19,908	(427)	(12,254)	697	-	7,924	8,498	(574)	-7.2%	overspend
Third Party Payments	60,441	3,984	-	1,614	-	66,039	67,173	(1,134)	-1.7%	overspend
Purchase Of Healthcare	2,852	303	-	30	-	3,185	3,232	(47)	-1.5%	overspend
Transport	845	-	-	-	-	845	466	379	44.9%	underspend
Family Health Services	89,036	1,425	-	-	-	90,461	90,364	97	0.1%	underspend
Support Services	70	2	(2)	-	-	70	56	14	20.0%	underspend
Transfer Payments (PTOB)	6,693	(3,246)	-	476	-	3,923	4,790	(867)	-22.1%	overspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
Gross Expenditure	347,660	9,190	(34,773)	9,802	-	331,879	335,197	(3,318)	-1.0%	overspend
Income	(30,285)	(925)	-	642	(10,444)	(41,012)	(47,183)	6,171	-15.0%	underspend
NET EXPENDITURE	317,375	8,265	(34,773)	10,444	(10,444)	290,867	288,014	2,853	1.0%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Adults & Older People	67,794	(847)	(2)	194	(194)	66,945	66,419	526	0.8%	underspend
Mental Health	23,482	798	-	768	(768)	24,280	24,048	232	1.0%	underspend
Learning Disabilities	17,228	1,014	-	-	-	18,242	17,791	451	2.5%	underspend
Children's Services	6,046	385	-	-	-	6,431	6,116	315	4.9%	underspend
Prescribing	36,762	896	-	-	-	37,658	37,529	129	0.3%	underspend
Health Improvement & Inequalities	815	57	-	159	(159)	872	833	39	4.5%	underspend
FHS	50,344	1,625	-	-	-	51,969	51,969	-	0.0%	breakeven
Resources	4,300	3,047	-	2,519	(2,519)	7,347	7,057	290	3.9%	underspend
Hosted Services	10,950	337	-	-	-	11,287	10,416	871	7.7%	underspend
Resource Transfer	21,596	921	(22,517)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	-	-	-	-	64,738	64,738	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	316,309	8,233	(34,773)	3,640	(3,640)	289,769	286,916	2,853	1.0%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,066	-	0.0%	breakeven
NET EXPENDITURE before COVID	317,375	8,233	(34,773)	3,640	(3,640)	290,835	287,982	2,853	1.0%	underspend
COVID 19	-	32	-	6,804	(6,804)	32	32	-	0.0%	breakeven
NET EXPENDITURE	317,375	8,265	(34,773)	10,444	(10,444)	290,867	288,014	2,853	1.0%	underspend

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2021 to 23rd July 2021

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	9,920	216	-	-	-	10,136	10,115	20	0.2%	underspend
Property Costs	108	-	-	-	-	108	121	(13)	-11.9%	overspend
Supplies and Services	533	(1)	-	-	-	532	507	25	4.7%	underspend
Third Party Payments	18,597	1,226	-	-	-	19,823	19,734	89	0.4%	underspend
Transport	258	-	-	-	-	258	142	117	45.2%	underspend
Support Services	22	1	(1)	-	-	22	17	4	20.0%	underspend
Transfer Payments (PTOB)	1,768	(999)	-	-	-	769	729	41	5.3%	underspend
Gross Expenditure	31,206	443	(1)	-	-	31,649	31,366	283	0.9%	underspend
Income	(8,326)	(443)	-	-	-	(8,770)	(8,762)	(7)	0.1%	overspend
NET EXPENDITURE	22,880	-	(1)	-	-	22,879	22,604	275	1.2%	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	14,922	(386)	(1)	-	-	14,535	14,376	159	1.1%	underspend
Physical or Sensory Difficulties	1,938	57	-	-	-	1,994	2,047	(53)	-2.6%	overspend
Learning Difficulties	4,926	324	-	-	-	5,250	5,138	111	2.1%	underspend
Mental Health Needs	886	18	-	-	-	904	865	39	4.3%	underspend
Addiction Services	209	(14)	-	-	-	196	177	18	9.4%	underspend
NET EXPENDITURE	22,880	(0)	(1)	-	-	22,879	22,604	275	1.2%	underspend

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

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	32,239	702				32,941	32,875	66	0.2%	underspend
Property Costs	352					352	394	(42)	-11.9%	overspend
Supplies and Services	1,732	(2)				1,730	1,649	81	4.7%	underspend
Third Party Payments	60,441	3,984				64,425	64,137	288	0.4%	underspend
Transport	840					840	460	380	45.2%	underspend
Support Services	70	2	(2)			70	56	14	20.0%	underspend
Transfer Payments (PTOB)	5,746	(3,246)				2,500	2,368	132	5.3%	underspend
Gross Expenditure	101,420	1,440	(2)	-	-	102,858	101,939	919	0.9%	underspend
Income	(27,061)	(1,440)				(28,501)	(28,477)	(24)	0.1%	overspend
NET EXPENDITURE	74,359	-	(2)	-	-	74,357	73,462	895	1.2%	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	48,495	(1,254)	(2)			47,239	46,721	518	1.1%	underspend
Physical or Sensory Difficulties	6,297	185				6,482	6,653	(171)	-2.6%	overspend
Learning Difficulties	16,008	1,053				17,061	16,700	361	2.1%	underspend
Mental Health Needs	2,879	60				2,939	2,812	127	4.3%	underspend
Addiction Services	680	(44)				636	576	60	9.4%	underspend
NET EXPENDITURE	74,359	-	(2)	-	-	74,357	73,462	895	1.2%	underspend

Appendix 4

Health Revenue Budget Position 1st April 2021 to 31st July 2021

Subjective Heading	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Employee Costs	16,198	1,829	-	1,115	-	19,142	18,419	722	3.8%	underspend
Property Costs	11	13	-	-	-	24	24	-	0.0%	breakeven
Supplies and Services	6,054	(142)	(4,085)	89	-	1,916	2,013	(97)	-5.1%	overspend
Purchase Of Healthcare	951	101	-	10	-	1,062	1,077	(16)	-1.5%	overspend
Family Health Services	29,679	464	-	-	-	30,143	30,100	43	0.1%	underspend
Set Aside	21,579	-	-	-	-	21,579	21,579	-	0.0%	breakeven
Resource Transfer	7,199	307	(7,506)	-	-	-	-	-	0.0%	
Gross Expenditure	81,670	2,573	(11,590)	1,213	-	73,866	73,213	653	0.9%	underspend
Income	(1,020)	172	-	-	(1,213)	(2,062)	(2,062)	-	0.0%	breakeven
NET EXPENDITURE	80,650	2,744	(11,590)	1,213	(1,213)	71,804	71,151	653	0.9%	underspend

Care Group	YTD Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend YTD (before movements to reserves) £000's	Variance		
								£000's	%	
Addiction Services	162	131	-	-	-	292	313	(21)	-7.2%	overspend
Addiction Services - ADP	547	-	-	26	(26)	547	547	-	0.0%	breakeven
Adult Community Services	3,399	(42)	-	38	(38)	3,357	3,296	61	1.8%	underspend
Children's Services	2,015	128	-	-	-	2,144	2,039	105	4.9%	underspend
Learning Disabilities	407	(13)	-	-	-	394	364	30	7.6%	underspend
Mental Health	6,868	65	-	2	(2)	6,932	6,897	35	0.5%	underspend
Mental Health - Action 15	-	181	-	254	(254)	181	181	-	0.0%	breakeven
Hosted Services	3,650	112	-	-	-	3,762	3,472	290	7.7%	underspend
Prescribing	12,254	299	-	-	-	12,553	12,510	43	0.3%	underspend
Gms	8,562	-	-	-	-	8,562	8,562	-	0.0%	breakeven
FHS Other	8,219	542	-	-	-	8,761	8,761	-	0.0%	breakeven
Planning & Health Improvement	272	19	-	53	(53)	291	278	13	4.5%	underspend
Primary Care Improvement Prog	-	878	-	819	(819)	878	878	-	0.0%	breakeven
Resources	1,433	138	-	20	(20)	1,571	1,475	97	6.2%	underspend
Set Aside	21,579	-	-	-	-	21,579	21,579	-	0.0%	breakeven
Resource Transfer	7,199	307	(7,506)	-	-	-	-	-	0.0%	
Social Care Fund	4,085	-	(4,085)	-	-	-	-	-	0.0%	
NET EXPENDITURE	80,650	2,744	(11,590)	1,213	(1,213)	71,804	71,151	653	0.9%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	48,594	5,487		3,344		57,425	55,258	2,167	3.8%	underspend
Property Costs	34	39				73	73		0.0%	breakeven
Supplies and Services	18,161	(425)	(12,254)	266		5,748	6,039	(291)	-5.1%	overspend
Purchase Of Healthcare	2,852	303		30		3,185	3,232	(47)	-1.5%	overspend
Family Health Services	89,036	1,393				90,429	90,300	129	0.1%	underspend
Set Aside	64,738					64,738	64,738		0.0%	breakeven
Resource Transfer	21,596	921	(22,517)			-	-		0.0%	
Gross Expenditure	245,011	7,718	(34,771)	3,640	-	221,598	219,640	1,958	0.9%	underspend
Income	(3,061)	515			(3,640)	(6,186)	(6,186)		0.0%	breakeven
NET EXPENDITURE	241,950	8,233	(34,771)	3,640	(3,640)	215,412	213,454	1,958	0.9%	underspend

Care Group	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Addiction Services	485	392				877	940	(63)	-7.2%	overspend
Addiction Services - ADP	1,640			79	(79)	1,640	1,640		0.0%	breakeven
Adult Community Services	10,197	(126)		115	(115)	10,071	9,889	182	1.8%	underspend
Children's Services	6,046	385				6,431	6,116	315	4.9%	underspend
Learning Disabilities	1,220	(39)				1,181	1,091	90	7.6%	underspend
Mental Health	20,603	194		5	(5)	20,797	20,692	105	0.5%	underspend
Mental Health - Action 15	-	544		763	(763)	544	544	-	0.0%	breakeven
Hosted Services	10,950	337				11,287	10,416	871	7.7%	underspend
Prescribing	36,762	896				37,658	37,529	129	0.3%	underspend
Gms	25,686					25,686	25,686		0.0%	breakeven
FHS Other	24,658	1,625				26,283	26,283		0.0%	breakeven
Planning & Health Improvement	815	57		159	(159)	872	833	39	4.5%	underspend
Primary Care Improvement Prog	-	2,633		2,458	(2,458)	2,633	2,633	-	0.0%	breakeven
Resources	4,300	414		61	(61)	4,714	4,424	290	6.2%	underspend
Set Aside	64,738					64,738	64,738		0.0%	breakeven
Resource Transfer	21,596	921	(22,517)			-	-		0.0%	
Social Care Fund	12,254		(12,254)			-	-		0.0%	
NET EXPENDITURE	241,950	8,233	(34,771)	3,640	(3,640)	215,412	213,454	1,958	0.9%	underspend

Renfrewshire Council 'Other Delegated Services'
1st April 2021 to 23rd July 2021

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	81	81	-	0%	breakeven
Property Costs	-	-	-	0%	breakeven
Supplies and Services	5	5	-	0%	breakeven
Transport	2	2	-	0%	breakeven
Support Services	-	-	-	0%	breakeven
Transfer Payments (PTOB)	291	291	-	0%	breakeven
Gross Expenditure	378	378	-	0%	breakeven
Income	(50)	(50)	-	0%	breakeven
NET EXPENDITURE	328	328	-	0%	breakeven

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	255	255	-	0%	breakeven
Women's Aid	73	73	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	328	328	-	0%	breakeven

1st April 2021 to 31st March 2022

Subjective Heading	Annual Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	262	262	-	0%	breakeven
Property Costs			-	0%	breakeven
Supplies and Services	15	15	-	0%	breakeven
Transport	5	5	-	0%	breakeven
Support Services			-	0%	breakeven
Transfer Payments (PTOB)	947	947	-	0%	breakeven
Gross Expenditure	1,229	1,229	-	0%	breakeven
Income	(163)	(163)	-	0%	breakeven
NET EXPENDITURE	1,066	1,066	-	0%	breakeven

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

2021/22 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2021/22 Renfrewshire HSCP Opening Budget:	74,359
<u>Reductions:</u>	
Transfer to ICT for Intune Licenses	-2
Adult Social Care Budget as reported @ 28th May 2021	74,357

2021/22 Health Financial Allocation to Renfrewshire HSCP	£k
2021/22 Renfrewshire HSCP Financial Allocation	177,212
Add: Set Aside	64,738
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-21,596
= base budget rolled over	208,100
RT Adjustments	-474
Non-Recurring:	
Emis Staff PC Screen	72
GMS X Charge HSCP Covid	8
Budget allocated as per 2021/22 Financial Allocation 31st May 2021	207,706
Budget Adjustments posted in month 3	
Additions	
Fhs Other To Hscp's Budget	873
Non-Recurring:	
Action 15 Tranche 1	544
Primary Care Improvement Funding Tranche 1	2,371
Acute Funding - Navigator Posts	21
FHS COVID	10
Funding for OT post	-7
Budget allocated as per 2020-21 Financial Allocation 30th June 2021	211,518
Budget Adjustments posted in month 4	
Additions	
Additions Prevention - Uplift for Hep C and BBV posts	7
Partnership Uplift - 1.5% SG uplift	1,900
FHS Adjustment - Hscp Ncl Adjust	477
Reductions	
Contribution to West of Scotland Sexual Assault and Rape Service	-85
RT Adjustment	-447
FHS Adjustment - Hscp Ncl 2021-reduce Dent Inc	1,149
Non-Recurring:	
FHS COVID	14
PCIP Baseline - Initial Pharmacy Recruitment	310
National Drug Mission 21-22	451
SG District Nursing Funding	150
Budget allocated as per 2020-21 Financial Allocation 31st July 2021	215,444

Scottish Government Funding Streams

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

Funding Description	2020/21					2021/22				
	Per Allocation Letter £m	Received @ 31st March £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m	Balance held by SG (Variance) £m	Per Allocation Letter £m	Received @ 31st July £m	Balance held by SG (Variance) £m	Drawdown from Reserves £m	Balance Earmarked Reserves £m
PCIF	3.735	4.754	0.264	-2.458	0.000	5.265	2.633	2.632	2.458	0.000
Action 15	0.815	1.333	0.130	-0.763	0.000	1.088	0.544	0.544	0.763	0.000
ADP	2.308	2.308	0.344	-0.577	0.000	2.227	1.650	0.577	0.079	-0.862
TOTAL	6.858	8.395	0.738	-3.798	0.000	8.580	4.827	3.753	3.300	-0.862

Appendix 9

Movement in Reserves

HSCP Funded Earmarked Reserves	Opening Position 2021/22	Amounts Drawn Down in 2021/22	New Reserves		Closing Position 2021/22	Movement in Reserves 2021/22	To be Drawn Down 2021/22	To be Drawn Down 2022/23	Ongoing
			IJB Approved	Awaiting IJB Approval					
	£000's	£000's	£000's	£000's	£000's	£000's			
Tec Grant	98				98	0	✓		
Information Communcation Funding - Care @ Home Scheduling System	732				732	0	✓	✓	
Analogue to Digital contribution to programme	434				434	0	✓	✓	✓
Eclipse Support Costs (2 Year)	156				156	0	✓	✓	
ICT / Systems Related:	1,420	0	0	0	1,420	0			
Mental Health Improvement Works	395	-5			390	-5	✓		
Mile End Refurbishment	89				89	0	✓		
LA Care Home Refurbishment	300				300	0	✓		
Primary Care Support Building Works	30				30	0			
Premises Related:	814	-5	0	0	809	-5			
PCTF Monies Allocated for Tests of Change and GP Support	299	-83			216	-83			
Facilitation of Multi-Discp teams in GP Practices - Renfrewshire Share of NHSGGC Programme	49				49	0	✓		
District Nurse Rolling Recruitment Programme	219	-24			195	-24			✓
Training for Mental Health Officers in HSCP	288				288	0	✓	✓	
Prescribing	2,000				2,000	0	✓	✓	
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Years	1,080				1,080	0	✓		
Care @ Home Senior Lead (2 Year Funding)	206				206	0			
HSCP Respiratory Nursing	421				421	0			
HSCP Transformation Programme Funding for Temp Staff in Post	500				500	0	✓	✓	
HSCP Transformation Programme Funding 20/21_23/24	1,329				1,329	0			✓
Renfrewshire Wide Prevention and Early Intervention Programme	193	-159			34	-159	✓	✓	
Other:	6,584	-266	0	0	6,318	-266			
TOTAL HSCP FUNDED EARMARKED RESERVES	8,818	-271	0	0	8,547	-271			
Primary Care Improvement Program (19/20)_(20/21)	2,458	-2,458			0	-2,458	✓		
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises improvement	224				224	0	✓		
ADP Funding	941	-79			862	-79	✓		
Reduce Drug Death Funding	104				104	0			
Drug Death Task Force	141				141	0			
Mental Health Action 15 (19/20)_(20/21)	763	-763			0	-763			
DN Workforce Allocation 20/21	69	-69			0	-69			
Henry Programme - Pre 5 Obesity Training	15				15	0	✓		
Health Visiting	32				32	0	✓		
Adult Support and Protection Grant	68				68	0			
Covid - Winter Planning	1,649	-1,649			0	-1,649			
Covid - Integration Authority Support	5,247	-5,155			92	-5,155			
Covid - Community Living Change	697				697	0			
Scottish Government Ring Fenced Monies	12,408	-10,173	0	0	2,235	-10,173			
TOTAL EARMARKED RESERVES	21,226	-10,444	0	0	10,782	-10,444			

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

OVERALL RESERVES POSITION	27,007	-10,444	0	0	16,563	-10,444
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**HSCP Vacancy Position at 23 July 2021
Per Client Group**

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	14.86	95.16	110.02
Mental Health	43.41	5.11	48.52
Learning Disabilities		8.25	8.25
Children's Services	6.34		6.34
Health Improvement & Inequalities	2.50		2.50
Resources	10.29		10.29
Hosted Services	14.40		14.40
TOTAL	91.80	108.52	200.32

Job Description	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Admin & Clerical	15.79		15.79
ADRS Worker		1.50	1.50
Adult Services Co-ordinator		1.00	1.00
Care at Home Team Manager		1.00	1.00
Change & Improvement Assistant		1.00	1.00
Change & Improvement Officer		1.00	1.00
Commissioning Officer		2.00	2.00
Community Alarm Responder		6.49	6.49
Community Alarm Responder (Night)		1.62	1.62
Community Link Team Manager		1.00	1.00
Community Meals Driver		1.65	1.65
Data Quality Assistant		2.00	2.00
Day Care Officer		0.50	0.50
Day Centre Officer		0.91	0.91
Day Service Assistant		3.75	3.75
Day Service Officer		1.50	1.50
Dietetics			-
Escort/ Attendant		0.54	0.54
Financial Systems Support Administrator		1.00	1.00
Home Care Worker		35.78	35.78
Home Care Worker (Night)		1.62	1.62
Medical & Dental	1.00		1.00
Mental Health Officer		0.50	0.50
Mental Health Support Worker		1.00	1.00
Nursing Staff - Trained	46.95		46.95
Nursing Staff - Untrained	3.83		3.83
Occupational Therapist	2.10	2.10	4.20
Occupational Therapist Assistant	0.26		0.26
Operations Manager		1.00	1.00
Performance Officer		1.00	1.00
Pharmacist	0.40		0.40
Physiotherapist - Assistant	2.00		2.00
Podiatrist	12.40		12.40
Practical Support Team Member		0.61	0.61
Programme Management Officer			-
Psychology	4.87		4.87
Rehabilitation Officer		0.50	0.50
Senior Commissioning Officer		1.00	1.00
Senior Social Care Worker		1.00	1.00
Senior Home Support Worker		3.79	3.79
Senior Social Worker		2.00	2.00
Service Co-ordinator		1.00	1.00
Service Delivery Scheduler		3.05	3.05
Service Manager		2.00	2.00
Social Care Assistant		11.55	11.55
Social Care Assistant (Nights)		1.75	1.75
Social Care Worker		2.56	2.56
Social Care Worker (Nights)		0.75	0.75
Social Work Assistant		0.50	0.50
Social Worker		3.00	3.00
Speech & Language Therapist	0.70		0.70
Team Leader		1.00	1.00
Team Manager		1.00	1.00
Technical Instructor	1.50		1.50
TOTAL	91.80	108.52	200.32



To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Head of Strategic Planning and Health Improvement

Heading: Strategic Plan 2022-25: Update on Approach and Progress

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 progress made by the HSCP in developing the IJB's Strategic Plan for 2022-25. The approach for developing the Plan was agreed by the IJB in June 2021.
- 1.2. In particular, this report provides an update on the development of a framework for the Strategic Plan, which has been informed through engagement with a range of internal and external stakeholders including the Strategic Planning Group and has provided the basis for ongoing discussions with the Care Planning Groups which have been established.
- 1.3. A first consultation draft of the Strategic Plan will be brought to the IJB for review and comment. The feedback received from this process, alongside further engagement and consultation with partners, will inform the development of a final draft of the Strategic Plan which will be brought to the IJB in March 2022.

2. Recommendations

It is recommended that the IJB:

- Note the progress made in developing the approach and framework for the IJB's Strategic Plan 2022-25, and the initial feedback received through ongoing engagement.
- Note the next steps to be undertaken in progressing the development of the Plan.

3. Background

- 3.1. Renfrewshire's IJB is required by the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') to produce a Strategic Plan on how community health and

social care functions delegated to it by Renfrewshire Council and NHS Greater Glasgow and Clyde will be planned and delivered over the medium term (three years).

3.2. The existing Strategic Plan covers the period 1 April 2019 to 31 March 2022 and the HSCP, on behalf of the IJB, will take the necessary statutory steps to review the plan prior to 1 April 2022.

3.3. In June 2021, the IJB approved proposals setting out a collaborative approach to developing the Strategic Plan. This included consideration of the role of the SPG in providing oversight of the plan's development; the role of SPG subgroups and revised Care Planning Groups in developing the content of the Strategic Plan; and the development of supporting branding for the Plan and associated activity.

5. Further development of the approach

5.1. The previous update to the IJB on the development of the Strategic Plan stressed the importance of full engagement of stakeholders in the preparation, publication and review of the Plan.

5.2. Over the following period, the HSCP has developed a draft framework for the Strategic Plan, reflecting feedback received through discussions with the Strategic Planning Group which noted that the plan should:

- Be shorter, more concise and have less jargon.
- Be more interactive, easier to navigate and formatted to suit everyone.
- Be more visual.
- Incorporate the lived experience of people more clearly and those in harder to reach groups.
- Consider how common themes such as housing (including requirement for a Housing Contribution Statement) and digital are represented throughout.
- Be developed using consistent templates and approaches for each section.

5.3. A draft 'Plan on a Page' has been developed and sets out the overall structure for the Plan and reflects the core principles of this developing approach. In particular:

- The Strategic Plan will be structured around five key 'themes' and outcomes rather than by care group chapters. This reflects the diverse and complex needs of individuals who may access a range of support.
- The 'Plan on a Page' will be developed into an interactive tool on the HSCP's website whereby those seeking further information can click into each element of the plan to obtain the detail they require.

5.4. Examples of the above elements are provided in the appendices to this report. This initial framework has been further tested with a range of stakeholders, including the Strategic Planning Group, the Senior Management Team, Care Planning Group Leads, Voluntary Sector representatives and our partners within NHS Greater Glasgow and Clyde and Renfrewshire Council. The

feedback received has been very positive, in particular there has been strong support for the move towards themes within the Plan rather than separate care groups and the 'Plan on a Page' approach has also been welcomed.

- 5.5. This framework was further discussed with the Strategic Planning Group in early September. The Feedback received acknowledged the extensive engagement that has been carried out to date and, importantly, the genuine commitment to meaningful engagement and partnership working which has been shown. The actions and next steps set out in the following sections were endorsed by the group.

6. Developing the Content of the Strategic Plan

- 6.1. Work has commenced on the development of a high level first draft of the Strategic Plan which will set out the key content and priorities to be captured within the Plan. In support of this, a consistent Care Planning Group structure has been established and these groups, along with the SPG's Health and Wellbeing subgroups, are currently working collaboratively to develop a view on challenges, objectives and priorities which align with the themes set out in the 'Plan on a Page'.
- 6.2. In addition, the HSCP has undertaken broad engagement across service areas, and with partner organisations including, but not limited to, NHS Greater Glasgow and Clyde and Renfrewshire Council planning colleagues, the Chief Social Work Officer, and the ADP. Work is also underway with Housing colleagues from Renfrewshire Council and the SPG's Housing as a Health Issue subgroup to determine the approach and content of the Housing Contribution Statement which must be included within the Strategic Plan.
- 6.3. Feedback received to date has understandably highlighted the challenge in stakeholders being able to consider strategic objectives beyond the immediate needs of the COVID recovery. Reflecting this challenge and the ongoing uncertainty caused by the pandemic, each Care Group will focus on developing an action plan for Year 1 (2022-23) activity. These actions plans will be reviewed and updated in advance of Year 2 to reflect the context at that time.
- 6.4. Wider feedback has also highlighted:
- The ongoing uncertain context the Plan is being developed within, with the potential for discussions on the Independent Review of Adult Social Care, local elections and the pace of recovery to become dominant.
 - The importance of retaining what has worked well during COVID, and also revisiting any priorities which have not been achieved as a result of the pandemic.
 - The importance of the Strategic Plan being a 'Partnership' Plan which incorporates priorities beyond those of the HSCP, reflecting wider linkages.
- 6.5. The HSCP will continue to engage with our partner organisations to ensure that related and joint strategies are appropriately capturing within the Strategic

Plan, reflecting the role of the Plan within the wider health, care and Community Planning system.

7. Next Steps

- 7.1. The HSCP will continue to collaboratively develop the Strategic Plan and undertake formal consultation in line with statutory requirements. An initial draft of the Plan will be agreed with the SPG, following which a consultation draft will be developed reflecting feedback received.
- 7.2. The consultation draft will be brought to the IJB for approval, following which a formal consultation period will be launched to take place between December 2021 and January 2022. The consultation draft will be presented to the IJB alongside supporting a supporting communication, engagement and consultation plan.

Implications of the Report

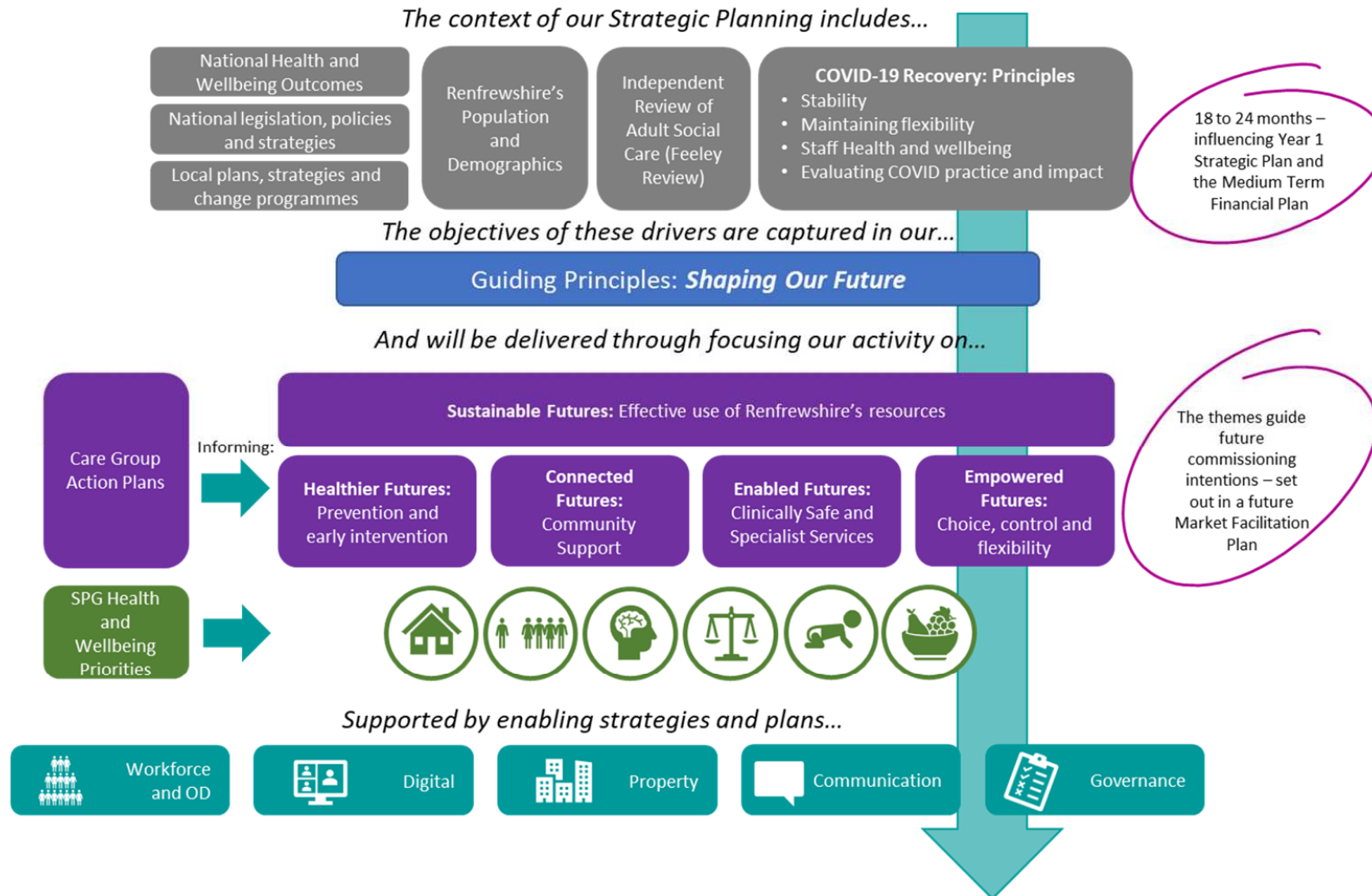
1. **Financial** – No implications from this report. However, the IJB's Medium Term Financial Framework will be refreshed during 2021/22 and will seek to align with the priorities identified in the Strategic Plan.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – The Strategic Plan will be developed in partnership and will reflect the IJB's role within the context of Community Planning. It will set out how health and social care will be delivered jointly within Renfrewshire to improve outcomes for local communities.
4. **Legal** – This paper sets out the approach to meeting the statutory strategic planning requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: n/a

Author: David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (frances.burns@renfrewshire.gov.uk)
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Appendix: Strategic Plan on a Page and Supporting Branding



Appendix: Strategic Plan on a Page and Supporting Branding

- **Theme:** Prevention and early intervention
- **Outcome:** We reduce inequalities and improve health and wellbeing through early action and prevention of more complex need
- **Branding:** Healthier Futures

 Healthier futures

- **Theme:** Community support
- **Outcome:** People are supported to recover and manage disabilities or long-term conditions in their communities and to stay in their own homes or a homely setting
- **Branding:** Connected Futures

 Connected futures

- **Theme:** Clinically Safe and Specialist Services
- **Outcome:** Our services are clinically safe and people have access to the appropriate specialist support to aid them in their recovery.
- **Branding:** Enabled Futures

 Enabled futures

- **Theme:** Choice, control and flexibility
- **Outcome:** People access the right care at the right time and place and are empowered to shape their support at every stage of life
- **Branding:** Empowered Futures

 Empowered futures

- **Theme:** Effective use of Renfrewshire's resources
- **Outcome:** We work collaboratively across sectors to deliver integrated services and maximise the impact of our people and resources
- **Branding:** Sustainable Futures

 Sustainable futures

To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Framework 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 sets out the HSCP's proposed Performance Framework and Performance Scorecard for 2021/22. It also includes a web link to our 2020/21 full Annual Performance Report (APR) and the APR Summary that were published on the HSCP's website on 30th July 2021.
- 1.2 Performance will continue to be presented at all IJB meetings over 2021/22. The full Scorecard updating all performance measures will be presented twice yearly - at mid-year and end of year 2021/22.
- 1.3 At IJB meetings when the Scorecard is not presented, we will report performance on other key areas including unscheduled care; survey results as they become available; and benchmarking our performance on the national indicators against other HSCPs across Scotland.

2. Recommendations

It is recommended the IJB:

- Approve the HSCP's draft Performance Framework for 2021/22.
- Approve the draft Performance Scorecard for 2021/22 (at appendix one).
- Note the 2020/21 full Annual Performance Report (APR) and the APR Summary were published on the HSCP's website on 30th July 2021 and are available at:

<https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>

3. Performance Framework 2021/22

- 3.1 Over the last few months, we have carried out a review of Renfrewshire HSCP's Performance Framework for 2021/22. Ensuring accountability, transparency and openness, our Framework informs the Partnership's decision-making in planning service areas and provides the structure to understand, scrutinise and improve service delivery.
- 3.2 We have completed the process of reviewing the Scorecard performance indicators in collaboration with Heads of Service and Service Managers to ensure we have meaningful indicators with realistic and achievable targets.

4. Format Changes to the 2021/22 Scorecard

- 4.1 Our approach going forward includes some changes to the format of our performance report. Performance indicators have previously been aligned to the 9 National Health and Wellbeing Outcomes and presented in Outcome order 1 to 9. In the draft Scorecard for 2021/22 (attached as Appendix one) we will still cross reference the performance indicators to the 9 outcomes, however the data will be presented and categorised under those indicators that have red, amber and green status. Presenting the data in this way will show clearly which indicators are doing well with green status; those within 10% variance of target with amber status; and those indicators that are more than 10% variance from target with red status. There were also performance indicators in the Scorecard that had no targets assigned to them. We have reviewed these indicators and Heads of Service have agreed new targets where appropriate (more detail on the new targets is in section 7).

5. Performance Indicators removed from the 2021/22 Scorecard

- 5.1 There were 68 indicators within the 2020/21 Scorecard and we have reduced this to 57 in the 2021/22 Scorecard. The 11 indicators not included in the 2021/22 Scorecard and the reasons for this are included in table 1 overleaf.

Table 1

Performance Indicator	Reason for deletion from 2021/22 Scorecard
1. People newly diagnosed with dementia have a minimum of 1 year's post-diagnostic support	Performance stable
2. Percentage waiting for dementia post-diagnostic support within 12 week standard	
3. Percentage of homecare clients aged 65+ receiving personal care	
4. Percentage of deaths in acute hospitals (65+)	Green status for 2 years
5. Percentage of deaths in acute hospitals (75+)	Green status for 3 years
6. The number of readmissions to hospital 65+	Reported to Heads of Service on a monthly basis
7. The emergency bed days rate 65+ (rate per 1,000 population)	
8. Number of Young Carers' Statements completed	Sits with Renfrewshire Council's Children's Services
9. Care at Home costs per hour (65 and over)	Local Government Benchmarking Framework indicators which will be reported separately to the IJB when the data is available.
10. Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	
11. Net residential costs per week for older persons	

- 5.2 On review, it was recognised that some of the performance indicators are now classed as 'business as usual' where performance has remained stable for a period of time (numbers 1 to 3).
- 5.3 Some other indicators with targets have had green status for the last two to three years (numbers 4 and 5). While the performance of these indicators will still be monitored, we have deleted these from the 2021/22 Scorecard. The Senior Management Team will continue to be advised should the performance of any of these indicators cause concern.
- 5.4 A monthly Older People's Unscheduled Care Report is shared with Heads of Service and includes a number of performance indicators including two from the Scorecard: the number of readmissions to

hospital 65+ and the emergency bed days rate 65+ (rate per 1,000 population) (numbers 6 and 7). Performance against these two indicators has been stable over the last three years and was lower than average in 2020/21 due to the pandemic. As these indicators are reported to Heads of Service on a regular basis we have removed them from the Scorecard for 2021/22.

- 5.5 Renfrewshire Council's Children's Services has responsibility for supporting young carers to complete young carers' statements (number 8) therefore this indicator is less relevant for the HSCP and has been removed for 2021/22.
- 5.6 The indicators in the table at numbers 9 to 11 are from the Local Government Benchmarking Framework. The Framework provides an opportunity to compare performance across council areas using a suite of indicators identified by the Improvement Service. There are no targets aligned to these indicators and updates on performance are provided annually. The Heads of Service agreed that these indicators should be removed from the Scorecard and a separate report on the Framework indicators will be presented to the IJB when the data is next available.
- 5.7 The IJB will be notified should performance seriously decline on any of the 11 indicators shown in Table 1.

6. Change of Target

- 6.1 One performance indicator included in the Scorecard is to reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population). Our target for this indicator was 3.1 and this has been achieved over the last three years with rates of 2.4 (2018/19); 1.5 (2019/20) and 1.0 (2020/21). Our recommendation is to reduce the target to a rate of 1.6, which is an average of the last three years' performance. The rate is now so low that even a slight increase in numbers will increase the rate and at this point it is not clear what the impact of the pandemic will be due to access to contraception and lack of planned activities etc.

7. New Targets

- 7.1 Targets have been allocated to 5 performance indicators in the 2021/22 Scorecard and these are detailed in table 2. The target set for 2021/22 is based on the average performance over the last three years for each of the indicators. While we have assessed the targets as both realistic and achievable, we are still recovering from the pandemic and are uncertain what challenges the winter period will bring. This is particularly relevant to the target set for emergency admissions from

care homes. The care homes are supported by care home liaison nurses and advanced nurse practitioners that work with the care homes to reduce avoidable admissions to hospital.

- 7.2 Table 2 shows the 2021/22 target and the performance achieved in 2020/21.

Table 2

Performance Indicator	Target for 2021/22	2020/21 value
1. Emergency Admissions from Care Homes	692	506
2. Number of adult support plans completed by carers	114	86
3. Number of adult support plans declined by carers	46	51
4. Number of adults with a new Anticipatory Care Plan	221	201
5. Percentage of routine OT referrals allocated within 9 weeks	45%	41%

8. Performance Indicators with no Targets

- 8.1 Section two of the Performance Scorecard contains indicators with no targets allocated to them. There are a number of reasons why it is not appropriate for some indicators to have specific targets and this is detailed in sections 8.2 to 8.6. Performance against these indicators is still monitored closely.
- 8.2 Sensitive Routine Enquiry (SRE) Indicators – this work was paused during the pandemic. Improvement work on the collation of SRE data is now progressing across NHSGGC as previously data had to be pulled manually from files/case notes. This is an issue across all Health Board areas and will be discussed at the next Public Health Scotland Gender Based Violence (GBV) Leads Network.
- 8.3 Ministerial Scottish Government (MSG) Indicators – NHSGGC has not set HSCP level targets/projections for 2021/22. Projections for 2022/23 for emergency admissions 65+ were discussed at the GGC Delivery Group meeting in July 2021, however the targets will be at a GGC level and until agreed with the Board as part of the Design & Delivery Plan will not be broken down by HSCP. Performance against these indicators will continue to be closely monitored in line with the NHSGGC Unscheduled Care Commissioning Plan and similar to

previous years, a performance report on the MSG indicators will be presented to the IJB in March 2022.

- 8.4 Safe from Harm Indicators – it is less appropriate to have targets against the ‘safe from harm’ indicators. For example, there were 22 suicides in Renfrewshire in 2020 and while we work to reduce this number, it is not appropriate to set a target against this indicator. The direction of travel will continue to be monitored and reported on the scorecard. For the performance indicators in the service areas: adult protection contacts; mental health officer service etc. we want all those that need the service to access it to keep them safe from harm. This number may fluctuate from year to year.
- 8.5 Social Care – there are two social care indicators that do not have targets allocated for 2021/22: homecare hours provided (rate per 1,000 population aged 65+) and population of clients receiving telecare (rate per 1,000 population aged 75+). Performance against these indicators will be monitored throughout 2021/22 and if appropriate targets will be set for 2022/23.
- 8.6 Prescribing variance from budget - when performance is below the prescribing variance from budget e.g. 5.72% under budget in 2020/21, this is positive and it is less relevant to set a specific target against this indicator.

9. Performance Reporting to Boards/Groups/Teams

- 9.1 As reported at the June IJB meeting, the HSCP is creating Care Group Planning Fora to develop the priorities for the new Strategic Plan and provide a consistent approach across all service areas. Performance dashboards will be created with each group using relevant indicators from the IJB Scorecard. In addition, further indicators will be identified for the new Strategic Plan priorities using both quantitative and qualitative measures. Learning Disabilities, for example, is an area where we want to establish meaningful indicators to evidence the work being carried out in the service and the positive impact this has on people’s health and wellbeing outcomes.
- 9.2 Table 3, overleaf, summarises the proposed reporting cycle for 2021/22.

Table 3

Performance Framework 2021/22		
Board/Group/Team	Reports	Frequency
Integration Joint Board (IJB)	Annual Performance Report Performance Scorecards Unscheduled Care Survey results Benchmarking	Performance reported to all IJB meetings
Senior Management Team (SMT)	Dashboards showing areas of concern (red and amber status) Service level reports e.g. Children's Services; Mental Health	Monthly
Heads of Service and Service Managers	Service level dashboards and reports	Quarterly
Strategic Planning Group (SPG)	Annual Performance Report Performance measures aligned to the Strategic Plan	Annually
SPG Sub Groups	Care Group Dashboards based on the priorities identified for the 2022-25 Strategic Plan	Bi-annual
Chief Executives NHSGGC/Council	Organisational Performance Reviews	Bi-annual

10. Planning and Performance Team

- 10.1 The planning and performance role within the HSCP is provided by a small team and uses data from both the NHS and Council systems. We are keen to have a more integrated approach around our performance management and increase the resilience of the team. A new role has been created to support this and we hope to recruit a Senior Planning and Performance Development Officer post in the coming months.

11. Final Annual Performance Report 2020/21

- 11.1 The final Annual Performance Report for 2020/21 was published online on Friday 30 July 2021 at the following link and printed copies are available on request:

<https://www.renfrewshire.hscp.scot/article/6316/Performance-Reports>

- 11.2 A summary 'easy read' version of the Annual Performance Report 2020/21 was also developed and is available online at the same link above.

Implications of the Report








1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

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 7656)

Renfrewshire Integration Joint Board Scorecard 2021-2022




















National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of service users
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing
7	People using health and social care services are safe from harm
8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do
9	Resources are used effectively in the provision of health and social care services









Performance Indicator Status		Direction of Travel		Target Source	
	Alert: 14		Improvement	N	National
	Warning: 9		Deterioration	B	NHSGGC Board
	Target achieved: 16		Same as previous reporting period	L	Local
	No targets: 18			M	MSG









This Performance Scorecard is for the financial Year 2021/22 and mid-year data for April to September 2021 will be presented to the IJB on 19 November 2021. In light of the exceptional circumstances surrounding the COVID-19 pandemic, some data for 2020/21 remains unvalidated and should be seen as indicative.











As previously outlined to the IJB, while the Scorecard Report continues to highlight how the Partnership has performed against the measures normally used for comparison year on year, it is difficult to draw direct comparisons to previous performance data due to the pandemic. The HSCP will therefore continue to proactively monitor performance trends to assess the impact of the pandemic throughout 2021/22.











Section 1 – Performance Indicators with Targets





14 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. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	66.7%	70.1%		80%			N
2. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	90.5%	89.0%		100%			B
3. Reduce drug related hospital stays - rate per 100,000 population (Outcome 4)	2019/20 data not available until Oct 2021	2020/21 data not available until Oct 2022		170	-		N
4. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	100%	63%		95%			B
5. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	173	161		182			B
6. Number of carers accessing training (Outcome 6)	255	165		220			L
7. Number of adult support plans completed for carers (age 18+) (Outcome 6)	162	86		114			L
8. Number of adult support plans declined by carers (age 18+) (Outcome 6)	34	51		46			L
9. % of health staff with completed TURAS profile/PDP (Outcome 8)	49.3%	41.7%		80%			B
10. Sickness absence rate for HSCP NHS staff (Outcome 8)	4.75%	5.65%		4%			N

Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
11. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Outcome 9)	90.1%	67.0%		90%			B
12. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)	91.4%	62.0%		90%			B
13. % of diabetic foot ulcers seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	81.7%	77.0%		90%			B
14. % of diabetic foot ulcers seen within 4 weeks in NHSGGC (Outcome 9)	81.2%	75.0%		90%			B





9 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
15. Percentage of long term care clients receiving intensive home care (national target: 30%) (Outcome 2)	27%	29%		30%			N
16. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	41%		45%			L
17. Number of adults with a new Anticipatory Care Plan (Outcome 2)	159	201		221			L
18. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	92.3%	86.8%		90%			N






Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
19. A&E waits less than 4 hours (Outcome 3)	87.4%	Feb 21 87.4%		95%			N
20. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	84.4%		90%			B
21. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.7%	Sep 20 6.1%		6%			B
22. Formulary compliance (Outcome 9)	78.1%	Feb 21 77.5%		78%			L
23. Prescribing cost per treated patient (Outcome 9)	£91.34	Feb 21 £88.37		£86.63			L









16 Green Indicators	Performance is on or exceeds target						
Performance Indicator	19/20 Value	20/21 Value	2021/22 Value	Target	Direction of Travel	Status	Target Source
24. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	24.4%	Sep 20 29.5%		21.4%			B
25. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	90%		85%			L
26. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	159		350			L
27. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.5	1.0		1.6			L
28. 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%	Sep 20: 93.3%		80%			N




Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
29. Uptake rate of child health 30-month assessment (Outcome 4)	95.5%	87%		80%			N
30. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	99.0%	Dec 20 96.5%		95%			N
31. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	95.0%	Dec 20 98.8%		95%			N
32. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	8.4	Dec 20 7.4p		8.9			N
33. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%		100%			B
34. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	95.9%	Dec 20 95.8%		91.5%			N
35. Emergency admissions from care homes (Outcome 4)	746	506		692			L
36. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	16.7%	20.8%		19.9%			B
37. Improve the overall iMatter staff response rate (Outcome 8)	* Paused during COVID 19.			60%	-		B
38. % of complaints within HSCP responded to within 20 days (Outcome 8)	78%	82%		70%			B
39. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	18.08	13.5		15.3			L



Section 2 – Performance Indicators without Targets

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 inquiries (Outcome 3)	200	* Paused due to COVID-19		-	↓		-
41. Number of referrals made as a result of the routine sensitive inquiry being carried out (Outcome 3)	1	* Paused due to COVID-19		-	-		-
42. Number of staff trained in sensitive routine enquiry (Outcome 5)	28	* Paused due to COVID-19		-	↓		-
43. Number of staff trained in Risk Identification Checklist and referral to MARAC. (Outcome 5)	64	* Paused due to COVID-19		-	↓		-

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	110,986p		-	↑		M
45. Number of emergency admissions (18+) (Outcome 2)	18,173	14,396p		-	↑		M
46. Number of delayed discharge bed days (Outcome 2)	9,122	8,759		-	↑		M
47. Total number of A&E attendances (Outcome 9)	60,238	39,344p		-	↑		M
48. Number of A&E attendances (18+) (Outcome 9)	47,297	31,832p		-	↑		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		-			-
50. Number of suicides (Outcome 7)	16 (2019)	22 (2020)		-			-
51. Number of Adult Protection contacts received (Outcome 7)	3,106	3,487		-	-		-
52. Total Mental Health Officer service activity (Outcome 7)	683	627		-	-		-
53. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	110	115		-	-		-
54. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	11%	29%		-	-		-

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		-	-		-
56. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	50	46		-			-

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		-			-

Notes

* Denotes an indicator where year-end data is unavailable due to the impact of the COVID-19 pandemic.

p Denotes provisional data

To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Head of Health and Social Care Services

Heading: Quality, Care and Professional Governance Annual Report 2020/21

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. Purpose

- 1.1 This paper is to present the HSCPs Quality, Care and Professional Governance Annual Report for the period of April 2020 to March 2021 to the Integration Joint Board (IJB).

2. Summary

- 2.1 The Renfrewshire Quality Care and Professional Governance Annual Report provides 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. 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.
- 2.2 At the beginning of the COVID-19 pandemic, some of our HSCP governance arrangements were suspended and alternative arrangements were put in place. These have now been fully reinstated using virtual methods. Work has also been taken forward to strengthen our local governance arrangements within Mental Health, Addictions and Learning Disabilities.
- 2.3 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.
- 2.4 New arrangements have been necessary to strengthen oversight of care homes and help care providers deal with pandemic pressures. On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide granular scrutiny, support and oversight of care home and care at home services. The guidance required that from 18 May 2020, clinical and care professionals at

NHS Boards and Local Authorities have a leading role in the oversight for care homes in their area.

3. Recommendation

It is recommended that the IJB:

- Note the content of the report (attached at Appendix 1) provided on HSCP governance to provide the necessary assurance to the IJB that services continue to operate safely and effectively; and
 - Note a number of examples are included within the report but not limited to.
-

Implications of the Report

1. **Financial** – Nil
 2. **HR & Organisational Development** – Nil
 3. **Community Planning** – Nil
 4. **Legal** – Nil
 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** – Managing information and making information available may require ICT input.
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored and the results of the assessment will be published on the NHS website.
 8. **Health & Safety** – Nil
 9. **Procurement** – Nil
 10. **Risk** – Nil
 11. **Privacy Impact** – None.
-

List of Background Papers – None

Authors: Angela Riddell, Change and Improvement Officer
Natalia Hedo, Clinical Governance Facilitator

Any enquiries regarding this paper should be directed to Jackie Dougall/ Carron O'Byrne, SMT Governance Leads Email: jackie.dougall@ggc.scot.nhs.uk / carron.obyrne@renfrewshire.gov.uk Tel: 0141 618 7629

Renfrewshire HSCP

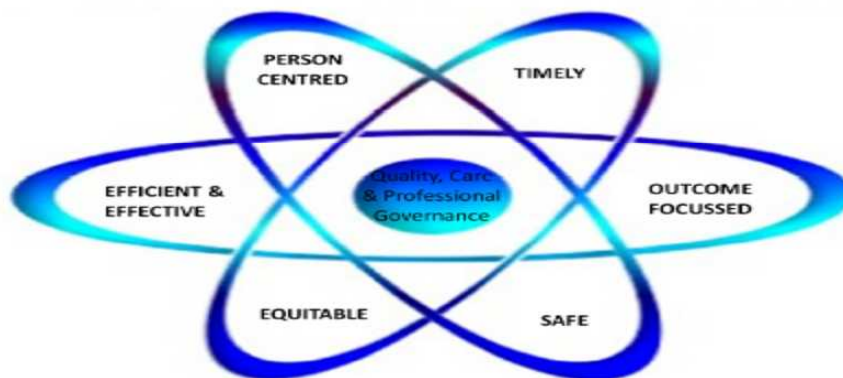
Quality, Care & Professional Governance Annual Report (April 2020 – March 2021)

1. Purpose

- 1.1 The purpose of this report is to note Renfrewshire HSCP Quality, Care & Professional Governance activities during the period April 2020 - March 2021.

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.

Renfrewshire Health & Social Care Partnership Quality, Care & Professional Governance



2. Clinical & Care Governance Arrangements

2.1 Scottish Government's Policy Statement on Integration states that:

"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care".

- 2.2 Renfrewshire Health and Social Care Partnership is responsible for delivering adult social care and health services for adults and health services for children in the communities of Renfrewshire.

Services included are:

- Renfrewshire Council's adult and older people community care services e.g. Addictions, Learning Disability, Residential Care Homes and Care at Home.
- Renfrewshire Community Health Services, e.g. District Nursing, Health Visiting, Mental Health and Learning Disability Services.
- Elements of Housing Services relating to adaptations and gardening assistance.

- Aspects of Acute services (hospitals) relating to unscheduled care.

Renfrewshire HSCP hosts two NHS Greater Glasgow & Clyde Board wide services: Podiatry and Primary Care Support.

Renfrewshire have a range of services that respond each day to the needs of local people. There are 29 GP practices, 43 community pharmacies, 23 community ophthalmic practices and 37 general dental practices. Within the 29 Renfrewshire GP practices there are a registered list population of Approximately 184,895 (as at March 2021).

2.3 The HSCP have a number of supporting governance arrangements in place. At the beginning of the COVID-19 pandemic, some of our HSCP governance arrangements were suspended and alternative arrangements were put in place. These have now been fully reinstated using virtual methods.

HSCP governance arrangements include:

Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Executive Group	Chief Officer	<ul style="list-style-type: none"> • Twice Yearly <p>This is the overarching HSCP governance group to ensure clear strategic objectives for clinical and care governance are in place, delivered and are reported on.</p>
Renfrewshire Localities Services Governance Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> • Quarterly <p>This group provides a focus for all quality, clinical and care governance activity.</p>
Renfrewshire Mental Health, Alcohol and Drug Recovery (ADRS) and Learning Disability Services Governance Groups. Note: Locally work has been taken forward to strengthen these arrangements.	Head of Mental Health, ADRS and Learning Disability Services	<ul style="list-style-type: none"> • Mental Health Governance Group (Bi-monthly) • Learning Disability Governance Group (Bi-monthly) • ADRS Clinical Services Group (Monthly) • Mental Health Clinical Services Group (Monthly) <p>These groups provide a focus for all quality, clinical and care governance activity.</p>
Chief Social Work Officers Professional Group	Chief Social Work Officer	<ul style="list-style-type: none"> • Quarterly <p>This group ensures the HSCP's responsibilities for Renfrewshire Council's statutory Social Work duties and functions are discharged to the appropriate standards.</p>
Medicines Management Group	HSCP Clinical Pharmacist Lead	<ul style="list-style-type: none"> • No less than 12 weeks <p>This group provides a focus for all medicines management and prescribing budgets.</p>

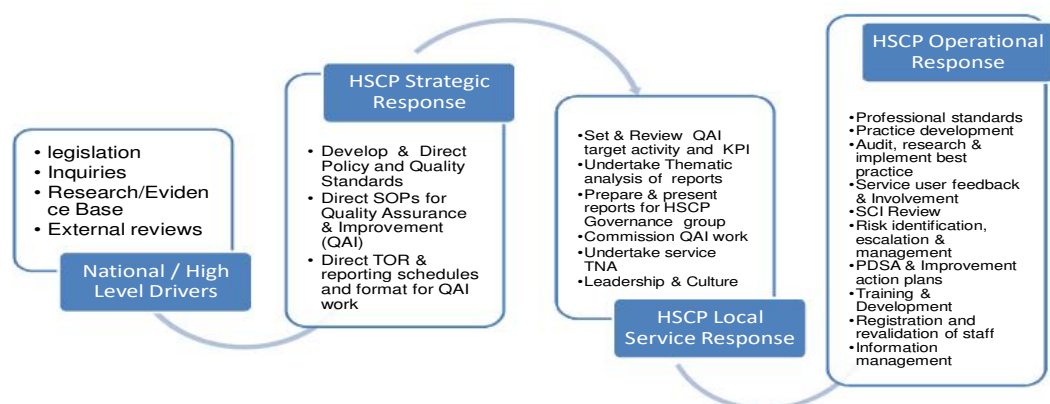
Renfrewshire HSCP Quality Care & Professional Governance Groups	Chair	Meeting Frequency & Remit
Renfrewshire Health & Safety Committee	Co-chaired by the Head of Social Care (West Renfrewshire)	<ul style="list-style-type: none"> Quarterly <p>This group has responsibility for a co-ordinated framework for the management of health and safety issues.</p>
Renfrewshire Operational & Procedures Group	Heads of Health and Social Care Services	<ul style="list-style-type: none"> Bi-monthly/or Quarterly (subject to requirement) <p>This group provides a forum to discuss, develop, review and ratify local operational procedures & guidelines associated with Adult Services.</p>

Attendance levels at each of these groups is regularly monitored and a requirement for deputies to be identified where members are not able to attend.

- 2.4 In addition, the HSCP have an established structure for professional governance, including system wide arrangements, providing leadership, guidance, support and advice for relevant staff. The HSCP Chief Nurse attends the hospice governance groups, and provides an advisory role in relation to training and development, local and national policy and best practice. The HSCP Clinical Director is a member and chair of the NHS GG&C Primary Care and Community Clinical Governance Forum.

On 17 May 2020, the Scottish Government published national statutory COVID-19 guidance to provide granular scrutiny, support and oversight of care home and care at home services. The HSCP has put arrangements in place to work closely with both Public Health and the Care Inspectorate. The range of enhanced oversight is delivered through the huddle and enhanced clinical and care governance arrangements are in place, with a weekly multi-disciplinary team to review the RAG status of the care home. Surveillance and mass testing of residents is undertaken to proactively identify and manage any potential outbreaks. Care home staff are also surveillance tested (weekly PCR and twice weekly lateral flow test).

- 2.5 Within Renfrewshire Quality, Care & Professional Governance arrangements are a dynamic process as illustrated below:



The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach

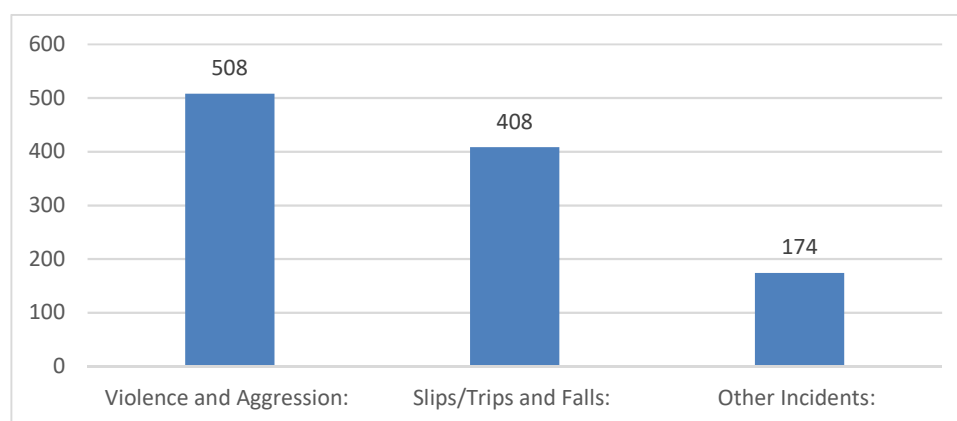
3. Safety (Incident Management, Reporting and Investigation)

3.1 All incidents, regardless of the severity require reporting to review, action and share learning where appropriate. Incident reports are produced and discussed on a regular basis at the relevant governance groups. There are various systems currently used within Renfrewshire HSCP for incident reporting and management.

3.2 The DATIX Incident Reporting System is used within health to provide a clear reporting structure to record clinical incidents, near misses and complaints. From April 2020 – March 2021 there were **1821** incidents reported on DATIX, compared to **1921 (-100)** in the previous report.

The highest reported categories relate to:

Highest Incident Categories



3.3 The Incident Reporting Database which allows users within social work services to record incidents/accidents electronically has changed.

The undernoted provides data on accidents/incidents now reported on Business World during the period 1 April 2020 – 31 March 2021. Please note there may be a slight variation with this data due to the accident reporting function within Business World. This has been escalated and Renfrewshire Council are currently reviewing the system.

A total of **371** accidents and incidents were reported. Breakdown includes:

Non-Employee Accidents/Incidents:

A total of 333 accidents/incidents were reported during 2020-2021, 324 involved service users.

The highest reported types of accidents were:

- 251 slips, trips and falls (246 occurred within older people residential services)
- 33 fall from height e.g. from a chair/WC (32 occurred within older people residential services)
- 7 medication incidents (6 occurred within residential premises).

In comparison with service user accidents/incidents reported during 2019-2020, 412 were slips, trips and falls. 359 occurred within residential premises (353 in older people and 6 in learning disabilities respite). 37 were reported within day services which have either been closed or operating at reduced capacity during the Covid-

19 pandemic. 58 falls from height were reported during 2019-2020. The majority 46 occurred within older people services. 42 in residential premises and 4 in day services.

Employee Accidents/Incidents

A total of 38 (-59) were reported, the highest types of accidents were 9 slips, trips or falls and 7 violence and aggression.

97 employee accidents/incidents were reported during 2019-2020. 58 occurred within various day services which have either been closed or operating at reduced capacity during the Covid-19 pandemic so this may partly account for the reduction. The highest reported types of accidents were 54 violence and aggression, 13 slips, trips and falls and 13 moving and handling.

3.4

Actions in place to address the highest reported incident categories:

- **Violence and Aggression:** Training and refresher training are in place for staff and an e-learning module is available. The Violence Reduction service is also available for staff to provide advice and support around violence reduction and de-escalation strategies.
- **Slips/Trips and Falls:** All accidents/incidents are investigated locally. Follow up actions are identified, risk assessments are reviewed and care plans updated.
- **Other incidents:** Work continues with Service Managers to ensure that appropriate categories are used for incidents and in order to avoid using the "other" category if appropriate. This will enable better analysis and action planning of known incidents.

3.5

Serious Adverse Events (SAEs) are those events that have or, could have significant or catastrophic impact and may adversely affect the organisation and its staff and have potential for wider learning (i.e. learning that can be gained for future care delivery). The purpose of an SAE investigation is to determine whether there are any learning points for the partnership and wider organisation. All SAEs must have a Briefing Note Template completed.

Renfrewshire HSCP Social Work services adopt the "Rapid Alert/Briefing Note" template used within health for serious incidents to ensure consistency in approach within the HSCP. All incidents reported are appropriately investigated to minimise the risk of recurrence through learning.

From April 2020 – March 2021 a total of 9 SCIs/SAEs have been commissioned within Renfrewshire HSCP. This compared to 5 SCIs (+4) in the previous report. Description of these incidents varied between attempted and actual suicides and pressure ulcer care. All staff involved in commissioning/conducting SCIs/SAEs investigations must adhere to a series of principles and key requirements. During this period there were also 2 incidents that will go through an Incident Case Review process through the Child Protection Committee. During COVID-19 a number of SCIs/SAEs investigations continued to be progressed however, others were suspended due to the restrictions imposed by the Scottish Government in limiting face to face contact and prioritising urgent duties.

3.6

Examples of incident management/investigation/reporting improvements:

- Learning from SCI/SAEs is shared at various meetings.
- A process is in place to share learning across HSCP Governance Groups and NHS Greater Glasgow & Clyde Primary Care & Community Clinical Governance Forum.

3.7 Three Large-Scale Investigations (LSIs) were also initiated in 2020. These LSIs involved two independent sector care homes for older people and an independent sector home for adults with learning disabilities. Contributions to these LSIs during the reporting period came from colleagues across the health service, Police Scotland, the Care Inspectorate, Scottish Fire and Rescue Services, commissioning staff, social work services and the third sector, leading to holistic assessment of risks and strengths within these care settings. The coordinated response to shared concerns enhanced the efficiency and efficacy of safeguarding measures undertaken.

3.8 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) regulations require organisations to report certain incidents to the Health & Safety Executive (HSE) that occur as a result of, or in connection with the work that is undertaken. If an incident meets the criteria stipulated in the regulations then it must be reported under RIDDOR within a set timescale.

There is now a requirement from NHS GG&C Health and Safety Department to complete a Falls Severity 4/5 template and Non-Staff Incident Summary Sheet for every fall incident to establish if the fracture sustained by the patient is RIDDOR reportable.

From April 2020 – March 2021 a total of 8 incidents were investigated as RIDDORs within health and social work services, this was a slight reduction (-3) from the number of 11 incidents in the previous reporting period:

3.9

Area	Categories	Number of incidents investigated as RIDDOR
Mental Health Inpatient Services	Violence and Aggression – Patient Physical Assault on Staff.	4
Localities	Covid related after using hand gel and Slips/Trips and Falls.	2
Social Work	Slip/Trips and Falls.	2

3.10

Example of the recommendations and actions from a Violence and Aggression (V&A) incident:	
Recommendation	Action(s)
• Post incident de-briefs carried out for all significant incidents as soon as possible following the incident.	Staff reminded to carry out post incident de-briefs and they are being carried out.
• Violence Reduction refresher training to be arranged for the injured person as soon as possible following the incident	Appropriate training to be arranged and undertaken prior to staff's training timescales lapsing within the ward.
• Review of the Violence and Aggression Risk Assessment in light of this incident	The Risk Assessment is reviewed following every significant incident but no changes are required.
• Management referral or staff self-referral to Occupational Health (OT) to be considered following incidents.	Referrals to OT are always considered as part of the process.

4. Contracts Management

- 4.1 The HSCPs Contracts Management Team adopts both a **proactive** and **reactive** approach to the contract management of commissioned services.

COVID-19 impacted significantly on the work of the team who stepped back from their normal processes and practice in line with National Guidance for Commissioned Services published by COSLA to support providers manage their COVID response and remobilisation.

This included and continues to include:

- Undertake daily analysis of care home TURAS reporting system
- Receive, analyse and respond to social care providers weekly COVID status reports
- Participate in NHSGG&C care and governance group and sub-groups
- Participate in NHSGG&C care home group
- Participate in care and support oversight huddle
- Support multi organisation working
- Facilitate care home managers peer support meeting
- Distribute COVID related guidance to all social care providers
- Support the programme of distributing payments to all social care providers to promote sustainability
- To work with providers with their COVID related mobilisation and sustainability planning
- Provider support to the social care provider forums
- Provide the first point of contact to all social care providers on COVID related concerns
- Provide support to providers with issues relating to PPE and other equipment.

- 4.2 Over the last year the team have responded to:

- **1021** significant event reports have been sent by providers during the reporting period. The initial inputting of these reports is handled by ASeRT with the Contracts Management Team overseeing and signing off actions for each report:
 - The number of reports has remained broadly consistent with the previous report. The bulk of reports relate to notification of unplanned hospital admissions, reports of potential harm relating to Adult Protection and significant medication errors.
 - The majority of significant event reports come from care homes and Learning Disability/Mental Health supported living services.
- **329** significant events were forwarded by Adult Services Referral Team (ASeRT) to the localities or specialised teams for action through Adult Support and Protection measures.

The number of commissioned service providers has increased from the previous report from 59 to 68 (+9).

- 4.3

Examples of improvements within the Contracts Monitoring Team:

- The team has transformed its processes and practice to support social care providers and the HSCP during COVID-19 pandemic.
- The team will review its structure during 2021-2022 to support commissioning of services.

5. Risk Management

5.1 Renfrewshire HSCP aim to ensure that robust Risk Management processes, systems and culture are embedded within services. Risks are managed and escalated accordingly. A high level risk register is in place and reviewed on a regular basis. During the COVID-19 pandemic, internal control and risk management remained in place and were supplemented. The HSCP supported and contributed to risk management and planning within both NHS GG&C and Renfrewshire Council structures.

5.2 **Example of risk management improvements:**

- The Senior Management Team met to discuss a COVID-19 risk issues and decision register informed by service updates during the pandemic.
- The HSCP are currently introducing a revised risk framework which is underpinned by an HSCP Network Service Risk Champions and delegates.

6. Public Protection

6.1 Renfrewshire HSCP remains committed to ensuring children and vulnerable adults remain safe from harm and that, where necessary, appropriate action is taken to reduce risk and protect them. Training is regularly reviewed to ensure it is fit for purpose, and that learning and development is available through practice forums, communication in a variety of formats, and events such as significant case reviews.

6.2 **Adult Support & Protection (ASP)**

6.2.1 Between April 2020 and March 2021, 3,483 adult welfare concern and adult protection referrals were received by Renfrewshire. This is compared to 3,106, 2,719, 2,829, and 2,578 for the same time periods in 2019/20, 2018/19, 2017/18, and 2016/17 respectively. Of these, 1,325 were adult protection concerns and 2,158 were adult welfare concerns.

Following initial inquiries, 112 adult protection investigations were conducted, this is a slight rise from 97 in the previous year but reflects a similar proportion of ASP referrals that went on to investigation (8%). 51 of these investigations resulted in an initial Adult Protection Case Conference.

The total referral number for 2020/2021 reflects a 12% increase in the referral rate as compared to the 2019/20 financial year, which was a 14% rise on the previous year. The 2020/21 figure is higher than in any previous years.

6.2.2 Across the year Police Scotland were responsible for 61% of all referrals. There is a long-term trend of a decrease in the ratio of referrals received by Police, though this figure has been stagnant over the past two years. Police were responsible for 61% of all referrals in 2019/20; 66% in 2018/19; 70% in 2017/18; and 77% in 2016/17. This reflects an increase in referrals from other sources throughout the year, leading to the proportion from Police Scotland remaining stable. In fact, referral numbers from Scottish Fire and Rescue Services; care homes; Housing; HSCP Health and Social Work staff; and GPs were each at least 30% higher than last year.

6.2.3 **Renfrewshire ASP response to Covid-19:**

In our response to the potential impact of Covid-19 on adults at risk of harm in Renfrewshire, local ASP arrangements during the pandemic included:

- The development of local operational ASP guidance in light of COVID-19. This supplemented existent local Inter-agency ASP Guidance and Procedures and complimented national guidance from Scottish Government for Chief Officer Groups and Adult Protection Committees. There was an emphasis on continued commitment to meeting statutory responsibilities, while reflecting the need for flexibility in some circumstances, including where face-to-face interviews or meetings could not occur.
- We continued to meet ASP statutory requirements to respond to referrals for adults at risk of harm by undertaking Section 4 inquiries.
- Fortnightly then monthly Renfrewshire Adult Protection Committee (RAPC) subgroup meetings were commenced in April 2020 and continued until August 2020, to ensure sufficient strategic and operational oversight of ASP activity across Renfrewshire. These subgroup meetings were arranged with key members of RAPC or delegated representatives in attendance. This group had greater operational remit than is typical of RAPC; it included inter-agency discussion with key partners to identify areas of risk from their service's perspective, in addition to mitigating factors.
- The RAPC Lead Officer contributed to the HSCP's Covid Mobilisation Plan to ensure that statutory ASP protection duties continued.

6.2.4 **Joint Inspection of Adult Support and Protection**

In early 2020 Renfrewshire was subject to the National Joint Adult Support and Protection Inspection, which was undertaken by The Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Healthcare Improvement Scotland (HIS). The inspection is part of a national programme of scrutiny and assurance activity as requested by Scottish Ministers.

The focus of the joint inspection was to provide:

- Independent scrutiny and assurance of how partnerships ensure adults at risk of harm are kept safe, protected, and supported
- Assurance to Scottish Ministers about how effectively Partnerships have implemented the Adult Support and Protection (Scotland) Act 2007
- An opportunity to identify good practice and support improvement more broadly across Scotland.

Due to Covid-19, not all inspection activities were completed within Renfrewshire. However, enough evidence was gathered to enable the Care Inspectorate to provide feedback on inspectors' findings. The feedback highlighted key strengths from which we are building. Areas identified for improvement formed the basis of an Improvement Plan, which was subsequently amalgamated into an enhanced, overarching Renfrewshire Adult Protection Committee (RAPC) Improvement Plan monitored and reviewed by the RAPC. The Improvement Plan reflects the collaborative approach being taken to improving outcomes for adults at risk of harm across the partnership.

6.2.5 **ASP Continuous Improvement**

Last year saw the establishment of the Continuous Improvement Subcommittee, which ensures fulfilment of RAPC's functions relating to quality assurance and self-evaluation activity. The Subcommittee prompts single and inter-agency evaluation of adult protection activity via monthly small-scale audits based on themes arising through quarterly ASP data; topics raised by frontline staff and managers; and any

concerns raised by senior managers across the partnership that warrant additional scrutiny. Audit themes have also arisen based on feedback provided by the Care Inspectorate following the ASP Joint Inspection 2020. This Subcommittee will also oversee a biennial programme of larger-scale, multi-agency self-evaluation activity. The next larger-scale multi-agency self-evaluation will be undertaken in late 2021.

6.3 **Child Protection**

6.3.1 During the initial phase of the lock down and subsequent move to the roadmap for recovery from the global pandemic, a smaller group of key managers met fortnightly and provided regular updates on service provision and sharing of key priority areas. The full Child Protection Committee recommenced in September 2020 and has continued to meet every three months. Work has also commenced to refresh the Renfrewshire Child Protection Committee action plan.

6.3.2 The Committee also carried out a training needs analysis between November and December 2020, the purpose of which was to get a measure of how the partnership workforce view the current provision of training, learning and development and future needs. 237 staff completed the survey. Responses indicate that a large percentage of frontline staff have completed core courses. In a number of services/partner agencies, continued work is required to reach more staff, particularly around the practice area of neglect.

Additional areas for potential learning support that require further consideration are:

- Understanding capacity,
- Consent and decision-making
- Thresholds
- Test for compulsory measures of care articulating and recording the stresses and strengths in written reports thresholds
- Articulating and recording the stresses and strengths of children in written reports.

6.3.3 New legislation, Children (Equal Protection from Assault) (Scotland) Act 2019, came into force on 7 November 2020. The Act removes the common law defence of 'reasonable chastisement' and gives all children in Scotland the same protection in law from assault as adults. This is very much in keeping with the United Nations Convention on the Rights of the Child (UNCRC) which has also been formally adopted by the Scottish Government. To assist colleagues in understanding the impact on their role the Child Protection Committee interagency subgroup developed a new e-learning module.

6.3.4 Optional training delivered through Microsoft teams for those staff who prefer face training was also delivered with staff from key partners Social Work, Police and health delivering the sessions. Interagency procedural guidance was also developed for staff as well as information for parents and carers.

6.4 **Examples of work undertaken to support Public Protection:**

- A full range of public protection training is offered to all staff across the partnership. This training is targeted at the duties carried out by each professional.

7. Healthcare Associated Infections (HAI)/Healthcare Environment Inspectorate (HEI)/Core Audits

7.1 Renfrewshire HSCP aim to comply with core audit schedules, ensuring improvements are implemented where required. Due to Covid-19 a number of Core Audits were paused. Record keeping and medication audits will restart from April 2021.

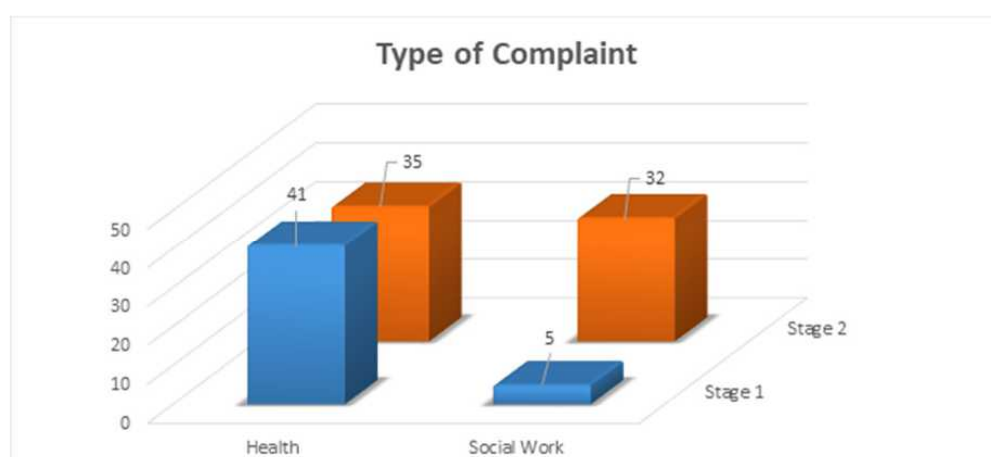
8. Professional Registration

8.1 Registration, revalidation and assurance are essential to maintaining a high level of professionalism. There are systems and processes in place to monitor clinical and non-clinical staff registration and revalidation to ensure that any lapses are minimised and any issues are escalated and actioned accordingly. The Policy for Registered Healthcare Professionals is under review, once this has been agreed we will check our local systems reflect what is needed.

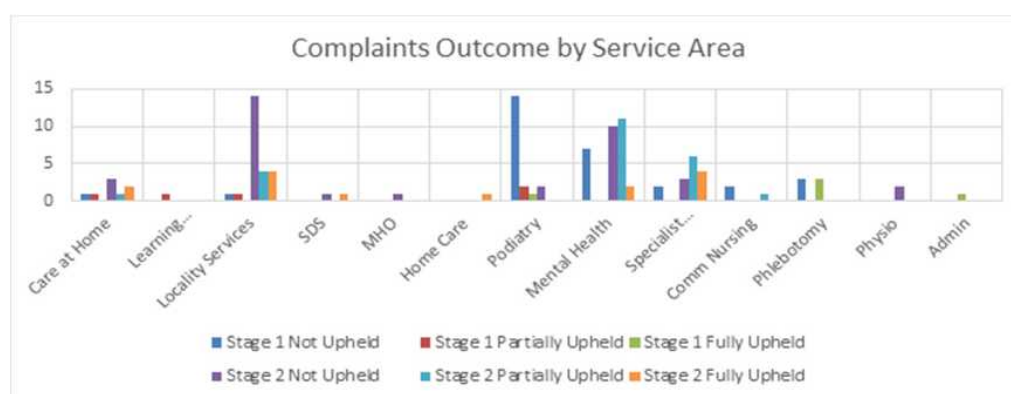
9. Patient Centred

9.1 Complaints

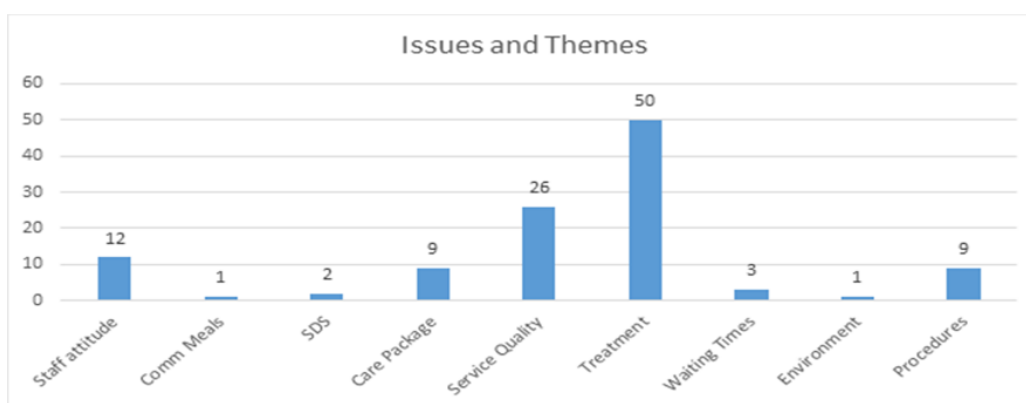
The following provides a commentary and statistics on complaints handling in the HSCP for the period 1 April 2020 to 31 March 2021.



9.2 The graph below provides an overview of the number of complaints received by Renfrewshire HSCP split between Health and Social Work from 1 April 2020 to 31 March 2021.



The issues and themes identified from health and social work complaints are shown in the table below. Treatment and Service Quality are recurring issues raised by complainants.



Where a complainant remains dissatisfied with a Local Resolution response provided by the HSCP, the complainant may write to the Scottish Public Services Ombudsman (SPSO). Of the total number of complaints for health and social care, two were submitted to the SPSO. One was not upheld and the other is still under investigation.

9.3

Service improvements in response to complaints:

- One of the key themes of the Patient Rights (Scotland) Act 2011 was using complaints as a mechanism to learn lessons and improve services. Following the completion of complaints, action plans are prepared by Service Managers, where appropriate, and these are reviewed at locality governance meetings. Treatment, Service Quality and Staff Attitude are key issues for complaints and steps are being taken by services to improve these.

10.

Patient/Service User/Client and Carer Feedback

10.1

Renfrewshire HSCP have a positive approach to feedback and aim to use this to inform continuous improvement in service provision and ways of working. The HSCP continues to ensure mechanisms are in place to obtain feedback from patients/service users/carers. Various mechanisms have been used to capture experience of people who have been using/receiving our service(s) so that we can learn both from what works for people and their priorities.

10.2

Example of a Patient Experience Initiative which has led to improvements in services based on feedback from patients/carers:

- Renfrewshire Learning Disability Services (RLDS) were keen to hear about specific carer experiences when accessing services over the last twelve months, and throughout the COVID-19 Pandemic. A survey was used to inform how the service continuously improves and tailors' services to better meet needs of both supported people and carers in 2021 and beyond. The survey focused on key areas including: Service rating, what has 'worked well' and 'didn't work as well' – over the last 12 months, COVID-19 challenges, communication and engagement and future expectations.

11. Mental Health Officer (MHO) Service

11.1 The Mental Health Officer Service provides a responsive service to requests for consent to detentions under the Mental Health (Care and Treatment) (Scotland) Act (MHCTA) and ensures that individuals who are subject to detention receive information regarding their rights to appeal detention, access to independent advocacy and independent legal advice or representation. The service also ensures identification of Named Person in terms of the MHCTA.

11.2 Demand for Adult with Incapacity (AWI) reports, which require to be completed by a qualified Mental Health Officer (MHO), has risen steadily over recent years (this mirrors increases across Scotland). In 2019/2020 Renfrewshire received **131** requests for AWI MHO reports. In 2020/2021 we received **186** AWI referrals **(+55)**. It is worth noting that **75%** of all new orders granted are for periods of less than 5 years which now brings additional work pressure in respect of renewal reports required from an MHO.

Often such requests arrive with less than 4 weeks until the expiry of the existing order. Orders where the Chief Social Work Officer (CSWO) is appointed Welfare Guardian have also risen significantly in recent years, from **79** in March 2015, to **107** in March 2016, to the figure of **125** at the time of the report in 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 currently in excess of approximately **425** private welfare guardianship orders running throughout Renfrewshire. These require a minimum of one statutory visit by a guardianship supervisor after being granted.

11.3 The other main area of work for the Mental Health Officer Service is around the Mental Health (Care and Treatment) (Scotland) Act 2003. The number of detentions under the Act has risen by **25%** in the past year. This figure is replicated nationally.

11.4 The MHO service along with many other service areas within the HSCP has during the pandemic felt the pressures of increased workload, staff pressures and the other demands COVID placed upon us (and still does). We now have a waiting list for the provision of AWI reports a situation that was not experienced prior to the pandemic and this reflects the levels of demand in this area. Further we have experienced a 25% increase in the number of mental health tribunals being held which further adds to the demands on a small number of MHO's.

11.5 Examples of key areas of work within the Mental Health Officers (MHOs)

- Assist and advice colleagues in terms of the application of legislation MHCTA/AWI/Adult Support and Protection (ASP) and attend case conferences (as necessary)
- Comply with the National Standards for MHO services and codes of practice for the MHCTA/AWI & ASP Acts and SSC Codes of Practice.
- Involved in MDT meetings CPA/MAPPA and other meetings as required.

12. Care Inspectorate

12.1 The Care Inspectorate regulates and inspects care services to make sure that they meet the right standards. They also jointly inspect with other regulators to check how well different organisations in local areas work to support adults and children. They carry out inspections of registered services such as care homes, day services and care at home and publish inspection reports which grade care services according to set criteria.

13. Quality Improvement / Clinical Effectiveness

13.1 Renfrewshire HSCP aim to ensure that priorities are identified that lead to improvement in services. During the COVID-19 pandemic Renfrewshire HSCP sought to continue services where possible, adapting to reflect the most and appropriate way of working with patients and service users. Digital technology was instrumental in enabling our response.

13.2 Renfrewshire HSCP has an established Change and Improvement Programme which is focused on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach. Our Change and Improvement team was deployed to support the HSCPs Local Resource Management Team and services during the pandemic.

13.3 In the HSCPs last HSCP Annual Quality, Care & Professional Governance report, a number of specific commitments. Some examples on progress include:

Commitment	Update on progress made
Legislative:	
Ongoing implementation of the GMS Contract/Primary Care Improvement which involves placing of expanded teams of HSCP and NHS Board employed health professions in and around general practice to meet the needs of patients who do not need to be seen by the GP (Expert Medical Generalist).	Locally, implementation continues to be made through our local Primary Care Improvement Plan. 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.
Governance:	
Work to review and update Medicine procedures in line with the updated Council Medication Policy.	The Care at Home Medication Guidance has been developed. The aim of this document is to give clear guidance to Care at Home staff when Service Users have an assessed need for supports with medication tasks, taking into account the Health and Social Care Standards for Care at Home Services.

13.4 In addition, a number of additional improvements have been taken forward within specific Renfrewshire HSCP services in the last year.

Some examples of improvements which have been developed in specific Renfrewshire Services include:

- **Renfrewshire Learning Disabilities Service:** The service have created a sensory screening tool to gather information on the sensory needs of non-verbal clients.
- **Children Services:** The service have created a single point of access where families and partner agencies can speak with a health visitor/ support staff on the telephone via the children and family HUB. There is regular audit of the service including numbers and type of calls received and also included in staff satisfaction questionnaire
- **Care at Home Service:** The service are currently working towards implementation of an Electronic Scheduling and Monitoring system. Revised business processes outlines the work which has taken place to date and actions taken by the service to ensure that there is a proactive response to the provision of services within Care at Home in the event of a missed visit or medication error.

The introduction of the Electronic Scheduling and Monitoring system will further support the service in the prevention of missed care visits. Medication errors are looked at on an individual basis and worked through accordingly to prevent error happening.

- **NHSGGC Podiatry Service:** Three cohorts identified to complete Quality Improvement Training by June 2021.

13.5 We also enclose below a few examples to demonstrate how our services have worked together, to ensure they provide the best possible services and care to our patients/service users.

Renfrewshire Learning Disabilities Service (RLDS)	HSCP and General Practitioners (GPs)
<p>Renfrewshire Learning Disabilities Service (RLDS) has been working with Health Improvement Scotland ihub collaborative for some months and has participated in multiple learning/sharing and training events and workshops with 7 other HSCPs, in phase one of the New Models for Learning Disability Day Support Collaborative.</p> <p>The entire RLDS team has worked during the past year to help support people and family carers to stay healthy, connected and included. Via our 4 tier model of adapted service delivery, virtual and digital activities have proven an important and beneficial method of doing so and has created so many new learning opportunities and experience. A short film has been produced which aims to illustrate the creative, innovative and solution focused approaches used by the team to break down barriers to enable connections to remain and help support what really mattered to the people we support during these challenging times.</p>	<p>The Renfrewshire Community COVID Assessment Centre (CAC) opened in Linwood Health Centre Community Wing on 6 April 2020 as part of NHS Greater Glasgow and Clyde's response to the Scottish Governments recommendation for a Covid-19 respiratory pathway.</p> <p>The assessment centre aims to maximise the numbers of symptomatic people who can be cared for in the community, reserving our hospitals for those with the most serious illness. Renfrewshire took forward the initial pilot for the COVID-19 Assessment app. The app is built on the national NES TURAS cloud platform and helps record clinical presentation, findings and decision making at the Community Assessment Centres. The centre which is still opened and extended to other areas is staffed by GPs, nurses and administrative staff redeployed from other services working collaboratively. From April 2020 – March 2021 Approx. 3,285 patients attended the centre.</p>
HSCP, GPs and Third Sector	Nursing/Allied Healthcare Professionals/ Medical staff
<p>A new funded project in Renfrewshire has been established with ROAR (Reaching Older Adults in Renfrewshire), HSCP and GP practices to help the active elderly from falling and prevent fractures. It is called 80andUp and aims to use evidence-based advice and exercises to reduce falls.</p> <p>Between December 2020 and March 2021 81 patients who had reached their 80th birthday provided consent to take part in this initiative. Early feedback has been positive and suggests that with help from ROAR it has allowed them to walk more and walk with more confidence. Evidence suggests this simple intervention will reduce falls and fractures as well as improving their quality of life.</p>	<p>A support group has been established for individuals who have been newly diagnosed/or with an existing lung condition within Ferguslie Park and surrounding areas within Paisley in Renfrewshire. This project aims to focus on addressing inequalities, promoting wellbeing and preventing comorbidities. Unfortunately due to the Covid-19 pandemic this project was temporarily paused however, has since been adapted from an in person group to virtual online group. To date this group has become invaluable to patients and carers involved. Due to shielding some individuals have become socially isolated and these sessions have allowed them to feel more connected with others in a similar position.</p>

13.6 Other examples of improvements which have been developed in the Podiatry Service (hosted service) over the last year include:

Improvement Aim	Improvement Intervention	Outcome/ Learning	Progress Measure
Provide patients with evidenced based self-management advice when being discharged from telephone triage service or on waiting lists while Covid-19 restrictions remain in place.	Significant improvements to NHSGG&C Podiatry website under patient accessible self-care resources, including MSK, nail care, Orthopaedics, wound care and skin conditions. Further awareness raise using social media.	Public Facing NHSGG&C site now live and includes a feedback loop for patient and carers to comments. The link for the site is regularly shared on social media channels and shared via GP networks.	NHSGG&C Web Activity: <ul style="list-style-type: none"> • 40,775 visits • 31,356 unique views • 1:30 average time on page Tweets: ↑ 116.7% increase Tweets impressions 23.4K ↑ 140.0% Profile visit 489
To maintain safe and effective practice for high risk foot protection patients shielding and unable to attend clinic during Covid-19.	To support person centred care at home with the development of a range of booklets and guidance were developed in partnership including: <ul style="list-style-type: none"> • Understanding your wound • Managing your wound • A wound care diary. 	The guidance has been shared across NHSGG&C, District Nursing and GP networks. This has also been shared nationally with the Scottish Podiatry Managers Group.	The guidance has supported patient to care for their own wounds while receiving support using Near me video consultations. This has reduced footfall in patient's homes during Covid-19. Positive patient feedback includes a feeling of being more involved in their own care and active wound healing. Reports of positive patient activism.
Improve the use and quality of wound photography in high risk foot protection patients shielding and unable to attend clinics.	Many of images sent in by patient are of poor quality to assess and grade wound damage. The aim was to produce a video for patients and carers to send improved quality pictures of their wounds to MIMs service. Clinicians can then assess and prescribed care based on the photos.	2 videos produced one for sharing across NHSGG&C services and one with the NHS Scotland logo to allow wider sharing across Scotland with a One Digital approach Hosted on the NHSGG&C Webpage: Woundcare Videos	Improved quality of images to allow more accurate assessment, diagnosis and effective management plans to be made. Effective utilisation of digital technology allowing patients to receive high quality care in their own homes.

14. Implementation of Guidance/Policies

14.1 Renfrewshire HSCP aim to ensure that services are compliant with national standards and guidance by implementation and monitoring of impact on services. Any new policies and guidelines are discussed and actioned accordingly.

15. Good News - Recognising and celebrating success

- 15.1 Renfrewshire HSCP aim to recognise and celebrate success, whereby a number of staff and services within the HSCP have received a number of awards.

Some examples of areas of success to celebrate:

- **District Nursing:** The Senior Nurse, Renfrewshire HSCP is one of 20 nurses across Scotland to be awarded a 2020 Queen's Nurse Title. This title is awarded to clinical leaders who can demonstrate their impact as expert practitioners. Four nurses within Renfrewshire have now gained this title.
- **UNICEF Infant Feeding Award:** In March 2021 Renfrewshire HSCP achieved the UNICEF Gold Award and is now accredited as a Gold Baby Friendly organisation which recognises excellent and sustained practice in the support of infant feeding and parent-infant relationships. 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.
- **Staff Wellbeing and Resilience:** In response to the Covid19 Pandemic there has been a focus to build significantly on the existing work done around wellbeing and resilience for the workforce nationally, Greater Glasgow & Clyde wide and locally.

16. Conclusion

- 16.1 Renfrewshire HSCP 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.

Key priorities for 2021/2022 include:

- **Care Homes:** Continuing enhanced oversight role for Care Homes.
- **Flu Clinics:** Work to support mass flu vaccination clinics as a new way of working.
- **Report by the Mental Welfare Commission for Scotland into decision making for people in hospital who lack capacity: Discharge to Care Home.** 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.
- **Look at recommendations from the Commission's report on the use of the Mental Health Act during the Covid-19 pandemic July 2019.**
- **Integration Scheme:** The HSCP will continue 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. This activity is being progressed jointly with HSCPs within the NHS GGC boundary, chaired by the Chief Officer of West Dunbartonshire HSCP.
- **Health and Care (Staffing) (Scotland) Act 2019 Update** 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.

- Review the Renfrewshire HSCP Clinical and Care Governance workplan.

To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Head of Strategic Planning and Health Improvement

Heading: Renfrewshire HSCP - Winter Plan 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. Planning for winter 2021/22 within the context of COVID-19 is underway across NHSGGC taking account of learning and adaptation from the service responses to the pandemic.
- 1.2. The draft Winter Plan 2021/22, attached as Appendix 1, describes additional actions being taken to prepare for the winter period in Renfrewshire. It should be read in conjunction with the Final NHSGGC Unscheduled Care Commissioning Plan¹.
- 1.3. As we prepare to enter our second pandemic winter, there is a recognition that recently we have not experienced peaks and troughs in service levels as was normally seen pre-pandemic. Service levels and demand have experienced greater degrees of fluctuation over a prolonged period of time. Reflecting this context, the HSCP will undertake a review of the overarching Business Continuity Planning process and will seek to ensure that relevant actions (such as those relating to disruptive weather) are reviewed regularly, thereby minimising the need for onerous annual winter planning exercise in future years.

2. Recommendations

It is recommended that the IJB:

- Approve Renfrewshire HSCP's draft Winter Plan 2021/22;
- Note that the Plan will be aligned to both the NHSGGC Board Winter Plan and the Renfrewshire Council Winter Plan and will remain a live document to respond to changing circumstances surrounding the pandemic and other external factors;
- Note that updates on the revision of the HSCP's Business Continuity Plan will be submitted to the IJB Audit, Risk and Scrutiny Committee;

- Note the proposal to streamline the winter planning process through alignment of current winter planning activity with ongoing Business Continuity planning; and
- Note the requirement to update our internal and external communications and engagement strategies required to deliver the plan

3. Background

- 3.1. As we prepare for our second pandemic winter, it is clear that significant challenges remain. The fluctuation in the number of COVID-19 cases continues, and this coupled with the continued and expected increase in other viral infections; norovirus, flu and other viruses through winter, remains a concern. It is therefore essential that the HSCP maintains flexibility and capacity to adapt the Partnership's response at any time. Balancing this and the requirements of recovery will need significant effort and focus to ensure we continue to provide high quality, safe and person-centred care to our service users.

No	Priority	Objective	HSCP Owner(s)
1	Vaccination Programmes	To ensure we protect our staff and the public by delivering the required seasonal vaccination programmes; Flu, COVID Booster and COVID Vaccine 21/22.	Clinical Director Head of Health & Social Care West Renfrewshire
2	Operational Resilience	To ensure we have frameworks, policies and plans in place to ensure our service delivery remains resilient and prioritises the delivery of emergency and critical services, whilst maintaining the delivery of other essential services	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.	All Operational Heads of Service
4	Supporting the public	To ensure we support the public to continue to access required services, ensuring their critical and essential needs are met and that residents remain safe and well.	Communications Team
5	Supporting our Staff	To ensure we support our staff to remain in good health and to be supported as they undertake their roles through potentially challenging winter conditions.	Senior Management Team Communications Team
6	Supporting our Partner Organisations and Partners	To ensure we support our partner organisations to take steps to prepare for winter and collaborate on the right solutions for the benefit of the residents.	All Operational Heads of Service Communications Team

7	Enablers and Optimisation of existing Infrastructure	To ensure we deliver, champion and optimise the use of appropriate infrastructure and enablers across the partnership, with our partners, to underpin the successful delivery of our plans.	All Operational Heads of Service Links with Partners (NHS GGC/Renfrewshire Council)
8	Festive Period planning	To ensure we adequately understand the needs across the services through the festive period and plan appropriately to maintain and manage service levels and any potential disruption.	All Operational Heads of Service
9	Workforce Planning / Staffing	To ensure we deliver the right balance of annual leave and staffing across the services to maintain service levels throughout the winter period.	All Operational Heads of Service Partner Organisations HR Teams (NHS GGC / Renfrewshire Council)

- 3.2. Renfrewshire HSCP's Winter Plan has been reviewed and adapted to align with a wider Business Continuity review commencing within the partner, and it aligns with both the NHSGGC Board and Renfrewshire Council winter planning arrangements. The HSCP works with our partners to learn lessons from previous winter planning.
- 3.3. The NHSGGC winter planning process will include a cross-system workshop to confirm priorities and agree on new initiatives. The intention is to complete a final NHSGGC Winter Plan by 22nd September 2021. Renfrewshire Council also undertakes regular planning for winter and is working closely with HSCP colleagues to coordinate communications over the winter period as part of the annual 'Ready for Winter' communications plan which will this year include enhanced public health messaging in relation to flu, COVID testing and vaccinations.
- 3.4. The Plan focuses around nine key priorities and objectives, which are underpinned by a suite of 29 key deliverables (see appendix 1). These inform detailed plans within HSCP services:
- 3.5. 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. This Winter Plan 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. In doing so, the HSCP will continue to engage with partners through existing resilience arrangements regionally and locally and as part of these arrangements will share the approved Winter Plan will be shared with NHS Greater Glasgow and Clyde and Renfrewshire Council through these routes.
- 3.6. 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 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.

3.7. As noted above, the development of this Winter Plan will inform and support a wider review of Business Continuity Planning arrangements in place within the Partnership. Updates on this review, and any relevant developments to Business Continuity Planning procedures, will be brought to IJB via the IJB Audit, Risk and Scrutiny Committee at a later date.

3.8. Each of the deliverables which form the HSCP's Winter Plan will 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. A summary is provided in the table below to provide the IJB with further detail on the breadth of activity within scope (it should be noted however that the following list is not exhaustive).

Plan Priority	Related actions
Vaccination programmes	<ul style="list-style-type: none"> • The delivery of flu, boosters and COVID-19 vaccinations to staff and the public including child immunisations as appropriate.
Operational resilience	<ul style="list-style-type: none"> • Review and update of Business continuity 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 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 Brexit and COVID supply chain impacts).
Surveillance and response	<ul style="list-style-type: none"> • Development of a regular Winter Plan update which includes relevant operational and strategic risks and issues, aligned to the reporting agreed within the revised Risk Framework. • Winter planning performance reporting to support operational decision making. • Coordination of Partnership planning and management of dependencies between service and organisational plans.
Supporting our staff and the public	<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. • An agreed humanitarian response plan.
Supporting our Partner Organisations and	<ul style="list-style-type: none"> • Acute, Localities and Care at Home joint plan to support prompt discharge and minimise delays. • Proactive planning with GP Practices, Care Homes and

Partners	Nursing Homes.
Enablers and optimisation of existing infrastructure	<ul style="list-style-type: none"> • Scenario planning for potential situations where we need to 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.
Festive period planning	<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
Workforce planning / staffing	<ul style="list-style-type: none"> • Agreed annual leave policies / volumes and staff flexibility at a service level • Contingency staffing arrangements from 3rd parties, partners and other third sector organisations • Accommodation planning (e.g. crisis respite) which can be deployed if and when required.

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** – None from this report.
4. **Legal** – Meets the IJB's obligations as a Category One responder under the Civil Contingencies Act 2004.
5. **Property/Assets** – None from this report.
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.
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** – 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 will be established and managed.
11. **Privacy Impact** – None

Author: Frances Burns, Head of Strategic Planning and Health Improvement

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 – Deliverables aligned to winter planning objectives

Priorities and Objectives	Deliverables
1. Vaccination Programmes To ensure we protect our staff and the public by delivering the required seasonal vaccination programmes; Flu, Covid Booster and Covid Vaccine 21/22.	Peer Immunisation Plan
	Flu Housebound Immunisation Plan
	COVID-19 Booster immunisation Plan
	Staff Immunisation Plan
	At risk Immunisation Plan
	Child flu Immunisation Plan
	Immunisation comms Plan
2. Operational Resilience To ensure we have frameworks, policies and plans in place to ensure our service delivery remains resilient and prioritises the delivery of emergency and critical services, whilst maintaining the delivery of other essential services	Business Continuity - Refreshed Service Plans
	Business Continuity - COVID19 Specific Plan
	Business Continuity - Disruptive weather plan
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.	Winter readiness/preparedness Plan
	Winter planning performance meetings scheduled
	Winter performance service dashboard
	Winter Risk and Issues Summary
4. Supporting the public To ensure we support the public to continue to access required services, ensuring their critical and essential needs are met and that residents remain safe and well.	Service re-direction communications plan (National and boardwide)
	Winter preparedness communications plan for Renfrewshire residents (local disruption etc)
5. Supporting our staff To ensure we support our staff to remain in good health and to be supported as they undertake their roles through potentially challenging winter conditions.	Winter preparedness communications plan for Renfrewshire HSCP staff
	Staff availability planning
	Staff health and wellbeing plan
6. Supporting our Partner Organisations and Partners To ensure we support our partner organisations to take steps to prepare for winter and collaborate on the right solutions for the benefit of the residents.	GP Practice Winter Plan
	Discharge and Delay minimisation joint plan (Acute, Localities and Care at Home)
7. Enablers and Optimisation of existing Infrastructure To ensure we deliver, champion and optimise the use of appropriate infrastructure and enablers across the partnership, with our partners, to underpin the successful delivery of our plans.	Agreed winter-specific contracts and service levels with contractual suppliers
	Specialist equipment to support response e.g. four wheel drives
8. Festive period planning To ensure we adequately understand the needs across the services through the festive period and plan appropriately to maintain and manage service levels and any potential disruption.	Forecasted festive period service loads for each service
	Appropriate supplies of medication and other healthcare supplies to cover the festive period
	Festive Period Communication and escalation strategy and plan (SMT and Manager Cover)
	Workforce plans to meet the forecasted demand across services
9. workforce planning / staffing To ensure we deliver the right balance of annual leave and staffing across the services to maintain service levels throughout the winter period.	Workforce and service level contingency plans – staffing (and scenario planning)
	Workforce and service level contingency plans – accommodation (and scenario planning)



To: Renfrewshire Integration Joint Board

On: 17 September 2021

Report by: Head of Strategic Planning and Health Improvement

Heading: Renfrewshire Rapid Re-housing Transition Plan (RRTP) and Homelessness 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 The purpose of this report is to advise IJB members of the Review of Renfrewshire's 5 year Rapid Rehousing Transition Plan (RRTP) and Homelessness Update Report (Appendix 2), and associated Report (Appendix 1), both of which were approved on 17th August 2021 by the Council's Communities, Housing and Planning Policy Board.
-

2. Recommendation

It is recommended that the Integration Joint Board (IJB):

- Note the content of this Report.
-

3. Background

- 3.1 The Council's Report (Appendix 1) provides an introduction to Rapid Rehousing Transition Plans (RRTPs) which local authorities were requested to establish following the Scottish Government's acceptance of a recommendation by the Homelessness and Rough-Sleeping Action Group (HARSAG), established in October 2017 by the Scottish Government. Consequently, RRTPs were created with the purpose of averting rough-sleeping, and for minimising the time spent by homeless applicants in homelessness temporary accommodation prior to being rehoused in permanent accommodation, or other stable accommodation.

- 3.2 A key component of RRTPs is a Housing First approach to housing homeless people. Any time spent in homelessness temporary accommodation is to be minimised, with a stable accommodation with wrap-around support, the goal. Not only does rapid rehousing prove beneficial to homeless service users, but the strain experienced by housing providers in providing homelessness temporary accommodation is reduced.
- 3.3 Over the first 2 years (2019/2021) of the Council's RRTp, the Council's Housing First Initiative gradually expanded, increasing the number of homeless applicants who require wrap-around support from 18 to 44, and introducing additional Resettlement Officers to assist those moving from temporary to permanent accommodation.
- 3.4 The Council's Review (Appendix 2) highlights the many successes of a Housing First approach, alongside evidence of strong partnership working between the Council, the HSCP, and the Third Sector Support Services, some of which have been commissioned to deliver the wrap-around support.
- 3.5 The Council and partners still face future challenges in terms of continuing a stepped increase in social rented lets (Council and Housing Association) to homeless applicants, and in meeting applicants' support needs, particularly during the recovery from COVID-19.
- 3.6 Partnership-working between the Council and the HSCP will help to continue the success of the first 2 years of Renfrewshire's Housing First Initiative. Strengthened pathways between the Homelessness Service and Health Services will be required, and plans are currently underway to create a Steering Group to take this forward, and to look at individual applicants' needs.

Implications of the Report

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

9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers: None.

Author: Ann Drennan, Health, Homelessness and Housing Lead

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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To: Communities, Housing & Planning Policy Board

On: 17 August 2021

Report by: Director of Communities and Housing

Heading: Rapid Rehousing Transition Plan and Homelessness Update

1. Summary

- 1.1 The Scottish Government issued guidance to all local authorities in 2018 on the production of Rapid Re-housing Transition Plans (RRTP).
 - 1.2 These 5-year plans were to be developed as a means of demonstrating how each local authority and its partners will ensure that those who are homeless are provided with a settled housing option (with the support they require) as quickly as possible, and minimise the time spent in temporary accommodation.
 - 1.3 A report providing an update on the development and implementation of an RRTP for Renfrewshire was approved by the Policy Board in August 2019, and it was agreed that progress would be reported to future meetings of the Communities, Housing & Planning Policy Board.
 - 1.4 A further report detailing the progress made to date, and the allocation of funding from the Scottish Government to support the on-going implementation of the Rapid Rehousing Transition Plan for Renfrewshire was approved by the Policy Board in January 2021.
 - 1.5 A Review paper summarising the progress over the first 2 years of the RRTP and challenges for the remainder of the 5-year period it covers has now been produced and is attached as Appendix 1 and a general update on homelessness in Renfrewshire and the impact of COVID19 is also provided in section 5.
-

2. Recommendations

2.1 It is recommended that the Policy Board:

- (i) Note the progress made to date with the implementation of a RRTP for Renfrewshire, and the allocations of funding from the Scottish Government which are being used to support RRTP initiatives.
 - (ii) Note the update on homelessness in Renfrewshire and the impact of COVID19.
-

3. Background

- 3.1 The Scottish Government established a Homelessness & Rough-sleeping Action Group (HARSAG) in October 2017. A key recommendation from the HARSAG, which was accepted by the Scottish Government, was that all local authorities would consult on and produce a 5-year Rapid Re-housing Transition Plan covering the period 2019 – 2024.
- 3.2 These plans detailed how local authorities would move to a situation where those who are homeless:
 - are provided with accommodation more quickly
 - spend less time in temporary accommodation
 - have greater access to an up-scaled use of the Housing First model, and / or other support.
- 3.3 It was proposed that the Scottish Government's 'Ending Homelessness Together' fund may allocate resources to support and assist local authorities in the implementation of their RRTP's once they had been fully evaluated.
- 3.4 Key partners such as local and national Housing Associations, Renfrewshire Health & Social Care Partnership and a range of 3rd sector organisations were fully consulted on the content of a RRTP for Renfrewshire.
- 3.5 The Scottish Government reviewed submissions made by local authorities and agreed with COSLA that funding for 2019/20 – 2021/22 would be allocated using a formula-based distribution model based on a 3-year average of homelessness assessments.
- 3.6 As noted in the previous Policy Board report, a full review of progress to date and the challenges for Renfrewshire's RRTP in 2022 - 2024 has been produced and is attached as Appendix 1.

4 Review of Renfrewshire's RRTP

- 4.1 The Scottish Government's guidance on RRTP's emphasised that the focus of RRTP's is to be on an upscaling of the Housing First approach and ensuring those who are homeless are provided with settled housing options – with appropriate support - as quickly as possible.
- 4.2 Funding for 2019/20 and 2020/21 was therefore used to increase the number of homeless applicants who are supported via the 'wraparound' support which is a key element of the Housing First approach, as well as the deployment of additional 'resettlement officers' to assist those moving from temporary accommodation in order to address the problems that can arise when settled tenancies commence. These were priority areas identified during the compilation of the RRTP for Renfrewshire.
- 4.3 There has been significant progress in implementing Renfrewshire's 5-year RRTP, and funding from the Council and annual allocations of funding from the Scottish Government have been deployed for measures which are in line with the priorities within Renfrewshire's 5-year RRTP. There is also substantial evidence of innovative partnership working, and a range of new measures in place to prevent homelessness and positively meet the needs of those who have nowhere to stay. This includes :
- the use of a Housing First approach in partnership with Turning Point Scotland and Blue Triangle H.A. being upscaled from 18 service users to 44, using both RRTP and Council funding.
 - launch of a 'shared living' initiative with Simon Community Scotland to support homeless applicants who want to share accommodation.
 - successful collective effort to resettle 400 homeless applicants from temporary accommodation to Council or RSL tenancies during COVID19 restrictions.
 - tenancy sustainment figures showing an increase in the proportion of homeless applicants who go on to sustain a Council tenancy for at least 12 months to 88.4% in 2020/21, from 80.4% the previous year.
 - Reduction in 'repeat homelessness' from nearly 10% in 2019/20 to under 8%.
- 4.4 COVID-19 has understandably had a significant impact on the implementation of RRTP's and local authorities response to homelessness, particularly in relation to the number of lets to those who are homeless, the aim to reduce the use of temporary accommodation, and meeting support needs.
- 4.5 The full scale of the impact is likely to become clearer during 2021/22, and a stepped increase in the number of social rented lets to homeless applicants will still be required in years 3 – 5 of our RRTP.

5 Homelessness Update

- 5.1 With COVID19 restrictions being implemented in March 2020 and the closure of our Abercorn Street and George Street offices, initial access to advice, assistance and temporary accommodation for those in greatest housing need moved to being provided via telephone.
 - 5.2 This telephone access has been provided on a 24/7 basis throughout the pandemic response, and over 5000 calls have been handled to date and 832 homeless applications made in 2020/21, which is broadly in line with previous years. The majority (over 80%) continues to be single person households.
 - 5.3 Homeless Services and Housing Support staff ensure there is regular contact with homeless applicants, including face-to-face contact when required, whilst they are waiting for settled accommodation.
 - 5.4 In line with almost every other local authority during 2020/21, the number of homeless applicants living in temporary accommodation increased particularly during the first 'lockdown' as lettings reduced, and B&B had to be used to augment the stock of furnished temporary accommodation.
 - 5.5 However with a 'move-on' process being established, the subsequent resettlement of over 400 homeless households to secure Council and RSL tenancies from June / July 2020 onwards meant that the number staying in furnished temporary accommodation and B&B reduced from its peak in June 2020, and is currently at 199, which is almost in line with pre-COVID levels. We ceased using B&B in December 2020.
 - 5.6 Despite the challenges in 2020/21, there were signs of some areas of further improvement in the delivery of services for those who are homeless, with satisfaction with temporary accommodation increasing to 94.7% from 90.2% in 2019/20, and the tenancy sustainment and repeat homelessness figures mentioned in 4.3, above.
 - 5.7 There was an unavoidable overall reduction in the number of social rented houses let to those who were statutorily homeless, and there is a degree of caution about the potential for future spikes in homelessness during COVID19 recovery and the end of furlough arrangements. There will still be the need for a strong focus on letting Council / RSL properties to those who are homeless, in line with our Rapid Rehousing Transition Plan.
-

Implications of the Report

1. **Financial** – funding from the Scottish Government will continue to be fully used to support the transition to rapid rehousing
 2. **HR & Organisational Development** – any temporary posts to support the implementation of RRTP initiatives have been appointed in accordance with current HR procedures and are fully funded from Scottish Government allocations.
 3. **Community/Council Planning** –
 - *Our Renfrewshire is fair - those who are homeless will be provided with settled housing options more quickly.*
 - *Building strong, safe and resilient communities – meeting the needs of those who are homeless and providing access to settled housing helps to support communities.*
 - *Tackling inequality, ensuring opportunities for all – those who are in housing need will be provided with settled housing options more quickly.*
 - *Working together to improve outcomes – RRTP's require local authorities and partners to work together to improve outcomes for those in housing need.*
 4. **Legal** – none
 5. **Property/Assets** – none
 6. **Information Technology** - none
 7. **Equality & Human Rights**
 - (a) 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 of individuals' human rights have been identified arising from the recommendations contained in the report because it is for noting only. 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** - none
 10. **Risk** – none
 11. **Privacy Impact** - none
 12. **COSLA Policy Position** – not applicable
 13. **Climate Risk** – none
-

List of Background Papers

- (a) Background Paper 1 'Rapid Rehousing Transition Plan – funding update'
Communities, Housing & Planning Policy Board on 19 January 2021.
- (b) Background Paper 2 'RRTP for Renfrewshire update'
Communities, Housing & Planning Policy Board on 20 August 2019.
- (c) Background Paper 3 'RRTP for Renfrewshire'
Communities, Housing & Planning Services Policy Board on 30 October 2018.

The foregoing background papers will be retained within Communities & Housing Services for inspection by the public for the prescribed period of four years from the date of the meeting. The contact officer within the service is Tom Irvine, Tom.irvine@renfrewshire.gov.uk.

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Rapid Re-housing Transition Plan for Renfrewshire 2019-2024

REVIEW 2021

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1. Introduction

The Homelessness & Rough Sleeping Action Group (HARSAG) was established by the Scottish Government in October 2017.

One of the key recommendations made by HARSAG, which was accepted by the Scottish Government, was that each local authority should, in consultation with partners, develop and cost a 5-year Rapid Re-housing Transition Plan (RRTP).

The guidance on the development of RRTP's highlighted that where homelessness cannot be prevented, rapid re-housing means:

- a settled mainstream housing outcome, with support, as quickly as possible,
- time spent in any form of temporary accommodation is reduced to a minimum,
- when temporary accommodation is needed, the optimum type is mainstream, furnished and within a community.

The 5-year RRTP for Renfrewshire was produced in 2019 following extensive consultation with our partners, including service users and those with lived experience of homelessness.

This paper reviews the progress made in the first 2 years of the implementation of Renfrewshire's RRTP, and the impact of the COVID-19 pandemic.

A summary and list of key conclusions are provided in Section 11, page 32.

This Review should be read in conjunction with our '*Rapid Rehousing Transition Plan 2019 – 2024*' and the associated costed action plan.

2 Summary of year 1 progress – 2019/20

During year 1:

- we up scaled our Housing First model - up to 30 individuals being supported at any one time from the previous total of 18 - see 5.1
- we recruited 3 x Resettlement Officers on a temporary basis to expand and develop the assistance provided to those moving from temporary accommodation – see 5.2
- enhanced ‘Starter Packs’ were launched, based around customer feedback. - see 5.3
- 6 of our temporary accommodation properties were ‘flipped’ from temporary accommodation to being settled tenancies for homeless applicants - see 5.4.
- we developed a unique Shared Living Initiative mobile phone App, and worked with Simon Community Scotland to roll this out to enable and promote shared living within Renfrewshire - see 5.5
- we appointed a RRTP Co-ordinator to ensure that all required agreements, initiatives, and ongoing monitoring arrangements were in place to oversee the successful delivery of Renfrewshire’s Rapid Rehousing Transition Plan within budget.
- we established a RRTP Steering Group with key stakeholders, and chaired by Head of Housing Services, to support the delivery and implementation of the aims and objectives of Renfrewshire’s RRTP.
- we established close working relationships with senior housing managers from Renfrewshire Council and Registered Social Landlords to regularly focus on and review key aspects of our RRTP and jointly agree their contribution in the delivery of the RRTP objectives.

Whilst the Scottish Government RRTP funding of £186,000 was allocated for year 1, the majority had to be carried forward to year 2 due to:

- the funding allocation being confirmed part way through the financial year,
- the lead-in time for projects to get underway / up scaled, and
- recruitment time for RRTP funded posts.

The table on the following page details what the Scottish Government RRTP funding was used for in year 1:

Table 1

RRTP Funding from Scottish Government YEAR 1 - 2019/20		
Action Plan Ref *	Rapid Rehousing Proposal	Annual Cost (£)
1, 2, 7	Upscaling of Housing First programme	£29,000 (1)
4	Tenancy Resettlement	£15,000 (2)
1, 3	Provision of Enhanced Starter Packs	£5,000 (3)
3	Temporary accommodation – ‘flip’ properties	£10,000
all	RRTP Coordinator post	£22,000
6	Shared Living Initiative	£12,000
all	RRTP Evaluation	£1,750
6	Evaluation of pilot Shared Living initiative	£1,250
TOTAL SPEND YEAR 1		£96,000

* Reference numbers are taken from original RRTP action plan submitted in 2019

- (1) The total annual cost of Housing First activity in Renfrewshire also included a further £100,000 from Renfrewshire Council, plus the final year of funding from The Big Lottery Fund to our partner Turning Point Scotland.
- (2) This funded an upscaling of the provision of a number of posts already deployed within the Council and RSL's to provide resettlement assistance. The 3 new temporary posts were only filled towards the end of the financial year.
- (3) This topped-up a budget of £50,000 already used for the provision of starter packs

3 Summary of year 2 progress – 2020/21

During year 2:

- we further up scaled our Housing First model to support 44 individuals via 2 different support providers, from 30 being supported in Year 1 – see 5.1
- we fully implemented our tenancy resettlement assistance initiatives using existing resources and 3 new temporary posts funded via RRTP funding – see 5.2
- 239 enhanced ‘Starter Packs’ were provided – see 5.3
- a further 16 temporary accommodation properties were ‘flipped’ from temporary to settled accommodation for homeless applicants – see 5.4
- we fully implemented our Shared Living Initiative with Simon Community Scotland to enable and promote shared living within Renfrewshire - see 5.5
- we funded 0.5 post via Say Women to provide emotional support for young women aged 16 to 25 who are survivors of sexual abuse, rape, or sexual assault - see 5.6
- we established an in-house ‘matching and resettlement team’ to enable homeless applicants to better transition from temporary to settled accommodation during the Covid-19/ Lockdown restrictions.
- all homeless services and housing support frontline staff were deemed ‘essential workers’, and risk assessments and provision of PPE ensured these workers provided assistance and support throughout the COVID19 response. All these officers were also offered COVID19 vaccinations.
- we continued with one-to-one meetings with the housing managers of Renfrewshire Council and the Registered Social Landlords to discuss key aspects of the RRTP and highlight where their contribution can support and assist in the delivery of the RRTP – especially during COVID19 crisis and recovery.
- there was an increase in the number and proportion of RSL lets to homeless applicants
- number of Council tenancies let to homeless applicants which were abandoned within a year reduced to 14, from 69 in 2019/20.
- the satisfaction rate from service users with the temporary accommodation provided increased to 94.7%, a record level.

- the average number of days spent in different types of temporary accommodation decreased from 93 days to 72 days
- the tenancy sustainment rate for homeless applicants living in settled Council tenancies for more than 12 months, increased (see page 16)

The Scottish Government provided £187,000 of RRTP funding in Year 2, and there was an unavoidable underspend carried forward from Year 1.

Whilst this is less than what was required to fully implement our RRTP, Table 2 below details how this funding was used:

Table 2

RRTP funding from Scottish Government - YEAR 2 2020/21		
Action Plan Ref *	Rapid Rehousing Proposal	Annual Cost (£)
1,2,7	Upscaling of Housing First programme	£84,000 (1)
4	Tenancy resettlement	£85,000 (2)
1, 3	Provision of enhanced starter packs	£25,000 (3)
3	Temporary accommodation – ‘flip’ properties from temp accommodation	£15,000
all	RRTP Coordinator Post	£43,000
6	Shared Living Initiative	£29,000
8	Say Women – 0.5 post	£6,000
6	Independent evaluation of ‘Shared Living’	£650 (4)
TOTAL SPEND YEAR 2		£287,650

* Reference numbers are taken from original RRTP action plan submitted in 2019

- (1) The total annual cost of Housing First was £240,000. The Council contributed £155,000.
- (2) This funded an upscaling in the number of posts with a resettlement focus within the Council and RSL's
- (3) This topped-up a Council budget of £50,000 already used for the provision of starter packs

- (4) We commissioned an independent evaluation of our pilot Shared Living initiative prior to apportioning RRTP funding for a roll out in partnership with Simon Community Scotland

In section 9 of this Review, we have detailed how funding has been allocated in Year 3.

However firstly, in sections 4 – 8, we have outlined the impact of COVID 19 on our RRTP, provided an evaluation of the RRTP related initiatives to date, and detailed the impact this has had on our original RRTP aims.

4. Homelessness and the impact of COVID-19

Nature and Scale of Homelessness in 2020/21

Number

Our RRTP provided substantial analysis on the nature, context, and scale of homelessness in Renfrewshire in recent years.

In 2020/21, we dealt with 2084 housing advice cases, which resulted in 832 homeless applications.

This was broadly in line with the previous year, and there continues to be little variation from our 5-year average figures of 2011 and 838 respectively.

As before, the largest demand is still from single applicant households, which continue to represent more than 80% of all applications.

Reasons for homelessness

When comparing the recorded main reasons for homelessness between 2019/20 and 2020/21:

- 'Asked to leave' increased by nearly 7%
- 'Dispute within household / relationship breakdown: non-violent' increased by nearly 3%

These reasons for homelessness account for more than two thirds of all homeless presentations in Renfrewshire.

There was a reduction in repeat homelessness from nearly 10% in 2019/20 to under 8%, and a significant reduction in clients presenting where they advised that they had been sleeping rough at some point during either/or the 3 months or the night preceding presentation. The former reduced from nearly 12% in 2019/20 to just over 5% in 2020/21 and the latter from just over 6% to 2.5%.

Length of time to complete duty

The average length of time to conclude duty increased from just over 23 weeks in 2019/20 to 25.55 weeks, largely as we were unable to move households from temporary accommodation into settled accommodation as quickly as before due to the impacts of COVID-19 – especially during the first lockdown at the end of March 2020.

Temporary accommodation

At the height of the pandemic, there were 257 households in temporary accommodation in June 2020 which was 35% higher than the number we would normally accommodate temporarily at one time.

As in 2019/20, we were able to offer temporary accommodation to 100% of the homeless applicants who required it.

Whilst we had to make use of Bed & Breakfast accommodation in 2020/21, service users spent no more than 9 days on average in B&B as we ensured they were moved on to more suitable, fully furnished self-contained accommodation in the community, as it became available. This is covered in the following section on the impact of COVID19

Impact of COVID-19

The impact of COVID-19 on the ability of the Council and partners to meet some of the aims and objectives of our RRTP was significant.

It particularly became more challenging to:

- achieve a stepped increase in the number of lets from both Renfrewshire Council and Registered Social Landlords,
- reduce the need for temporary accommodation,
- reduce the average length of time to conclude duty,
- maximise the benefits from initiatives like Housing First and Shared Living given the restrictions on face-to-face contact during 'lockdown'.

We had hoped to reduce both the number of temporary accommodation properties used for those who are homeless and the average length of time to conclude duty. However the pandemic required an initial increase in the provision of properties in order to meet the demand for temporary accommodation as we were unable to move service users on from temporary accommodation into settled accommodation, particularly in the early months of lockdown restrictions. This is covered in more detail in Section 5 of this Review.

The pandemic also meant reverting to using Bed & Breakfast accommodation on occasions between April 2020 until December 2020 - something we have not had to rely upon for several years. Bed & Breakfast was used on 331 occasions within this period.

In order to be able to move customers on from temporary accommodation and freeing up spaces for new service users, we developed an in-house 'matching and resettlement team' within Homeless & Housing Support Services to enable service users to be assisted to move from temporary accommodation into settled tenancies under the constraints of COVID-19 restrictions and lockdowns.

This involved a small team of officers dedicated to the 'matching' of properties to homeless applicants, and a resettlement team from Homeless Services, Housing Support and 3 new post funded via RRTP who dealt with everything from contacting utilities companies, carrying out 'virtual' property viewings and arranging the signing of tenancy agreements.

We no longer required the use of Bed & Breakfast accommodation from December 2020 onwards as a direct result of the positive impact the new dedicated 'matching and resettlement team' (and the processes they developed) had on successfully moving service users out of temporary and in to settled accommodation.

Whilst the number of statutory homeless cases for 2020/21 was comparable with the numbers we have seen over the last 5 years, there was a reduction of nearly 20% in the number of social rented lets for 2020/21 when compared to 2019/20 (see section 6)

This has been due to a number of COVID-19 and lockdown related factors such as fewer properties being made available for let, unavoidable delays in repairing empty properties, and the restrictions which made it challenging to move people to settled accommodation.

We expect that we may not yet have seen the full scale of homelessness throughout the COVID-19 crisis due to the cross-sector ban on tenancy reposessions, and we may yet see an increase in presentations from across all sectors when this is lifted, as well as an associated increase in demand for housing support.

5 Evaluation of key RRTP initiatives

Before moving on to detail the proposed expenditure in Year 3 of our RRTP, this section evaluates the impact of the RRTP initiatives to date.

5.1 Upscaling of Housing First

5.1.1 WRAP (Working to Reconnect and Achieve Potential)

Established in December 2019 in partnership with Blue Triangle Housing Association, WRAP is a short-term, flexible, wraparound Housing Support service for people who are homeless and wanting to engage with support staff in a person-centred approach to resettlement into the community, sustain their tenancy, and achieve their own outcomes.

WRAP provides support along the lines of a Housing First approach, via 3 workers employed by BTHA.

WRAP has been funded jointly from the Council's Housing Support budget, (£26k pa) and RRTP funding (£84k pa).

A total of 58 referrals were made to the service in the first year, and 32 service users are currently being supported via WRAP and benefitting from the Housing First approach that is applied.

Initial outcomes showed a significant reduction in support requirements across multiple outcome factors including, but not limited to, mental health, accommodation and self-esteem.

Findings also showed a significant improvement in service-users uptake of assistance from wider services, a reduction in re-offending and offending behaviour, and enhanced understanding of personal money matters and budgeting. See Table 4

Whilst it is early days, there are clear signs that WRAP is having a positive impact on tenancy sustainment levels.

As a result of the scale of success in the first year of operation, WRAP is being rolled forward to 2021/22.

Criteria and Referrals

Table 3 - Summary of WRAP referrals

WRAP referrals	Totals
No. of referrals received	58
Age Range	19 - 53 yrs.

WRAP referrals	Totals
Male	35
Female	17
Primary Needs - People who are homeless, requiring assistance to sustain housing	58
Secondary Needs - misusing substances	25
Secondary Needs - mental health issues	23
Secondary Needs - fleeing violence	3
Secondary Needs - leaving prison	4
Secondary Needs - people with a disability	1
Secondary Needs - not given	2

Table 4 – WRAP outcomes to the end of March 2021

Service User's Outcomes	Total
Moved to settled tenancy from homeless temporary accommodations	22
Improved engagement with health, drug and other services	32
Service users with history of convictions not re-offending	17
Increased benefit uptake and negotiated financial payments	24
Accessed Community Care Grants and starter pack items	20
Improved mental health and access to relevant services	17
Improved physical health and access to services to address physical ailments	23
Improved budgeting and financial skills	26
Improved access to training and employment	8
Increased engagement with criminal justice system	9
Improved relationship and contacts with family and friends	25

As an additional measure of support, WRAP and Housing Support Services have provided clients with mobile phones during the COVID-19 restrictions to enable them keep in regular contact with support.

Thanks to a successful funding application from one of the WRAP workers, the service has also recently been awarded 6 iPads and 6 MiFi devices from Connecting Scotland.

These resources will help clients supported by the service to stay connected with family and friends, take part in college or training and be able to carry out online tasks including applications and forms for benefits, housing, health care and finance.

"I was contacted a little while ago by an Intensive Support Worker from WRAP whom I liaised with to enable their client to register with a GP Practice.

This case was not straightforward and related to many other factors. The Intensive Support Worker worked tirelessly to support their client. I was immensely impressed by their 'stickability' to meeting their client's needs."

Quote from Health, Homelessness and Housing Lead Officer, Health & Social Care Partnership, June 2021

WRAP Case Study

M has had 2 previous homeless applications since 2016 with the most recent application in 2019 after fleeing violence from where he was sofa surfing.

M was diagnosed with schizophrenia 4 years ago and had not been stable on medication until recently. M has previous history of childhood trauma which has resulted in him being hospitalised due to suicidal ideation and attempted suicide attempts.

M was linked in to WRAP service whilst staying in temporary accommodation to receive ongoing intensive housing first type support and get linked in with mental health services.

Since engaging with WRAP, M has moved out of temporary accommodation and resettled in a tenancy which is suitable for his long-term housing needs. WRAP workers were having daily contact to set up and assist M with resettling into his tenancy to help reduce the stress and anxieties he had.

Assistance was given to deal with any mail and encouragement and practical support to go shopping for items for the home, as well as support to apply for grants to furnish his tenancy.

M has developed the skills required to sustain settled housing independently and is confident now to go food shopping and paying bills. WRAP support with an outstanding Court Case which has still to be heard, will hopefully result in an alternative to a custodial sentence.

M now has contact with WRAP support reduced to 3 times per week which is varied in the form of face to face support, text, or calls. M has been referred to Impact Arts and has been supplied with an iPad and has registered for online courses on mental health. Due to current COVID-19 restrictions, a review of M's support has been carried out over Microsoft Teams, which was positive for M.

M continues to attend mental health appointments and is stable on medication.

He is still sustaining his tenancy.

"My life before WRAP service wasn't a life, I didn't want to be alive.

WRAP has been a life saver and I'm very thankful.

*I've been with WRAP for over a year when helps been needed.
I've had help with WRAP with going shopping, doctors, psychiatrist and making me feel wanted.*

*If I didn't have help from WRAP I'd be dead, it's been a life saver.
I've got some confidence now because of help and I go to college.
My life now is getting much better thanks to WRAP I'd be lost. I get other help from CPN and Charleston Centre. I have loved the help so thank you very much 10/10"*

Quote from M

Due to initial signs of success covered in this review, WRAP is being rolled forward to 2021/22.

5.1.2 Housing First - Turning Point Scotland

A Housing First model delivered in partnership with Turning Point Scotland was established in Renfrewshire 2013.

This was the first local authority funded Housing First service in Scotland.

The service was augmented by Big Lottery Funding, which ran out in February 2020.

The service has continued with funding coming exclusively from Renfrewshire Council, and continues to support up to 15 service users at any one time.

5.2 Tenancy resettlement

Our revised approach to tenancy resettlement was developed following customer consultation and is a proactive and practical approach to help those who are homeless to establish and maintain their settled tenancy.

It has been further developed in response to the relatively low tenancy sustainment rate for Council tenancies by homeless applicants, and the number of tenancies that were subsequently abandoned.

An enhancement of tenancy resettlement assistance is seen as a key principle in meeting the overall aims of Renfrewshire's RRTP, and it became a particularly important priority during our response to COVID-19

Since April 2020, and in line with the procedures developed in response to the COVID-19 crisis, 290 service users have been assisted to settle in their new homes using existing resources from within the Council's Homeless & Housing Support Services teams, as well as 3 new temporary posts funded via Scottish Government RRTP funding allocation.

This has built on the measures already in place which had already delivered substantial improvement in tenancy sustainment – those who were homeless and sustained a Council tenancy for more than 12 months increased to 88.4% in 2020/21 from 80.4% the previous year (this figure was at 72.1% in 2015/16).

We now:

- Assist households with the practical challenges of setting up a home
- Arrange 'video / virtual' viewings during lockdown, and sign leases with new tenants at the point when they move into their new home
- Help services users to better understand their rights and responsibilities as a tenant
- Set up utilities in new tenancies and clear any debts on the meters and liaise directly with utility companies
- Co-ordinate the delivery of Community Care grant items and 'starter pack'
- Ensure all welfare benefits are in place and no rent arrears are accruing at the start of the tenancy
- Maintain regular access to advice and assistance for the service user
- Carry out tenancy 'health' checks on a quarterly basis for 1 year to help identify early warning signs
- Liaise with other agencies when concerns are highlighted
- Assist service users to engage in wider community support
- Liaise directly with local Housing Officers to support a positive working relationship and take a joint approach to deal with any emerging issues.

Feedback

When requesting feedback in the form of a satisfaction survey from service users who had been assisted via the new approach to resettlement, every one of the 28 service users who responded rated the process for 'moving on' as either 'good' or 'excellent'.

Below are just a few of the comments made about the service received:

"Just happy with the whole process. Always kept up to do date. Not one problem; very easy and not stressful. Really straight forward and really pleased with it all."

"Everyone was very pleasant; everything was fully explained. No issues. Nothing but good praise. Couldn't have went any better and really couldn't have asked for more. Really pleased."

"I was happy with the whole process. I would recommend continuing with setting up the flats prior to signings as this allowed me to move in immediately."

"I was really impressed with the whole process, made it so much easier that all my goods were in place for me when signing for the property, allowed me to move in immediately. A big thanks to all the staff involved in my case."

Case Study

J is a 42 year old man who became homeless in April 2020

This was J's fourth homeless application having been housed on each previous occasion. J never settled in any of his properties; abandoning one, not moving into the other as he had no furniture and terminating the tenancy of another when he received a prison sentence.

J suffers from anxiety, has addiction issues and has been in/out of prison since he was aged 16 years.

J was resettled in his current tenancy by staff using the new approach and comments:

"Everything was amazing. I suffer from depression, really bad mental health, and when I opened the door, it took a massive weight off my shoulders."

Everything was done, I didn't need to worry about how or when I'd get this or that. So stress free. Was overwhelmed ...massive help."

Staff were amazing. Polite and friendly. Explained anything I didn't understand. Others don't have my mind-set. Recommend this style for the future...usually don't respond well to officials but didn't feel like that, and from get go to now just been amazing, and just so thankful to everyone."

Impact of Tenancy Resettlement Assistance

The positive impacts for service users and housing providers since the introduction and enhancement of the tenancy resettlement measures are:

- enabled customers to move from temporary accommodation into permanent settled accommodation during lockdown
- Pioneered the use of 'virtual viewings' of properties via videos
- prevented customers having to stay in bed and breakfast accommodation
- staff 'took up the strain' of dealing with utility companies
- fewer abandoned tenancies for homelessness applicants – down to 14 in 2020/21 from 69 in 2019/20
- reduction in new tenant rent arrears
- improved communication with local housing officers and other partner agencies
- improved engagement with wider community-based support services
- property in move-in condition for the service user
- practical assistance available to customers
- early warning signs of possible un-sustained tenancy

5.3 Starter packs

In 2018/19, we conducted a survey of homeless service users on what items they thought were the essential items to help them effectively maintain and sustain their tenancy.

We have since in years 1 and 2, provided 239 enhanced Starter Packs based around customer feedback. The packs now include a double rather than a single bed, a microwave, a kettle, a toaster, cutlery, and plates.

We also give service users the option of having their new home 'powered up' prior to occupation. This credit allows individuals to be able to use either gas or electricity immediately and further increases the chances of the tenant smoothly moving into their settled housing, and go on to sustain the tenancy (dealing with utility companies was regularly featuring as a 'stresser' by those who had moved to new tenancies).

5.4 'Flipping' Tenancies

We currently 'flip' furnished properties on occasion from temporary accommodation to secure tenancies, when the property has already been used for over 7 years as furnished temporary accommodation for homeless applicants.

In the first 2 years of RRTP, 22 temporary accommodation properties were 'flipped' from temporary to secure tenancies – 6 in year 1 and 16 in year 2, and we intend to continue this, where feasible, in partnership with housing providers.

'Flipping' is best applied when it forms part of a planned reduction in a stock of temporary accommodation – see discussion on the reduction of temporary accommodation in Section 7.

5.5 Shared Living Initiative

The Shared Living Initiative is a flat sharing initiative between Renfrewshire Council and Simon Community Scotland designed to allow service users to self-select or match with each other via a dedicated phone app.

This empowers customers to improve their circumstances and provides opportunities to find settled accommodation. It has been designed to mitigate concerns from a landlord perspective, as well as an opportunity for individual homeless people to have the option of flat-sharing, and is a meaningful response to the mismatch between the high proportion of single person homeless households and low availability of one bedroom accommodation.

COVID-19 and the associated 'lockdowns' have made Shared Living more challenging, however we are hopeful that this will be a viable option for some of our service users in the coming years, particularly those who struggle with loneliness and isolation. Strong links have been established with Renfrewshire's Invest programme which will be a valuable resource to assist service users into training and employment.

Since it launched, 20 service users have been supported resulting in 6 Shared Living tenancies being created.

5.6 SAY Women Project

Say Women offers emotional support for young women aged 16 to 25 who are survivors of sexual abuse, rape, or sexual assault and who are homeless, or threatened with homelessness.

Through our RRTP, we funded a 0.5 post via Say Women to deliver support to service users and provide key staff in homeless / housing services with increased capacity through SAY WOMENS specialised training and consultation.

To date they have assisted 8 young women over 43 sessions and 83 welfare calls.

With continued engagement, Say Women aim to prevent repeated cycles of homelessness and increasing tenancy sustainment for the young woman they work with, and a detailed plan has been established on how the service can develop.

Quote from service-user

'I find you (SAY WOMEN worker) easy to talk to, you are not judging me but listening to what I am saying.I am realising that my past has had an effect on how I am just now, and I want to get better '

5.7 RRTP Co-ordinator

We appointed a RRTP Co-ordinator to liaise with senior officers within the Council, partner organisations as well as the Scottish Government, in order to ensure that all required agreements, services and ongoing monitoring arrangements are in place to oversee the successful delivery of Renfrewshire's Rapid Rehousing Transition Plan, within budget.

Rapid Rehousing Steering Group

We established a Rapid Rehousing Steering Group with key stakeholders, which was chaired by our Head of Housing. The aim was to assist in the delivery and implementation of the aims and objectives of Renfrewshire's Rapid Rehousing Transition Plan.

The initial meeting took place on October 2019 and it was agreed that in order to adhere to the Scottish Government RRTP guidance and Renfrewshire's 5-year Plan, there would need to be a focus on:

- an increase in the number and proportion of lets to homeless applicants
- an upscaling of Housing First and other tenancy resettlement and sustainment measures
- a reduction in the length of time homeless applicants stay in temporary accommodation

We committed to presenting an agreed 'dashboard' of all key performance areas that the steering group would monitor in order to track the impact of Renfrewshire's Plan.

It was highlighted that Renfrewshire has more than 80% of homeless applicants seeking 1 bedroom type accommodation, and agreed that some of the RSLs may need to review their allocation process in order to increase offers/lets.

Simon Community Scotland and Blue Triangle Housing Association delivered presentations to all stakeholders on their support services, and virtual meetings will continue in 2021.

Joint approach

We established one-to-one meetings with the senior housing managers of Renfrewshire Council and the Registered Social Landlords to discuss key aspects of the RRTP and highlight/agree where their contribution could assist in the delivery of the RRTP. This involved producing and sharing individual, tailored reports for each stakeholder.

6. Lets to those who are homeless

Introduction

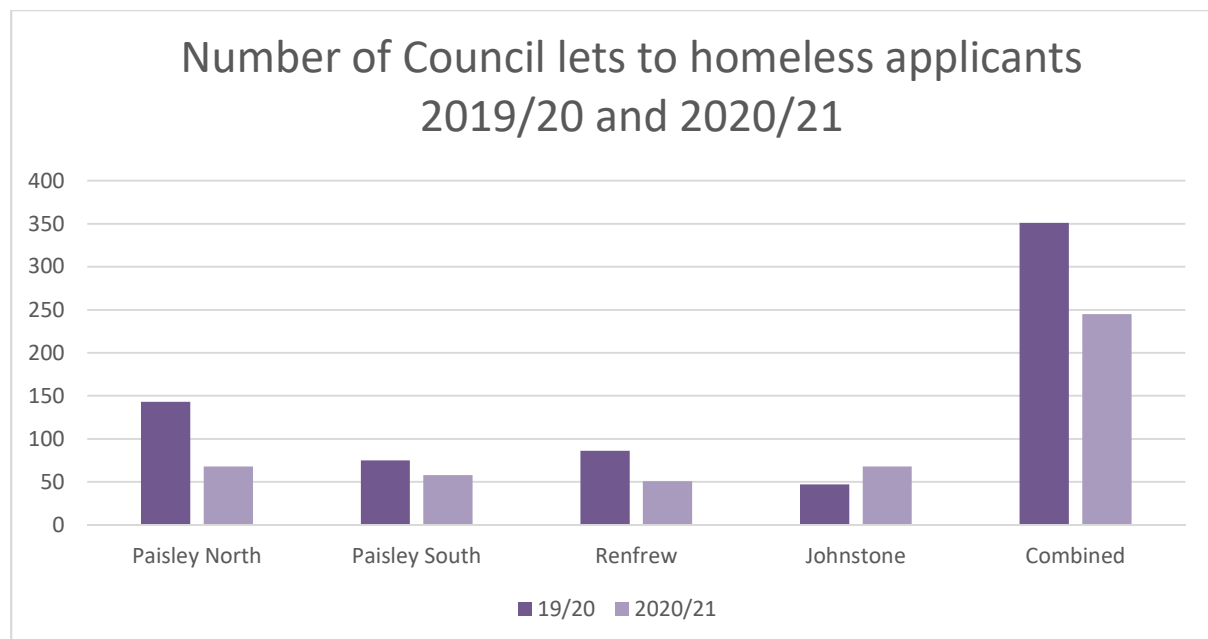
In the 5-year RRTP for Renfrewshire, it was highlighted that **a stepped increase in the number and proportion of social rented lets to those who were statutorily homeless** would be a key factor in meeting the objective of providing a settled mainstream housing outcome, with support, as quickly as possible.

Table 5 below compares the number of Council lets to homeless applicants in 2020/21 against 2019/20

In 2019/20, the Council made 351 lets to homeless applicants. In 2020/21 the figure was 245 - 106 fewer lets.

This reduction of 106 lets was due to the impact of COVID-19 / lockdown restrictions.

Table 5

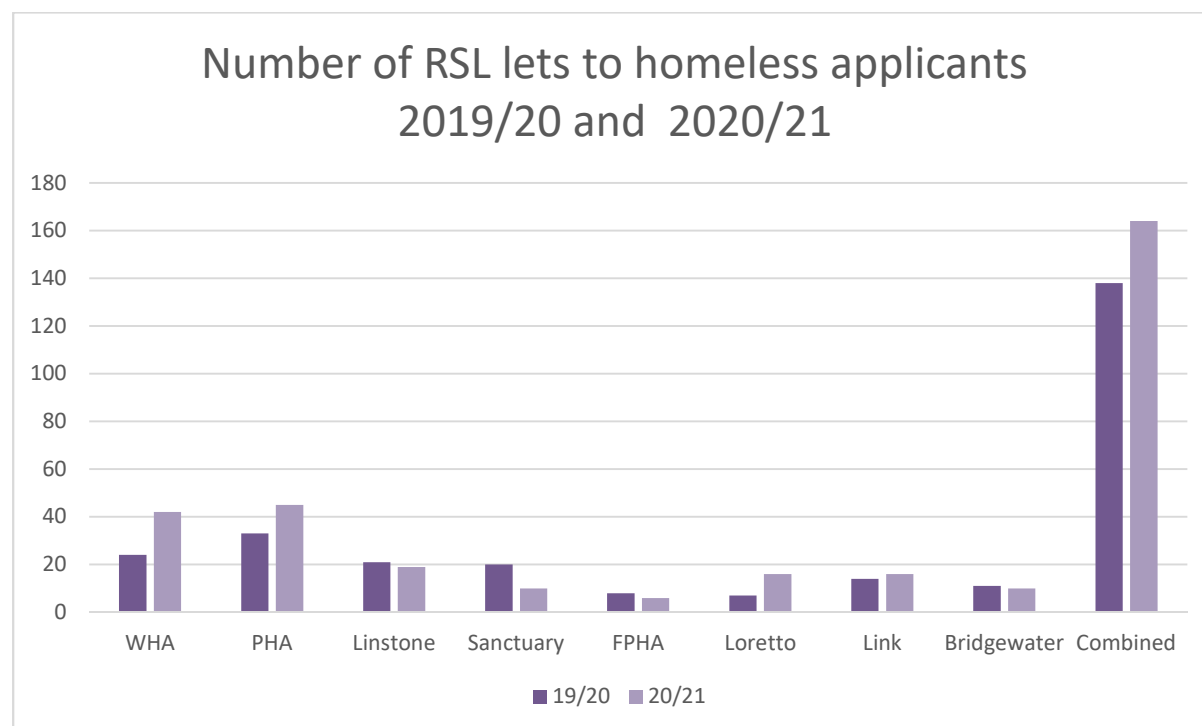


Source – Renfrewshire Council house allocation records

Table 6 compares the number of RSL lets to homeless applicants in 2019/20 and 2020/21.

In 2019/20, RSLs made 138 lets to homeless applicants, in 2020/21 the figure was 164 - an increase of 26 lets. Paisley Housing Association and Williamsburgh Housing Association were mainly responsible for this net increase.

Table 6



Source – Records provided by RSL's

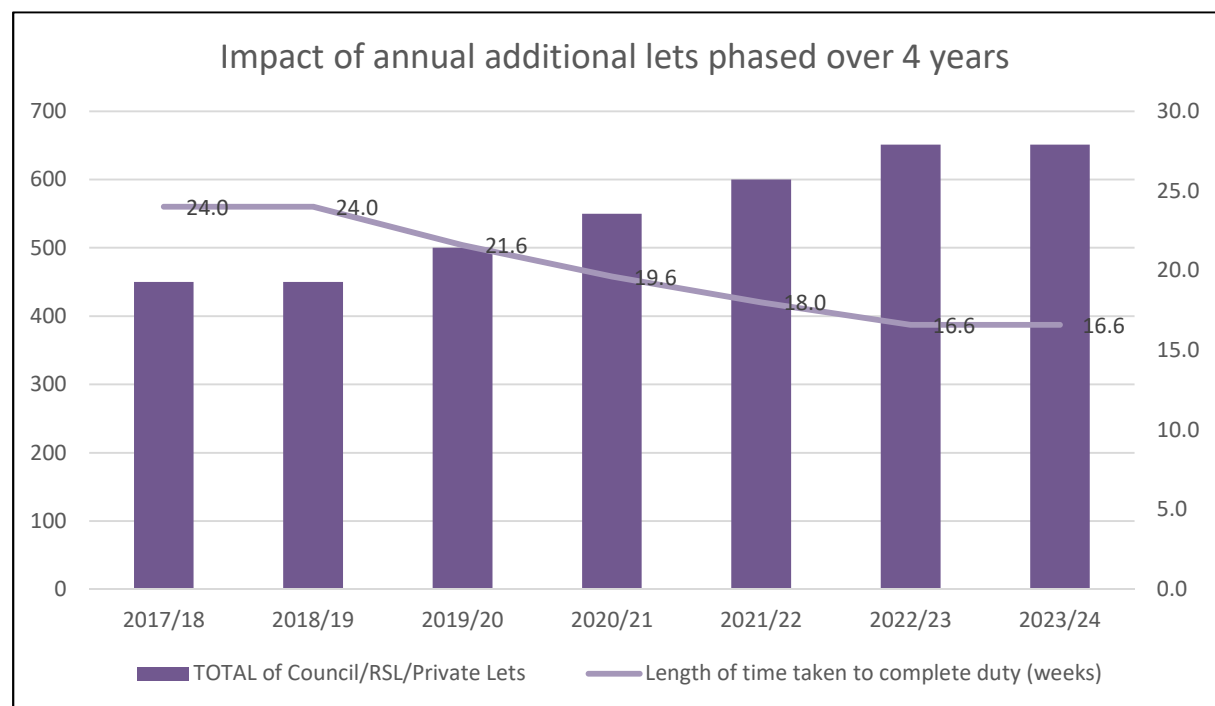
The combined total number of Council and RSL lets for 2019/20 and 2020/21 has been 489 and 409 respectively.

Our forecast via the RRTP Data and Analysis Template completed in 2019, was that 455 and 600 social rented lets in Years 1 and 2 would be required in order to deliver a noticeable improvement.

We also modelled in our original RRTP 2019 – 2024, how the relationship between **a stepped increase in the number of lets** could impact on **a reduction in the length of time to conclude duty**.

In the model, reproduced on the next page, we showed the impact of a gradual increase in the annual number of lets (approximately 10% each year) spread over the 5 years of the RRTP.

Table 7



Source: Renfrewshire's RRTP 2019 – 2024

The impact on the average length of time a household would be homeless is that it reduces gradually from **24 weeks** (which was already considerably below the Scottish average) to **16.6 weeks** by 2023/24.

The impact of COVID-19 in Year 2 (2020/21) has been covered in section 4 of this paper, and it will be challenging for the number / proportion of lets to those who are homeless to increase sufficiently to make up for the lower number of lets in 2020/21, however this will be closely monitored by the RRTP Steering Group.

Impact of Renfrewshire Council's Regeneration Programme in years 3 – 5

A substantial Regeneration Programme covering a large proportion of Renfrewshire Council's housing stock will commence in 2021/22.

This will include some demolition of stock and have an impact on the demand for accommodation for those who are moved / decanted.

Close liaison with the Regeneration team will help minimise the impact this may have on the implementation of this RRTP in terms of available Council lets.

7. Temporary accommodation

It was made clear in our RRTP how the fluctuating nature of the demand for temporary accommodation can present challenges.

It requires significant effort, planning and resourcing to meet the high standards we place on delivering on the duty to provide temporary accommodation for those who are homeless, in terms of the location, type, and quality of the properties, and how they are managed.

We have never used hostels in Renfrewshire, and all our temporary accommodation properties already met the vision set out within the RRTP Guidance, which was:

‘the optimum type of temporary accommodation is mainstream, furnished and within a community.’

At the time of producing our RRTP, we had a total stock of 233 temporary accommodation properties, and B&B had not been used for a number of years.

Table 8 Comparison of temporary accommodation type / number 2019 - 2021

Accommodation Type	Location	Accommodation provider	No. of properties 2019	No. of properties June 2020	No. of properties April 2021
Local Authority owned furnished flats	across R/shire	Renfrewshire Council	116	136	124
Households placed in B&B	Paisley	B&B proprietors	0	25 placements	0
RSL owned furnished flats	across R/shire	Various RSL's	24	30	31
Local Authority owned supported accommodation	1 location in Paisley	Renfrewshire Council	16	16	16
RSL owned supported accommodation	Paisley and Renfrew	Williamsburgh HA Sanctuary HA Loretto HA * Paisley HA	42	37	37

Accommodation Type	Location	Accommodation provider	No. of properties 2019	No. of properties June 2020	No. of properties April 2021
Local Authority owned staffed accommodation	2 locations in Paisley	Renfrewshire Council	33	33	33
Private sector leased – furnished	Paisley	Private landlords	2	2	2
TOTAL			233	279	243

* this supported accommodation no longer provided.

As can be seen in the table above, the current stock is 243 properties.

This overall increase of 10 properties is due to the increased demand for temporary accommodation at the commencement of COVID-19 lockdown restrictions, and the associated drop in the movement of homeless applicants from temporary to settled accommodation at that time.

Indeed, we had to increase our stock to a peak of 257 properties by June 2020 and use B&B accommodation during the early stages of COVID-19.

Temporary Accommodation – Review of 5 Year Vision / Projections

At the time of submitting our RRTP, we anticipated that the **overall capacity for temporary accommodation could reduce from an overall stock of 233 units to 177 units by year 5** - and this would be achieved by a combination of:

- A phased increase in the number of lets to homeless applicants
- The introduction / enhancement of the range of support improvements and innovations detailed in the RRTP action plan

We believe that we can get largely back on track as regards a reduction in temporary accommodation, provided the recovery from COVID-19 proceeds smoothly.

Our projections for each of the temporary accommodation property types are now:

Local authority and RSL owned furnished flats

We propose a reduction in the number of properties from the current level of 155 properties to 121 by 2024, which was the Year 5 figure in our original RRTP.

All properties will remain at our existing high standard, continue to be fully furnished and spread throughout communities amongst mainstream social rented housing.

Supported Accommodation

This has already reduced from 58 properties to 53.

We estimated that this could reduce to 40 properties by 2024, and the 'flow' of applicants requiring this accommodation by year 5 could drop from 191 in 2017/18 to 133.

This was however based on a costed proposal to upscale our capacity for Housing First from 20 to around 65 - 80 individuals using RRTP funding. To date, the RRTP funding has not been sufficient to allow such an increase.

We are currently assessing what the need for supported accommodation may be by year 5.

Staffed Accommodation

Will reduce from 33 properties to 16 properties

In our original RRTP, we envisaged a reduction to 24 properties.

This will be delivered by a planned closure of one of our existing staffed accommodation units. In our original plan, we envisaged replacing this with a smaller 8-10 person project for service users with the most complex needs, however we now believe that this may not be required.

An increase in the number/proportion of lets to homeless applicants, and increase in the capacity of housing first initiatives, as well as the sustained enhancement of our resettlement service will reduce the number of repeat homeless cases that often rely on our direct access staffed accommodation.

Bed & Breakfast

We ceased using B&B as a form of temporary accommodation for a number of years however, in line with many other local authorities, the COVID-19 pandemic regrettably meant we were left with no option but to use this form of temporary accommodation for a period.

We have however once again ceased our reliance on B&B and remain committed to the position that it is not a suitable form of temporary accommodation and with the anticipated increase in lets over the coming years from housing providers and a joint effort to enhance services that prevent homelessness via this RRTP, we believe that we can return to the position that B&B is no longer used from Year 3 onwards.

Satisfaction with temporary accommodation

We continually seek the views of those who are placed in all forms of temporary accommodation.

In 2020/21, the proportion of homeless applicants satisfied with their temporary accommodation increased to 94.7% from 90.8% the previous year. The figure was 74.5% in 2015/16.

8. Support needs

Our 5-year RRTP provided an analysis of support needs, in line with the Guidance provided at that time.

The impact COVID-19 has had on homelessness has been considerable, as has been highlighted throughout this Review, and the impacts on support needs has similarly been significantly affected.

In many respects, we believe the scale of the demand for support may not become fully known until we are further into the COVID-19 recovery period.

As well as co-ordinating (and partly funding) the housing first related initiatives detailed in Section 5, and participation in the collective tenancy resettlement initiative, our Housing Support Team responded to COVID-19 crisis by carrying on meeting with those service users in greatest need (with appropriate risk assessments and provision of PPE), and making deliveries of food and essential items to those staying in B&B, as well as distributing food etc. which had been donated.

The range of initiatives already in place, which were detailed in our original RRTP (e.g. Make it Your Own in association with Impact Arts) also continued throughout.

The transition to rapid-re-housing involves a crucial shift in focus away from 'tenancy readiness' for the provision of settled housing with support, and our experience from years 1 and 2 provides reassurance that we have moved some way to adopting this change in approach.

We are currently re-assessing our forecast of the scale and severity of support needs during the COVID-19 recovery period, whilst continuing to upscale housing first related projects, expand the range of housing support providers operating in Renfrewshire, and working with Renfrewshire's Alcohol & Drug Commission Programme Board throughout 2021 on measures which may help those who are homeless or in housing need.

9. Year 3 proposals – 2021/22

The Scottish Government funding allocation for year 3 has recently been confirmed as £190,000, and our unavoidable 'carry forward' from Years 1 and 2 is £148,850.

We anticipate we will be able to fully fund the initiatives set out in the table below:

Table 9

YEAR 3 - 2021/22		
Action Plan Ref *	Rapid Rehousing Proposal	Annual Cost (£)
1,2,7	Housing First programme	£147,000 (1)
4	Tenancy resettlement & RRTP Coordinator	£160,000 (2)
1,3	Provision of enhanced starter packs	£20,000 (3)
3	Use of temporary accommodation – 'flip' properties from temp accommodation	£10,000
6	Shared Living Initiative	£31,000
8	Say Women initiative	£17,000
5	Rough sleepers evaluation	£2,000 (4)
TOTAL ESTIMATED COST YEAR 3		£387,000

* Reference numbers are taken from original RRTP action plan submitted in 2019

- (1) The total annual cost of Housing First will be £250,000. The Council will contribute over £100,000
- (2) This will fund an upscaling of the in-house provision of a number of posts already deployed within the Council and RSL's
- (3) This topped-up a budget of £50,000 already used for the provision of starter packs
- (4) We intend to carry out a brief evaluation of rough-sleeping within the Renfrewshire area to determine the extent, and impact of Covid19.

Over and above this, we will in partnership with Renfrewshire Health & Social Care Partnership offer COVID vaccinations to all homeless applicants living in emergency / temporary accommodation, and look to de-commission the staffed accommodation at Thrushcraigs (see page 25), as well as continue with a number of initiatives funded from mainstream Council budgets.

A stepped increase in the number and proportion of social rented tenancies allocated to homeless applicants is required in order to reduce the time those who are homeless spend in temporary accommodation.

10. Years 4 and 5 (2022/23 – 2023/24)

As highlighted in section 4, we expect that we may not yet have seen the full scale of homelessness throughout the COVID-19 crisis due to the cross-sector ban on tenancy repossessions and any impact following the ending of furlough arrangements.

It may well be the case that we will see an increase in presentations from across all sectors, as well as an associated increase in demand for housing support.

These unknown factors could adversely impact on our proposed plans, the ability to reduce average length of time to conclude duty and being able to reduce our stock of temporary accommodation.

There is the potential we could find ourselves in a similar or worse situation that we faced at the start of lockdown in March 2020 if homelessness, need for temporary accommodation and demand for housing support all increase.

This is something that will obviously be very closely monitored.

Regardless, there is a strong belief that the original RRTP plan remains relevant and the full range of costed initiatives within the 5-year plan are still required.

11. Summary and conclusions

- 1 There has been significant progress in implementing Renfrewshire's 5-year RRTP.
- 2 Funding from the Council and annual allocations of funding from the Scottish Government have been deployed for measures which are in line with the priorities within Renfrewshire's 5-year RRTP.
- 3 There is substantial evidence of innovative partnership working, and a range of new measures in place to prevent homelessness and meet the needs of those who have nowhere to stay.
- 4 The use of Housing First has been up scaled from 18 service users to 44, using both RRTP and Council funding.
- 5 Collective effort to resettle homeless applicants from temporary accommodation to settled tenancies during COVID19 restrictions was successful.
- 6 Tenancy sustainment figures show an increase in the proportion of homeless applicants who go on to sustain a Council tenancy for at least 12 months to 88.4% in 2020/21, from 80.4% the previous year. This figure was 72.1% in 2015/16.
- 7 Reduction in 'repeat homelessness' from nearly 10% in 2019/20 to under 8%.
- 8 Temporary accommodation is still being provided in the form of furnished mainstream flats in the community – the optimum type according to the Scottish Government RRTP Guidance. The recorded satisfaction level has increased to 94.7% in 2020/21 from 90.2% in 2019/20.
- 9 Average number of days in all types of temporary accommodation has reduced from 93 days to 72 days.
- 10 A stepped increase in the number of social rented lets to homeless applicants is required in years 3 – 5 of our RRTP
- 11 COVID-19 has had a significant impact on the response to homelessness, lets to those who are homeless, the provision of temporary accommodation and meeting support needs. The full scale of the impact is likely to become clearer during 2021/22.

10 Contact us

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