

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

Date	Time	Venue
Friday, 28 January 2022	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: John Matthews: Frank Shennan: Ann Cameron Burns: Karen Jarvis: Dr Shilpa Shivaprasad: Lisa Cameron: Diane Young: Alan McNiven: Fiona Milne: Stephen Cruickshank: John Boylan: Annie Hair: Dr Stuart Sutton: Christine Laverty: Sarah Lavers: John Trainer.

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

Recording of Meeting

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

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

Recording

https://youtu.be/dMJfa22G_bw

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

- | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1 | Minutes

Minute of meeting of the Integration Joint Board (IJB) held on 19 November 2021 and Minute of special meeting of the IJB held on 14 January 2022. | 5 - 16 |
| 2 | Interim Chief Officer

Report by Clerk. | 17 - 18 |
| 3 | Membership Update

Report by Clerk. | 19 - 20 |
| 4 | Update on COVID-19 Emergency Governance Arrangements

Report by Interim Chief Officer. (not available - copy to follow) | |
| 5 | Rolling Action Log

IJB rolling action log. | 21 - 22 |
| 6 | Chief Officer's Report

Report by Interim Chief Officer. | 23 - 32 |
| 7 | Chief Officer's Operational and Policy Briefing

Report by Interim Chief Officer. | 33 - 46 |
| 8 | Financial Report 1 April to 30 November 2021

Report by Chief Finance Officer. | 47 - 74 |
| 9 | NHSGGC Specialist Children's Services Mental Health Recovery and Renewal - CAMHs Funding

Report by Head of Health and Social Care. | 75 - 90 |

- | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 10 | Winter Planning and System Pressures: Funding Proposals
Report by Head of Health and Social Care. | 91 - 100 |
| 11 | NHSGGC Mental Health Strategy - Update on Implementation of Action 15
Report by Interim Head of Mental Health, Addiction and Learning Disability Services. | 101 - 110 |
| 12 | Climate Change Duties
Report by Head of Strategic Planning and Health Improvement. | 111 - 132 |
| 13 | Date of Next Meeting
Note that the next meeting of the IJB will be held at 10.00 am on 25 March 2022. | |



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

Date	Time	Venue
Friday, 19 November 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, 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); Fiona Milne (unpaid carer residing in Renfrewshire); Stephen Cruickshank (service user residing in Renfrewshire); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Lavery, Interim Chief Officer (Renfrewshire Health and Social Care Partnership) and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership).

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services officer (both Renfrewshire Council); and 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), Amanda Kilburn, Finance Business Partner, James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, John Miller, Communications Manager and Karen Hanley, Team Manager (all Renfrewshire Health and Social Care Partnership).

Chair

John Matthews, Chair, presided.

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.

Apologies

Margaret Kerr (for lateness) and Dorothy McErlean (both Greater Glasgow & Clyde Health Board); John Boylan (Trade Union representative for Council) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Declarations of Interest

Councillor Hughes declared an interest in items 7 and 10 of the agenda as she was Chair of the Board of Renfrewshire Leisure Limited. However, as she was not conflicted by the items, she did not consider it necessary to leave the meeting.

1 Minutes

The Minute of the meeting of the Integration Joint Board (IJB) held on 17 September 2021 and the Minute of the special meeting of the IJB held on 29 October 2021 were submitted.

DECIDED: That the Minutes be approved.

2 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the rolling action log be noted.

3 Timetable for Expiry and Renewal of IJB Memberships

The Clerk submitted a report relative to the expiry of the period of membership of members of the IJB.

The report intimated that the membership of the IJB was split between voting members and non-voting members and the group of non-voting members was further divided into different categories to which different rules on period of membership applied.

The Schedule to the report set out when the appointment of each of the current members of the IJB was due to expire. As the majority of the non-voting members in category 3 were appointed by the IJB on 23 November 2018, their membership required to be renewed prior to 22 November 2021. It was noted that the appointing bodies of those non-voting members had expressed an interest for future representation for their organisation on the IJB for the next three years. Members were advised that Lisa Cameron would replace Louise McKenzie as the Council Staff Member on the IJB.

Following discussion, the Interim Chief Officer intimated that substitute members would now be invited to attend all future development sessions.

DECIDED:

(a) That the dates for expiry of membership of each of the current IJB members as set out in the Schedule to the report be noted;

(b) That the IJB confirm that those non-voting members appointed by the IJB who fall to be reappointed by 22 November 2021 be reappointed for a period of three years;

(c) That it be noted that Dorothy McErlean would retire from NHSGGC on 31 December 2021 and that the NHS Board would confirm the appointment of a RIJB non-executive member;

(d) That it be noted that Lisa Cameron would replace Louise McKenzie as the Council Staff Member on the IJB; and

(e) That the Interim Chief Officer make arrangements for substitute members to be invited to all future development sessions.

Valedictory

At this point in the meeting Councillor Cameron, on behalf of the IJB, wished Dorothy McErlean best wishes for her retirement and thanked her for the assistance and advice provided to elected members since joining the IJB in 2017.

Prior to consideration of the following item of business, the Head of Health and Social Care (Paisley) provided members with an update on the Disability Resource Centre which had been damaged by fire during the night. Investigations were ongoing and that service users and carers had been advised. She further advised that the outreach work would continue and the HSCP was working with partners to establish if other premises were available to allow a building-based service to be offered to service users. All members of staff had been advised of the situation and further communication would be issued to all service users.

4 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 17 September 2021.

The report provided detail in relation to the vaccination programmes; care homes; the COVID assessment centre; operational services; HSCP strategic and operational updates; the financial planning process for 2022/23 and future years; staffing pressures; business continuity; the Scottish Government letter on winter planning; the review of administration and business support; and the IJB response to the National Care Service consultation.

DECIDED:

(a) That the COVID updates, particularly the continued progress in rolling out the COVID booster and winter flu vaccination programmes, as detailed in sections 3 to 6 of the report, be noted;

(b) That the operational service updates, including the awaited decision from Renfrewshire Council CMT on the reopening of the Falcon Day Centre and the Disability Resource Centre on a limited capacity basis in early November 2021, as detailed in section 7 of the report, be noted;

(c) That the update on the delivery of agreed savings and the process being developed by the HSCP to support financial planning for 2022/23 and future years, as detailed in section 8 of the report, be noted;

(d) That the further strategic updates provided by the HSCP describing ongoing actions undertaken by the Partnership to address resource constraints arising through current vacancies; further development of Winter Plans, including guidance received from the Scottish Government; and progress on the review of administration and business support, as detailed in sections 9 to 12 of the report, be noted;

(e) That the IJB's submission of a response to the consultation on proposals for a National Care Services, as detailed in section 13 of the report, be noted; and

(f) That the update provided by the Head of Health and Social Care (Paisley) relative to the Disability Resource Centre be noted and that members be provided with regular updates.

Sederunt

Margaret Kerr joined the meeting prior to consideration of the following item of business.

5 Financial Report 1 April to 30 September 2021

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

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

The IJB year-to-date position, including the impact of COVID-19 funding, was an underspend of £606,000 and the projected outturn for 2021/22 was an underspend of £1,187,000. It was noted that the current projections assumed that once all COVID-19 related earmarked reserves had been fully utilised, any remaining balances would be fully funded by the Scottish Government.

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

The report provided information on responding to the COVID-19 pandemic; the current vacancy position; Scottish Government funding 2021/22; other delegated services; reserves; the 2021/22 Scottish Living Wage; and the National Care Home Contract 2021/22.

Appendices 1 to 5 of the report detailed the revenue budget position of the HSCP, Adult Social Care, Health and Renfrewshire Council other delegated services; Appendices 6 and 7 to the report provided a reconciliation of the main budget adjustments applied this current financial year; Appendix 8 to the report detailed the Scottish Government funding streams; Appendix 9 to the report detailed the movement in reserves; and Appendix 10 to the report detailed the vacancy position for the HSCP as at 15 October 2021.

DECIDED:

- (a) That the in-year position as at 30 September 2021 be noted;
- (b) That the projected year-end position for 2021/22 be noted; and
- (c) That the current estimated financial assessment of the consequences of the COVID-19 pandemic for 2020/21 be noted.

6 **IJB Audited Annual Accounts 2020/21**

Under reference to item 7 of the Minute of the meeting of the IJB held on 25 June 2021, the Chief Finance Officer submitted a report relative to the audited annual accounts for the IJB for 2020/21, a copy of which was appended to the report.

The report intimated that Audit Scotland had provided an audit opinion which was free from qualification. It was noted that Audit Scotland had also submitted a report to the IJB Audit, Risk and Scrutiny Committee held on 12 November 2021 which detailed matters arising over the course of the audit.

Councillor Hughes, as Chair of the IJB Audit, Risk and Scrutiny Committee, advised that the Audit, Risk and Scrutiny Committee recommended approval of the audited accounts 2020/21 for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014. Councillor Hughes thanked the Chief Finance Officer and her team and the team from Audit Scotland for the work undertaken and the collaborative approach taken to ensure the accuracy and quality of the accounts.

DECIDED: That the audited annual accounts 2020/21 be approved for signature in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

Declaration of Interest

Councillor Hughes, having declared an interest in the following item of business, remained in the meeting.

7 **Strategic Plan 2022/25: Update on Approach and Progress**

Under reference to item 6 of the Minute of the meeting of this Joint Board held on 17 September 2021, the Head of Strategic Planning and Health Improvement submitted a report providing an update on the progress made by the HSCP in developing the IJB's Strategic Plan 2022/25.

The report provided a consultation draft of the Strategic Plan which had been developed for the IJB's review and approval. It was noted that, subject to approval, a period of formal consultation would be undertaken with prescribed consultees and key stakeholders during December 2021 and January 2022 to test the draft Strategic Plan and obtain further feedback. Following this consultation, a final draft of the Strategic Plan would be developed, incorporating feedback received, as appropriate, and submitted to the IJB for approval in March 2022.

Members thanked the Head of Strategic Planning and Health Improvement and her team for the partnership work and meaningful engagement being undertaken; for involving carers in consultation processes and for listening to them and valuing their input; and for developing a plan in which partners were seen all the way through, highlighting that the IJB did not only involve the NHS and Renfrewshire Council but also third and voluntary sectors.

DECIDED:

- (a) That the consultation draft of the Strategic Plan be approved; and
- (b) That the consultation plan to be taken forward, which set out the engagement process to be followed during the formal consultation period, be approved.

8 Performance Management Mid-year Report 2021/22

The Head of Strategic Planning and Health Improvement submitted a report relative to the Performance Management Mid-year Report 2021/22 covering the period April to September 2021. The full scorecard which updated all performance measures was appended to the report.

The report intimated that there were 57 performance indicators of which 39 had targets set against them. Performance status was assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target. At the mid-year point, the scorecard detailed the status of the 39 indicators which had targets set against them and it was noted that 12 had red status, 7 had amber status and 20 had green status.

It was noted that paragraph 6.1 of the report should read “Performance at September 2021 for the percentage of children seen within 18 weeks for paediatric Speech and Language Therapy assessment to appointment (Outcome 4) was 52.4% down from 63% at March 2021.”

DECIDED: That the Performance Management Mid-year Report 2021/22 for Renfrewshire HSCP be approved.

9 Annual Report of the Chief Social Work Officer 2020/21

The Chief Social Work Officer submitted a report relative to the 2020/21 annual report by the Chief Social Work Officer (CSWO). In Renfrewshire this role was held by the Head of Child Care and Criminal Justice, Renfrewshire Council.

The report provided an overview of the role of the CSWO, outlined local governance arrangements for the discharge of the functions of the post, highlighted key areas of activity of the CSWO locally, provided an overview of activities undertaken by social work services and identified key priorities for 2021/22.

A copy of the annual report by the CSWO was appended to the report. The report intimated that the scope of the CSWO role covered all social work and social care services, whether provided directly by the local authority, or in partnership with others, including the health and social care partnership. Where these services were purchased or commissioned from external providers, the CSWO had responsibility to advise on the specification, quality and standards of services commissioned.

DECIDED:

- (a) That the key activities outlined in the CSWO annual report be noted;
- (b) That it be noted that the CSWO annual report had been submitted to the Office of the Chief Social Work Advisor at the Scottish Government; and

(c) That it be agreed that the CSWO annual report for 2021/22 be presented to the IJB in Autumn 2022.

Declaration of Interest

Councillor Hughes, having declared an interest in the following item of business, remained in the meeting.

10 Renfrewshire Children's Services Partnership Plan 2021/24

The Chief Social Work Officer submitted a report relative to the Renfrewshire Children's Services Partnership Plan 2021/24 which provided details of the plan which had been produced in line with the joint statutory duty of local authorities and health boards.

The report intimated that the plan was framed around a joint vision that "Renfrewshire's children are happy, healthy, safe and thriving" and four outcomes, informed by a needs assessment, which partners wanted to achieve for the children and young people of Renfrewshire.

The report also intimated that partners would continue to monitor their own single-agency plans, which included many initiatives which also contributed to the four outcomes identified in the Children's Services Plan and that these contributions would be reflected as part of the monitoring and reporting process.

The report advised that the circumstances for children and families might change further as supports such as the UK government furlough scheme were wound down and the economy moved into a recovery phase. As such, it was expected that the plan might need a significant refresh for its second and third years should new priorities emerge as a result of the social and economic impact of COVID-19.

The Renfrewshire Children's Services Partnership Plan 2021/24 formed Appendix 1 to the report and a shorter and more accessible version, mirroring the plan on a page approach used for the 2018/21 plan, formed Appendix 2 to the report.

DECIDED:

(a) That it be noted that the plan had been submitted to the Scottish Government in June 2021;

(b) That the Renfrewshire Children's Services Partnership Plan 2021/24, attached as Appendix 1 to the report, be homologated; and

(c) That the plan on a page, attached as Appendix 2 to the report, be noted.

11 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 28 January 2022.

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

Date	Time	Venue
Friday, 14 January 2022	10:00	Remotely by MS teams,

Present

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

In Attendance

Ken Graham, Head of Corporate Governance (Clerk) and Elaine Currie and Robert Devine, both Senior Committee Services Officers (all Renfrewshire Council); Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager and John Miller, Communications Manager (all Renfrewshire Health and Social Care Partnership) and Aimee MacDonald, Senior Auditor (Audit Scotland).

Chair

John Matthews, Chair, presided.

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.

Apology

Annie Hair (Trade Union representative for Health Board).

Declarations of Interest

There were no declarations of interest intimated prior to commencement of the meeting.

The Chair welcomed Ann Cameron-Burns and Lisa Cameron to their first meeting of the IJB.

1 COVID-19 Emergency Governance Arrangements

The Clerk submitted a report providing an update on the current position following the emergence of a new variant of coronavirus, Omicron, in November 2021, which with very high transmission rates had already become the dominant variant of COVID-19 within Scotland.

The report sought delegated authority to the Interim Chief Officer, in consultation with the Chair and Vice Chair of the Integration Joint Board (IJB), to make urgent decisions where those decisions could not wait until the next scheduled meeting of the IJB to ensure that Renfrewshire Health and Social Care Partnership (HSCP) could take swift action to respond to the rapidly changing position.

The report intimated that the HSCP was continuing to deploy resources to where they were needed most, taking an informed, risk-assessed approach which could flex and adapt to changing circumstances and detailed the immediate priorities. The report noted that governance arrangements had been reviewed to ensure the IJB could respond to evolving circumstances.

DECIDED:

(a) That the existing situation with regard to the impact of the Omicron variant of COVID-19 on services provided by Renfrewshire HSCP be noted;

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

(c) That it be agreed that a report would be brought to the next scheduled meeting of the IJB on 28 January 2022 setting out the decisions taken by the Interim Chief Officer under the delegated powers authorised in this report.

To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Clerk

Heading: Interim Chief Officer

1. Summary

- 1.1 The purpose of this report is to ask the Integration Joint Board to ratify the extended appointment of Christine Lavery as Interim Chief Officer for a further period until 31 March 2022.

2. Recommendation

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

3. Background

- 3.1 In terms of Section 10 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board is required to appoint as a member of staff, a Chief Officer.
- 3.2 A report to the IJB on 25 June 2021 advised that following a selection process the Appointment Panel decided to appoint Christine Lavery, one of the Health and Social Care Partnership's Heads of Service as Interim Chief Officer for a period of six months beginning on 28 June 2021.
- 3.3 At that meeting, the IJB ratified the appointment of Christine Lavery as Interim Chief Officer and noted that the Interim Chief Officer would be a member of the IJB.
- 3.4 The chief executives of Greater Glasgow and Clyde Health Board and Renfrewshire Council have agreed to extend Christine Lavery's appointment as Interim Chief Officer from 29 December 2021 until 31 March 2022. This extended appointment requires to be ratified by the IJB and as such it be noted that Christine would continue to be a member of the IJB until that date.

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.

Author: Elaine Currie, Senior Committee Services Officer
elaine.currie@renfrewshire.gov.uk
0141 618 7111

To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Clerk

Heading: Membership Update

1. Summary

- 1.1 At the meeting on 19 November 2021 the Integration Joint Board considered a report regarding the expiry of the period of membership of a number of its members.
 - 1.2 When considering the report, the meeting noted that Dorothy McErlean, a voting member of the IJB, would retire from NHSGGC on 31 December 2021 and that the NHSGGC Board would confirm the appointment of a non-executive director to Renfrewshire IJB. Further that Dr Shilpa Shivaprasad's membership of the IJB would expire on 22 February 2022.
 - 1.3 The NHSGGC Board has intimated that Ann Cameron Burns has been appointed as a voting member of Renfrewshire IJB with effect from 1 January 2022 replacing Dorothy McErlean. It is for the IJB to confirm the appointment.
 - 1.4 It is also proposed that Ann Cameron Burns be appointed to the IJB Audit, Risk and Scrutiny Committee as one of the Health Board voting members.
 - 1.4 As yet no confirmation has been received regarding the reappointment or replacement for Dr Shilpa Shivaprasad. A further report will be submitted to the next meeting of the IJB scheduled to be held on 25 March 2022.
-

2. Recommendations

- 2.1 That the IJB confirm that Ann Cameron Burns be appointed as a voting member of the IJB for NHSGGC with effect from 1 January 2022 for a period of three years;
 - 2.2 That Ann Cameron Burns be appointed to the IJB Audit, Risk and Scrutiny Committee as one of the Health Board voting members; and
 - 2.2 That it be noted that a further report would be submitted to the next meeting of the IJB to be held on 25 March 2022 regarding the reappointment or replacement for Dr Shilpa Shivaprasad with effect from 22 February 2022.
-

Implications of the Report

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

List of Background Papers – none.

Author: Elaine Currie
elaine.currie@renfrewshire.gcsx.gov.uk
0141 618 7111

IJB Rolling Action Log – 28 January 2022

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
25/06/21	Development of an Interim Workforce Plan 2021/22	Submit updates on progress in delivering actions to future meetings Submit draft workforce plan for 2022/25 for approval	Interim Chief Officer Interim Chief Officer	July 2022	Revised timeline set by Scottish Government is July 2022.
17/09/21	Unscheduled Care Commissioning Plan Update	Submit further update on the draft Design & Delivery Plan including the financial framework		end of 21/22	



To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Interim Chief Officer

Heading: Chief Officer's Report

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity, including the HSCP's operational response to COVID-19. The report focuses on developments and activity since the last IJB on 19 November 2021.
- 1.2. The paper provides further detail for the IJB on the impacts of the new Omicron variant which was first observed in southern Africa and is now present in Scotland and globally, including the changes to guidance and restrictions which have since been implemented.
- 1.3. The new variant of Omicron, whilst believed to be less severe than previous variants, is more highly transmissible and this has translated into a significant increase in infection numbers in Renfrewshire and across Scotland. Over the festive period and into January, this increased level of infection has resulted in significant increases in hospital admissions and in the need for higher levels of staff to self-isolate at any one time. This is placing increasing pressure on services across the health and social care system. The HSCP's planning and operational response to this fast-moving situation is provided in sections 4 onwards.

2. Recommendations

It is recommended that the IJB note:

- The updates provided on the spread of the Omicron variant, subsequent guidance from the Scottish Government, and the HSCP's planning response (Sections 3 to 5);
- The progress made in delivery of the Flu and COVID booster vaccination programmes (Section 6); and
- The operational services update provided (Sections 7 to 11).

3. Background

- 3.1. On 24 November 2021, South Africa first reported the observation of a new COVID variant which had been circulating within the country, and neighbouring countries, causing high levels of infection. This variant, named Omicron, was designated as a variant of concern by the World Health Organisation due to the high number of mutations within the virus which result in it being more transmissible than previous COVID variants. It is also understood that this variant has an increased ability to reinfect people who have previously had COVID, and to evade vaccines.
- 3.2. This variant was soon observed within Scotland, the rest of the UK and other countries globally by the end of November 2021. Since this point, infection numbers have increased significantly, raising concerns of the impact such a variant may have on public health and on health and social care services.
- 3.3. On 14 December 2021, in a statement to the Scottish Parliament, the First Minister set out additional guidelines to assist in limiting the spread of Omicron. This followed the publication of evidence which outlined the potential impact of Omicron on infections, hospitalisations and numbers of deaths. This included public health measures within businesses, a legal requirement for businesses to support working from home where it is possible to do so, more stringent self-isolation requirements, and guidance for all citizens to seek to minimise their social contact as far as possible. This guidance extended to health and social care, where visits in care homes were limited to visitors from two households at any one time, and within hospitals where a limit of two visitors at any one time was put in place.
- 3.4. Alongside this, the vaccine booster campaign was accelerated across the UK for all adults to increase immunity to the new variant. In addition, the guidance was followed on 21 December 2021, with further restrictions announced including:
- No large public events from 26 December with limits on attendance at indoor and outdoor events and sports matches.
 - 1m distancing within hospitality alongside table service only.
 - The cancellation of Hogmanay events.
 - Test and Protect prioritisation of high-risk settings.
- 3.5. The Scottish Government confirmed in December 2021 that the Omicron variant was now dominant within Scotland. At the time of writing, current levels of infection in Renfrewshire and Scotland are 2,630 and 2,062 per 100,000 over a seven-day period. This compares with figures in our November 2021 paper of 241 and 326 cases respectively, highlighting the increased transmissibility of the new variant (note: more recent data published does not include LFD figures in overall rates of infection, which would therefore provide a lower than expected infection rate at this time). 1,562 people were also in hospital with COVID on 16 January 2022.

4. Refreshed response planning

- 4.1. On 11 December 2021 the Deputy First Minister wrote to Local Resilience Partnerships to request the mobilisation of a further resilience approach, with the expectation that the next phase of the pandemic will last for up to three months. Over the course of December, the HSCP undertook a broad range of updated resilience planning to cover both the immediate festive period, and the following three months to the end of March 2022 indicatively. This planning has supplemented existing winter plans in place across services alongside business continuity plans. The work undertaken to date is summarised below.

Updating pandemic response plans

- 4.2. All services within the HSCP have reviewed existing pandemic response plans to ensure that they are reflective of the current situation and provide a clear assessment of existing capacity and priorities. This includes consideration of areas where services must be stepped up or stepped down to ensure continued provision of care and support to the people of Renfrewshire.
- 4.3. Where services can no longer be provided as they have been previously (for example face to face) this may involve increased digital provision or a reduction in provision. Where this is the case, the HSCP has identified staff who can be deployed to support to the ongoing delivery of critical services. Specific updates and changes are outlined in Sections 6 to 11 below.
- 4.4. In line with the IJB's duties as a Category One responder under the Civil Contingencies Act 2004, the Chief Officer and Head of Strategic Planning and Health Improvement continue to work with colleagues within the West Local Resilience Partnership (LRP) to ensure the coordination of capacity and resources wherever possible. This includes ongoing assessment of the opportunity, where appropriate, for wider staff in partner organisations to support the delivery of priority services.

Enhanced Governance

- 4.5. A range of governance arrangements which have been used throughout the pandemic have been increased in frequency to support timely oversight of the situation. This includes:
- SMT review meetings on alternate weekdays.
 - Increased frequency of Council and NHS Senior Management planning meetings to coordinate the response, with HSCP input.
 - An increased frequency for pan-GGC Chief Officer meetings and meetings between NHSGGC and Local Authority Chief Executives.
 - The reinstatement of weekly cross-party meetings and increased briefings to the IJB, SPG and to the HSCP's Leadership Network.
 - Continued review and implementation of emerging guidance covering PPE and testing, workplace risk assessments and care home and hospital visiting (as noted in section 3 above).
- 4.6. In addition to the above, the Care Home huddle meetings and Care Home RAG rating meetings, both of which had moved to a weekly basis, have now returned to being undertaken on a twice weekly basis. Twice daily delayed

discharge meetings also continue with a focus on enabling a seven-day discharge from hospital model.

5. Staff testing, self-isolation requirements and allowed exemptions

5.1. Due to the increased transmissibility of the Omicron variant, the Scottish Government issued guidance to increase the frequency of asymptomatic testing across staff groups. All care home staff are expected to now undertake daily LFD testing in addition to their weekly PCR test. In addition, all other social care staff are encouraged to undertake daily LFD testing.

5.2. The above guidance extends to all healthcare workers, with Health Boards requested by the Scottish Government to phase in daily testing from mid-December 2021, with patient-facing staff and those working over the festive period prioritised. The government's guidance is also intended to be applied to patient-facing primary care staff (general practice, pharmacy, optometry, dentistry).

5.3. The Scottish Government changed social isolation requirements in early December which, at that time, meant that all members of a household must isolate for a period of ten days if one member of that household tests positive for COVID.

5.4. Prior to this, health and social care staff were able to be exempted from isolation if they met a range of criteria relating to vaccination status and ongoing negative test results. Recognising the impact that Omicron may have on staffing numbers, the guidance was revised to enable staff to continue to be exempt from self-isolation the following circumstances:

- Staff are double-vaccinated and have had their booster.
- They are asymptomatic and remain asymptomatic.
- They undertake a PCR test which returns a negative result before they return to work and undertake daily LFD testing for the remainder of the ten-day period (note the updated policy now in place and outlined in section 5.6 to 5.8).

5.5. The above exemption did not, and at this time does not, apply however in circumstances where staff would be working with vulnerable or immunocompromised patients or service users.

Scottish Government update on 5 January 2022

5.6. In addition to the staff exemptions set out above in this section, on 5 January 2022 the Scottish Government set out further changes to isolation requirements for all individuals:

- All individuals can exit self-isolation, regardless of vaccination status if they have a negative LFD on day 6 and 7 of the isolation period and have not had a fever for 48 hours.
- Fully vaccinated contacts will be asked to undertake daily LFDs for seven days and will not need to isolate if these provide negative results.
- Unvaccinated contacts (0 to 2 doses) will be asked to undertake a PCR test and regardless of result will be asked to isolate for ten days.

- In addition, a positive LFD result no longer requires a confirmatory PCR test to be undertaken.

5.7. These changes also apply to health and social care staff. In the event that a staff member tests positive on an LFD after 10 days they should remain off work until they have one negative test. Once staff have returned to work, they will be required to continue with their workplace testing regime. In line with the requirements set out in paragraph 5.5 above, staff that return early from isolation should not work with individuals on the highest clinical risk list for the remainder of the ten-day period.

5.8. Alongside these changes, the First Minister also noted the importance of continuing to adapt thinking on how the virus is managed in Scotland, and on increasing resilience to the virus in future. As such, it was confirmed that the Scottish Government is developing a revised strategic framework to set out how that process of adaptation can be managed. It was estimated that this would be published a few weeks after this announcement.

Isolation requirements for Hospital Inpatients

5.9. From Monday 17 January 2022, guidance has been updated for hospital inpatients who have test positive for Coronavirus. Inpatients, with the exception of those who are severely immunocompromised, may end isolation 10 days from symptom onset (or from the date of their first test if this is unknown) provided there is clinical improvement and the absence of fever for 48 hours. The guidance for those who are immunocompromised remains unchanged.

6. COVID and Winter Flu Vaccination Programmes

6.1. In mid-September the JCVI recommended a booster COVID vaccination for people over 50 years of age and for those in the clinically vulnerable group. They also recommended a third vaccination dose for people who had specific underlying health conditions, such as organ transplant or on specific immunosuppression medication.

6.2. The order in which these vaccinations are being delivered is in line with the priority groups set out in the first COVID vaccination programme, starting with older adult care home residents, frontline health and social care staff, people over 80 years old and subsequent lower age cohorts. In addition, it was agreed that the COVID booster vaccination could be administered at the same time as the winter flu vaccination.

6.3. NHS Greater Glasgow and Clyde are taking the lead on delivering mass vaccination clinics which commenced at the end of September 2021, initially with those over 80 years old. The booster programme was subsequently expanded during November and December 2021 to deliver booster vaccinations to all adults over 18 within significantly accelerated timescales in response to the emergence of the Omicron variant.

6.4. As previously reported to the IJB, the delivery of COVID and flu vaccinations commenced in older adult care homes on 28 September 2021 and was offered to every resident who was eligible (those 24 weeks since second vaccination

dose and who had not tested positive for COVID in the last 28 days), and staff on shift. The programme completed on 10 October 2021 with all eligible residents (over 900) receiving vaccinations. Mop up sessions will continue to capture residents who were not eligible or in hospital when the mobile team visited the care homes.

- 6.5. The vaccination programme for people considered housebound by their GP commenced on 23 September 2021 and was delivered by a mobilised vaccination team staffed by a range of disciplines including retired nurses, administrative staff, Health Visitors and Podiatrists. The programme was completed on the 2 December 2021 with all eligible residents (over 2,500) receiving vaccinations.
- 6.6. The programme to deliver booster doses to older adult care home and housebound residents was delivered ahead of schedule, with many compliments received from people, families, carers and GP practices. This is down to the commitment and hard work of the staff planning for and delivering the programmes. Following completion of the programme, all available staff were redirected to Mass Vaccination Clinics to support the wider programme.
- 6.7. First and second dose clinics remain available to those 18 and those aged 12 to 17 through mass vaccination clinics.

7. Care Homes

- 7.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. As community transmission of the Omicron variant has increased, the numbers of infections identified within Care Homes in Renfrewshire has also risen.
- 7.2. At the time of writing, the majority of Care Homes within Renfrewshire have identified at least one staff member or resident with a positive COVID test in the preceding fourteen days. Positive cases identified have however been predominantly mild.
- 7.3. Through the enhanced governance arrangements set out in 4.4 and 4.5 above, including the step up of local Clinical and Care Governance Oversight meetings, the HSCP continues to ensure a timely and robust response to identified infections, including the deployment of supporting resources where necessary and appropriate, and the provision of expert clinical and care support to residents.

8. COVID Assessment Centre

- 8.1. The COVID Assessment Centre established at Linwood Health Centre in March 2020 continues to provide a service for patients who are experiencing COVID respiratory symptoms. Although infection numbers over the past month are high, the demand for the service continues to vary, mainly due to children under 12 years being seen by their own GP and people being less unwell with the Omicron variant. Staffing of the CAC is challenging due to staff and GP availability.

- 8.2. The staffing and demand for this service continues 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 potential spikes in demand.

9. PPE and Staff Testing

- 9.1. Renfrewshire HSCP has set up a single point of contact and coordination for all PPE requirements across health and care services from our Hub in Paisley, in conjunction with colleagues from Renfrewshire Council's Building Services team. The Hub, similar to those now established across Scotland, oversees the ordering, distribution and collection arrangements for all PPE for internal HSCP services and commissioned services. It has been confirmed by the Cabinet Secretary that the PPE Hubs will be extended for a period of 6 months to end September 2022.
- 9.2. Regular inflows of stock continue via national NHS Procurement and National Services Scotland (NSS) supply routes and at the time of reporting we have no demand or delivery issues, with arrangements in place to ensure appropriate stock availability to service requirements over the recent festive period. The HSCP continues to hold contingency stocks to support any demand pressures. On average our weekly incoming stock is in excess of 500k items of PPE and our Hub supports the timely allocation of this for delivery and collection by a range of services.
- 9.3. In recent weeks and in response to updated national guidance, an increased allocation of Lateral Flow Device (LFD) testing kits have been made available to frontline staff groups to support the increased frequency of testing (from twice-weekly to daily) and these stocks have been distributed across appropriate service settings.

10. Day Support and respite

- 10.1. A skeleton service continued to be provided for Older People and Physical Disability Day Services during the festive season to those with critical need, supported by additional outreach support. Approximately 10 service users per day were supported over the period, excluding bank holidays. The HSCP's Learning Disability Day services closed on the 24 December with virtual only activities delivered from 22 December, reopening on 6 January 2022. Service managers are continuing to monitor the situation, ensuring effective COVID prevention measures are in place and to proactively assess the impact if services are further disrupted (through either national restrictions, COVID outbreaks or loss of staff due to absence).
- 10.2. Day centres will continue to remain open to provide support to those in greatest need, supported by community outreach and digital engagement for those not currently attending a centre. All day services continue to have robust business continuity and service escalation plans in place should there be a deterioration in the service staffing position as a result of the increased transmissibility of the Omicron variant. These plans are currently being further reviewed to ensure appropriate actions are in place to support service capacity and to provide alternative means of support where this is required.

11. Mental Health Inpatient Services

- 11.1. Mental Health inpatient services across Renfrewshire and NHS Greater Glasgow and Clyde are currently experiencing very high demand and the impact of the Omicron variant continues to be managed. At the time of reporting, two wards in Renfrewshire have been closed to admissions as a result of COVID outbreaks across a number of patients and staff, with all those testing positive currently asymptomatic or experiencing mild symptoms. It is estimated that these wards will have reopened by mid-January.
- 11.2. In support of the above measures to mitigate the spread of Omicron, patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 and isolated until a negative result is confirmed. Staff in the Mental Health wards are tested regularly using two methods, PCR tests and Lateral Flow Tests.
- 11.3. The staffing position continues to be very challenging across mental health inpatient wards in Renfrewshire. Actions are in place to complement available staffing through use of the Nurse Bank, Agency staff and support, where possible and appropriate, from other services within the HSCP.
- 11.4. Visiting to Mental Health inpatient services has returned to being on an essential basis only, alongside all acute settings across NHS Greater Glasgow and Clyde. An essential visit is one where it is imperative that a relative or friend is allowed to see their loved one in a number of exceptional circumstances. These include at end-of-life, for patients with a mental health issue such as dementia, autism or learning disabilities where the absence of a visitor would cause distress, to accompany a child in hospital, or any other situation where clinical staff assess that it is essential to involve family or carers for ethical or patient safety reasons. Renfrewshire continues to provide flexibility wherever possible by arranging daily booking slots in all wards to ensure that every patient has access to a visitor for a limited period of time.

Implications of the Report

- 1. **Financial** – No implications from this report.
- 2. **HR & Organisational Development** – No implications from this report.
- 3. **Community Planning** – No implications from this report.
- 4. **Legal** – No implications from this report.
- 5. **Property/Assets** – 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.
- 11. **Privacy Impact** – None from this report.

List of Background Papers: None

Author: David Fogg, Change and Improvement Manager

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



To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Interim Chief Officer

Heading: Chief Officer's Operational and Policy Briefing

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

1. Summary

- 1.1. This report provides an update to the Integration Joint Board (IJB) on key operational activity since the previous update to the Board in November 2021, and additional policy developments that the HSCP is building into future workplans.
- 1.2. In particular, this report provides an update on ongoing work and associated timescales for the development of the IJB's Workforce and Strategic Plans for 2022-25, and on several developments within Primary Care in Renfrewshire.

2. Recommendations

It is recommended that the IJB note:

- The update provided on the Disability Resource Centre (Section 4);
- The approval by NHSGGC of a Business Case for development of General Medical and Health and Social Care facilities in Dargavel, Bishopton (Section 5);
- The updates provided on the development of the IJB's Workforce Plan 2022-25 and continued progress on consultation on the draft Strategic Plan 2022-25 (Sections 6 and 7);
- The HSCP's submission of the Primary Care Improvement Plan (PCIP) tracker to Scottish Government at the end of November 2021, and recent guidance released by Scottish Government on the continued development of mental health and wellbeing support as part of Primary Care services (Sections 8 and 9). A copy of the tracker is attached in Appendix 1; and
- The update on St James Medical Centre and the supporting actions being taken to ensure continuity of provision for patients (Section 10).

3. Background

- 3.1. Previous operational and policy updates to the IJB have been provided as part of a combined Chief Officer update report alongside ongoing updates on the impact of the COVID-19 pandemic. However, due to the increasing complexity of the operating environment, operational and policy updates will now be provided in a separate paper for clarity.
- 3.2. The following sections of this paper provide key updates on non-COVID operational activity being progressed by the HSCP and identify new policy developments since the previous update to the IJB.

4. Provision of Physical Disability Day Services

- 4.1. Previous updates to the IJB have noted that a fire in mid-November 2021 at the Disability Resource Centre (DRC) has required the building to be closed and unavailable for use since that date.
- 4.2. As a result, interim arrangements for physical disability day services are now in place using several community facilities as an alternative. Currently the Beechwood Community Centre, the Anchor Centre and Finding your Feet in St James House, Paisley are being used. 65 service users are receiving one day of building-based services per week (as at week beginning 10 January 2022). In addition, the service is providing outreach support, digital group activities and welfare calls to a further 88 service users.

5. Approval of Business Case for development at Bishopton

- 5.1. Previous updates to the IJB as part of the development of Primary Care Estates Strategy have highlighted the capacity challenges for the delivery of General Medical Services and the wider provision of health and social care services in Dargavel, Bishopton due to the area's increasing population.
- 5.2. On 7 December 2021, the HSCP and NHSGGC colleagues presented a business case to the NHSGGC Finance, Planning and Performance (FP&P) Committee providing an assessment of potential solutions to the capacity challenges identified. The paper highlighted a preferred option for a new-build satellite facility to supplement existing facilities and provide additional capacity to deliver services locally. This option would also be supported by work to make optimal use of the existing estate within Bishopton.
- 5.3. The proposal to develop the facility will utilise the Section 75 developer's contribution of £1m, which forms part of the obligations from the planning consent for the housing development, together with a further £1m of match-funding that has been provided by Scottish Government in support of the project. The proposed facility will be designed to accommodate projected space and clinical requirements up until 2035 but will also be designed to be extendable if additional capacity is required beyond this.
- 5.4. The HSCP are pleased to confirm that approval was provided by the FP&P Committee to proceed with the preferred option, and this decision is welcomed as a positive solution for the capacity challenges faced in Bishopton. Construction is anticipated to commence in Summer 2023 with completion in Summer 2024.

6. Workforce Plan 2022-25

- 6.1. The IJB approved an interim workforce plan for 2021/22 in June 2021. This plan focused on supporting the health and wellbeing of staff and actions that would be progressed with a primary focus on supporting the HSCP's workforce through the pandemic. The HSCP has continued to monitor progress against the actions outlined in this Plan.
- 6.2. Under guidance from the Scottish Government, all IJBs are to also develop three-year workforce plans covering the period 2022-25. It was originally planned that these plans would be submitted to the Scottish Government by the end of March 2022, and the HSCP has been working towards developing a Plan to meet these timescales. However, in recognition of recent developments in the pandemic and the level of pressures currently being faced by HSCPs, the Scottish Government confirmed on 20 December 2021 that the submission timescales for the three-year plans have now been extended to 31 July 2022.
- 6.3. Further detail on the process for submission, feedback and subsequent publication is currently awaited at the time of writing. In addition, the HSCP's Plan will need to take account of the forthcoming publication of the National Workforce Strategy which is expected to be published soon.
- 6.4. A key element of this workforce plan will be further consideration of actions which can be taken to enhance recruitment and retention of staff locally. This will include proposals to develop, test and review a risk-based approach, based on staff turnover across the partnership, to progressing recruitment on a permanent basis where funding for posts is currently available on a non-recurring basis. The HSCP is currently testing ideas regarding this with our external auditors.
- 6.5. Subject to the ongoing resource demands of the pandemic response, the HSCP will seek to bring a draft version of the workforce plan for 2022-25 to the IJB for consideration in March 2022.

7. Progress update on formal consultation on Strategic Plan 2022-25

- 7.1. The HSCP commenced formal consultation on the draft Strategic Plan for 2022-25 with prescribed and extended consultees on 1st December. This has included presentation of the Plan to NHSGGC Corporate Management Team (following previous presentation to Renfrewshire Council CMT); NHSGGC Finance Performance and Planning Committee, Renfrewshire Council Leadership Board and the Community Planning Partnership Executive Group.
- 7.2. Further meetings have also been held with Care Planning Groups to present the Plan and to receive feedback in line with a defined set of consultation questions. Stakeholders can also feedback through an online or paper-based survey, or to email a dedicated mailbox for the consultation period. To support wider engagement, an easy read version of the Plan has also been developed. The consultation period concludes at the end of January 2022 however the response period has been extended into February for our NHSGGC and Renfrewshire Council partners to enable a formal response to be developed and approved by each organisation.

- 7.3. Feedback received to date has been very positive. In addition, stakeholders have identified areas for proposed additions or change and these will be fully considered by the HSCP and reflected, where appropriate and necessary, within the final version of the Plan to be brought to the IJB in March 2022.

8. Submission of the Primary Care Improvement Plan Tracker to Scottish Government

- 8.1. Renfrewshire HSCP provides regular updates to the Scottish Government on progress made in the local implementation of Renfrewshire's Primary Care Improvement Plan. Most recently, the HSCP submitted a local implementation tracker for review at the end of November 2021, which has been completed in the ongoing context of the pandemic. This tracker is provided as Appendix 1.
- 8.2. The tracker provides an update on progress made against the six priority service areas within the Memorandum of Understanding. This includes Pharmacotherapy, Community Treatment and Care Services, the Vaccine Transformation Programme, Urgent Care Services and additional professional services including physiotherapy/MSK, mental health workers and community link workers. The tracker also provides the opportunity for HSCPs to consider necessary workforce and financial planning required to deliver primary care improvement.
- 8.3. The Scottish Government also confirmed on 17 January 2022 that it would commence annual publication of PCIP tracker data to support transparency and benchmarking and comparison on progress. The initial publication of this data was on 18 January 2022, covering numbers of staff recruited by professional group between March 2018 and March 2021 as well as data on progress towards transfer of services to NHS Boards. The next publication will be in summer 2022, covering the period to March 2022.

9. Mental Health and Wellbeing in Primary Care Services

- 9.1. On 17 December 2021, the Minister for Mental Wellbeing and Social Care wrote to all Chief Officers to provide an update on working being undertaken to develop and implement the Mental Health and Wellbeing in Primary Care Services (MHWPCS) programme.
- 9.2. This includes the development of multi-disciplinary teams within Primary Care settings which will provide assessment, advice, support and some levels of treatment for mental health, distress or wellbeing to help individuals access the right support at the right time within their communities. This builds on activity being undertaken through Action 15 funding and in Primary Care Improvement Plans, including the role of mental health and community link workers identified in paragraph 7.2.
- 9.3. The Minister's letter was accompanied by guidance to support the implementation of MHWPCS and to support the establishment of local planning groups to take forward commitments. Allocated funding (totalling £1.5m nationally for this financial year) will be allocated by Health Boards to IJBs. This will support the development of the first iteration of a long-term implementation plan by the end of March 2022, accompanied by a more detailed plan for 2022/23. Future updates will be brought to the IJB.

10. Updated on St James Medical Centre

10.1. St James Medical Centre is a GP practice in the centre of Paisley with a list size of 2971 (as at 1st October 2021). It has the second smallest list size in Renfrewshire – locally practices range from just over 2,000 to nearly 11,000 with a mean list size of 6,409.

10.2. For many years the practice was managed by a single-handed GP but following many years of sustainability challenges due to inability to recruit a GP partner and faced with an acute GP workforce crisis, they submitted their formal resignation in late September 2021. Following discussion with NHS GGC Primary Care Support a contract end date was agreed for Friday 31 December 2021.

Transfer to short term 2c (Board managed) practice

10.3. Following recommendation by the HSCP Clinical Director it was agreed that the practice would move to a short term 2c (Board managed) status due to mitigate against a number of risks: (i) the short duration of notice period leaving insufficient time to effectively implement any alternative arrangements; (ii) remaining staff leaving due to uncertainty and further destabilising the practice; (iii) the impact of sudden closure on patients and neighbouring practices without prior engagement and preparation; and (iv) loss of practice continuity over the challenging winter period.

10.4. Following extensive staff engagement and communication to all registered patients the practice successfully moved to 2c status on 1 January 2022. All staff employed at this point became NHSGGC employees under Transfer of Undertakings Protection of Employment (TUPE) transfer whilst provision of GP cover is entirely reliant on ad hoc locums.

Key considerations informing recommended next steps

10.5. In considering future long-term arrangements to provide primary medical services to the current patients at the practice, Renfrewshire HSCP has consulted with Primary Care Support and the Area Medical Committee (GP Sub-Committee) and considered a range of key factors in reaching a decision about the preferred option for the practice including the ongoing sustainability of the practice, the suitability and availability of current premises, and the extent of additional GP provision in the area. These considerations were also reinforced by local market testing indicating no practice has capacity for all patients registered at St James Medical Centre.

10.6. In doing so, a number of future options have been considered:

1. **Procurement process for a new standalone contract:** Given the small list size, sustainability considerations, proximity of other practices in the area, lack of availability of appropriate premises and lack of interest from local practices contract there is not considered to be a strong case to advertise this as a standalone contract. This is reinforced by previous experience with Bargarran Medical Centre. This is therefore not a preferred or feasible option.

2. **Practice closure and disperse patients on the list:** Dispersal involves asking patients to register with another practice and would require them to take action in identifying and registering with a new GP. There would be no way of knowing the numbers of patients going to each practice which would make it difficult to plan for the change and ensure adequate capacity. This is therefore not a preferred course of action.
3. **Practice closure and allocate patients to other practices in the area:** Practice list sizes across Paisley increased by 1.12% over the last eight years compared to 4.8% across the whole of Renfrewshire HSCP. Allocating patients in a planned way would mean that patients are registered with a new practice rather than having to do so themselves. Patients would retain the right to register with any other practice taking patients from their address. Some Paisley practices have already offered to accept a portion of the patient list.
4. **Allocate all patients to a single existing provider:** Existing contractors in the local area could be offered the entire patient list within their existing GMS contract or PMS agreement. This would enable the practice team to remain as a whole, with TUPE transfer to a new provider. However, through previous consideration there is no indication that any single provider within the area has the capacity to take on the entire list and this option was therefore not recommended.
5. **Board managed practice:** The practice demographics and situation does not provide any exceptional reason why this should be a Board-managed practice long term. It is a longstanding matter of principle that all GMS services should, wherever possible, be delivered under contract with a GP partner/partnership. There is no indication the board/HSCP can create long term sustainability where an independent contractor has been unable to do so and there is no team within the HSCP or Health Board to operationally manage GP practices.

- 10.7. Following this options appraisal, it has been agreed to proceed with Option 3, above, in that the practice will close at the end of the financial year on 31 March 2022, with the registered patient group being allocated to other practices within the area. It was felt this option would minimise the risk of being unable to sustain a safe service longer term due to GP workforce challenges yet provide sufficient time to implement the plan including engagement and communication. This option also enables patients to be directly registered with a new practice rather than having to take any action themselves, however patients will also have the right to choose another GP practice if they are unhappy with the practice they have been allocated to and will be given information about how to do this. In addition, where patients live outside the catchment of Paisley practices, they will be offered registration with a practice close to their home address.

Supporting Implementation

- 10.8. Regular meetings have been held with staff to ensure they are aware of plans for the practice. Preparation for support around redeployment is in place and

practice staff have been advised of the range of possible outcomes to ensure they feel supported throughout. There are likely to be a number of suitable roles for practice staff within the HSCP.

- 10.9. A number of meetings have also been held with local practices as key stakeholders. They have been made aware of the plans for closure and a number have indicated an ability and willingness to take a greater proportion of patients. Communication will continue on a regular basis, in particular once allocation details are finalised.
- 10.10. Letters have been sent to all registered patients advising them of the date of closure of the practice and the next steps, including the allocation process. Three afternoons in late February have been made available for patients with queries, concerns or seeking to discuss any specific issues. Due to the ongoing pandemic two sessions will offer appointments via remote videoconferencing with the third being socially distanced in-person. Further communication will be sent once the allocation process is completed informing patients of the new local GP surgery they are registered with.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No direct implications from this report. The HSCP will take forward workforce planning for 2022-25 in line with the updated timescales published by the Scottish Government.
3. **Community Planning** – The HSCP continues to engage with Community Planning Partners during the consultation on the draft Strategic Plan 2022-25. The draft Plan aligns with Renfrewshire's Community Plan for 2017-2027.
4. **Legal** – No implications from this report.
5. **Property/Assets** – This paper confirms the approval provided by NHSGGC to proceed with works in Bishopton. Future updates will be brought to the IJB.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: None

Author: David Fogg, Change and Improvement Manager

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

Local Implementation Tracker Guidance

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

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

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

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

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

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

We have included new rows this time at the foot of Tables 1 and 3 (shaded in red). In Table 1, please include here your estimate of planned spend in 2022-23, which will represent recurring annual spend on the MOU for future years. Use 2021-22 prices so that no estimate of inflationary wage increases is required. In Table 3, please include the extra staff you intend to employ in 2022/23, this will then automatically total, in the line below, to provide recurring staff numbers for 2022-23 onwards.

We would also ask that this local implementation tracker be updated and shared with Scottish Government by **30 November 2021**.

Covid PCIP 4.5
Health Board Area: NHS Greater Glasgow and Clyde
Health & Social Care Partnership: Renfrewshire HSCP
Total number of practices: 29

MOU PRIORITIES						
NB: Please ensure all figures sum to the total number of practices for each year.						
2.1 Pharmacotherapy	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0	0	0	0	0	0
Practices with Pharmacotherapy level 1 service in place	0	29	0	0	29	0
Practices with Pharmacotherapy level 2 service in place	0	29	0	0	29	0
Practices with Pharmacotherapy level 3 service in place	0	29	0	0	29	0
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: A Task & finish group produced a report on delivery of pharmacotherapy service by April 2022 which defines expected levels of delivery and staffing in line with nationally agreed models. This description includes the pharmacy service provided via non-PCIP funding where this contributes to GMS contract objectives. The model describes at least 50% of practices being serviced by hubs working to a standardised model, and providing annual leave cover for core level 1 service delivery elements. The proportion of GP practice aligned team time (PCI and non PCI) on level 1 will be no greater than 60% with the remainder on level 2/3 (Note around 30% of service funding is non PCI).						
Level 1 includes medicines reconciliation on immediate discharge letters where there are changes to medicines, medicines related queries unable to be resolved by administrative staff, prescribing efficiencies activities and quality improvement support to increase serial prescribing and reduce variation in acute prescribing. Level 2/3 is focused around medication review to include hub or service referrals, triaged treatment summary reviews, targeted medicines review for high volume/ high risk acutes (antidepressants and/or analgesics and/or DMARDs), review for patients with moderate to high frailty and polypharmacy (including care homes).						
The main barriers to delivery remain funding, availability of professionally qualified workforce and accommodation.						
2.2 Community Treatment and Care Services	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	0	29	0	0	0	29
Practices with access to management of minor injuries and dressings service	29	0	0	16	0	13
Practices with access to ear syringing service	29	0	0	29	0	0
Practices with access to suture removal service	29	0	0	16	0	13
Practices with access to chronic disease monitoring and related data collection	29	0	0	16	0	13
Practices with access to other services	29	0	0	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: Five GP Practices in Renfrewshire now have access to wider treatment room services. Accommodation is a significant challenge for wider implementation. This was discussed at the PCIP4 Tracker discussion with Scottish Government.						
2.3 Vaccine Transformation Program	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service	0	0	29	0	0	29
School age - Practices covered by service	0	0	29	0	0	29
Out of Schedule - Practices covered by service	0	29	0	0	0	29
Adult imms - Practices covered by service	29	0	0	0	0	29
Adult flu - Practices covered by service	0	29	0	0	0	29
Pregnancy - Practices covered by service	0	0	29	0	0	29
Travel - Practices covered by service	29	0	0	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: In 2020/21 as directed by CMO much of the activity for VTP has been delivered through co-vaccination model and included the extended cohorts with update below on those in scope for PCIP. Further guidance on funding streams for VTP PCIP and additional cohorts is required to support future planning and delivery.						
Children programme is fully transferred to HSCP who are delivering the Children Flu programme in 2020/21 and vaccination to additional cohorts using Covid. Funding allocation will require to be confirmed for additional cohorts for future years.						
Adult Programme has been impacted on by the pandemic and the requirement to deliver of co-vaccination and the extended cohorts with planning underway with NHSGGC to consider a framework for delivery and further planning to take place over the winter months given possibility of ongoing Covid booster delivery. Progress to date in relation to PCIP programme is as follows: - Shingles and Pneumococcal remains with practices and planning is underway for to transfer to the HSCP in 2022 - NHS GGC & HSCP are delivered flu with Covid booster with mixed model i.e. Mass vaccination clinics for over 50 years (PCIP scope to all over 65 years) and HSCP delivery for residents in Adult Care Homes and Vaccination at Home by co-vaccination model for 2020/21. This is being delivered for all practices for flu as required by PCIP MoU i.e.. care home residents, housebound patients and others eligible for vaccine with complex needs i.e. Those how are immunosuppressed, homeless or seeking asylum - 18-64 years at risk to accessing vaccine via NHSGGC mass clinics or HSCP vaccination at home remained - Travel - HSCP working with NHSGGC to plan for delivery of commissioned model for 2022						
2.4 Urgent Care Services	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service	13	15	1	13	15	1
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: Renfrewshire is delivering mainly Care Home aligned ANPs to deliver the Urgent Care Services MoU commitment. The practice with 'full access' has a practice aligned ANP whilst those with 'partial access' are those with registered patients residing in a care home with an aligned ANP. We continue to review and refine our model with a view to providing cover to a wider number of care homes to maximise the reach and impact of the service for both patients and practices. Based on current funding we do not believe we will be able to provide a service to every practice but with additional funding and available ANPs would be able to do so using the Care Home aligned model. 22 of the 29 GP practices (75.9%) in Renfrewshire HSCP have registered patients that have been seen by the ANP care home service however not on a continuous basis hence reporting lower number for partial or no access to service						
Additional professional services						
2.5 Physiotherapy / MSK	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22

Practices accessing APP	18	0	11	15	0	14
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: In Renfrewshire we have 4.7wte, made up of 6 APP headcount. This figures excludes Clinical Lead contribution, which is currently 1.2wte, across the whole of GGC. With regards to Advanced Practice Physiotherapy in Primary Care, the definition is not clear as to what constitutes full or partial access, in GGC we aim to work to 1wte APP : 16,000 population, resulting in a fill rate of 94% across GGC. Within the HSCP wte, it is important to note 80% of time is spent working clinically within GP practice with the remainder supporting staff and service development, and time within the core MSK service. APP recruitment is now completed as per local agreement under the GP Contract/ Memorandum of Understanding. Without further boosting of the physiotherapy workforce nationally, the ability to recruit further APPs will be challenging without destabilisation of the core physiotherapy services, which is an important consideration to ensure patients continue to have access to Rehabilitation for MSK Conditions. Further challenges include the lack of suitably skilled and qualified practitioners to fill these posts.						
2.6 Mental health workers (ref to Action 15 where appropriate)	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing MH workers / support through PCIF/Action 15	23	0	6	17	0	12
Practices accessing MH workers / support through other funding streams						
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: In Renfrewshire this resource is currently funded through Action 15 monies. There is currently insufficient funding to upscale to all 29 GP practices in Renfrewshire. Locally, we currently have 2.0wte Mental Health and Wellbeing Nurses aligned to 6 GP practices. An additional 2.0wte resource has been recruited however these posts have been temporary deployed from the onset into mainstream mental health services and will remain until at least January 2022 due to current demand for services. These are 2 year fixed term posts.						
2.7 Community Links Workers	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing Link workers	0	0	29	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return. HSCP Response: In Renfrewshire all GP practices have access to Community Link Worker resource between 1-3 days per week. In addition, to 1-1 appointments the Community Link Workers service now offer group work sessions in areas such as Chronic Pain, Sleep and Wellbeing Sessions. Some practices would welcome additional resource should further funding become available. Locally, the referral rate has surged in some of the practices which may be in part as a result of the Covid pandemic.						
2.8 Other locally agreed services (insert details)	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices accessing service						
Please outline any assumptions or caveats in the data and any significant changes since your March 2021 return.						

2.9 COVID-19
How has COVID-19 impacted delivery since March 2021? HSCP Response: Treatment Room Nurse resource continue to support work at the local Covid Assessment Centre (CAC) which is challenging when trying to roll out CTAC services locally. Previously 2.0wte locally were redeployed to support work at the CAC. As outlined under Action 15 new Community Mental Health and Wellbeing Nurses resource is redeployed to main stream Mental Health Services.
How do you expect COVID-19 to impact delivery between now and March 2022? HSCP Response: Pre Covid our practice based phlebotomy model was costed on 8 minute appointments - with COVID this has had to move to 10/12 minute appointments. This reduces the volume of clinics that are available in GP practices. Without additional resource it will be difficult to meet blood demand.

Funding and Workforce profile

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

Table 1: Spending profile 2018 - 2022 (£s)

Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	59,992		275,534	53,921	33,810	219	27,183	4,424	118,269	28,730	70,166	
2019-20 actual spend	160,925		517,911	6,899	228,411	5,452	178,041	6,985	150,288	12,489	191,617	
2020-21 actual spend	260,620	50,600	925,129	11,481	570,767	46,276	214,499	5,345	229,042	3,501	249,133	
2021-22 planned spend	485,749	93,055	1194,994	23,000	1275,154	198,000	431,524	25,000	305,350	20,000	249,133	
Total planned spend to March 2022	967286	143655	2913568	95301	2108142	249947	851247	41754	802949	64720	760049	0
2022-23 planned spend i.e. projected annual recurring cost (in 2021-22 prices, excluding inflation)	500,321	95,847	1710,265	50,000	1745,282	98,000	528,365	30,000	347,484	20,000	249,133	
Total spend required for full delivery	571,715	100,000	4525,400	35,000	1782,768	100,000	984,500	20,000	882,200	40,000	249,133	

Table 2: Workforce profile 2018 - 2022 (headcount)

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

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

Table 3: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	5.6	1.6										6.7
INCREASE in staff WTE (1 April 2018 - 31 March 2019)		0.4		5.0		2.5				1.6	1.0	1.1
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	6.0	5.8	1.5	18.8		2.1				2.2		
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0.8	5.4	6.1	0.8		2.0		1.0				
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	5.3	8.2	10.4	2.1	3.0	1.0				0.7		
TOTAL staff WTE in post by 31 March 2022	17.7	21.4	18.0	26.7	3.0	7.6	0.0	1.0	0.0	4.5	1.0	7.8

PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]												
TOTAL future recurring staff WTE [c]	17.7	21.4	18.0	26.7	3.0	7.6	0.0	1.0	0.0	4.5	1.0	7.8

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a
[c] automatically calculated as staff as at 31 March 2022 plus additional staff to be recruited by March 2023

Comment: Please note: addition of line 14 highlighting the financial gap of full delivery of the MOU. The gap is currently forecasted to be approx. £4m with models continuing to be reviewed and amended this is constantly reviewed. You will also note there will be no further recruitment in 22.23 as the model is already unaffordable

To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Chief Finance Officer

Heading: Financial Report 1 April 2021 to 30 November 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 30 November 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 30 November 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;
- Note and accept the final budget offer from NHSGGC (Appendix 11)

3. Summary

- 3.1. As detailed in the following table, the IJB year to date position is an underspend of £805k and the projected outturn for 2021/22 is an underspend of £1,201k (these figures include the impact of COVID-19). Members should note that the current projections assume that all COVID-19 related expenditure will be fully funded by the Scottish Government.

3.2.

Division	Year to Date Position	Projected Year End Outturn
Total Renfrewshire HSCP (excluding COVID-19)	Underspend £805k	Underspend £1,201k
Total Net COVID -19	Breakeven	Breakeven
Total Renfrewshire HSCP (inclusive of COVID-19)	Underspend £805k	Underspend £1,201k

3.3.

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

- **Employee costs net underspend of £135k:** as previously highlighted there are ongoing challenges in terms of recruitment and retention issues across all service areas. For a wide range of posts, we have tried to recruit on a number of occasions but have been unsuccessful due to availability of the skills mix required within the workforce market, especially in the current pandemic. These are issues that are being faced by IJBs across Scotland, not only in Renfrewshire. The impact of the local government pay award agreed in late November 2021 is also now reflected in the projections for 2021/22.
- **Care Home Placements: underspend £1,803k:** similar to the position reported throughout 2020/21, the Care Home budget is projected to deliver a significant underspend in 2021/22 reflecting the impact of COVID-19 on the ability of care homes to take new admissions. As a result of outbreaks and infection control issues within the care homes, along with greater numbers of clients choosing to remain at home for longer.
- **Transport: underspend £362k:** this underspend is reflective of services currently operating at a reduced capacity.
- **Prescribing: underspend £810k:** Similar to the position in 2020/21, prescribing volumes remain volatile, prices have also been subject to fluctuation due to short supply; in addition, there are one-off windfalls from discount rebates and tariff swap reduction.
- **Care at Home: overspend of (£1,465k):** spend within care at home continues to increase as the service continues to support delayed discharges and demand. In addition, the current pandemic has seen an unprecedented increase in sizeable care at home packages significantly impacting an already pressured budget.

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

- 3.4. The key pressures are highlighted in section 4.
- 3.5. Throughout the financial year, adjustments are made to the original budget as a result of additional funding allocations, service developments and budget transfers reflecting service reconfigurations. Appendices 6 and 7 provide a reconciliation of the main budget adjustments applied this current financial year.

4. Pressures

Delegated Health and Social Care Services (HSCP)	Year to Date Position	Year End Outturn
	Underspend £840k	Underspend £1,252k

- 4.1. The overall net underspend for the HSCP at 30 November 2021 is an underspend of £840k, with an anticipated year-end underspend of £1,252k, 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 £10,693k 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
Information Communication Funding - Care @ Home Scheduling System	-155
ICT / Systems Related:	-155
Mental Health Improvement Works	-20
Premises Related:	-20
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	-441
Primary Care Improvement Program (19/20) (20/21)	-2,458
ADP Funding	-125
Drug Death Task Force	-27
Mental Health Action 15 (19/20) (20/21)	-763
DN Workforce Allocation 20/21	-69
Adult Support and Protection Grant	-6
Covid - Winter Planning	-1,649
Covid - Integration Authority Support	-5,155
Scottish Government Ring Fenced Monies	-10,252
TOTAL EARMARKED RESERVES	-10,693

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 £145k	Underspend £219k

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

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

Mental Health Services	Year to Date Position	Year End Outturn
	Overspend (£508k)	Overspend (£765k)

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

Learning Disabilities	Year to Date Position	Year End Outturn
	Underspend £193k	Underspend £283k

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

Resources	Year to Date Position	Year End Outturn
	Underspend £94k	Underspend £141k

4.8. The underspend within Resources reflects difficulties in recruiting to vacant administration service posts.

Hosted Services	Year to Date Position	Year End Outturn
	Underspend £297k	Underspend £445k

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

Prescribing	Year to Date Position	Year End Outturn
	Underspend £540	Underspend £810k

- 4.10. Prescribing volumes remain volatile with prices subject to fluctuation due to short supply. The year-end projected outturn position is due to a combination of factors which are summarised in the following table.

Spend Type	Variance	
	£'000	
Schedule 4 GIC (Gross Ingredient Cost - Main GP Prescribing Budget)	713	underspend
Invest to Save	-2	overspend
Gross Expenditure	711	underspend
Recovery of Discounts and Rebates	99	underspend
Net Position	810	underspend

5. Responding to the COVID-19 Pandemic

- 5.1. The CFO provides estimated costs of the partnerships response to the COVID-19 Pandemic to the Scottish Government through our Local Mobilisation Plan (LMP) Financial Tracker. This feeds into the collective NHSGGC response together with our five partner HSCPs in the NHSGGC Board wide area. These reflect regularly updated guidance from the Scottish Government regarding changes to provider sustainability payments. These estimates will therefore be subject to continual review and refinement. It is this information which is used by the Scottish Government to determine funding needs.
- 5.2. The LMP financial tracker is submitted to the Scottish Government on a quarterly basis. The third financial tracker for 2021/22 will be submitted in February 2022.
- 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) £4,549k has been spent responding to COVID-19, of which £1,018k relates to health services and, £3,531k relates to adult social care services.

Total Estimated Costs at 10/12/21							
Description of Cost Type	Health			Adult Social Care			TOTAL £000's
	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	Costs Incurred to Date	Estimate of Future Commitments	Total Costs	
	£000's	£000's	£000's	£000's	£000's	£000's	
Additional Staff Costs	171	79	250	974	643	1,617	1,867
Provider Sustainability Costs			-	1,646	350	1,996	1,996
PPE	22	3	25			-	25
Community Hubs	628	404	1,032			-	1,032
Loss of Income			-	419	222	642	642
FHS costs	67	-	67			-	67
Other Costs	130	145	275	491	326	818	1,092
TOTAL	1,018	631	1,649	3,531	1,542	5,072	6,722

- 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 the Omicron outbreak, 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 ended on 31 October 2021, in line with the latest COSLA guidance.

6. Current Vacancy Position

- 6.1. As highlighted throughout section 4, and Appendices 1 to 4 of this report, Employee Costs are projecting a significant underspend throughout all services. Recruitment continues to be progressed for vacant posts in all services.
- 6.2. Appendix 10 provides a summary of the number and type of vacancies and the areas/ posts where these vacancies arose.

7. Scottish Government Funding 2020/21

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

Funding Stream	Current Budget £m	Forecasted Expenditure £m	Forecasted Outturn £m
PCIF	5.087	4.227	0.860
Action 15	1.307	1.240	0.067
ADP	2.325	1.794	0.531
TOTAL	8.719	7.261	1.458

- 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 an overspend of £51k for Housing Adaptations.

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

9. Reserves

- 9.1. It is important for the long-term financial stability and the sustainability of the IJB that sufficient funds are held in reserve to manage unanticipated pressures from year to year. The requirement for financial reserves is acknowledged in statute and is part of a range of measures in place to ensure that s106 public bodies do not over-commit themselves financially.
- 9.2. As detailed in Appendix 9, the opening IJB reserves position for 2021/22 was £27,007k. This figure comprised £21,226k of earmarked reserves to support the delivery of projects which span financial years, and ring-fenced monies to enable the IJB to deliver on specific Scottish Government funded programmes. The remaining balance of £5,781k is general reserves which are not held to meet any specific liability and offer the IJB some flexibility to deal with unforeseen events or emergencies. These reserves are considered appropriate to the level of risk faced by the organisation and equate to c2% of the IJB's net budget (including set aside), bringing this in line with the targeted 2% in the IJB's Reserve Policy.
- 9.3. As detailed in Appendix 9 and paragraph 4.3, based on current projections for 2020/21 a total of £10,693k of earmarked reserves have been drawn down to date. A new earmarked reserve totalling £2.7m has been created to fund the fixed term posts approved by the IJB on 17 September 2021.
- 9.4. Members are reminded that the Scottish Government agreed a flexible funding approach for a number of specific projects and government priorities whereby these reserves are accessed first before any further funding is released. This includes Mental Health, Primary Care and Alcohol and Drugs services and, COVID-19 funding. These will be drawn down in line with the flexible funding approach agreed with the Scottish Government.

10. Health Board Budget Offer 2021/22

- 10.1. On 26 March 2021, the IJB agreed to conditionally accept the indicative funding offer from NHSGGC for 2021/22, subject to:
- any final adjustments in relation to recurring budget adjustments at month 12; and
 - any further funding allocated by the Scottish Government in respect of the impact of the 2021/22 pay award.
- 10.2. A letter has now been received confirming the final budget offer from NHSGGC and reflects the indicative offer made to the IJB in March. This also reflects the IJB's share of national funding made available for the pay settlement in 2021/22, which has not been fully funded by Scottish Government. This letter is contained in Appendix 11.

11. Adult Social Care Pay Uplift

- 11.1. Two new funding announcements totalling £300m and £482m were made by the Scottish Government on 5 October 2021 and 26 October 2021, to help protect health and social care services over the winter period and provide longer term improvement in service capacity and meet costs of the pandemic and remobilising health services. Included within this funding was an allocation of £48m to be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care in commissioned services in the third and independent sectors.
- 11.2. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, to take effect from 1st December 2021. The pay uplift will apply to staff providing direct care within Adult Social Care in commissioned services in the third and independent sectors, and the National Care Home Contract.
- 11.3. This funding will apply to workers in care homes, care at home, day care, housing support, adult placement services, respite services and those delivering direct support through SDS Options 1, 2 and 3. This will include Supervisors, Practitioners, Support Workers, Personal Assistants, and staff providing Sleepovers.
- 11.4. To ensure this uplift can be delivered at speed, an agreement has been reached with COSLA to provide a 5.47% uplift to an agreed percentage of full contract values, in line with typical workforce costs for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.
- 11.5. The percentages to be applied are as follows: -
- Residential care – uplift applied to 71% of full contract value
 - Non-residential – uplift applied to 86% of full contract value
 - Personal Assistants – uplift applied to 89% of SDS Option 1 budgets.
- 11.6. Due to the nature of this approach, this may result in some providers having funds remaining once the policy intent - to uplift pay for the workforce delivering direct care to at least £10.02 - has been fully delivered. Any remaining funds must be spent on uplifting pay for the directly employed workforce working within services.
- 11.7. In line with Scottish Government requirements the uplift will be released to providers on confirmation that the funding will be used as intended.

Implications of the Report

1. **Financial** – Financial implications are discussed in full in the report above.
2. **HR & Organisational Development** – none
3. **Community Planning** - none
4. **Legal** – This is in line with Renfrewshire IJB's Integration Scheme
5. **Property/Assets** – none.
6. **Information Technology** – none
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the

mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – none.
9. **Procurement** – Implementation of the living wage impact on existing contracts with providers and their ability to deliver within the allocated funding package.
10. **Risk** – There are a number of risks which should be considered on an ongoing basis: adequate funding to deliver core services.
11. **Privacy Impact** – none.

List of Background Papers – None.

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk / 0141 618 6824)

Direction from the Integration Joint Board		
1.	Reference Number	280122-06
2.	Date Direction issued by IJB	28 January 2022
3.	Date from which Direction takes effect	28 January 2022
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	Yes, 191121-05
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	March 2022.

Appendix 1

HSPC Position not including COVID 19

HSCP Revenue Budget Position

1st April 2021 to 10th December 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	54,895	8,850	-	2,356	-	66,102	66,020	82	0.1%	underspend
Property Costs	267	137	-	-	-	404	452	(48)	-11.8%	overspend
Supplies and Services	13,317	(712)	(8,169)	212	-	4,648	4,890	(242)	-5.2%	overspend
Third Party Payments	41,844	3,671	-	12	-	45,527	45,273	253	0.6%	underspend
Purchase Of Healthcare	1,901	199	-	17	-	2,117	2,115	3	0.1%	underspend
Transport	585	1	-	-	-	586	336	251	42.7%	underspend
Family Health Services	59,357	1,130	-	-	-	60,487	59,947	540	0.9%	underspend
Support Services	48	1	(1)	-	-	48	42	6	12.9%	underspend
Transfer Payments (PTOB)	4,634	(271)	-	-	-	4,363	4,401	(38)	-0.9%	overspend
Resource Transfer	14,397	933	(15,331)	-	-	0	0	-	0.0%	breakeven
Set Aside	43,159	915	-	-	-	44,074	44,074	-	0.0%	breakeven
Gross Expenditure	234,405	14,857	(23,501)	2,597	-	228,357	227,551	807	0.4%	underspend
Income	(20,887)	(4,720)	-	-	(2,597)	(28,205)	(28,203)	(1)	0.0%	overspend
NET EXPENDITURE	213,517	10,137	(23,501)	2,597	(2,597)	200,153	199,347	805	0.4%	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	46,618	1,027	(1)	275	(275)	47,644	47,499	145	0.3%	underspend
* Mental Health	15,728	1,059	-	522	(522)	16,788	17,296	(508)	-3.0%	overspend
Learning Disabilities	11,896	755	-	-	-	12,651	12,457	193	1.5%	underspend
Children's Services	4,031	1,078	-	-	-	5,109	5,067	41	0.8%	underspend
Prescribing	24,508	466	-	-	-	24,974	24,434	540	2.2%	underspend
Health Improvement & Inequalities	543	183	-	106	(106)	726	688	38	5.2%	underspend
FHS	33,563	1,468	-	-	-	35,031	35,031	-	0.0%	breakeven
Resources	2,867	1,789	-	1,694	(1,694)	4,656	4,562	94	2.0%	underspend
Hosted Services	7,300	462	-	-	-	7,762	7,465	297	3.8%	underspend
Resource Transfer	14,397	933	(15,331)	-	-	0	0	-	0.0%	breakeven
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	breakeven
Set Aside	43,159	915	-	-	-	44,074	44,074	-	0.0%	breakeven
NET EXPENDITURE (before	212,779	10,137	(23,501)	2,597	(2,597)	199,415	198,574	840	0.4%	underspend
Other Delegated Services	738	-	-	-	-	738	773	(35)	-4.8%	overspend
NET EXPENDITURE	213,517	10,137	(23,501)	2,597	(2,597)	200,153	199,347	805	0.4%	underspend

HSCP Revenue Budget 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	81,093	13,181	-	3,528	-	97,802	97,667	135	0.1%	underspend
Property Costs	387	201	-	-	-	588	658	(70)	-11.9%	overspend
Supplies and Services	19,908	(1,068)	(12,254)	318	-	6,904	7,262	(358)	-5.2%	overspend
Third Party Payments	60,441	5,302	-	18	-	65,761	65,395	366	0.6%	underspend
Purchase Of Healthcare	2,852	299	-	25	-	3,176	3,172	4	0.1%	underspend
Transport	845	2	-	-	-	847	485	362	42.7%	underspend
Family Health Services	89,036	1,695	-	-	-	90,731	89,921	810	0.9%	underspend
Support Services	70	2	(2)	-	-	70	61	9	12.9%	underspend
Transfer Payments (PTOB)	6,693	(391)	-	-	-	6,302	6,357	(55)	-0.9%	overspend
Resource Transfer	21,596	1,400	(22,996)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
Gross Expenditure	347,659	21,996	(35,252)	3,889	-	338,292	337,089	1,203	0.4%	underspend
Income	(30,284)	(6,836)	-	-	(3,889)	(41,009)	(41,007)	(2)	0.0%	overspend
NET EXPENDITURE	317,375	15,160	(35,252)	3,889	(3,889)	297,283	296,082	1,201	0.4%	underspend

Care Group	Annual Budget £000's	In year adjustments £000's	Adjustment in line with Annual Accounts £000's	Drawdown From Reserves £000's	Reserves Budget Adjustments £000's	Revised Budget £000's	Projected Spend to Year End (before movements to reserves) £000's	Variance		
								£000's	%	
Adults & Older People	67,794	1,540	(2)	406	(406)	69,332	69,113	219	0.3%	underspend
Mental Health	23,482	1,587	-	783	(783)	25,069	25,834	(765)	-3.1%	overspend
Learning Disabilities	17,228	1,091	-	-	-	18,319	18,036	283	1.5%	underspend
Children's Services	6,046	1,617	-	-	-	7,663	7,601	62	0.8%	underspend
Prescribing	36,762	699	-	-	-	37,461	36,651	810	2.2%	underspend
Health Improvement & Inequalities	815	274	-	159	(159)	1,089	1,032	57	5.2%	underspend
FHS	50,344	2,202	-	-	-	52,546	52,546	-	0.0%	breakeven
Resources	4,300	2,684	-	2,541	(2,541)	6,984	6,843	141	2.0%	underspend
Hosted Services	10,950	693	-	-	-	11,643	11,198	445	3.8%	underspend
Resource Transfer	21,596	1,400	(22,996)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
NET EXPENDITURE (before	316,309	15,160	(35,252)	3,889	(3,889)	296,217	294,965	1,252	0.4%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,117	(51)	-4.8%	overspend
NET EXPENDITURE	317,375	15,160	(35,252)	3,889	(3,889)	297,283	296,082	1,201	0.4%	underspend

Appendix 2

HSCP Position including COVID 19

HSCP Revenue Budget Position
1st April 2021 to 10th December 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	54,895	8,850	-	4,009	-	67,755	69,589	(1,834)	-2.7%	overspend
Property Costs	267	137	-	103	-	507	658	(151)	-29.7%	overspend
Supplies and Services	13,317	(480)	(8,169)	965	-	5,632	6,108	(476)	-8.4%	overspend
Third Party Payments	41,844	3,671	-	1,175	-	46,689	47,818	(1,128)	-2.4%	overspend
Purchase Of Healthcare	1,901	199	-	17	-	2,117	2,115	3	0.1%	underspend
Transport	585	1	-	-	-	586	336	251	42.7%	underspend
Family Health Services	59,357	1,130	-	40	-	60,527	60,032	495	0.8%	underspend
Support Services	48	1	(1)	-	-	48	42	6	12.9%	underspend
Transfer Payments (PTOB)	4,634	(271)	-	496	-	4,859	5,385	(526)	-10.8%	overspend
Resource Transfer	14,397	933	(15,331)	-	-	0	0	-	0.0%	breakeven
Set Aside	43,159	915	-	-	-	44,074	44,074	-	0.0%	breakeven
Gross Expenditure	234,405	15,088	(23,501)	6,804	-	232,796	236,156	(3,360)	-1.4%	overspend
Income	(20,887)	(4,720)	-	444	(7,249)	(32,412)	(36,577)	4,166	-12.9%	underspend
NET EXPENDITURE	213,517	10,368	(23,501)	7,249	(7,249)	200,384	199,579	805	0.4%	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	46,618	1,027	(1)	275	(275)	47,644	47,499	145	0.3%	underspend
Mental Health	15,728	1,059	-	522	(522)	16,788	17,296	(508)	-3.0%	overspend
Learning Disabilities	11,896	755	-	-	-	12,651	12,457	193	1.5%	underspend
Children's Services	4,031	1,078	-	-	-	5,109	5,067	41	0.8%	underspend
Prescribing	24,508	466	-	-	-	24,974	24,434	540	2.2%	underspend
Health Improvement & Inequalities	543	183	-	106	(106)	726	688	38	5.2%	underspend
FHS	33,563	1,468	-	-	-	35,031	35,031	-	0.0%	breakeven
Resources	2,867	1,789	-	1,694	(1,694)	4,656	4,562	94	2.0%	underspend
Hosted Services	7,300	462	-	-	-	7,762	7,465	297	3.8%	underspend
Resource Transfer	14,397	933	(15,331)	-	-	0	0	-	0.0%	breakeven
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	breakeven
Set Aside	43,159	915	-	-	-	44,074	44,074	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	212,779	10,137	(23,501)	2,597	(2,597)	199,415	198,574	840	0.4%	underspend
Other Delegated Services	738	-	-	-	-	738	773	(35)	-4.8%	overspend
NET EXPENDITURE before COVID	213,517	10,137	(23,501)	2,597	(2,597)	200,153	199,347	805	0.4%	underspend
COVID 19	-	231	-	4,651	(4,651)	231	231	-	0.0%	breakeven
NET EXPENDITURE	213,517	10,368	(23,501)	7,249	(7,249)	200,384	199,579	805	0.4%	underspend

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

Subjective Heading	Annual Budget	In year adjustments	Adjustment in line with Annual Accounts	Drawdown From Reserves	Reserves Budget Adjustments	Revised Budget	Projected Spend to Year End (before movements to reserves)	Variance		
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	%	
Employee Costs	81,093	13,181	-	5,955	-	100,229	102,906	(2,677)	-2.7%	overspend
Property Costs	387	201	-	150	-	738	958	(220)	-29.8%	overspend
Supplies and Services	19,908	(721)	(12,254)	1,448	-	8,381	9,089	(708)	-8.4%	overspend
Third Party Payments	60,441	5,302	-	1,697	-	67,440	69,070	(1,630)	-2.4%	overspend
Purchase Of Healthcare	2,852	299	-	25	-	3,176	3,172	4	0.1%	underspend
Transport	845	2	-	-	-	847	485	362	42.7%	underspend
Family Health Services	89,036	1,695	-	60	-	90,791	90,048	743	0.8%	underspend
Support Services	70	2	(2)	-	-	70	61	9	12.9%	underspend
Transfer Payments (PTOB)	6,693	(391)	-	716	-	7,018	7,778	(760)	-10.8%	overspend
Resource Transfer	21,596	1,400	(22,996)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
Gross Expenditure	347,659	22,343	(35,252)	10,051	-	344,801	349,678	(4,877)	-1.4%	overspend
Income	(30,284)	(6,836)	-	642	(10,693)	(47,171)	(53,249)	6,078	-12.9%	underspend
NET EXPENDITURE	317,375	15,507	(35,252)	10,693	(10,693)	297,630	296,429	1,201	0.4%	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	1,540	(2)	406	(406)	69,332	69,113	219	0.3%	underspend
Mental Health	23,482	1,587	-	783	(783)	25,069	25,834	(765)	-3.1%	overspend
Learning Disabilities	17,228	1,091	-	-	-	18,319	18,036	283	1.5%	underspend
Children's Services	6,046	1,617	-	-	-	7,663	7,601	62	0.8%	underspend
Prescribing	36,762	699	-	-	-	37,461	36,651	810	2.2%	underspend
Health Improvement & Inequalities	815	274	-	159	(159)	1,089	1,032	57	5.2%	underspend
FHS	50,344	2,202	-	-	-	52,546	52,546	-	0.0%	breakeven
Resources	4,300	2,684	-	2,541	(2,541)	6,984	6,843	141	2.0%	underspend
Hosted Services	10,950	693	-	-	-	11,643	11,198	445	3.8%	underspend
Resource Transfer	21,596	1,400	(22,996)	-	-	-	-	-	0.0%	breakeven
Social Care Fund	12,254	-	(12,254)	-	-	-	-	-	0.0%	breakeven
Set Aside	64,738	1,373	-	-	-	66,111	66,111	-	0.0%	breakeven
NET EXPENDITURE (before delegated)	316,309	15,160	(35,252)	3,889	(3,889)	296,217	294,965	1,252	0.4%	underspend
Other Delegated Services	1,066	-	-	-	-	1,066	1,117	(51)	-4.8%	overspend
NET EXPENDITURE before COVID	317,375	15,160	(35,252)	3,889	(3,889)	297,283	296,082	1,201	0.4%	underspend
COVID 19	-	347	-	6,804	(6,804)	347	347	-	0.0%	breakeven
NET EXPENDITURE	317,375	15,507	(35,252)	10,693	(10,693)	297,630	296,429	1,201	0.4%	underspend

Appendix 3

Adult Social Care Revenue Budget Position 1st April 2021 to 10th December 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	22,319	1,705	-	111	-	24,136	24,351	(215)	-0.9%	overspend
Property Costs	244	88	-	-	-	332	363	(32)	-9.6%	overspend
Supplies and Services	1,199	8	-	-	-	1,207	1,308	(100)	-8.3%	overspend
Third Party Payments	41,844	3,671	-	12	-	45,527	45,273	253	0.6%	underspend
Transport	582	1	-	-	-	583	332	251	43.0%	underspend
Support Services	48	1	(1)	-	-	48	42	6	12.9%	underspend
Transfer Payments (PTOB)	3,978	(271)	-	-	-	3,707	3,710	(3)	-0.1%	overspend
Gross Expenditure	70,214	5,204	(1)	124	-	75,540	75,381	160	0.2%	underspend
Income	(18,735)	(4,395)	-	-	(124)	(23,254)	(23,253)	(1)	0.0%	overspend
NET EXPENDITURE	51,479	809	(1)	124	(124)	52,287	52,128	159	0.3%	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	33,573	(90)	(1)	111	(111)	33,482	33,363	119	0.4%	underspend
Physical or Sensory Difficulties	4,359	129	-	-	-	4,489	4,650	(161)	-3.6%	overspend
Learning Difficulties	11,082	747	-	-	-	11,829	11,700	129	1.1%	underspend
Mental Health Needs	1,993	40	-	-	-	2,033	1,988	46	2.2%	underspend
Addiction Services	471	(18)	-	12	(12)	453	427	26	5.7%	underspend
NET EXPENDITURE	51,479	809	(1)	124	(124)	52,287	52,128	159	0.3%	underspend

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	2,463		1,516		36,218	38,145	(1,927)	-5.3%	overspend
Property Costs	352	127		109		588	743	(155)	-26.4%	overspend
Supplies and Services	1,732	12		3		1,747	1,896	(149)	-8.5%	overspend
Third Party Payments	60,441	5,302		1,697		67,440	69,070	(1,630)	-2.4%	overspend
Transport	840	2				842	480	362	43.0%	underspend
Support Services	70	2	(2)			70	61	9	12.9%	underspend
Transfer Payments (PTOB)	5,746	(391)		716		6,071	6,780	(709)	-11.7%	overspend
Gross Expenditure	101,420	7,517	(2)	4,041	-	112,976	117,175	(4,199)	-3.7%	overspend
Income	(27,061)	(6,349)		642	(4,683)	(37,451)	(41,879)	4,428	-11.8%	underspend
NET EXPENDITURE	74,359	1,168	(2)	4,683	(4,683)	75,525	75,296	229	0.3%	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	(130)	(2)	161	(161)	48,363	48,191	172	0.4%	underspend
Physical or Sensory Difficulties	6,297	187				6,484	6,717	(233)	-3.6%	overspend
Learning Difficulties	16,008	1,079				17,087	16,900	187	1.1%	underspend
Mental Health Needs	2,879	58				2,937	2,871	66	2.2%	underspend
Addiction Services	680	(26)		18	(18)	654	617	37	5.7%	underspend
COVID 19				4,504	(4,504)	-	-		0.0%	breakeven
NET EXPENDITURE	74,359	1,168	(2)	4,683	(4,683)	75,525	75,296	229	0.3%	underspend

Appendix 4

Health Revenue Budget Position 1st April 2021 to 30th November 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	32,396	7,145	-	2,245	-	41,786	41,489	297	0.7%	underspend
Property Costs	23	49	-	-	-	72	88	(16)	-22.2%	overspend
Supplies and Services	12,107	(720)	(8,169)	212	-	3,430	3,572	(142)	-4.1%	overspend
Purchase Of Healthcare	1,901	199	-	17	-	2,117	2,115	3	0.1%	underspend
Family Health Services	59,357	1,130	-	-	-	60,487	59,947	540	0.9%	underspend
Set Aside	43,159	915	-	-	-	44,074	44,074	-	0.0%	breakeven
Resource Transfer	14,397	933	(15,331)	-	-	0	0	-	0.0%	
Gross Expenditure	163,341	9,653	(23,500)	2,473	-	151,967	151,285	682	0.4%	underspend
Income	(2,041)	(325)	-	-	(2,473)	(4,839)	(4,839)	-	0.0%	breakeven
NET EXPENDITURE	161,300	9,328	(23,500)	2,473	(2,473)	147,128	146,446	682	0.5%	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	323	422	-	18	(18)	745	769	(24)	-3.2%	overspend
Addiction Services - ADP	1,093	385	-	71	(71)	1,478	1,478	-	0.0%	breakeven
Adult Community Services	6,798	199	-	62	(62)	6,997	6,811	186	2.7%	underspend
Children's Services	4,031	1,078	-	-	-	5,109	5,067	41	0.8%	underspend
Learning Disabilities	813	8	-	-	-	821	757	64	7.8%	underspend
Mental Health	13,735	657	-	13	(13)	14,392	14,946	(554)	-3.8%	overspend
Mental Health - Action 15	-	363	-	509	(509)	363	363	-	0.0%	breakeven
Hosted Services	7,300	462	-	-	-	7,762	7,465	297	3.8%	underspend
Prescribing	24,508	466	-	-	-	24,974	24,434	540	2.2%	underspend
Gms	17,124	-	-	-	-	17,124	17,124	-	0.0%	breakeven
FHS Other	16,439	1,468	-	-	-	17,907	17,907	-	0.0%	breakeven
Planning & Health Improvement	543	183	-	106	(106)	726	688	38	5.2%	underspend
Primary Care Improvement Prog	-	1,752	-	1,639	(1,639)	1,752	1,752	-	0.0%	breakeven
Resources	2,867	37	-	55	(55)	2,904	2,810	94	3.2%	underspend
Set Aside	43,159	915	-	-	-	44,074	44,074	-	0.0%	breakeven
Resource Transfer	14,397	933	(15,331)	-	-	0	0	-	0.0%	
Social Care Fund	8,169	-	(8,169)	-	-	-	-	-	0.0%	
NET EXPENDITURE	161,300	9,328	(23,500)	2,473	(2,473)	147,128	146,446	682	0.5%	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	10,718		3,367		62,679	62,233	446	0.7%	underspend
Property Costs	34	74				108	132	(24)	-22.2%	overspend
Supplies and Services	18,161	(1,080)	(12,254)	318		5,145	5,358	(213)	-4.1%	overspend
Purchase Of Healthcare	2,852	299		25		3,176	3,172	4	0.1%	underspend
Family Health Services	89,036	1,695				90,731	89,921	810	0.9%	underspend
Set Aside	64,738	1,373				66,111	66,111		0.0%	breakeven
Resource Transfer	21,596	1,400	(22,996)			-	-		0.0%	
Gross Expenditure	245,011	14,479	(35,250)	3,710		227,950	226,927	1,023	0.4%	underspend
Income	(3,061)	(487)			(3,710)	(7,258)	(7,258)		0.0%	breakeven
NET EXPENDITURE	241,950	13,992	(35,250)	3,710	(3,710)	220,692	219,669	1,023	0.5%	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	633		27	(27)	1,118	1,154	(36)	-3.2%	overspend
Addiction Services - ADP	1,640	577		107	(107)	2,217	2,217	-	0.0%	breakeven
Adult Community Services	10,197	299		93	(93)	10,496	10,217	279	2.7%	underspend
Children's Services	6,046	1,617				7,663	7,601	62	0.8%	underspend
Learning Disabilities	1,220	12				1,232	1,136	96	7.8%	underspend
Mental Health	20,603	985		20	(20)	21,588	22,419	(831)	-3.8%	overspend
Mental Health - Action 15	-	544		763	(763)	544	544	-	0.0%	breakeven
Hosted Services	10,950	693				11,643	11,198	445	3.8%	underspend
Prescribing	36,762	699				37,461	36,651	810	2.2%	underspend
Gms	25,686					25,686	25,686	-	0.0%	breakeven
FHS Other	24,658	2,202				26,860	26,860	-	0.0%	breakeven
Planning & Health Improvement	815	274		159	(159)	1,089	1,032	57	5.2%	underspend
Primary Care Improvement Prog	-	2,628		2,458	(2,458)	2,628	2,628	-	0.0%	breakeven
Resources	4,300	56		83	(83)	4,356	4,215	141	3.2%	underspend
Set Aside	64,738	1,373				66,111	66,111	-	0.0%	breakeven
Resource Transfer	21,596	1,400	(22,996)			-	-	-	0.0%	
Social Care Fund	12,254		(12,254)			-	-	-	0.0%	
NET EXPENDITURE	241,950	13,992	(35,250)	3,710	(3,710)	220,692	219,669	1,023	0.5%	underspend

Appendix 5

Renfrewshire Council 'Other Delegated Services' 1st April 2021 to 10th December 2021

Subjective Heading	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Employee Costs	180	180	-	0%	breakeven
Property Costs	1	1	-	0%	breakeven
Supplies and Services	10	10	-	0%	breakeven
Transport	3	3	-	0%	breakeven
Transfer Payments (PTOB)	656	691	(35)	-5%	overspend
Gross Expenditure	850	885	(35)	-5%	overspend
Income	(112)	(112)	-	0%	breakeven
NET EXPENDITURE	738	773	(35)	-5%	overspend

Client Group	Year to Date Budget £000's	Projection to Year End £000's	Variance £000's	%	
Housing Adaptations	574	609	(35)	-6%	overspend
Women's Aid	164	164	-	0%	breakeven
Grant Funding for Women's Aid	-	-	-	0%	breakeven
NET EXPENDITURE	738	773	(35)	-6%	overspend

1st April 2021 to 31st March 2022

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

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

Appendix 6

2021/22 Adult Social Care Base Budget and In-Year Adjustments	
	£k
2021/22 Renfrewshire HSCP Opening Budget:	74,359
<u>Reductions:</u>	
Transfer to ICT for Intune Licenses	-2
Adult Social Care Budget as reported @ 28th May 2021	74,357
<u>Budget Adjustments posted in month 9</u>	
<u>Non-Recurring:</u>	
Transfer of Provider Pay Award Uplift Monies Payable 01/12/21	1,168
Adult Social Care Budget as reported @ 10th December 2021	75,525

Appendix 7

2021/22 Health Financial Allocation to Renfrewshire HSCP	£k
2021/22 Renfrewshire HSCP Financial Allocation	177,212
Add: Set Aside	64,738
less: Budget Adjustments	
Social Care Fund	-12,254
Resource Transfer	-21,596
= base budget rolled over	208,100
RT Adjustments	-474
Non-Recurring:	
Emis Staff PC Screen	72
GMS X Charge HSCP Covid	8
Budget allocated as per 2021/22 Financial Allocation 31st May 2021	207,706
Budget Adjustments posted in month 3	
Additions	
Fhs Other To Hscps 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	
Addictions Prevention - Uplift for Hep C and BBV posts	7
Partnership Uplift - 1.5% SG uplift	1,900
FHS Adjustment - Hscps Ncl Adjust	477
Reductions	
Contribution to West of Scotland Sexual Assault and Rape Service	-85
RT Adjustment	-447
FHS Adjustment - Hscps 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
Budget Adjustments posted in month 5	
Additions	
Additional uplift to fund AFC Increase	1,201
Non-Recurring:	
FHS Covid Payments	6
Transfer of Drugs Budget from Acute	54
Budget allocated as per 2020-21 Financial Allocation 31st August 2021	216,705
Budget Adjustments posted in month 6	
Additions	
FHS Adjustment	379
Reductions	
FHS COVID payments adjustment	-38
Non-Recurring:	
CAMHS Waiting List Initiative	211
Open University - Back fill funding	10
National Drugs Mission	8
SESP Funding	288
Tobacco Monies	35
Transfer of Drugs Budget from Acute	27
Budget allocated as per 2020-21 Financial Allocation 30th September	217,625
Budget Adjustments posted in month 7	
Additions	
FHS Adjustment	198
Reductions	
RT Adjustment	-479
Non-Recurring:	
Transfer of Drugs Budget from Acute	28
Funding to Support DN course	16
COVID Funding	279
Workforce wellbeing	68
CAMHS New monies	791
Budget allocated as per 2020-21 Financial Allocation 31st October	218,526
Budget Adjustments posted in month 8	
Additions	
Set Aside Adjustment	1,373
Non-Recurring:	
Apremilast Cam From Acute	37
Pharmacy Contribution	-169
ADP Programme	8
ADP Frontline	221
ADP Programme	569
MH Outcomes	291
MH Dementia	119
DN Tranche 2	64
Budget allocated as per 2020-21 Financial Allocation 30th November	221,039

Scottish Government Funding Streams

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

2020/21					2021/22				
Per Allocation Letter £m	Received @ 31st March £m	Drawdown from Reserves £m	Transfer to Earmarked Reserves £m	Balance held by SG (Variance) £m	Per Allocation Letter £m	Received @ 31st July £m	Balance held by SG (Variance) £m	Drawdown from Reserves £m	Balance Earmarked Reserves £m
3.735	4.754	0.264	-2.458	0.000	5.265	2.629	2.636	2.458	0.000
0.815	1.333	0.130	-0.763	0.000	1.088	0.544	0.544	0.763	0.000
2.308	2.308	0.344	-0.577	0.000	2.218	2.218	0.000	0.107	-0.834
6.858	8.395	0.738	-3.798	0.000	8.571	5.391	3.180	3.328	-0.834

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
			IJB Approved	Awaiting IJB Approval		
	£000's	£000's	£000's	£000's	£000's	£000's
Tec Grant	98				98	0
Information Communication Funding - Care @ Home Scheduling System	732	-155			577	-155
Analogue to Digital contribution to programme	434				434	0
Eclipse Support Costs (2 Year)	156				156	0
ICT / Systems Related:	1,420	-155	0	0	1,265	-155
Mental Health Improvement Works	395	-20			375	-20
Mile End Refurbishment	89				89	0
LA Care Home Refurbishment	300				300	0
Primary Care Support Building Works	30				30	0
Premises Related:	814	-20	0	0	794	-20
PCTF Monies Allocated for Tests of Change and GP Support	299	-83			216	-83
Facilitation of Multi-Disc teams in GP Practices - Renfrewshire Share of NHS	49				49	0
District Nurse Rolling Recruitment Programme	219	-24			195	-24
Training for Mental Health Officers in HSCP	288				288	0
Prescribing	2,000				2,000	0
Funding to Mitigate Any Shortfalls in Delivery of Approved Savings from Prior Y	1,080				1,080	0
Care @ Home Senior Lead (2 Year Funding)	206				206	0
HSCP Respiratory Nursing	421				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
HSCP Fixed Term Posts Funding				2,700	2,700	2,700
Renfrewshire Wide Prevention and Early Intervention Programme	193	-159			34	-159
Other:	6,584	-266	0	2,700	9,018	2,434
TOTAL HSCP FUNDED EARMARKED RESERVES	8,818	-441	0	2,700	11,077	2,259
Primary Care Improvement Program (19/20)_ (20/21)	2,458	-2,458			0	-2,458
GP Premises Fund - Renfrewshire share of NHSGGC funding for GP premises	224				224	0
ADP Funding	941	-125			816	-125
Reduce Drug Death Funding	104				104	0
Drug Death Task Force	141	-27			114	-27
Mental Health Action 15 (19/20)_ (20/21)	763	-763			0	-763
DN Workforce Allocation 20/21	69	-69			0	-69
Henry Programme - Pre 5 Obesity Training	15				15	0
Health Visiting	32				32	0
Adult Support and Protection Grant	68	-6			62	-6
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	-10,252	0	0	2,156	-10,252
TOTAL EARMARKED RESERVES	21,226	-10,693	0	2,700	13,233	-7,993

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	£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	-10,693	0	2,700	19,014	-7,993

**HSCP Vacancy Position at 10 December 2021
Per Client Group**

Care Group	Health	Adult	TOTAL
	# Current Vacancies FTE	# Current Vacancies FTE	# vacancies FTE
Adults & Older People	27.65	103.72	131.37
Mental Health	40.70	10.50	51.20
Learning Disabilities	0.92	17.11	18.03
Children's Services	7.91		7.91
Health Improvement & Inequalities	2.00		2.00
Resources	7.56		7.56
Hosted Services	16.78		16.78
TOTAL	103.52	131.33	234.85

HSCP Vacancy Position at 10 December 2021
Per Job Description

Job Description	Health # Current Vacancies FTE	Adult # Current Vacancies FTE	TOTAL # vacancies FTE
Activity Co-ordinator		2.00	2.00
Admin & Clerical	12.36		12.36
ADRS Team Lead		1.00	1.00
ADRS Worker		1.50	1.50
Adult Services Co-ordinator		2.80	2.80
Bus Escort		0.68	0.68
Business Analyst		1.00	1.00
CAH Senior Lead/ Supporting People at Home		1.00	1.00
Care Home Manager		1.00	1.00
Care at Home Team Manager		1.00	1.00
Commissioning Officer		1.00	1.00
Community Alarm Responder		8.11	8.11
Community Link Team Manager		1.00	1.00
Community Meals Driver		0.29	0.29
Data Quality Assistant		2.00	2.00
Day Care Officer		2.00	2.00
Day Centre Officer		0.91	0.91
Day Service Assistant		4.87	4.87
Day Service Officer		3.74	3.74
Digital Business Lead		1.00	1.00
Escort/ Attendant		1.01	1.01
Home Care Worker		43.65	43.65
Home Care Worker (Night)		0.81	0.81
Lead Officer Unscheduled Care Improvement		1.00	1.00
Medical & Dental	2.88		2.88
Mental Health Officer		2.50	2.50
Nursing Staff - Trained			-
Nursing Staff - Untrained	48.18		48.18
Occupational Therapist	9.65	0.10	9.75
Occupational Therapist Assistant	2.13		2.13
Operational Manager Residential & Day Services	1.20	1.00	2.20
Professional Assurance Team Lead		1.00	1.00
Pharmacist	1.00		1.00
Physiotherapist	2.95		2.95
Podiatrist	15.78		15.78
Psychology	4.77		4.77
Rehabilitation Officer		0.50	0.50
Senior Day Service Officer		0.50	0.50
Senior Planning & Performance Development Worker		1.00	1.00
Senior Social Care Worker		1.00	1.00
Senior Home Support Worker		4.73	4.73
Senior Social Worker		1.00	1.00
Service Delivery Scheduler		1.62	1.62
Service Delivery Scheduler (temp)		1.43	1.43
Social Care Assistant		5.81	5.81
Social Care Assistant (Nights)		2.25	2.25
Social Care Worker		3.56	3.56
Social Work Assistant		2.50	2.50
Social Worker		11.00	11.00
Social Worker Discharge Co-ordinator		1.00	1.00
Speech & Language Therapist	2.62		2.62
Strategic Business Delivery Manager - CAH		1.00	1.00
Team Leader		1.00	1.00
Team Manager		1.50	1.50
Telecare Technician		1.95	1.95
TOTAL	103.52	131.32	234.84

Greater Glasgow and Clyde NHS Board

JB Russell House
 Gartnavel Royal Hospital
 1055 Great Western Road
 Glasgow
 G12 0XH
 Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 17th November 2021
 Our Ref: FMcE

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

Dear Christine

2021/22 Financial Allocation to Glasgow Health and Social Care Partnership

Following on from the initial uplift letter sent out in March 2021, I can now update the Boards Allocation to the HSCP for 2021/22, based on further allocations for the Agenda for Change pay agreement. Please note this does not include an allocation for the Medical Pay Award and AFC band 8-9, this has still to be confirmed by Scottish Government.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's initial uplift for 2021/22 is 1.5% totalling £33.7m followed by a further £31.2m for Agenda for Change Pay Uplift

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 28 January 2021 states that *"In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £13.1m based on the recurring budget at 31 January 2021 followed by a further £7.6m for AFC pay uplift and the partnership's share of this allocation is included in **Appendix 1**.

Set Aside Budget

During 2020/21 work continued to identify the actual budgets and costs of unscheduled care services and these have been used as the basis for the set aside allocation for 2021/22. Now that the final out-turn for 2020/21 is confirmed the current value has been uplifted by 2.12%. This figure represents the estimated actual usage of the in scope Acute services. This will continue to be a notional allocation.

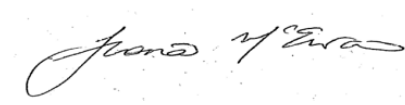
Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2021/22:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Fiona McEwan', with a stylized, cursive script.

Fiona McEwan

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

Appendix 1 – Financial Allocation 2021/22

Spend Categories	Renfrewshire Hscp
	£000s
Family Health Services	52,658
Fhs Income	(2,314)
Family Health Services Budget (Net)	50,344
Prescribing & Drugs	36,857
Non Pay Supplies	17,717
Pay	48,593
Other Non Pay & Savings	24,448
Other Income	(747)
Budget - HCH incl Prescribing	126,867
Total Rollover budget - NET	177,212
Adjustments:	
Non Recurring budget allocated to base	(153)
Budget Eligible for HCH & Prescribing uplift	126,715
<u>Uplifts</u>	
Scottish Government allocation	1,902
AFC additional uplift	1,201
West of Scotland Sexual Assault & Rape Service (Topsliced)	(85)
West of Scotland Sexual Assault & Rape Service (Hosted)	
Total Uplift	3,017
Revised Budget	180,229
<u>Set Aside Budget</u>	
2021/2022 Value	64,738
Uplift @ 2.12%	1,372
2021/22 Value	66,111



To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Head of Health and Social Care Services

Heading: NHSGGC Specialist Children's Services Mental Health Recovery and Renewal CAMHS Funding

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

1. Purpose

- 1.1 The purpose of this paper is to update the IJB on proposals for the planned use of the first and second tranche of the new Scottish Government Mental Health Recovery and Renewal Fund 2021/22 and 2022/23 specifically in relation to Specialist Children's Services (SCS) Children & Adolescent Mental Health Services (CAMHS).

2. Recommendation

It is recommended that the IJB:

- Note the priorities and funding made available by the Scottish Government for Phase 1 and Phase 2 Mental Health Recovery and Renewal priorities for CAMHS;
- Note Renfrewshire CAMHS will work with colleagues across GGC with a centralised whole-system approach to increasing the CAMHS workforce, undertaken in the initial stages, the approach similar to that which is used for Action 15 monies in Adult Mental Health with budget delegated thereafter;
- Approve the proposed spending priorities identified for Phase 1 as outlined in Appendix 4 for Renfrewshire as part of the wider plan. In addition, where it is required to amend the workforce modelling in line with the ability to recruit to posts within the financial framework, that there is agreement to do so, without seeking further IJB approval; and
- Note that funding proposals for Phase 2 funding will be the subject of a future report.

3. Background

- 3.1 The Scottish Government wrote to Health Boards and IJBs on 5 May 2021 outlining Mental Health Recovery and Renewal - Phase 1 funding for CAMHS of £6.1m to focus on 3 areas for improvement. Funding was confirmed in December 2021 to be on a recurring basis with the exception of the funding linked to the waiting list initiative which is for 2 years.

Element	NHSGGC Allocation
Full implementation of the CAMHS specification – Community CAMHS <i>Focusing on meeting waiting times standards and gaps in the Service specification</i>	£3,286,109
Expansion of transition timescales for CAMHS from age 18 up to the age of 25 years old for targeted groups and those who wish it <i>Focusing on joint planning and transitions with adult services initially for Eating Disorders Trauma/Looked After Learning Disabilities and Neurodevelopmental patient cohorts.</i>	£1,876,899
Clearance of CAMHS waiting list backlog <i>Supporting extension of the existing fixed term waiting list staffing in HSCP teams with substantive enhancement based on demand and capacity modelling and development of workforce plan.</i>	£938,449
Total Phase 1	£6,101,457

3.2 Phase 2 funding

The Scottish Government subsequently wrote to NHS Boards and IJBs on 14 September 2021 outlining Phase 2 funding allocations (Appendix 1) to deliver the following further elements:

Element	NHSGGC Allocation 2021/22	NHSGGC Allocation 2022/23
Establish capacity to provide access to specialist neurodevelopmental professionals to support the implementation of the recently published National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care.	£679,703	£1,166,157
Creation of 3 regional CAMHS Intensive Psychiatric Care Units (IPCU) adjacent to the existing Adolescent inpatient facilities (IPCU) Intensive Home Treatment Teams.	£366,507	£733,013

Establishment of regional Child and Adolescent Mental Health Services (CAMHS) services for children and young people with learning disabilities, forensic needs and those who are in secure care and prison.	£155,488	£266,550
Establish capacity to provide Child and Adolescent Mental Health Services (CAMHS) Intensive Home Treatment Services planned regionally and integrated with regional adolescent inpatient pathways.	£444,250	£666,376
Establish Child and Adolescent Mental Health Services (CAMHS) Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways.	£259,886	£444,250
Establish capacity and provision of Child and Adolescent Mental Health Services (CAMHS) Liaison Services delivered by paediatric acute inpatient and outpatient services.	£388,719	£666,376
Establish a national data gathering and research facility in NHS GGC.	£500,000	£1,000,000
Emergency funding for financial year 2021/2022, has also been identified to support management of the increase presentations for Eating Disorders across all age ranges.	£988,457	£988,457
Total Phase 2	£3,783,010	£5,931,179

3.3 **Approach and Governance**

A NHS GGC CAMHS Mental Health Recovery and Renewal Programme Board has been convened which will oversee the significant work plan associated with the utilisation of the funding. The Programme Board is chaired by the Chief Officer with strategic responsibility for CAMHS, with representatives from all HSCPs, Board managed Tier 4 services, Staff Partnership, HR and Finance colleagues

3.4 The existing CAMHS Waiting List Initiative Group chaired by the Head of Specialist Children's Services with strategic responsibility for CAMHS and the CAMHS Workforce Planning Group chaired by the CAMHS Clinical Director will report into the Programme Board. Other working groups will need to be formed to plan for each work stream and the development of proposals for Phase 2 funding. Detailed proposals for Phase 2 will be the subject of a future report to the IJB.

3.5 **Principles**

The funding will require a large scale increase in staffing in order to deliver the improvements and expanded services. The following principles should apply to the funding:

- Usage of funding will be aligned to CAMHS services;

- Provision of direct clinical care and case holding posts will be maximised;
- Supervision per profession will be built into workforce plans; and
- Posts will be aligned to Tier 3 CAMHS teams within HSCPs and Tier 2 Board and regional services.

3.6 **Finance - CAMHS Phase 1 funding: Boardwide Greater Glasgow and Clyde NRAC split per HSCP**

NRAC will be used to allocate funding to the 6 HSCPs. There are a number of longstanding agreements in terms of the delivery of CAMHS that will then require further alignment of funding, specifically East Dunbartonshire's residents are served through the Glasgow City CAMHS teams and the East Renfrewshire CAMHS teams delivers to a number of South Glasgow residents. This has been reflected in the allocations below:

	NRAC %	CAMHS Spec	CAMHS Up to 25	CAMHS WLI	TOTAL CAMHS
GG&C Allocation		£3,286,109	£1,876,899	£938,449	£6,101,457
NRAC Split by HSCP (adjusted for 3.2% of Glasgow postcodes serviced by East Ren)					
Glasgow City	50.51%	£1,659,867	£948,052	£474,026	£3,081,946
East Dun	8.35%	£274,304	£156,672	£78,336	£509,312
Glasgow Total		£1,934,172	£1,104,724	£552,362	£3,591,258
East Ren	10.36%	£340,581	£194,527	£97,263	£632,372
Inverclyde	7.34%	£241,250	£137,793	£68,896	£447,939
Renfrew	15.29%	£502,543	£287,034	£143,517	£933,093
West Dun	8.14%	£267,563	£152,822	£76,411	£496,795
TOTAL		£3,286,109	£1,876,899	£938,449	£6,101,457

3.7 **Workforce Planning Process for Phase 1**

The Workforce Planning Group is facilitating engagement with each HSCP, via Service Managers, to produce both an initial plan for utilising the funding and the development of a 3-5 years' sustainable workforce plan for CAMHS. CAMHS Professional leads, for Psychiatry, Psychology, Nursing, Psychotherapy, Family Therapy and Allied Health Professionals (AHPs) have prepared Situation, background, assessment & recommendation reports (SBARs) for their specific professional groups proposing increases in staffing and potential, new ways of working aligned to achieving the outcomes specified. A centralised recruitment approach will be taken supported by the Professional Leads. The professional lead recommendations have been shared with each HSCP to support local decision making.

3.8 Each HSCP in consultation with their CAMHS teams have prepared an initial costed draft workforce plan aimed to address gaps, reduce backlog, and meet ongoing demand. Appendix 2 provides detail of the proposed spend across the three priority areas and each individual IJB.

Each HSCP has submitted their proposed workforce (East Dunbartonshire is within Glasgow City proposals). Appendix 3 provides details of the proposed spend which will take place on a Board Wide Level. Appendix 4 provides details of the proposed spend for Renfrewshire including those being undertaken at a local level and our share of Board Wide proposals. The HSCP workforce modelling has been developed with our current understanding of being able to recruit into posts, whilst recognising the professional roles may require to be altered in response to the availability to recruit specific professional disciplines.

- 3.9 It is anticipated that the following will be indicators of progress against achieving the requested outcomes:

Outcome 1: Full implementation of the CAMHS service specification.

This funding will be aligned to increasing case holding capacity in CAMHS teams and focused on expanding staffing to address any internal waits for specific Multi-disciplinary team (MDT) members i.e. Occupational Therapists (OT) /Speech & Language Therapists(SLT) and on meeting the standards of *'Offer a first appointment to all children and young people who meet the CAMHS Scotland referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks and provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks'*.

Performance against this outcome will be measured against delivery of the waiting time standards. In addition, our workforce plans indicate that we should aim to increase our staffing to be at 20 wte per 100,000 population. Our current position is approximately. 14 WTE. It is unlikely that sufficient staff will be available to recruit on the scale needed to meet demand in GGC within this financial year. The workforce plan will aim to increase staffing based on qualification and recruitment windows for key professional groups such as Nursing and Psychology.

Outcome 2: Expansion of CAMHS to support targeted groups of young people should they wish to remain in CAMHS up to age 25 years and to improve transitions for young people.

This funding will be utilised to support posts who work across CAMHS and Adult Services providing a bridge and improving the transition experience of young people where there are particularly vulnerabilities i.e. (looked after and accommodated children, learning disability, eating disorders and neurodevelopmental disorders). Performance against this

will be measured through the joint working and implementation of the transition care planning guidance in NHS GGC.

Outcome 3: Clearance of backlogs on waiting lists for CAMHS

The Scottish Government have recognised in some Board areas that this may take up to two years, with funding provided for year 1 in 2021-22. This funding will be utilised to provide case holding capacity to see and treat children who have been waiting longest first. Performance will be measured through: Number of children on the waiting list: 18 week Referral to Treatment time, and the numbers of first treatment appointments delivered. Additional staff are already recruited via the NHS GGC Waiting List Initiative.

Implications of the Report

1. **Financial** – The proposals have been developed to fit within the allocation from Scottish Government. Given that proposals are linked to recruitment the ability to spend allocations this year will be limited. Scottish Government have confirmed elements of the funding will be recurring which will support permanent recruitment to the roles required.
2. **HR & Organisational Development** – tbc
3. **Community Planning** – none
4. **Legal** – none
5. **Property/Assets** – none
6. **Information Technology** – none
7. **Equality & Human Rights** – none
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – Inability to recruit sufficient staff in key case holding professions i.e. nursing and psychology. Control: recruit from a wider range of professional groups, such as Occupational Therapists, Speech and Language Therapists. Senior nursing roles are being created to secure and bring in nurses and support the development of junior staff. Unqualified roles such as clinical support workers are being created. Social media is being used to promote the benefits of working for NHS GGC.
11. **Privacy Impact** – n/a.

Background Papers: None

Author: Jackie Dougall, Head of Health and Social Care

Any enquiries regarding this paper should be directed to Jackie Dougall, Head of Health and Social Care, (Jackie.Dougall@ggc.scot.nhs.uk)

Direction from the Integration Joint Board

1.	Reference Number	280122-08
2.	Date Direction issued by IJB	28 January 2022
3.	Date from which Direction takes effect	28 January 2022
4.	Direction to	NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	No
6.	Functions covered by the Direction	All functions delegated to the IJB from NHS Greater Glasgow & Clyde
7.	Full text of Direction	NHS Greater Glasgow and Clyde is directed to carry out the spending priorities outlined using the funding allocation from the Phase 1 Mental Health Recovery & Renewal fund, as outlined in Appendix 4.
8.	Budget allocated by IJB to carry out Direction.	The funding allocation for carrying out this Direction is £933,093
9.	Outcomes	The functions will be carried out in a manner consistent with the outcomes set out in Appendix 1, the draft Unscheduled Care Commissioning Plan and the IJB's Strategic Plan 2019-22.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	September 2022.



Directors of Finance, NHS Boards
 Chief Finance Officers, Integration Joint Boards

Copy to:
 Chief Executives, NHS Boards
 Chief Officers, Integration Joint Boards
 Chairs, NHS Boards
 Directors of Regional Planning
 Chairs of Regional Planning Groups
 COSLA

By Email

14 September 2021

Dear Colleague,

MENTAL HEALTH RECOVERY & RENEWAL FUND – PHASE 2 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IMPROVEMENT

I am writing to provide you with an overview of phase 2 allocations from the Scottish Government's Mental Health Recovery & Renewal Fund which will be provided to improve Child and Adolescent Mental Health Services (CAMHS). This will be followed up with specific allocation letters.

The previous Minister for Mental Health wrote to all NHS Boards, and partners, on 24 March 2021. This letter outlined the intention to make around £40 million available to take forward dedicated packages of CAMHS improvement work, based on gap analysis undertaken as part of the implementation of the National CAMHS Services Specification. I hope the following information is helpful in outlining these packages of work.

The Fund supports the delivery of actions set out in the [Mental Health Transition and Recovery Plan](#) to respond to the mental health need arising from the Covid-19 pandemic. It will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out on page 9 of the Plan.

We appreciate colleagues' concerns around the issue of non-recurring funding as the £120 million Fund – allocated as a result of Barnett Covid-19 consequential funding – is for 2021-22 only. However, Ministers recognise that if we are to deliver real transformation, a significant amount of this investment will need to be made on a recurring basis. We hope that the commitments to increase direct mental health investment, contained in both the NHS Recovery Plan and this year's Programme for Government, will provide sufficient comfort that recurring funding will be available where it is required and would encourage you to plan on that basis, recognising the funding will need to be confirmed at the next Spending Review. We will continue to discuss with our stakeholders the extent of that requirement over the next few months.

Phase 1 Board Allocations 2021-22

Following on from the Minister's initial letter in March, in May 2021, you received a letter from Hugh McAloon, Mental Health Deputy Director, including details of allocations from the first phase of Recovery & Renewal funding of **£29.15 million** for CAMHS improvement as set out in the table below.

CAMHS Improvement	Allocation 2021-22 (£m)
CAMHS Service Specification	16.4
CAMHS up to age 25	8.5
CAMHS backlog	4.25
Total	29.15

Phase 2 Board Allocations 2021-22

As indicated in the initial March letter, I can now confirm that a further total part-year effect funding of **£10.83 million** for 2021-22 (£18.75 million full year-effect) is being allocated for other packages of CAMHS improvement work, as set out below. Allocations have been calculated using the National Resource Allocation Committee (NRAC) mechanism. For 2021-22, funding has been allocated on a part-year basis, taking into account that we are now in Q2 of the financial year. The table below provides a breakdown of this funding, providing the full-year equivalent.

CAMHS Improvement	2021-22 Part-year equivalent (£m)	Full-year equivalent (£m)	Allocated to
CAMHS Neurodevelopmental Standards and Specification	3.06	5.25	Territorial Boards (NRAC).
CAMHS Intensive Psychiatric Care Units (IPCU)	1.65	3.3	Territorial Boards (NRAC) but delivered regionally by NHS Greater Glasgow and Clyde, Tayside & Lothian (implementing recommendations in IPCU Review).
Intensive Home Treatment Teams	2.0	3.0	Territorial Boards (NRAC) but planned regionally and integrated with regional adolescent inpatient pathways.
Learning Disabilities, Forensic and Secure CAMHS	0.7	1.2	Territorial Boards (NRAC) but delivered regionally.
Out of Hours unscheduled care	1.17	2.0	Territorial Boards (NRAC) but planned regionally and integrated with

			regional adolescent inpatient pathways.
CAMHS Liaison Teams	1.75	3.0	Territorial Boards (NRAC) but delivered by paediatric acute inpatient and outpatient services.
Data gathering, research and evaluation	0.5	1.0	NHS Greater Glasgow and Clyde on behalf of National e-Health Director Group.
Total	10.83	18.75	

Separate allocation letters will issue for each package of funding. We recognise that there is a mixed picture in terms of delegation of children's services to Integration Joint Boards (IJB) and letters setting out with Board allocations will provide indicative IJB allocations.

It is for Regional Planning Groups, local Boards and IJBs to work together to ensure that the funding outlined above is used for the purposes intended and achieves best value.

Other CAMHS-related funding in 2021-22

Finally, I would like to make you aware that **up to £750,000** will be allocated to other bodies (e.g. Third Sector) in 2021-22 for a national programme to support partnership and collaboration with children, young people and families. This is a commitment in the National CAMHS Service Specification and this allocation will fund engagement teams to enable the design, delivery and evaluation of CAMHS to draw on lived experience at a local and regional level.

In order to support the implementation of the work packages outlined in the table above, a National Implementation Support resource will be established to assist Boards in their work to implement the National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care and the National CAMHS Service Specification. This will not be allocated to NHS Boards at this stage.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

If you have any questions, please contact Della Robb in the Scottish Government's Mental Health Division at della.robb@gov.scot.

Gavin Gray
Deputy Director, Mental Health & Social Care Directorate, Scottish Government

Project Bids	Start Date	2021/22			2021/22			2021/22			2021/22		
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
		CAMHS Spec			CAMHS up to 25			CAMHS WLI			TOTALS		
<u>New Commitments</u>		Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Glasgow City inc East Dun	01-Jan-22	631	1,934	1,303	91	1,105	1,013	88	552	465	811	3,591	2,781
East Renfrewshire	01-Jan-22	131	341	210	16	195	178	16	97	81	163	632	470
Inverclyde	01-Jan-22	81	241	160	11	138	126	0	69	69	93	448	355
Renfrewshire	01-Jan-22	180	503	322	24	287	263	27	144	117	231	933	702
West Dunbartonshire	01-Jan-22	100	268	168	13	153	140	13	76	63	126	497	371
Variance		1,124	3,286	2,162	155	1,877	1,722	144	938	795	1,423	6,101	4,678

Project Bids	Start Date	2022/23			2022/23			2022/23			2022/23		
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
		CAMHS Spec			CAMHS up to 25			CAMHS WLI			TOTALS		
<u>New Commitments</u>		Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Glasgow City inc East Dun	01-Jan-22	2,633	1,934	(699)	377	1,105	728	795	552	(242)	3,805	3,591	(214)
East Renfrewshire	01-Jan-22	511	341	(170)	66	195	128	65	97	32	642	632	(10)
Inverclyde	01-Jan-22	318	241	(77)	47	138	91	64	69	5	428	448	19
Renfrewshire	01-Jan-22	693	503	(190)	98	287	189	145	144	(2)	936	933	(3)
West Dunbartonshire	01-Jan-22	389	268	(121)	52	153	101	41	76	35	482	497	14
Variance		4,544	3,286	(1,257)	640	1,877	1,237	1,110	938	(172)	6,294	6,101	(192)

Project Bids	Start Date	2023/24			2023/24			2023/24			2023/24		
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
		CAMHS Spec			CAMHS up to 25			CAMHS WLI			TOTALS		
<u>New Commitments</u>		Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Glasgow City inc East Dun	01-Jan-22	2,634	1,934	(700)	388	1,105	717	8	0	(8)	3,030	3,039	9
East Renfrewshire	01-Jan-22	512	341	(172)	68	195	126	0	0	0	581	535	(45)
Inverclyde	01-Jan-22	318	241	(76)	48	138	89	6	0	(6)	372	379	7
Renfrewshire	01-Jan-22	692	503	(190)	101	287	186	7	0	(7)	801	790	(11)
West Dunbartonshire	01-Jan-22	390	268	(122)	54	153	99	0	0	0	443	420	(23)
Variance		4,546	3,286	(1,260)	659	1,877	1,218	21	0	(21)	5,226	5,163	(63)

Project Bids	Start Date	2024/25			2024/25			2024/25			2024/25		
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
		CAMHS Spec			CAMHS up to 25			CAMHS WLI			TOTALS		
<u>New Commitments</u>		Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Glasgow City inc East Dun	01-Jan-22	2,591	1,934	(657)	400	1,105	705	0	0	0	2,991	3,039	48
East Renfrewshire	01-Jan-22	506	341	(165)	70	195	124	0	0	0	576	535	(41)
Inverclyde	01-Jan-22	312	241	(71)	50	138	88	0	0	0	362	379	17
Renfrewshire	01-Jan-22	681	503	(178)	104	287	183	0	0	0	785	790	5
West Dunbartonshire	01-Jan-22	384	268	(117)	55	153	98	0	0	0	440	420	(19)
Variance		4,474	3,286	(1,188)	679	1,877	1,198	0	0	0	5,153	5,163	10

Assumptions

1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
2. Costs are currently based on high level estimates. Full costings still to be done.
3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

Project Bids	Funding	Who	WTE	Start Date	End Date	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
New Commitments									
CAMHS Specification									
Psychiatry - Consultant	Recurring	GGC Wide	1.00	01-Jan-22		33	134	138	142
Psychiatry - SAS grade	Recurring	GGC Wide	1.80	01-Jan-22		37	154	158	163
Pharmacy (Test of Change)	Recurring	GGC Wide	1.00	01-Jan-22		18	75	77	80
Development of digital therapy	Non Recurring	GGC Wide	1.00	01-Jan-22	31-Dec-22	20	63		
Programme management	Non Recurring	GGC Wide	3.00	01-Jan-22	31-Dec-23	63	258	199	
CAMHS Specification Total						138	549	435	243
CAMHS Up to 25									
Transition support posts (4 SCS + 4 Adult)	Recurring	GGC Wide	6.0	01-Jan-22		109	450	464	478
Band 7 - OT (LD Pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35
Band 7 - SLT (LD Pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35
Band 7 - Nurse (LD pathway)	Recurring	GGC Wide	0.5	01-Jan-22		8	33	34	35
Band 8A - Clinical Psychologist (LD pathway)	Recurring	GGC Wide	0.5	01-Jan-22		9	38	39	40
Trauma	Recurring	GGC Wide	0.5	01-Jan-22		13	54	56	58
CAMHS Up to 25 Total						155	640	659	679
CAMHS WLI									
No Boardwide proposals									
GRAND Total						294	1,189	1,094	922

CAMHS Specification		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	12	46	36	20
East Renfrewshire	10.36%	14	57	45	25
Glasgow City	50.51%	70	277	220	123
Inverclyde	7.34%	10	40	32	18
Renfrewshire	15.29%	21	84	66	37
West Dunbartonshire	8.14%	11	45	35	20
Total		138	549	435	243

CAMHS Up to 25		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	13	53	55	57
East Renfrewshire	10.36%	16	66	68	70
Glasgow City	50.51%	78	323	333	343
Inverclyde	7.34%	11	47	48	50
Renfrewshire	15.29%	24	98	101	104
West Dunbartonshire	8.14%	13	52	54	55
Total		155	640	659	679

GRAND TOTAL		2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
East Dunbartonshire	8.35%	25	99	91	77
East Renfrewshire	10.36%	30	123	113	96
Glasgow City	50.51%	148	601	553	466
Inverclyde	7.34%	22	87	80	68
Renfrewshire	15.29%	45	182	167	141
West Dunbartonshire	8.14%	24	97	89	75
Total		294	1,189	1,094	922

- Assumptions**
1. Inflation increase of 3% has been applied as a planning assumption at this stage to future years for pay, contractual etc
 2. Costs are currently based on high level estimates. Full costings still to be done.
 3. Assumes CAMHS Spec & Up to 25 funding becoming recurring
 4. Assumes CAMHS WLI funding received for 2 years - 21/22 & 22/23

Project Bids	Band	Funding	Who	WTE	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
New Commitments								
CAMHS Specification								
Contribution to NHS GG&C Wide services & devel		Recurring	GGC Wide		18	74	77	48
Principal Clinical Psychologist (8A)	8a	Recurring	Local	1.00		74	77	79
Clinical Co-ordinator	8a	Recurring	Local	0.60	8	45	46	47
Dietician	7	Recurring	Local	0.40	6	26	27	28
Advanced AHP	7	Recurring	Local	1.00		65	67	69
Band 7 ANP	7	Recurring	Local	1.00		16	66	68
Nursing	6	Recurring	Local	1.00	5	55	57	59
CAT - Band 6	6	Recurring	Local	1.00		55	57	59
SLT (6)	6	Recurring	Local	1.00	9	55	56	58
OT (6)	6	Recurring	Local	1.00	9	55	56	58
Support worker	4	Recurring	Local	1.00		8	35	36
Admin	3	Recurring	Local	1.00	5	32	33	34
Accommodation		Recurring	Local			25	25	25
Non-Pay		Recurring	Local		20	10	10	10
CAMHS Up to 25								
Contribution to NHS GG&C Wide services & devel		Recurring	GGC Wide		24	99	102	105
Total Costs				10.00	104	693	790	781
Funding Allocation					790	790	790	790
Drawdown from Reserves					0	687	784	783
Transfer to Reserves at Year end					-687	-784	-783	-792
Variance					0	0	0	0
CAMHS WLI								
ASD co-ordinator	7	Non-recurring	Local	1.00			25	
CAT (6)	6	Non-recurring	Local	1.00	5	46	37	
OT (5)	5	Non-recurring	Local	1.00	5	44	37	
Admin (2)		Non-recurring	Local	0.50	1	14	13	
Total Costs				3.50	11	104	111	0
Funding Allocation					144	144	0	
Drawdown from Reserves					0	127	111	
Transfer to Reserves at Year end					-133	-167		
Variance					0	0	0	
GRAND Total Costs					115	797	902	781
GRAND Total Funding					934	934	790	790
GRAND Total Reserves Movement					-820	-137	111	-9
GRAND Total Variance					0	0	-0	0

Mental Health Recovery & Renewal - CAMHS - Renfrewshire

Project Bids	Band	Funding	Who	WTE	Cost of Model £000's
--------------	------	---------	-----	-----	-------------------------

New Commitments

CAMHS Specification					
Contribution to NHS GG&C Wide services & devel		Recurring	GGC Wide		48
Principal Clinical Psychologist (8A)	8a	Recurring	Local	1.00	79
Clinical Co-ordinator	8a	Recurring	Local	0.60	47
Dietician	7	Recurring	Local	0.40	28
Advanced AHP	7	Recurring	Local	1.00	68
Band 7 ANP	7	Recurring	Local	1.00	68
Nursing	6	Recurring	Local	1.00	59
CAT - Band 6	6	Recurring	Local	1.00	59
SLT (6)	6	Recurring	Local	1.00	58
OT (6)	6	Recurring	Local	1.00	58
Support worker	4	Recurring	Local	1.00	35
Admin	3	Recurring	Local	1.00	32
Accommodation		Recurring	Local		25
Non-Pay		Recurring	Local		10
CAMHS Up to 25					
Contribution to NHS GG&C Wide services & devel		Recurring	GGC Wide		105
Total Costs				10.00	779
Funding					790
Variance					
					11

CAMHS WLI					
ASD co-ordinator	7	Non-recurring	Local	1.00	58
CAT (6)	6	Non-recurring	Local	1.00	45
OT (5)	5	Non-recurring	Local	1.00	38
Admin (2)		Non-recurring	Local	0.50	14
Total Costs				3.50	155
Funding					144
Variance					11

GRAND Total Costs						934
GRAND Total Funding						934
GRAND Total Variance						0



To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Head of Health and Social Care

Heading: Winter Planning and System Pressures: Funding Proposals

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

1. Summary

- 1.1. This paper provides an update to the Integration Joint Board on the funding received from Scottish Government for Winter Planning for Health and Social Care, including the proposed use of these funds to support the health and social care system over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

2. Recommendations

It is recommended that the IJB:

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

3. Background

- 3.1. On 5th October 2021, the Cabinet Secretary for Health and Social Care announced an investment of more than £300 million in recurring funding as a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.
- 3.2. These measures are in line with the principles of (i) maximising capacity; (ii) ensuring staff wellbeing; (iii) ensuring system flow; and (iv) improving outcomes.

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

4. Funding Streams available and allocations for Renfrewshire

- 4.1. The investment being made available by the Scottish Government will be distributed to the health and social care system through a number of routes with responsibility for delivery being routed to IJBs, Health Boards and Local Authorities. This section of the report highlights those areas relevant to the IJB. Further detail on the investments identified by the HSCP, using the funding set out below, is provided in Appendix 1.

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

- 4.2. £15 million is being made available for recruitment of 1,000 health care support workers across health boards. This is to provide additional capacity across a variety of services both in the community and in hospital settings. This allocation will be managed by GG&C and Renfrewshire IJB will receive funding to support the recruitment of 34 posts. Recruitment is underway as part of a national campaign and posts will be allocated to all parts of our health and social care system.
- 4.3. Recurring funding is also being provided to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring. Expanding a fully integrated MDT approach will reduce delayed discharges from hospital and meet the current high levels of demand in the community whilst alleviating pressure on unpaid carers.
- 4.4. In achieving this outcome:
- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
 - Integrated Discharge Teams and Hubs should be established to support hospital discharge.
 - Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
 - Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
 - Enable additional resources for social work to support complex care assessments and reviews.
 - Additional support to speed up the process associated adults with incapacity legislation.

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

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

Providing Interim Care

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

Increasing Care at Home Capacity

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

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

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

4.12. The funding should be used for:

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

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

Supporting staff health and wellbeing

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

4.15. This funding should:

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

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

Enhancing MHO Capacity

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

Social Care Uplift

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

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

5. System pressures evident within Renfrewshire and supporting proposals

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

- 5.2. These pressures include:

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

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

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

Implications of the Report

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

List of Background Papers: N/A

Author: David Fogg, Change and Improvement Manager

Any enquiries regarding this paper should be directed to Carron O'Byrne, Head of Health and Social Care (Paisley), (carron.obyrne@renfrewshire.gov.uk)

Direction from the Integration Joint Board

1.	Reference Number	280122-09
2.	Date Direction issued by IJB	28 January 2022
3.	Date from which Direction takes effect	28 January 2022
4.	Direction to	Renfrewshire Council and NHS Greater Glasgow & Clyde
5.	Does the Direction supersede, amend or cancel a previous Direction – if yes include IJB reference number	No
6.	Functions covered by the Direction	All functions delegated to the IJB from Renfrewshire Council and NHS Greater Glasgow & Clyde
7.	Full text of Direction	<p>Renfrewshire Council and NHS Greater Glasgow & Clyde are jointly directed to deliver services, as set out in Appendix 1 and in line with the Integration Joint Board's Strategic Plan (2019-22), as advised and instructed by the Chief Officer and within the budget levels outlined below.</p> <p>This joint direction includes support to take forward recruitment in line with the initiatives set out to support delivery of the agreed outcomes for the Winter Funding made available.</p>
8.	Budget allocated by IJB to carry out Direction.	<p>As outlined in report.</p> <p>2021/22: £4,257,836 2022/23: £6,090,000 (£5.428m recurring)</p>
9.	Outcomes	The functions will be carried out in a manner consistent with the outcomes set out in Appendix 1, the draft Unscheduled Care Commissioning Plan and the IJB's Strategic Plan 2019-22.
10.	Performance monitoring arrangements	Performance management is monitored and reported to every meeting of the IJB.
11.	Date of review of Direction	September 2022.

Renfrewshire HSCP Winter Funding Initiatives

Interim Care

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

Initiatives:

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

Multi-disciplinary working

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

Initiatives:

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

Expanding Care at Home provision

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

Initiatives:

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

Wellbeing

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

Initiatives:

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

Enhancing MHO Capacity

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

Initiatives:

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



To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Interim Head of Mental Health, Addiction & Learning Disability Services

Heading: NHSGGC Mental Health Strategy – Update on Implementation of Action 15

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 Renfrewshire IJB was updated on the NHS Greater Glasgow & Clyde (NHSGGC) Adult Mental Health Strategy 2018-23 at the meeting in March 2021. This strategy spans across both Adult Mental Health Inpatient and Community Services to ensure services are modern, patient focused, effective and efficient. The strategy takes a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017–27. The strategy has a range of workstreams that report to a Programme Board led by Glasgow HSCP on behalf of the six HSCPs.
- 1.2 Renfrewshire HSCP is represented by Interim Head of Mental Health, Addictions and Learning Disabilities Services on the Programme Board, with a full range of representatives actively engaged across all the workstreams and project areas.
- 1.3 Experience and learning from the COVID 19 pandemic have been used to review and refresh the 2018-2023 NHSGGC Mental Health Strategy with due regard to the ongoing impact and recovery from the pandemic. A key assumption of this recovery planning is that demand for mental health services and support will increase during and post pandemic. The work of the Programme Board has been critical in monitoring the impact of this by managing a cohesive response to changing need and demand whilst embracing the required transformation aligned with the priorities of the strategy. Renfrewshire continues to work with HSCPs across the NHSGGC Board area in developing our system wide Mental Health contingency plan.

- 1.4 Recruitment to key posts funded by Action 15 of the national strategy has been integral to providing increased flexibility, opportunity, and capacity across the mental health system, both locally in Renfrewshire and across the NHSGGC Board area as tests of change and jointly funded initiatives. This report provides an update on Renfrewshire HSCP's current Action 15 status and developments.
-

2. Recommendations

It is recommended that the IJB:

- Note the work that has been progressed; and
 - Receive a further, more comprehensive update on the progress of the wider strategy, including a revised financial framework to the IJB meeting in May 2022.
-

3. Background

- 3.1 The National Mental Health Strategy 2017-2027 sets out a range of 40 actions as commitments across four broad themes:

- Prevention and early intervention
- Access to treatment and joined up services
- The physical well-being of people with mental health problems
- Rights, information use, and planning

- 3.2 The ambitions associated with 'Access to treatment and joined up services' are noted as:

- Access to the most effective and safe care and treatment for mental health problems should be available across Scotland, meeting the same level of ambition as for physical health problems
- Safe and effective treatment that follows clinical guidelines
- Safe and effective treatments accessed in a timely way
- Services that promote and support recovery-based approaches
- Multi-disciplinary teams in primary care to ensure every GP practice who can support and treat patients with mental health issues
- Appropriate mental health professionals are accessible in Emergency Departments and through other out of hours crisis services.

- 3.3 Integral to the delivery of these ambitions is the assumption that access to services for mental health problems within a clinically appropriate timescale is a fundamental issue of health equality.

Having the right workforce in place with different skill mixes across different services is key to ensuring the principle of 'ask once, get help fast' is met.

3.4 Action 15 of the strategy is specifically related to improving access to treatment and the development of accessible, joined up services by *'Increasing the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next 5 years increasing additional investment to £35 million for 800 additional mental health workers in those key settings'*

3.5 Funding to support the delivery of this commitment was provided to each Integration Authority. Across the GGC area the share of national workforce target was 179 additional mental health workers to be achieved in 4 years between 2018-2022. Within this, Renfrewshire's target was 27.2. A key principle underpinning the implementation plans for Action 15 across the GGC area was that to support the delivery of the wider GGC Mental Health Strategy, equitable contributions from HSCPs to Pan GGC investments would be based on NRAC shares.

4. Financial Allocations for Renfrewshire

Allocation by HSCP	HSCP NRAC Share %	NRAC Share £'s
2018 – 2019 share of 11 million total	3.40%	£373,503
2019 – 2020 share of 17 million total	3.40%	£577,233
2020 – 2021 share of 24 million total	3.40%	£814,917
2021 – 2022 share of 32 million total	3.40%	£1,086,555

4.1 At a meeting with Scottish Government colleagues in October 2021, it was confirmed that Renfrewshire HSCP had performed well and exceeded the target set of 27.2 and had recruited to 28 posts from allocated Action 15 funding.

4.2 There was positive feedback and interest in specific areas and posts aligned to CIRCLE Recovery Hub, Peer Support Workers and Community Safety Nurses with reference to their work; and community links related to gender-based violence.

4.3 Subsequently, Renfrewshire HSCP was invited to make further application for additional funding from Action 15 with the stipulation that posts be recruited to before end of March 2022. Funding for an additional 12 posts was confirmed in late December 2021 and recruitment is now progressing to these posts. The total value of additional funding is £544,416

- 4.4 It is our understanding that it is the intention of the Scottish Government to confirm that funding for all Action 15 funded posts will be made permanent. However, the HSCP awaits formal communication from the Scottish Government to ratify this.

5. Renfrewshire and Pan GG&C Action 15 Developments

- 5.1 There has been an extensive range of activity both locally and across the GGC Board area which has increased the workforce and capacity of mental health services as set out within the ambition of Action 15. The developments ensure robust pathways and interfaces with key elements of wider system planning including:

- Primary Care Improvement Plan
- Alcohol and Drugs Partnership
- Children's Services
- Community Justice

- 5.2 Engagement with people with lived and living experience continues to be a priority and is being further enhanced with representation on local planning and reference groups. The development of CIRCLE Recovery Hub and the Peer Support Model has encouraged and enabled increased opportunity for meaningful consultation and collaboration.

- 5.3 Attached as appendix 1 is a summary of key posts, developments, and Tests of Change, some of which are still in progress and subject of ongoing evaluation.

6. Next Steps

- 6.1 Conclude evaluations of 'Tests of Change' across GGC Board area.
- 6.2 Continue recruitment to outstanding posts by March 2022.
- 6.3 Agree longer term commitments locally and GGC boardwide pending confirmation of funding arrangements from Scottish Government.

Implications of the Report

1. **Financial** – the financial framework is detailed within the report.
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** – none
8. **Health & Safety** – none
9. **Procurement** – none

10. Risk – None.

11. Privacy Impact – n/a.

List of Background Papers: IJB Report - Mental Health Strategy Programme
Update (26 March 2021)

Author: Laura Howat – Interim Head of Mental Health, Addiction & Learning
Disability Services

<p>Any enquiries regarding this paper should be directed to Laura Howat, Interim Head of Mental Health, Addiction & Learning Disability Services (laura.howat@renfrewshire.gov.uk)</p>

Action 15 - Renfrewshire and Pan GGC Posts and Developments

CIRCLE Recovery Hub - Renfrewshire	<p>The CIRCLE Recovery Hub opened in December 2021. Working in partnership with local people who have lived or living experiences of mental health, alcohol or drug related issues, CIRCLE has been developed to provide enhanced support to local people who are on a recovery journey. The service will provide a wide and varied programme of activities, aimed at encouraging, involving, and supporting people in recovery.</p> <p>This development aims to address a key gap within Renfrewshire's mental health and alcohol and drug services, where a lack of recovery opportunities for people in treatment was previously identified. As has been evidenced in other areas in Scotland, enhanced recovery opportunities do contribute to better outcomes for individuals. CIRCLE will provide people with improved recovery opportunities and improved links to and from other related services, ensuring individuals feel sufficiently supported throughout their journey. This will increase opportunities for people to have more independence and choice on how they manage their own recovery.</p> <p>A range of recovery support workers and Occupational Therapy staff are already in post with additional being recruited as part of newly allocated funding with the inclusion of a Family Support/Link Worker and additional Occupational Therapy practitioners. Significantly, Recovery Support Workers will have lived experience of mental health and/or addiction. These posts will help to improve mental health, wellbeing and recovery and reduce stigma by implementing support structures across ADRS, Mental Health Services and the wider partnership.</p>
Emotional Unstable Borderline Personality Disorder (EUPD)	<p>2 Nurses have been recruited to support people with a diagnosis of EUPD. The aim is to provide support which will reduce attendance with Emergency Departments, Police, and reduce length of stays within adult mental health inpatient wards. Another post is being recruited to from recently allocated additional funding to bring the total to 3 WTE.</p>
Community Safety Nurses	<p>At present 2 Nurses facilitate working closely across multiple agencies linking with Police, Renfrewshire Health and Social Care Partnership (HSCP), Multi-Agency Risk Assessment Conferences (MARAC), Gender Based Violence Team, Housing/Homelessness and Schools. The team offer early intervention and provide brief assessments for those most vulnerable and not known to mental health services. Recruitment process is underway for a further 2 posts as part of recently allocated additional funding which will bring the total to 4 WTE.</p>
Early Discharge Coordinator	<p>2 Nurses/In-reach Workers from the Intensive Home Treatment Team (IHTT) to the acute psychiatric admission wards in Dykebar with a remit of optimising early discharge to support from IHTT, improving availability of beds; improving the experience of patients/families; and offering the opportunity for care to be delivered in peoples own environment.</p>

Activities within Inpatient Services	5 Occupational Therapy Support Worker Posts have been established to support activities within Continuing Care Wards to improve mental health wellbeing for our inpatients.
CAMHS Outreach Posts	<p>Several posts have been developed to support young individuals who are experiencing difficulties with emotional regulation and deliberate self-harm.</p> <p>The practitioners will support the transition to adult services. These posts are currently going through the recruitment process.</p>
Discharge Coordinator	Patients with highly complex mental health issues, such as people with an EUPD diagnosis, can have a large resource impact on Police, Ambulance and A&E services. People with these types of conditions are more at risk of self-harm, suicide attempts, neglect, exploitation from others and anti-social behaviours. By ensuring a comprehensive support package is developed while the patient is in hospital, the impact on these services should be reduced and the outcomes for patients should improve.
Introduction of the 'Decider Life Skills' Training	Offering low intensity psychological interventions for nursing staff to use with their patients to help them to adapt and change how they manage their own emotions and mental wellbeing.
Community Wellbeing Nurses	4 Nurses are currently working between Community Mental Health Teams (CMHTs) and GP Surgeries to provide easier access for patients at local area, appropriate referrals to secondary care/access to mental health services and improved interagency working with GPs. There is an additional 1 post in the recruitment process which will bring the total to 5 WTE.
Primary Care Occupational Therapists (Based in GP surgeries)	2 additional posts to provide streamlined support for people with co-morbidities who have complex difficulties and high levels of need. To reduce patient reliance on the GP and specialist MH services Enables availability of primary care occupational therapy improving access to the right care, at the right time and in the right place.
<p>Pan Greater Glasgow and Clyde developed models and tests of change continue to and operate and are subject to ongoing evaluation. Renfrewshire's share of the required investment is based proportionately on the NRAC formulae. These are implemented through workstreams that are developed across the GGC Mental Health Strategy Programme Board. This aims to ensure changes delivered are safe, person centred and enable sharing of good practice and consistent approaches where appropriate.</p>	
Peer Support Worker Test of Change and Wider Recovery Orientated System of Care	<p>Renfrewshire HSCP is leading on the Peer Support Test of Change & Wider Recovery Oriented System of Care Workstream Group. There is a strong emphasis on recovery within the GGC 5-year Mental with an emphasis on working collaboratively with people with lived experience, local mental health services and Scottish Recovery Network to promote recovery. All GGC HSCPs contribute to the funding of the test of change.</p> <p>11 Peer Support Workers (PSWs) have been employed in a 'Test of Change' to demonstrate reduced number of patient admissions, reduced length of stay in hospital and reduced contact with Mental</p>

	<p>Health Services whilst in the community services. Protracted recruitment of the Mental Health Recovery Operational Manager and COVID restrictions have had an impact on the delivery of the PSW test of change. The PSW Test of Change was initially planned for 18 months. However, was extended to 23 months (March 2022).</p> <p>An independent evaluation is currently underway with early indicators highlighting that this as a positive development within Mental Health Services. Key partners within the Test of Change have indicated in the recent evaluation workshops that PSW interventions:</p> <ul style="list-style-type: none"> • Have empowered service users in taking responsibility for self-managing their condition • Are goal focussed, working toward a plan • Offer hope and build confidence and self esteem • Have reduced dependency on services • Have improved outcomes for service users and carers • Offer additional role and approach to Multi-Disciplinary Teams (MDT) • It is not appropriate for all service users
Unscheduled Care	<p>Renfrewshire funds 2x Band 6 Unscheduled Care Practitioners. Current liaison posts within Renfrewshire (1x Band 7 and 1x Band 6) will transfer to the Board wide Liaison Service. This will standardise the service across GGC to support emergency departments both in and out of hours. This process was complete by September 2020 and the service is hosted by Glasgow Specialist Mental Health Services. The crisis workstream is currently on hold as the Board was unable to recruit to medical posts, this has a direct impact on the proposed model. Renfrewshire continues as before as the Intensive Home Treatment Team delivers a medical led model.</p>
Mental Health Assessment Units (MHAUs)	<p>The MHAU model was developed in response to the COVID-19 pandemic demands/pressures and challenges to reduce attendances to Emergency Departments and provide safe patient care. Glasgow HSCP host two MHAUs one based at Stobhill Hospital and another at Leverndale Hospital. The units receive all emergency mental health assessments from Police Scotland, GPs, and Scottish Ambulance service. On completion of assessment, the patients care is transferred to relevant local area for appropriate interventions and treatments. Renfrewshire contributes to the funding of this service.</p>



To: Renfrewshire Integration Joint Board

On: 28 January 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Climate Change Duties

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

1. Summary

- 1.1. The Scottish Government requires Integration Joint Boards (IJBs) to prepare annually a report on compliance with climate change duties which requires to be submitted to Sustainable Scotland Network by 30 November.
- 1.2. The Renfrewshire 2020/21 report is attached at Appendix 1 for retrospective approval, as was agreed in previous years.
- 1.3. Renfrewshire HSCP continues to support both Renfrewshire Council and NHS Greater Glasgow and Clyde in tackling the Climate Emergency and environmental challenges locally and across the Glasgow City region.

2. Recommendation

It is recommended that the IJB:

- Retrospectively approves the content of the compliance with climate change report 2020/21.

3. Background

- 3.1. The Climate Change (Scotland) Act 2009 and the subsequent Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires significant public bodies to prepare a report on their compliance with climate change duties. This includes 'An integration joint

board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

- 3.2. Integration Joint Boards (IJBs) are required to submit the report on or before 30 November each year.
- 3.3. The Climate Change duties report is to a Scottish Government prescribed standard template, identical to that for all public bodies, such as local authorities and NHS boards, including Renfrewshire Council and NHS Greater Glasgow and Clyde. As a consequence, the Guidance accompanying the 2015 Order recognised that much of the standard report template related to the policies, procedures and services of the local authority and NHS board, rather than IJBs. As such, it was further recognised in the Guidance that there would be a significant degree of proportionality in completion of the report.
- 3.4. A significant element of the report relates to policies and emissions associated with the employment of staff, ownership and occupation of buildings, plant and vehicles, and the delivery of services. Therefore the input from IJB's is limited. Renfrewshire's Compliance with Climate Change Duties report 2020/2021 is appended to this report.
- 3.5. Renfrewshire HSCP recognises the urgent need to act to address the climate emergency and accelerate our efforts to cut greenhouse gas emissions and become environmentally sustainable. Many of the actions required to respond to the climate emergency crisis have positive health impacts and are so great that tackling climate change has also been described by the Lancet Commission as "*the greatest global health opportunity of the 21st century*".
- 3.6. As a result of this and the intrinsic links to poverty, tackling the climate emergency is recognised as a priority activity in our draft Strategic Plan 2022-2025.

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – This report ensure that the IJB complies with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required

following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

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

List of Background Papers – none

Author: Yvonne Farquhar, Service Planning and Policy Development Manager,
Chief Executive's Service, Renfrewshire Council

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

Public Sector Report on Compliance with Climate Change Duties 2021 Template

1. Introduction

This template is for public bodies required to produce annual climate change reports under the 'Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015'.

The template covers all six parts of the required reporting form, as well as the recommended reporting section on public bodies' wider influence.

All information and data must be entered using this master template available on the SSN website.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Reports submitted after this date means the organisation will be non-compliant with Public Bodies Duties legislative reporting requirements.

2. Guidance

- 1. Please save-as this workbook with your organisations name somewhere in the title before completing
- 2. Please fill out question 1f
- 3. Sufficient rows should be available but if you need to add more please email the file to ccreporting@ed.ac.uk
- 4. Homeworking emissions - Please include an estimate of emissions associated with homeworking in the designated row provided in table 3b
In order for this to be calculated correctly users must complete Q1c relating to number of full time employees (FTEs)
- 5. For question 4d - please complete the optional text box instead of the original table which relates specifically to SCCAP1.
- 6. Local Authorities reporting in the recommended section 1a should select their local authority region at the top of the sheet
and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Drop down box selection for users to select from list of options
	Uneditable/fix entry cells
	Editable cells for users to report in freely



Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Renfrewshire

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

0

THIS MUST BE COMPLETED

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			Metrics are not relevant to the assessment of the health and social care partnership
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget

Budget Comments

£72251,3022020/21

1f Report type

Specify the report year type

Report type

Report year comments

Financial

THIS MUST BE COMPLETED

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

Renfrewshire Health and Social Care Partnership is responsible for commissioning community health and adult social care services. All community health services are commissioned from NHS Greater Glasgow and Clyde (NHSGGC), with all social care services commissioned from Renfrewshire Council. Although the HSCP does not directly employ any staff, own any buldings, it is fully committed to and actively particpates in tackling the climate emergency in association with it's two parent organisations - NHSGGC and Renfrewshire Council and with community planning partners.

PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

Renfrewshire's Integration Joint Board is the corporate body which has responsible for the planning and delivery of health and adult social care functions which have been delegated by Renfrewshire Council and NHS Greater Glasgow and Clyde Health Board (know as the parent organisations), refer to the diagram below.

In June 2019, Renfrewshire Council declared a climate emergency which resulted in the establishment of the Climate Change Sub-Committee which is made up of cross-party elected members and works closely with officers to steer the direction of our response to the climate emergency. The group meets every two to three months and helps officers from across the Council and HSCP drive the changes that we need to make.

In June 2020, NHS Greater Glasgow and Clyde and Renfrewshire Council joined forces with other organisations across the Glasgow City region to adopt a shared vision, strategy and action plan to ensure Glasgow can flourish in the face of climate change and the environmental challenges of the future.Climate Ready Clyde brings over 100+ partners together to work strategically to minimise the risks and seize the opportunities this brings for our economy, society and environment. The Climate Ready Clyde Board meets on a quarterly basis and both Renfrewshire Council and NHSGGC have representation on the Board.



2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with the constituent bodies – Renfrewshire Council and NHS Greater Glasgow and Clyde. However, the draft Strategic Plan 2022-25 Plan reflects and supports the delivery of local and national plans for net-zero.

Renfrewshire Council Arrangements

In addition to the Climate Change Sub-Committee, all Council reports are required to consider if there any implications relating to the climate emergency. The Council's Corporate Management Team (CMT) plays a key leadership role in tackling the climate emergency and Renfrewshire's response and ensures that staff and key stakeholders are kept well informed. The CMT is comprised of senior staff from all services (including the HSCP Interim Chief Officer) and meets on a weekly basis.

NHSGGC Arrangements

NHSGGCC Board approved an Environmental Sustainability Policy, which aims to develop a sustainable organisation that is financially sustainable, environmentally sustainable, and socially equitable. This approach to sustainability is coordinated by the Sustainability Planning Implementation Group (SPIG), chaired by the Director of Estates and Facilities. In addition the Board remains committed to the Glasgow Climate Change Declaration Sustainable Glasgow.

Both Renfrewshire Council and NHSGGC are active participants in Climate Ready Clyde, which promotes inter-agency working within the Glasgow and Clyde geographical boundaries to improve how the organisations adapts to climate change issues and how these changes will affect their ability to continue to deliver a high quality service.



Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
Develop a Climate Change (Net Zero) action plan for HSCP services to reflect and support Renfrewshire Council's Plan for Net Zero, working with the Council's Climate Change Sub-committee, and taking into account the Scottish Government's commitments in the 2021-22 Programme for Government.	Renfrewshire HSCP Draft Strategic Plan 2022 - 2025	https://www.renfrewshire.hscp.scot/strategicplan
Deliver social housing new build that aims to meet Renfrewshire's climate change commitments, through delivering homes that are sustainable for tenants and the environment. Thus, removing poor energy efficiency as a driver for fuel poverty.	Renfrewshire HSCP Draft Strategic Plan 2022 - 2025	https://www.renfrewshire.hscp.scot/strategicplan

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

2e Does the body have any plans or strategies covering the following areas that include climate change?
Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation				
Business travel				
Staff Travel				
Energy efficiency				
Fleet transport				
ICT				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (please specify in comments)				

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?
Provide a brief summary of the body's areas and activities of focus for the year ahead.

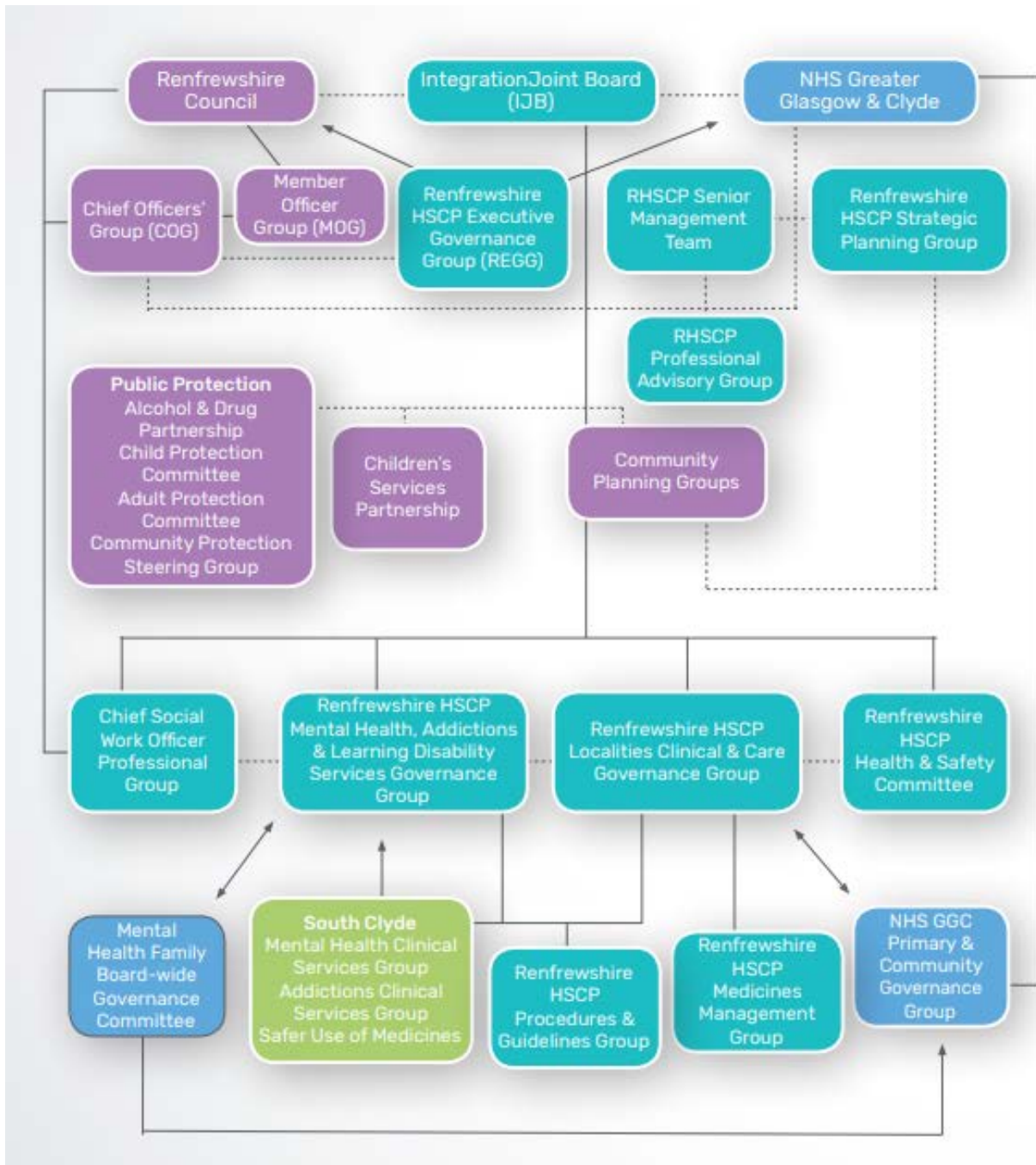
- o Promoting reduction of waste produced and increased recycling in daily operations
 - o Promoting sustainable and active travel where possible for improved health and wellbeing and social outcomes
 - o Promoting increased greening around associated buildings and centres to improve nature and biodiversity, improve mental health and reduce stress of people using local services
 - o Promoting energy efficiency improvements and signposting people to advice and support, including additional benefit payments that they may be entitled to in order to remove poor energy efficiency as a driver for fuel poverty and improve health and wellbeing and social outcomes

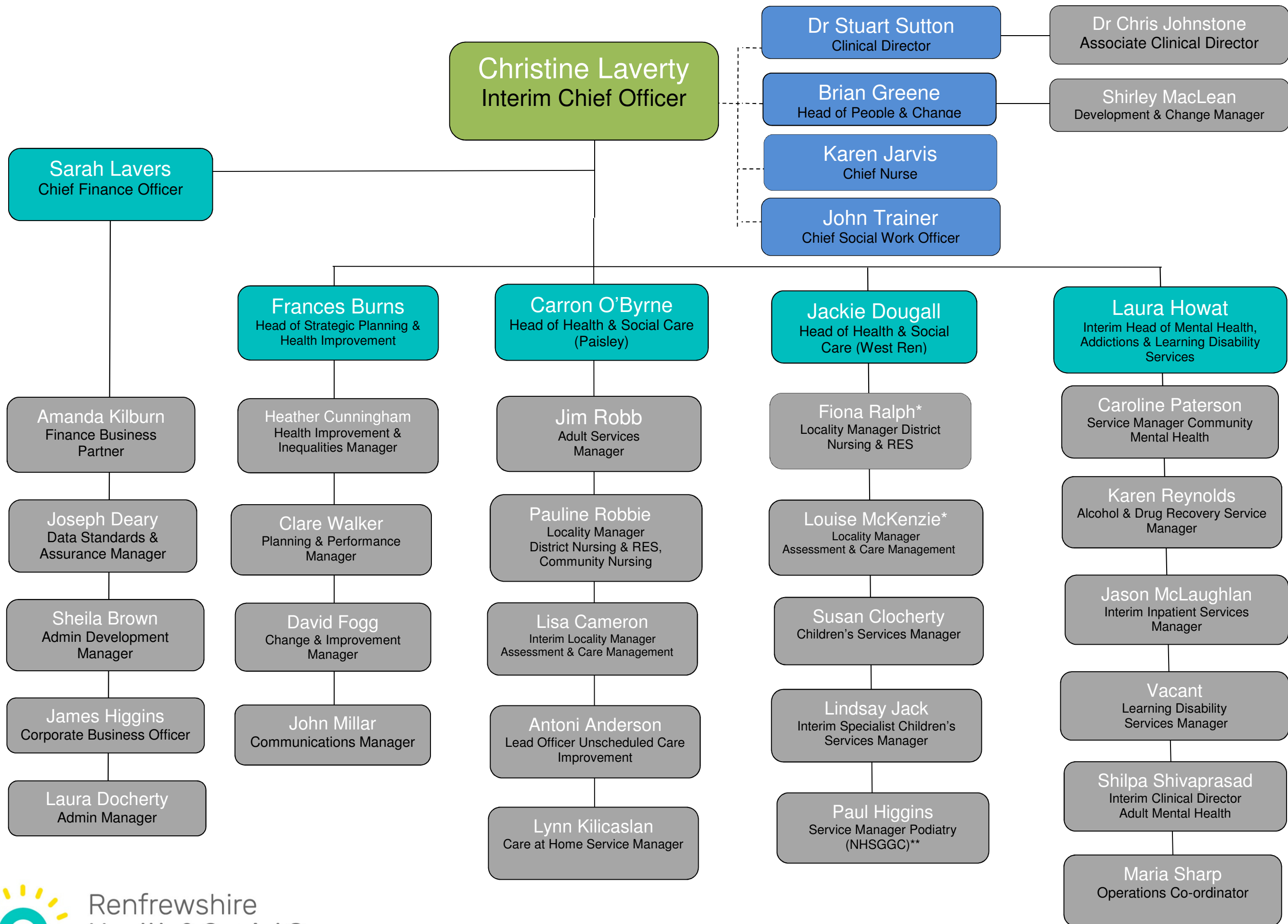
2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?
If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

Further information

2h Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.





PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b). If data is not available for any year from the start of the baseline year to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial				-	tCO ₂ e	
Year 1 carbon footprint		Financial				-	tCO ₂ e	
Year 2 carbon footprint		Financial				-	tCO ₂ e	
Year 3 carbon footprint		Financial				-	tCO ₂ e	
Year 4 carbon footprint		Financial				-	tCO ₂ e	
Year 5 carbon footprint		Financial				-	tCO ₂ e	
Year 6 carbon footprint		Financial				-	tCO ₂ e	
Year 7 carbon footprint		Financial				-	tCO ₂ e	
Year 8 carbon footprint		Financial				-	tCO ₂ e	
Year 9 carbon footprint		Financial				-	tCO ₂ e	
Year 10 carbon footprint		Financial				-	tCO ₂ e	
Year 11 carbon footprint		Financial				-	tCO ₂ e	
Year 12 carbon footprint		Financial				-	tCO ₂ e	
Year 13 carbon footprint		Financial				-	tCO ₂ e	
Year 14 carbon footprint		Financial				-	tCO ₂ e	
Year 15 carbon footprint		Financial				-	tCO ₂ e	

3b Breakdown of emissions sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data consumption available for an emission source enter the emissions in kgCO₂e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year2020The emission factor year is assigned based on your answer to Q1f, if you think it is incorrect please contact SSN.

User defined emission sources and sources where only emissions are known should be entered at the bottom of the table in the space provided

Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO ₂ e)	Comments
Please select from drop down box	Please select from drop down box					-	
Homeworking emissions	Scope 3		percentage of total FTEs home-based	0.30000	tCO ₂ e/FTE/annum	-	
Other (please specify in comments)	Please select from drop down box					-	
						0.0	

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	
Please select from drop down box					

Targets

3d Organisational targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Progress against target	Comments
	Please select from drop down box		Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box	Please select from drop down box		

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
Total	-	

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO ₂ e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO ₂ e/annum)	Estimated costs savings (£/annum)	Behaviour Change
		Please select from drop down box	Please select from drop down box				Please select from drop down box			Please select from dropdown box

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	

	Other (please specify in comments)		Please select from drop down box	
	Total		-	

3h

Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".
If the organisation does not have any information for an emissions source, enter "Unknown".
If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Total	-	

3i

Estimated decrease or increase in emissions from other sources in the year ahead

If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Total		-	

3j

Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO ₂ e)	Comments
Total project savings since baseline year		

Further information

3k

Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

PART 4

Adaptation

Assessing and managing risk

4a

Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

As stated previously, this is undertaken by both parent organisations - Renfrewshire Council and NHSGGC

4b

What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

In partnership with Renfrewshire Council, Renfrewshire's climate plan is currently being prepared and will set out the joint strategic framework required to meet our ambitious climate change targets and will outline the key plans, policies and activities and provide the direction we need to become carbon-neutral. Using expert research, we will identify the immediate, medium-term and long-term risks, as well as setting out the actions required to mitigate them. It will also set out how we will collaborate with local businesses and organisations and with the local community, and how we will equip and support all our partners and stakeholders to play their part in our action against climate change.

Renfrewshire HSCP have a Risk Management Framework which sets out our arrangements for recording, managing and reporting all risks which includes climate risks. This framework also indicates how we liaise with our partner organisations regards to the sharing and transfer of risk ownership.

Taking action

4c

What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

This is firmly embedded in our strategic plan and therefore also in our local and service action plans for all staff to be aware of what we are delivering and aiming to achieve. In addition, we ensure that staff are provided with updates via senior management meetings, the leaders forums and in staff briefings.

4d

Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) (“the Programme”)?

If the body is listed in the Programme as an body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter “N/A” in the ‘Delivery progress’ column for that objective.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled “Climate Ready Scotland: Scottish Climate Change Adaptation Programme” dated May 2014

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	Please select from drop down box		

[illegible]

	Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
	Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
	Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks	Please select from drop down box		
	Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
	Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
	Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
	Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	Please select from drop down box		
	Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society	Please select from drop down box		Work in partnership with Renfrewshire Council as part of Plan for Net Zero to signpost people to advice and support to mitigate against the impacts of climate change
	Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		Work in partnership with Renfrewshire Council as part of Plan for Net Zero to raise awareness of potential impacts of climate change on daily lives and ensure they are signposted to available advice and support
	Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
	Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
	Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
	Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	Please select from drop down box		
	Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		Work in partnership with Renfrewshire Council and all community partner organisations to ensure all are aware of where our most vulnerable citizens are, e.g. those whose medication may make them more susceptible to extreme temperatures, those with mobility issues who would be unable to escape rising flood levels unaided, so that support mechanisms are in place
	Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		

	Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		
	Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society	Please select from drop down box		

4d (optional) Where applicable, what contributions have been made to the (SCAAP2) Programme?

Review, monitoring and evaluation

4e

What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

4f

What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Future priorities for adaptation

4g

What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

Further information

4h

Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.



Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

Procurement policies are developed and implemented by the two parent organisations - NHSGGC and Renfrewshire Council

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

n/a

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

n/a

Public Sector Report on Compliance with Climate Change Duties 2021 Template

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body’s internal validation process, if any, of the data or information contained within this report.

The information contained within this report has been prepared across a number of HSCP services.

6b Peer validation process

Briefly describe the body’s peer validation process, if any, of the data or information contained within this report.

The information contained within this report has been provided in consultation with colleagues in Renfrewshire Council.

6c External validation process

Briefly describe the body’s external validation process, if any, of the data or information contained within this report.

n/a

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

n/a

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body’s performance in relation to climate change.

Name:	Christine Lavery
Role in the body:	Interim Chief Officer
Date:	30/11/2021

Recommended Reporting: Reporting on Wider Influence

Wider Impact and Influence on GHG Emissions

Q31 Historic Emissions (Local Authorities Only)

Please indicate emission amounts and unit of measurement (e.g. tCO₂e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO2 emissions: [subset dataset](#) (emissions within the scope of influence of local authorities);

(2) UK local and regional CO2 emissions: [full dataset](#);

<https://data.gov.uk/dataset/7732334-373-5672863-c8b93a3a0ff/emissions-of-carbon-dioxide-by-local-authority-area>

Local Authority (Please State)		Please select from drop down box															
BES Dataset (full or sub-set)		Please select from drop down box															
Source	Sector	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Units	Comments		
BES Sectors	Total Emissions													tCO2e			
	Industry and Commercial													tCO2e			
	Domestic													tCO2e			
	Transport total													tCO2e			
Net Carbon														tCO2e			
Other Sectors	Please select from drop down box													Please select from drop down box			

2.41 Targets

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target	Target/End year	Saving in latest year measured	Latest Year Measured	Comments
Please select from drop down box		Please select from drop down box	Please select from drop down box			Please select from drop down box		Please select from drop down box	

2.42 Does the organization have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q33 Policies and Actions to Reduce Emissions

Please detail any of the specific policies and actions which are underway to achieve your emission reduction targets

Sector	Start year for policy/action implementation	Year that the policy/action will be fully implemented	Annual CO ₂ saving once fully implemented (tCO ₂ e)	Latest Year measured	Saving in latest year measured (tCO ₂ e)	Status	Metric/Indicators for monitoring progress	Delivery Role	During project/policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity.	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy/Action	Comments
Please select from drop down box	Please select from drop down box	Please select from drop down box		Please select from drop down box		Please select from drop down box		Please select from drop down box	Please select from drop down box				Please select from drop down box	

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q40 Partnership Working, Communications and Capacity Building

Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Organisation's project role	Local Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments
Partnership Working	Renfrewshire Community Planning Partnership	Participant	Renfrewshire Council		Police Scotland, Scottish Fire and Rescue, University of the West of Scotland, West College Scotland, Skills Development Scotland etc.	Engage Renfrewshire	Local Outcome Improvement Plan and Thematic Plans	
Communications	Align with parent organisation communication strategies	Supporting	Renfrewshire Council			Engage Renfrewshire		

Other Notable Reportable Activity

Q51 Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments
Please select from drop down box		Please select from drop down box		

Q52 Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

