

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

Date	Time	Venue
Friday, 24 June 2022	10:00	Remotely by MS Teams ,

MARK CONAGHAN
Clerk

Membership

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

John Matthews (Chair); and (to be confirmed) (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/inze5s8pfss>

Items of business

Apologies

Apologies from members.

Declarations of Interest

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

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|-----------|--|------------------|
| 1 | Minute

Minute of meeting of the Integration Joint Board (IJB) held on 25 March 2022. | 5 - 16 |
| 2 | Governance Arrangements and Code of Conduct

Report by Clerk. | 17 - 42 |
| 3 | Chief Officer

Report by Clerk. | 43 - 44 |
| 4 | Rolling Action Log

IJB rolling action log. | 45 - 46 |
| 5 | Chief Officer's Report

Report by Head of Strategic Planning and Health Improvement. | 47 - 54 |
| 6 | Chief Officer's Operational and Policy Briefing

Report by Chief Officer. | 55 - 96 |
| 7 | Financial Report 1 April 2021 to 31 March 2022

Report by Chief Finance Officer. (not available - copy to follow) | |
| 8 | Internal Audit Annual Report 2021/22

Report by Chief Auditor. | 97 - 108 |
| 9 | Unaudited Annual Governance Statement 2021/22

Report by Chief Finance Officer. | 109 - 122 |
| 10 | Unaudited Annual Accounts 2021/22

Report by Chief Finance Officer. (not available - copy to follow) | |
| 11 | Performance Management Report 2021/22

Report by Head of Strategic Planning and Health Improvement. | 123 - 142 |

12	Strategic Plan 2022/25 - Delivering the Strategic Objectives	143 - 168
	Report by Head of Strategic Planning and Health Improvement.	
13	Draft Workforce Plan 2022/25	169 - 250
	Report by Head of Strategic Planning and Health Improvement.	
14	Local Code and Sources of Assurance for Governance Arrangements	251 - 268
	Report by Head of Strategic Planning and Health Improvement.	
15	Adult Carers' Strategy, Short Breaks Statement and Adult Eligibility Criteria	269 - 276
	Report by Head of Strategic Planning and Health Improvement.	
16	Draft Palliative Care Strategy 2022/25	277 - 300
	Report by Head of Strategic Planning and Health Improvement.	
17	NHSGGC Mental Health Strategy: Renfrewshire Implementation Update	301 - 312
	Report by Interim Head of Mental Health, Alcohol & Drug Recovery and Learning Disability Services.	
18	Mid-term Mainstreaming Progress Report on Equality Outcomes 2020/24	313 - 336
	Report by Chief Officer.	
19	Arrangements for Future Meetings	337 - 338
	Report by Clerk.	
20	Date of Next Meeting	
	Note that the next meeting of the IJB will be held at 10.00 am on 16 September 2022.	



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

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

Present

Councillor Jacqueline Cameron, Councillor Lisa-Marie Hughes and Councillor James MacLaren (all Renfrewshire Council); Margaret Kerr, John Matthews, Frank Shennan and (all Greater Glasgow & Clyde Health Board); Alan McNiven (third sector representative); Fiona Milne (unpaid carer residing in Renfrewshire); John Boylan (Trade Union representative for Council); Annie Hair (Trade Union representative for Health Board); Dr Stuart Sutton (Registered Medical Practitioner (GP)); Christine Laverty, Interim Chief Officer (Renfrewshire Health and Social Care Partnership) and Sarah Lavers, Chief Finance Officer (Renfrewshire Health and Social Care Partnership).

Chair

John Matthews, Chair, presided.

In Attendance

Mark Conaghan, Head of Corporate Governance (Clerk) and Elaine Currie, Senior Committee Services officer (both Renfrewshire Council); Jackie Dougall, Head of Health and Social Care (West Renfrewshire), Frances Burns, Head of Strategic Planning and Health Improvement, Carron O'Byrne, Head of Health and Social Care (Paisley), James Higgins, Corporate Business Officer, David Fogg, Service Improvement Manager, Laura Docherty, Business Support Manager (all Renfrewshire Health and Social Care Partnership) and Mark Ferris, Audit Manager (Audit Scotland).

Recording of Meeting

Prior to the commencement of the meeting the Chair intimated that this meeting of the IJB would be recorded and that the recording would be available to watch on both the Council and HSCP websites.

Welcome

The Chair welcomed Mark Conaghan to his first meeting as Clerk to the Integration Joint Board.

Apologies

Councillor Jennifer Adam-McGregor (Renfrewshire Council); Ann Cameron Burns (Greater Glasgow & Clyde Health Board); Karen Jarvis (Registered Nurse); Stephen Cruickshank (service user residing in Renfrewshire) and John Trainer, Chief Social Work Officer (Renfrewshire Council).

Declarations of Interest

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

1 Minute

The Minute of the meeting of the Integration Joint Board (IJB) held on 28 January 2022 was submitted.

DECIDED: That the Minute be approved.

2 Clerk and Standards Officer

The Clerk submitted a report relative to the appointment of the Clerk and Standards Officer for the IJB.

The report intimated that Ken Graham retired from Renfrewshire Council on 28 February 2022 and that as Head of Corporate Governance, Renfrewshire Council, Ken was Clerk to the IJB. Mark Conaghan had been appointed as Head of Corporate Governance, Renfrewshire Council, with effect from 1 March 2022 and would be Clerk to the IJB as of that date.

The report advised that, at the meeting of the IJB held on 18 March 2016, the IJB considered a report providing an update on the integration of health and social care services in Renfrewshire. At this meeting it was noted that the Standards Commission of Scotland had issued an advice note on the requirement for all devolved public bodies to appoint a Standards Officer. The report proposed that Renfrewshire Council's Head of Corporate Governance be appointed to the role of Standards Officer for the IJB, and this was agreed. This appointment required to be approved by the Standards Commission and on 25 April 2016, the Standards Commission of Scotland advised that they approved the appointment of Ken, and his equivalent successors, to the role of Standards Officer for the IJB. In terms of this approval, Mark Conaghan, as Head of Corporate Governance, will be the Standards Officer for the Joint Board with effect from 1 March 2022.

DECIDED:

(a) That it be noted that Mark Conaghan would be Clerk to the IJB with effect from 1 March 2022; and

(b) That it be noted that Mark Conaghan, as Head of Corporate Governance, would be the Standards Officer for the IJB with effect from 1 March 2022.

3 **Interim Chief Officer**

Under reference to item 2 of the Minute of the meeting of the IJB held on 28 January 2022, the Clerk submitted a report relative to the extended appointment of Christine Lavery as Interim Chief Officer for a further period until the permanent Chief Officer has been appointed.

The report intimated that the substantive recruitment process had now commenced and that the post would be advertised this month.

The report advised that the chief executives of Greater Glasgow and Clyde Health Board and Renfrewshire Council had agreed to extend Christine Lavery's appointment as Interim Chief Officer from 31 March 2022 until the permanent Chief Officer had been appointed. This extended appointment required 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.

DECIDED: That the extended appointment of Christine Lavery as Interim Chief Officer be ratified and that it be noted that Christine would continue to be a member of the Integration Joint Board until the permanent Chief Officer had been appointed.

4 **Membership Update**

Under reference to item 3 of the Minute of the meeting of the IJB held on 28 January 2022, the Clerk submitted a report providing an update on the membership of the IJB.

The report intimated that the NHS Board had advised that it had been unable to source a replacement for Dr Shilpa Shivaprasad due to staffing pressures across the medical workforce. The IJB would be advised of Dr Shivaprasad's replacement once known.

The report advised that Diane Young had resigned from her position with NHSGGC and the appointing body had advised that Diane would be replaced by Paul Higgins, Service Manager for Podiatry, with effect from 1 April 2022, for a period of three years. Further, that Paul would also replace Diane as a non-voting member of the IJB Audit, Risk and Scrutiny Committee with effect from 1 April 2022.

At the meeting of the IJB held on 28 June 2019, it was noted that Margaret Kerr had been appointed as a non-executive director of NHSGGC Health Board and, as such, replaced Morag Brown in the position of voting member of Renfrewshire IJB, effective from 1 April 2019. Margaret's appointment as a non-executive director of the Health Board was for a period of four-years until 31 March 2023. The Integration Scheme stated that voting members of the IJB shall be appointed for a maximum period of three years and that, if the IJB deemed it appropriate, a voting member may be reappointed. In terms of the decision taken by the IJB on 28 June 2019, Margaret's continued membership as a voting member of the IJB until 31 March 2023 required to be confirmed by the IJB.

DECIDED:

(a) That it be noted that the NHS Board had intimated that it had been unable to source a replacement for Dr Shilpa Shivaprasad due to staffing pressures across the medical workforce and that the IJB would be advised of Dr Shivaprasad's replacement once known;

(b) That the IJB confirm that Paul Higgins be appointed as a non-voting member to the IJB, with effect from 1 April 2022, for a period of three years;

(c) That the IJB confirm that Paul Higgins be appointed as a non-voting member to the IJB Audit, Risk and Scrutiny Committee, with effect from 1 April 2022; and

(d) That the IJB confirm that Margaret Kerr continue to be a voting member of the IJB until 31 March 2023.

Order of Business

At this point in the meeting, due to technical difficulties being experienced by Councillor Hughes, in terms of Standing Order 4.1, the Chair intimated that he proposed to alter the order of business to facilitate the conduct of the meeting by considering item 5 of the agenda after item 15 of the agenda.

5 Rolling Action Log

The rolling action log for the IJB was submitted.

DECIDED: That the rolling action log be noted.

6 COVID-19 Emergency Governance Arrangements

Under reference to item 4 of the Minute of the meeting of the IJB held on 28 January 2022, the Clerk submitted a report relative to COVID-19 emergency governance arrangements.

The report intimated that on 14 January 2022, the IJB authorised the Interim Chief Officer, in consultation with the Chair and Vice Chair of the IJB, to make urgent decisions where necessary arising from the impact of the Omicron variant of COVID-19 that required to be taken. Further, that at the meeting of the IJB held on 28 January 2022, it was decided that this temporary delegation be further extended until the meeting of the IJB scheduled to be held on 25 March 2022.

The report confirmed that the Interim Chief Officer had not required to invoke these delegated powers, and in light of the improving situation and changes to national direction around COVID-19, no further extension to this arrangement was sought.

DECIDED:

(a) That it be noted that the Interim Chief Officer had not been required to invoke the temporary delegated powers agreed by the IJB during 14 January and 25 March 2022; and

(b) That, in light of the improving situation, it be noted that no further extension to this arrangement was sought.

7 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 22 January 2022.

The report intimated that the impact of the pandemic continued to fluctuate, evidenced through infection rates and hospitalisation figures which had again increased in recent weeks. However, for many people the severity of the virus appeared to have significantly reduced and, in response, the Scottish Government had published an updated Strategic Framework setting out the lifting of remaining legal restrictions in line with the objective of 'living with COVID'.

The report provided an update on operational services, including the agreement across NHS GGC for the closure of all remaining COVID Assessment Centres, reflecting reduced demand.

The report also provided detail in relation to the Scottish Government's updated Strategic Framework; COVID and winter flu vaccination programmes; care homes; the COVID assessment centre; day support and respite; and mental health inpatient services.

The report advised that the HSCP had anticipated that this report would be the last separate COVID update report to the IJB, however, in light of the current position of increased infection rates and subsequent hospitalisations, a further update would be provided to the IJB at the next meeting to be held on 24 June 2022.

DECIDED:

(a) That the implications of the Scottish Government's updated Strategic Framework and its overarching objectives, as detailed in section 4 of the report, be noted; and

(b) That the updates provided on COVID services and the current impact of the pandemic on the provision of operational services, as detailed in sections 5 to 9 of the report, be noted.

8 Chief Officer's Operational and Policy Briefing

The Interim Chief Officer submitted a report providing an update on operational activity and additional policy developments that the HSCP was building into future workplans.

In particular, the report provided an update on the Scottish Government's publication of an analysis of the responses received to the National Care Service consultation undertaken in 2021 and further amendments to overall timescales for development of a Workforce Plan for 2022/25.

In addition, the report informed on progress in wider strategic planning activity being undertaken for carers and palliative care and other Scottish Government policy developments.

DECIDED:

(a) That the Scottish Government's publication of an analysis of responses to the National Care Service consultation and the summary of findings, as detailed in section 4 of the report, be noted;

(b) That the update provided on Scottish Government timelines for the submission of Workforce Plans for 2022/25 and the work underway, as detailed in section 5 of the report, be noted;

(c) That the further strategy development updates on the National Carers Strategy and Renfrewshire Palliative Care Strategy, as detailed in sections 6 and 7 of the report, be noted;

(d) That the update provided on planned repairs to the Disability Resource Centre, as detailed in section 8 of the report, be noted;

(e) That the policy developments identified, including a review of the healthcare response to winter 2021/22; the joint publication of the Coming Home Implementation Report by the Scottish Government and CoSLA; Audit Scotland's Briefing on Alcohol and Drug Services in Scotland and an update on the national mission to reduce drug deaths; and the update on indicative funding in future years to support mental health and wellbeing services within Primary Care, as detailed in sections 9 to 13 of the report, be noted;

(f) That the update on current numbers of registered patients and GPs currently working in Renfrewshire, as detailed in section 14 of the report, be noted; and

(g) That the key challenges and recommendations made within Audit Scotland's review of the NHS in Scotland 2021 and the Local Government in Scotland: Financial Overview updates, as detailed in sections 15 to 16, be noted.

9 Financial Report 1 April 2021 to 31 January 2022

The Chief Finance Officer submitted a report relative to the revenue budget position as at 31 January 2022 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 £1,767,000 and the projected outturn for 2021/22 was an underspend of £2,111,000. It was noted that the current projections assumed that all COVID-19 related expenditure would be fully funded by the Scottish Government.

The report advised that the financial outlook for the IJB would be extremely challenging and that 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, where and when possible. 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 2020/21; other delegated services; reserves and the adult social care pay uplift.

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 4 February 2022.

DECIDED:

- (a) That the in-year position as at 31 January 2022 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 2021/22 be noted.

10 2022/23 Delegated Health and Social Care Budget

The Chief Finance Officer submitted a report relative to the financial allocation and budgets made available to the IJB for 2022/23 by Renfrewshire Council and NHS GGC, outlining the main financial pressures on health and adult social care services.

The report intimated that Renfrewshire IJB was a legal entity created by Parliamentary Order following ministerial approval of the Integration Scheme between Renfrewshire Council and NHS GGC. It was accountable for the stewardship of public funds and ensuring that its business was conducted under public sector best practice governance arrangements, including ensuring that public money was safeguarded, properly accounted for and used economically, efficiently and effectively. The budget delegated by the two partner organisations was used by the IJB to commission services which were delivered by Renfrewshire HSCP. The principles of the funding allocated by the two partner organisations were set out in the Integration Scheme, however, utilisation of this funding was delegated to the IJB.

The report further intimated that under the terms of the Integration Scheme, partner organisations should make appropriate arrangements to fund pay awards, contractual uplifts, the impact of demographic changes and determine efficiency targets as part of their respective budget setting processes. The role of the Section 95 Officer, Chief Finance Officer, for the IJB included both the adherence to professional standards as well as compliance with The Local Government (Scotland) Act 1973 and for the IJB this included the requirement to ensure a balance budget was set.

The report set out the implications of the Scottish Government budget for 2022/23, the Bill for which was passed on 10 February 2022, and provided an overview of the IJB's budget allocation for 2022/23. It was noted that, as a direct and ongoing consequence of the COVID-19 pandemic, the financial year 2021/22 had presented financial challenges and complexities beyond anything previously experienced. The impact of COVID-19 on services delivered by the HSCP had been unparalleled and had required ongoing service change within a short period of time, ultimately having a substantial financial impact, which was likely to continue over the medium-term and at least over the next few financial years. The continually changing situation, along with the potential for future spikes in demand for services had and would continue to create additional delivery and financial pressures as well as impacting the HSCP's transformation and savings plans which would require ongoing review and realignment.

The report advised that the Scottish Government had not provided detailed spending plans beyond their draft budget for 2022/23. The Scottish Government had given a commitment for a full resource spending review in May 2022, the aim of which was to set out long-term funding plans and the roadmap for delivering key commitments, such as the National Care Service. The continuation of single-year settlements at this time was challenging for the IJB and continued the uncertainty for future medium-term financial planning, as well as that of funding partners.

A copy of the letter dated 9 December 2021 from the Director of Health Finance and Governance, Scottish Government, formed Appendix 1 to the report; a copy of the letter dated 9 March 2022 from the Director of Finance and Resources, Renfrewshire Council formed Appendix 2 to the report; and a copy of the letter dated 9 March 2022 from the Assistant Director of Finance-Financial Planning & Performance, NHS GGC formed Appendix 3 to the report.

The report highlighted that the 2022/23 budget proposals had been presented on a 'business as usual' basis, however, ongoing and developing COVID-19 issues continued to highlight that this was not the case and extraordinary costs were being incurred and would continue to be incurred for the foreseeable future.

The Chief Finance Officer intimated that a further report would be submitted to the IJB if the drawdown from general reserves to cover the funding gap would exceed £341,000, as detailed in the report.

DECIDED:

(a) That the delegated Adult Social Care Budget for 2022/23, as detailed in Appendix 2 to the report, be accepted;

(b) That the delegated Health Budget for 2022/23, as detailed in Appendix 3 to the report, be accepted, subject to any final adjustments in relation to recurring budget adjustments at month 12 and any further funding allocated by the Scottish Government for the IJB in respect of any additional and/or recurring funding;

(c) That a drawdown of reserves be approved, if required, in order to fund any shortfall in funding for 2022/23; and

(d) That it be noted that, as detailed in section 11 of the report, the 2022/23 budget proposals assumed 'business as usual'. The potential ongoing financial and economic impact of COVID-19 represented a significant additional risk to the IJB and the wider public sector going forward.

11 Medium Term Financial Plan 2022/25

The Chief Finance Officer submitted a report relative to the Medium-term Financial Plan 2022/25, a copy of which was appended to the report.

The report intimated that the Plan outlined the financial challenges and opportunities the HSCP faced over the next three years and provided a framework which would support the HSCP to remain financially sustainable. The Plan would also complement the HSCP's new Strategic Plan, highlighting how the HSCP medium-term financial planning principles would support the delivery of the IJB's objectives and priorities.

The report provided detail on the medium-term financial outlook; the projected budget gap; the financial challenge; responding to the local financial challenge; the medium-term financial strategy; and reserves. The Chief Officer and Chief Finance Officer would work with IJB members to take forward the Medium-term Financial Strategy to deliver financial balance whilst delivering safe and sustainable services.

DECIDED:

(a) That the assumptions and context of the financial plan for 2022/23 to 2024/25 and the levels of uncertainty that existed in relation to a range of these assumptions be noted; and

(b) That the Medium-term Financial Plan 2022/23 to 2024/25 be approved.

12 Strategic Plan 2022/25

Under reference to item 7 of the Minute of the meeting of the IJB held on 19 November 2021, the Head of Strategic Planning and Health Improvement submitted a report relative to the IJB's Strategic Plan 2022/25, a copy of which was appended to the report.

The report intimated that consultation on the draft IJB Strategic Plan 2022/25 was undertaken during December 2021 and January 2022 and this report provided an overview of the feedback received and, where appropriate, had been reflected in the final version of the Plan.

The report set out the next steps which would be focussed on the finalisation of annual development plans for each care planning group, and which would set out actions to be taken in Year 1 of the Plan in alignment with the agreed strategic objectives. These actions would be linked to existing performance indicators where possible and additional measures would be identified to enable progress to be tracked and reported to the IJB through existing performance management processes.

It was noted that the final version of the Plan would be published and shared with partner organisations and that the online and easy-read versions would also be updated to reflect the changes that had been made.

Members thanked the Head of Strategic Planning and Health Improvement and her team for the work undertaken during the consultation process and drafting of the final Plan. It was noted that carers felt listened-to, valued and very much included in the process and that this was appreciated.

DECIDED:

(a) That the final version of the Strategic Plan 2022/25; and

(b) That the next steps outlined regarding the creation of a Strategic Delivery Plan, which would be brought to the IJB in June 2022 for approval, be noted.

13 Unscheduled Care Performance 2021/22

The Head of Strategic Planning and Health Improvement submitted a report providing an update on the HSCP and Ministerial Strategic Group (MSG) unscheduled care indicators.

The report intimated that progress on unscheduled care performance measures during 2021/22 was monitored as part of the HSCP overall performance management process. The report provided detail in relation to delayed discharges at census point (18+); bed days lost to delayed discharge (18+); the number of emergency admissions (18+); the number of unscheduled hospital bed days, acute specialities (18+); and A&E attendances (18+).

DECIDED: That Renfrewshire HSCP's unscheduled care performance be noted.

14 **Unscheduled Care Commissioning Plan (Design and Delivery Plan 2022/23 to 2024/25)**

Under reference to item 11 of the Minute of the meeting of the IJB held on 17 September 2021, the Head of Health and Social Care submitted a report presenting the Design and Delivery Plan as the updated and refreshed Board-wide Strategic Commissioning Plan for Unscheduled Care, a copy of which formed Appendix 1 to the report. The Financial Framework formed Appendix 2 to the report.

The report intimated that at its meeting held on 17 September 2021, the IJB considered a report on the Board-wide draft Unscheduled Care Commissioning Plan which was subsequently agreed by the other five HSCPs in NHSGGC. Since then, comments had been received on the draft progress made on a number of key actions and, in addition, the Scottish Government had allocated winter planning monies which were agreed at the meeting of the IJB held on 28 January 2022, and it was noted that the financial framework had been updated to reflect this.

The report presented the updated unscheduled care programme in the form of the final Design and Delivery Plan for the period 2022/23 to 2024/25 and it was noted that similar reports were being considered by the other five HSCPs in NHSGGC and the Health Board.

DECIDED:

(a) That the Design and Delivery Plan 2022/23 to 2024/25, which formed Appendix 1 to the report, be approved as the updated and refreshed Board-wide unscheduled care improvement programme;

(b) That the Financial Framework, outlined in section 6 of the Plan, and which formed Appendix 2 to the report, be approved;

(c) That the performance management arrangements to report on and monitor progress towards delivery of the Plan be noted;

(d) That it be noted that a further update on the delivery of the programme would be considered towards the end of 2022/23; and

(e) That it be noted that the Plan would be reported to all six IJBs simultaneously and also separately to the NHSGGC Board's Finance, Audit and Performance Committee.

15 **Proposed Dates of Meetings of the Integration Joint Board 2022/23**

The Clerk submitted a report relative to proposed dates of meetings of the IJB in 2022/23.

The report intimated that the next scheduled meeting of the IJB would be held at 10.00 am on 24 June 2022 and the report proposed that this meeting be held remotely using MS teams.

The suggested dates and times for future meetings were detailed in the report and it was noted that a further report would be submitted to the next meeting of the IJB scheduled to be held on 24 June 2022 in relation to arrangements for future meetings.

DECIDED:

(a) That it be noted that the next meeting of the IJB would be held at 10.00 am on 24 June 2022;

(b) That this meeting be held remotely using MS teams;

(c) That meetings of the IJB be held at 10.00 am on 16 September and 25 November 2022, and 27 January, 31 March and 30 June 2023; and

(d) That it be noted that a further report would be submitted to the IJB meeting on 24 June 2022 in relation to arrangements for future meetings.

16 IJB Audit, Risk and Scrutiny Committee: Update

The Chair of the IJB Audit, Risk and Scrutiny Committee referred to the meeting of the IJB Audit, Risk and Scrutiny Committee held on 18 March 2022 and advised that the Committee had decided that the action in relation to HSCP Internal Care at Home Services Inspection (Update) be removed until updated information was received from the Care Inspectorate; considered Audit Scotland's annual audit plan for 2020/21 and had a robust discussion regarding timescales; considered reports by the Assistant Chief Internal Auditor relative to the internal audit plans for 2021/22 and 2022/23; scrutinised the risk register; and considered a health and safety update.

DECIDED: That the verbal update be noted.

17 Date of Next Meeting

DECIDED: That it be noted that the next meeting of the IJB would be held at 10.00 am on 24 June 2022.



To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Clerk

Heading: Governance Arrangements and Code of Conduct

1. Summary

- 1.1 At the statutory meeting of Renfrewshire Council held on 19 May 2022 it was decided that the following elected members be appointed to the Integration Joint Board as voting members:

Councillor Jennifer Adam;
Councillor Fiona Airlie-Nicolson;
Councillor Jacqueline Cameron; and
Councillor Iain McMillan.

- 1.2 It was further decided that the following elected members be appointed to the Integration Joint Board as substitute voting members:

Councillor Robert Innes;
Councillor Mags MacLaren;
Councillor Michelle Campbell; and
Councillor Alison Ann-Dowling.

- 1.3 In accordance with the terms of the Integration Scheme, the four Council voting members are invited to nominate which member is to the Vice Chair of the IJB until September 2023 when they will then take up the position of Chair.

- 1.4 John Matthews, the current Chair, will then be appointed as Vice Chair of the Integration Joint Board in September 2023.

- 1.5 The Integration Joint Board established an Audit Committee which came into being on 1 April 2016, now known as the Audit, Risk & Scrutiny Committee. It was agreed that its membership would comprise two voting members from the Health Board, two from the Council and two from the non-voting membership. It was also agreed that the Chair of the Audit, Risk & Scrutiny Committee must not be the Chair of the Integration Joint Board or be a representative of the same constituent authority as the Chair of the Integration Joint Board.
- 1.6 Following the appointment of new Council representatives on the Integration Joint Board, the four Council voting members are invited to nominate two of their number to sit on the Audit, Risk & Scrutiny Committee and also invited to propose which of the two nominated members is to be Chair of the Audit, Risk & Scrutiny Committee.
- 1.7 At its meeting of 24 June 2016, the Integration Joint Board approved a Code of Conduct setting out how members should conduct themselves in undertaking duties. This was based on a model Code of Conduct produced by the Scottish Government. A new model Code of Conduct has been published and therefore there is a requirement for the Integration Joint Board to revise its Code of Conduct in keeping with the new model Code and submit the revised Code of Conduct to Scottish Ministers for approval.

2. Recommendations

- 21 That the appointment of the Council voting members and substitute voting members to the Integration Joint Board be noted;
- 22 That the four Council voting members are invited to nominate which member is to be Vice Chair of the IJB until September 2023 when they will then take up the position of Chair;
- 23 That it be noted that John Matthews will then be appointed as Vice Chair of the Integration Joint Board in September 2023; and
- 24 That in line with the proposed approach to the appointment of members of the Audit, Risk & Scrutiny Committee, the four Council voting members are invited to nominate two of their number to sit on the Audit, Risk & Scrutiny Committee and also invited to propose which of the two nominated members is to be Chair of the Audit, Risk & Scrutiny Committee until September 2023.
- 25 That the Integration Joint Board note the contents of the report and approve its revised Code of Conduct as set out in Appendix 1 for onward submission to Scottish Ministers for approval.
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3. Background – Code of Conduct

- 3.1 The Ethical Standards in Public life etc. (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. The Act requires the Scottish Ministers to lay before Parliament a Model Code for Members of Devolved Public Bodies.
- 3.2 Public bodies listed in schedule 3 of the Act, which includes Integration Joint Boards, are required to produce a Code of Conduct in line with the Model Code.
- 3.3 At its meeting of 24 June 2016, the Integration Joint Board approved a Code of Conduct based on a model Code of Conduct produced by the Scottish Government. A new model Code of Conduct has been published. The revised Model Code takes into account changes which, where appropriate, are consistent with the revised Councillors' Code of conduct.
- 3.4 The revised Model Code was scrutinised and approved by the Scottish Parliament in October 2021 and a new Code of Conduct is now required to be produced and published by the Integration Joint Board and approved by Scottish Ministers.
- 3.5 The revised Model Code highlights the need for board members to take personal responsibility for their behaviour and to have an awareness of the organisation's policies in relation to a number of areas e.g. social media, equality, diversity and bullying and harassment.
- 3.6 Once updated and approved by the Integration Joint Board, the revised Code requires to be submitted to the Scottish Government for approval by 8 July 2022.
- 3.7 When the Code is formally approved by Scottish Government, a formal approval letter will be provided which will advise that a copy of the approved Code has also been passed to the Standards Commission and the Ethical Standards Commission for their records.
- 3.8 The model Code of Conduct requires to be published on the relevant website alongside the Register of Interests.
- 3.9 An updated version of the IJB Model Code of Conduct is attached as Appendix 1 of this report.

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.
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List of Background Papers – none.

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Code of Conduct for Members of:

Renfrewshire Integration Joint Board

CONTENTS

Section 1: Introduction to the Code of Conduct

My Responsibilities

Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Respect and Courtesy

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality

Use of Public Body Resources

Dealing with my Public Body and Preferential Treatment

Appointments to Outside Organisations

Section 4: Registration of Interests

Category One: Remuneration

Category Two: Other Roles

Category Three: Contracts

Category Four: Election Expenses

Category Five: Houses, Land and Buildings

Category Six: Interest in Shares and Securities

Category Seven: Gifts and Hospitality

Category Eight: Non-Financial Interests

Category Nine: Close Family Members

Section 5: Declaration of Interests

Stage 1: Connection

Stage 2: Interest

Stage 3: Participation

Section 6: Lobbying and Access

ANNEXES

Annex A Breaches of the Code

Annex B Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Officer of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Management Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) my public body, its committees; and
- b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to my public body;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.7](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

- a) The matter being considered by my public body is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Officer or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

"Bullying" is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

"Code" is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

"Confidential Information" includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

"Employee" includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body's premises.

"Gifts" a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

"Harassment" is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Clerk

Heading: Chief Officer

1. Summary

- 1.1 The purpose of this report is to ask the Integration Joint Board to ratify the appointment of Christine Lavery as Chief Officer.

2. Recommendation

- 2.1 That the IJB ratifies the appointment of Christine Lavery as Chief Officer and notes that the Chief Officer will 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. This period was extended, most latterly until the permanent Chief Officer had been appointed.
- 3.4 Christine Lavery was appointed to the post of Chief Officer, effective from 25 April 2022, and the appointment of Christine as the Chief Officer now requires to be ratified by the Integration Joint Board.

Implications of the Report

- 1. Financial** - none.
- 2. HR & Organisational Development** - none.

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

List of Background Papers – none.

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IJB Rolling Action Log – 24 June 2022

Date of Board	Report	Action to be taken	Officer responsible	Due date	Status
25/06/21	Development of an Interim Workforce Plan 2021/22	Submit updates on progress in delivering actions to future meetings Submit draft workforce plan for 2022/25 for approval	Interim Chief Officer Interim Chief Officer	June and November 2022	The draft Plan forms part of this agenda. The final Plan will be considered by the IJB in either September or November 2022 and this requires to be submitted to the Scottish Government by end of November 2022.
28/01/22	NHSGGC Specialist Children's Services Mental Health Recovery and Renewal – CAMHS Funding	Submit report to future meeting in relation to funding proposals for Phase 2 funding	Head of Health & Social Care	September 2022	
	Winter Planning and System Pressures: Funding Proposals	Submit report to future meeting detailing work undertaken in relation to recruitment and how the impact to the risk register was being mitigated	Head of Health & Social Care	September 2022	
	NHSGGC Mental Health Strategy – Update on Implementation of Action 15	Submit report on the progress of the wider strategy including a revised financial framework	Interim Head of Mental Health, Addiction & Learning Disability Services	24 June 2022	

25/03/22	Membership Update	Advise IJB of Dr Shilpa Shivaprasad's replacement once known	Chief Officer		Awaiting nomination from NHS Board
	Proposed Dates of Meetings of the IJB 2022/23	Submit report re arrangements for future meetings	Clerk	24 June 2022	Report forms part of this agenda



To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

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 HSCPs operational response to COVID-19. The report focuses on developments and activity since the last IJB on 22 March 2022.
- 1.2. The impact of the pandemic will continue to fluctuate however the spread and severity of the virus appears to have significantly reduced and in response, the Scottish Government has scaled back the COVID-19 response as we move to an 'endemic' state.
- 1.3. This paper also provides an update on operational services, including the agreement across NHS Scotland to remove social distancing in most settings for Healthcare professionals, reflecting reduced infection rates and updated national guidance.
- 1.4. Considering the decreased infection rates, hospitalisations, and a move to a lower threat level, the HSCP anticipates that this report will be the last separate COVID update report to the IJB.

2. Recommendations

It is recommended that the IJB note:

- The implications of the Scottish Government's updated physical distancing guidance (Section 4); and

- The updates provided on COVID-19 services, the current impact of the pandemic on the provision of operational services and the extension of elements of financial support for Adult Social Care providers (Sections 5 to 12).
-

3. Background

- 3.1. At its last meeting, the IJB was updated on the increased spread of the Omicron variant between January and March 2022 attributable to the easing of restrictions. On 15 March 2022, 1,996 people were in hospital in Scotland, and average cases per day rose above 12,000.
- 3.2. In the intervening period, hospital occupancy and admissions have declined and decreased significantly as restrictions have eased further. As of 30 May 2022, there are 590 people in hospital in Scotland, and average cases per day have reduced below 1,000. For the majority the overall severity of illness from COVID-19 infection has reduced substantially.
- 3.3. On 18 April 2022, the Scottish Government ended the lateral flow device (LFD) offer for asymptomatic testing. On 1 May 2022 the purpose of COVID-19 testing shifted from population wide testing to reduce transmission, to targeted testing and surveillance. Reported cases will no longer be representative of all COVID-19 cases in Scotland; the HSCP will therefore proceed with caution when comparing trends going forward.

4. Physical Distancing, Property and Accommodation

- 4.1 On 23 May 2022, NHS GGC removed social distancing in most settings. This decision will enable the HSCP to align distancing arrangements between NHS GGC and Renfrewshire Council, who have also recently reduced distancing. In doing so, the HSCP will adopt a cautious and phased approach to this transition over coming weeks to ensure the continued safety of all involved.
- 4.2 In response to these changes, work is underway across the HSCP to revise operational arrangements across the estate. To do this effectively, a range of connected factors will be considered and implemented to ensure an effective transition. Staff are also encouraged to follow the wider range of COVID-19 health and safety measures, including testing and wider infection, prevention, and control efforts to ensure safety of colleagues, patients, and service users.
- 4.3 The HSCP Senior Management Team are carefully considering the complexities and challenges of remobilising and reinstating services and work is also underway to address backlog maintenance and improvement works where necessary to ensure buildings are reopened safely.
- 4.4 Alongside this, the SMT are considering opportunities and longer-term working solutions relating to hybrid working arrangements. Informed by recent changes to guidance, and through the benefits realised in recent years, the HSCP will

continue to adapt different means and models of hybrid service delivery moving forward. A further update will be brought to the IJB in September 2022 on the HSCP's wider Property Strategy, which will seek to capture these considerations and set out the HSCP's approach, with partners, to our utilisation of available property and accommodation in future.

5. Testing

5.1 On 29 April 2022, the Scottish Government confirmed, in line with the [Test and Protect Transition Plan](#) that from 1 May 2022 there will be no access to asymptomatic testing for COVID-19 and contact tracing will cease for health and social care staff. This follows the cessation of the routine asymptomatic testing for the public on 18 April 2022.

5.2 For health and social care staff updated guidance applies to those who develop symptoms of respiratory infection; those with a positive test for COVID-19; and those who have a household member or overnight contact who has tested positive for COVID-19. Coming into effect on 1 May 2022, the guidance reflects the latest clinical public health advice and replaces that issued on 24 January 2022 and supports the updated ['Stay at Home'](#) advice.

6. PPE

6.1 On 30 March 2022, the Scottish Government provided an update on support arrangements on PPE for social care providers, unpaid carers and personal assistance through the local PPE Hubs.

6.2 The Adult Social Care PPE Steering Group, working with NSS and colleagues in wider social care, have agreed that the current PPE Hub arrangement will be extended and remain in place until 30 September 2022. Financial support arrangements for social care providers to cover additional costs related to PPE due to COVID-19 have also been extended to 30 June 2022.

6.3 As care providers return to normal PPE supply routes, the Scottish Government will reconsider options for the ongoing offer of PPE through local PPE hubs. Over the next few weeks, policy leads at Scottish Government will work closely with partners to set out appropriate long-term solutions in this area.

6.4 On 14 April 2022, the Chief Nursing Directorate issued updated guidance on the extended use of face masks and face coverings in hospitals, primary care, and wider community health care. This guidance supersedes the June 2021 update and can be found [here](#). The guidance has been updated to reflect:

- The change from legislation to guidance for the wider use of face masks and face coverings in public spaces.
- Updates to the Scottish Winter (21/22) Respiratory Infections in Health and Care Setting Infection Prevention and Control (IPC) Addendum as outlined in the de-escalation Directors Letter (DL (2022) 07).

- Updated wording for staff and patients/visitors reaffirming the continued use of face masks in healthcare settings.

7. Winter Flu and COVID-19 Vaccination Programmes

7.1. On 5 May 2022, the Chief Medical Officer confirmed that the adult seasonal flu immunisation programme 2022/23 will deliver an extended programme to the following groups:

- Secondary school Pupils
- All those ages 50-64 years
- independent contractors (GP, dental, optometry and community pharmacy practices), non-NHS laboratory staff (if working on COVID-19 testing during the coming flu season) including support staff
- Teachers and pupil facing support staff
- Prison population and prison officers who deliver direct front facing detention services

7.1. The flu immunisation programme is a strategic and Ministerial priority, and the extension of the programme reflects changes previously made for Winter 2021/22. The JCVI has highlighted that lessons from COVID-19 has demonstrated that conditions can evolve very quickly, and impact on all aspects of public health, including global vaccine supply. Consequently, the Scottish Government will procure sufficient vaccine for the expanded eligibility groups this season to prioritise those most at risk.

COVID-19 Vaccination Programme

7.2. By 23 May 2022, almost 4.4 million people received their first COVID-19 vaccine, an estimated 90.3% of the population in Scotland aged 12 and over. Over 4.1 people received their second dose, an estimated 85.0% of the population 12 and older. Additional, almost 3.5 million people in Scotland received their vaccine dose, an estimated 73.0% of the population 12 and over.

7.3. On 19 May 2022, the Health Secretary confirmed that in addition to the current booster programme, over-65s, health and social care staff and clinical vulnerable adults aged 16-54 will be offered a further COVID-19 booster vaccine in Autumn 2022. This follows interim advice from the JCVI. NHSGGC have lead responsibility for mass vaccination clinics and will continue to deliver vaccinations to those coming forward. The HSCP will continue to lead on providing vaccinations within Care Homes and to the housebound.

8. Care Homes

8.1. There are 23 Care Homes for Older People in Renfrewshire, three of which are operated by the HSCP – Montrose, Hunterhill and Renfrew. These Care Homes continue to see infection levels fluctuate for staff and residents. Figures from late May showed that in the previous 14 days, no care home residents

have tested positive, with a low number of cases among staff. However, outbreaks continue to occur resulting in regular changes to this position.

- 8.2. Through enhanced governance arrangements, 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. The Clinical and Care Governance oversight meetings convene weekly and will remain under review.

9. COVID-19: Information and Guidance for Care Home Settings (For older adults)

- 9.1. On 3 May 2022, Public Health Scotland published [information and guidance](#) for care home settings (for older adults). The guidance relates to the management of COVID-19 in support of those working in care home settings and services users as well as residential and respite for older people that are registered with the Care Inspectorate.

- 9.2. This guidance does not replace individual expert clinical judgment or local response arrangements, but designed to support the development of those arrangements while maintaining a reasonable expectation that health protection principles and national policy are supported and implemented in line with The Public Health etc. (Scotland) Act 2008.

- 9.3. On 10 May 2022, Public Health Scotland confirmed that there will be a transition away from the use of the Winter Respiratory Infection IPC addendum and return to the main National Infection Prevent and Control Manual (NIPCM) from 11 July 2022. As noted above, this reflects national changes to the ways in which COVID infections are managed, supporting the national policy of 'living with COVID'.

10. Day Support and respite

- 10.1. Day centres and respite services have continued to remain open to provide support to those in greatest need, supported by welfare calls, community outreach and digital engagement for those not currently attending a centre.

- 10.2. On 26 May 2022, the Scottish Government released updated guidance to support safe re-opening and delivery of building-based day services for adults (not applicable to children day services which are covered separately). The guidance sets out that building-based day services should return to pre-pandemic capacity wherever possible, while operating safely in line with COVID-19 guidance. Service users should follow 'COVID sense' and get vaccinated, stay at home if unwell with symptoms or have a fever and follow guidance set out by the Scottish Government.

- 10.3. Under the updated guidance, it is noted that there is no longer a legal requirement for physical distancing or face covering wearing in public settings, although mask face coverings remain recommended in indoor public places

and on public transport where it can be tolerated, as it minimises the risk of transmission of respiratory infections (including COVID-19) to others.

- 10.4. However, until July building-based day services are required to follow the Winter Respiratory Infections IPC guidance. This requires additional measures to be put in place to support the prevention of infection. Consequently, this impacts on the ability to reduce physical distancing at the current time. As noted in paragraph 9.3, the Scottish Government has confirmed that this guidance will be reduced from 11 July 2022, which will enable an increase in day centre capacity.
- 10.5. Work is underway with colleagues from Renfrewshire Council Health and Safety team, Soft Facilities Management, Transport, and others to ensure readiness to increase access to services from the date that Infection Prevention and Control requirements change. All changes will be made in full agreement with Renfrewshire Council and will reflect available resources and staffing capacity.

11. Mental Health Inpatient Services

- 11.1. Mental Health inpatient services across Renfrewshire and NHS GGC continue to experience very high demand with the need for weekly NHS GGC wide Bed Management and Huddle meetings to manage current issues across the whole system.
- 11.2. The impact of COVID-19 infections on ward closures has reduced from a peak at the beginning of the year. However, at the time of reporting, Ward 37, RAH (Dementia Admission Ward), is currently closed to admissions due to a COVID-19 outbreak.
- 11.3. To mitigate the spread of COVID-19, patients admitted to Renfrewshire Mental Health wards continue to be tested for COVID-19 on date of admission and isolate for five days. There is no longer a requirement to re-test patients at day 5, if not displaying symptoms. From 16 May 2022 all clinical and non-clinical staff with direct contact to patients no longer require a PCR test but continue to test twice weekly using LFD testing kits.
- 11.4. The staffing position continues to be very challenging across mental health inpatient wards in NHS GGC. However, there has been some improvements in this within Renfrewshire with the number of vacancies halving over the last 18 months. 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.
- 11.5. Adult and older adult mental health inpatients are now able to benefit from the support of two interchangeable visitors each day. Renfrewshire continues to provide flexibility wherever possible by arranging daily booking slots in all wards to ensure every patient has access to visitors for a limited period.

12. COVID-19 Financial Support for Adult Social Care Providers

- 12.1. On 13 June 2022 the Minister for Mental Wellbeing and Social Care wrote to Chief Officers and Chief Finance Officers to provide an update regarding the arrangements for COVID-19 financial support for Adult Social Care Providers. This funding has been in place since the outset of the pandemic and was previously extended to 30 June 2022.
- 12.2. The Minister has now confirmed that financial support will be extended beyond 30 June 2022 for two elements; (i) The Social Care Staff Support Fund which has been extended until 30 September 2022 and (ii) financial support arrangements relating to testing and vaccinations which has been extended until 31 March 2023.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – No implications from this report.
4. **Legal** – No implications from this report.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – 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** – No implications from this report.

List of Background Papers: None

Author: David Fogg, Strategic Lead and Improvement Manager

Any enquiries regarding this paper should be directed to Christine Laverty, Chief Officer (christine.laverty@renfrewshire.gov.uk)
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To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: 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 March 2022, and additional policy developments that the HSCP is building into future workplans.
- 1.2. This report outlines the Scottish Government approach to the UK Government Ukrainian resettlement scheme for asylum seekers and refugees, and the broad expectations on Health Boards to effectively deliver health services.
- 1.3. In addition, the report informs the IJB of the two new Health and Social Care Standards for people living in adult care homes, soon to be incorporated into primary legislation. Further Scottish Government policy developments are also incorporated within the latter sections of this report.

2. Recommendations

It is recommended that the IJB note:

- The Scottish Government's position on the UK Government's Ukrainian Resettlement Scheme and the recommendations and expectations for Health Boards (Section 4);
- The two new Health and Social Care Standards developed by the Scottish Government and due to be incorporated within legislation (Section 5);
- The update provided on Scottish Government timelines for Annual Performance Report publication (Section 6);
- An update on the IJB's Records Management Plan 2022 (Section 7);
- Note the confirmation of cohorts for the Season Flu Immunisation Adult Programme 2022/23 and respective timescales (Section 8);

- Further strategy development updates on the GMS Contract and Primary Care Improvement Plan (Section 9);
- The launch of the formal consultation on the Data Strategy for Health and Social Care (Section 10); and
- The update provided on the Scottish Government's resource Spending Review, published in May 2022 (Section 11).

3. Background

- 3.1 The IJB previously received Operational and Policy Update reports in January 2022 and March 2022. The purpose of these reports is to provide an update to the IJB on emerging policy developments which impact, or may have future impact, on the IJB's Strategic Plans and the HSCPs management and operational delivery of services.
- 3.2 Emerging policy is discussed regularly by the HSCPs Senior Management Team and considered in the context of the IJB's Strategic Plan and supporting themes following which it is cascaded through service planning where required.

4. NHS Scotland Services – Ukraine

- 4.1. On 6 April 2022, the Scottish Government's Deputy Chief Medical Officer (CMO) and Chief Nursing Officer wrote to Health Boards regarding the UK Government Ukrainian resettlement scheme. The scheme gives Ukrainian asylum seekers or refugees the right to live in the UK through community sponsorship and other routes. Asylum seekers or refugees residing in Scotland will receive the same NHS healthcare entitlements as Scotland's residents.
- 4.2. There are several recommended actions to be taken by Health Boards to ensure the differences in population health are addressed and associated trauma and distress appropriately recognised in service delivery. As overarching principles, Health Boards should ensure that:
- Ukrainians have access to a level of primary and secondary health care services designed to ensure that their health care needs are identified and addresses these appropriately and effectively.
 - Clinicians are provided with the resources to enable them to deliver and manage effective care for this patient group.
 - Specific health needs associated with this group are identified and managed appropriately.
 - Clinicians and other staff working with those fleeing from conflict have the relevant skills and knowledge requires to address the needs of this particularly vulnerable group.
- 4.3. In the first instance, Health Boards will assess capacity for support with proposals considered by the recently established Clinical and Specialist Advisory Group (CASSA). Any formal offer of assistance will be made by the

Scottish Government Health Emergency Preparedness, Resilience and Response Team.

- 4.4. In support of these objectives, the HSCP is work alongside partners across NHS GGC and Renfrewshire Council to ensure the provision of multiagency support to ensure health needs are met and an effective public health approach adopted.

5. New Health and Social Care Standards

- 5.1. On 31 March 2022, under powers covered to Ministers by Section 50 of the Public Reform (Scotland) Act 2010, the Minister for Mental Wellbeing and Social Care introduced two new statutory Health and Social Care Standards for people living in adult care homes. The two new standards are:

- If I am an adult living in a care home and restrictions to routine visiting are needed to prevent infection, I can nominate relatives/friends (and substitutes) to visit me. My nominated relatives/friends will be supported by the care home to see me in person day-to-day and to be directly involved in providing my care and support if that is what I want.
- If I am an adult living in a care home, I can nominate relatives/friends (and substitutes), who will be supported by the care home to be directly involved in providing my day-to-day care and support if that is what I want.

- 5.2. Underpinned by [Scotland's Strategic Framework for tackling COVID-19](#), the new standards have been developed in public consultation with sector representatives. The standards follow on from the recently updated [adult care home named visitors' guidance](#) and are due to be incorporated into the National Care Service Bill (primary legislation) by the end of the Parliamentary year.

- 5.3. The Scottish Government will provide the Care Inspectorate with further support and resource in the coming months to ensure the new standards are implemented into care home policies and progress monitored. The HSCP will work together with care home providers to ensure the standards are respected, upheld, and embedded within practice.

6. Annual Performance Report Update

- 6.1. On 10 February 2022, the Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30 September 2022. Schedule 6 Part 3 of the Act outlines that IJBs will be able to extend the date of publication of Annual Performance Reports to November using the same mechanism as the last two years.

- 6.2. The Scottish Government will continue to progress work to change the reporting date for Annual Performance Reports to November going forward and within any future structures. The HSCP will continue to liaise with legal colleagues within our partner organisations regarding these mechanisms and related governance matters to ensure potential consequences are considered fully.

7. IJB Records Management Plan

- 7.1. The IJB is obliged to submit and maintain a Records Management Plan (RMP) as defined in [Part 1 of the Public Records \(Scotland\) Act 2011](#). The Act requires public authorities to submit a RMP to be agreed by the Keeper of the Records of Scotland. The RMP sets out how IJB records will be created and managed in line with national policy.
- 7.2. In March 2021, the IJB approved a draft version of the IJBs Records Management Plan (RMP) which was then submitted to National Records of Scotland (NRS) and the Keeper of Records of Scotland for assessment.
- 7.3. In February 2022, the NRS and Keeper of Records of Scotland provided a draft assessment of the IJBs RMP, outlining where further clarity was required and identifying areas where additional evidence was requested. In March 2022 the HSCP provided a response. On 28 April 2022 the Keeper of Records of Scotland issued a formal report outlining the reviews findings and formal agreement. In line with policy, the plan will be published on the NRS website. This report received is provided as an appendix to this paper.
- 7.4. The Keeper acknowledged that areas subject to an improvement plan require action by NHSGGC and Renfrewshire Council, on systems the IJBs records are managed, rather than the IJB itself. Ratings therefore reflect the current position of the IJBs partner organisations within their own Records Management Plans - the IJB cannot be rated more highly than its partners.
- 7.5. HSCP officers will continue to liaise with NHSGGC and Renfrewshire Council Records Manager to reflect the progress made under these elements within the IJBs own records management arrangements.

8. Seasonal Flu Immunisation Adult Programme 2022/23

- 8.1. On 5 May 2022, the Chief Medical Officer confirmed that the adult seasonal flu immunisation programme 2022/23 will continue to be a strategic and Ministerial priority. Similar to 2021/22, in 2022/23 an extended programme will be delivered to the following cohorts:
- Secondary school pupils
 - All those ages 50-64 years
 - Independent contractors (GP, dental, optometry and community pharmacy practices), non-NHS laboratory staff (if working on COVID-19 testing during the coming flu season) including support staff
 - Teachers and pupil facing support staff
 - Prison population and prison officers who deliver direct front facing detention services.
- 8.2. Based on advice from the Joint Committee for Vaccination and Immunisation's (JCVI) on COVID-19 and potential disruption/impact to the global supply of vaccines, the Scottish Government will procure sufficient vaccine for the expanded eligibility groups this season to ensure the most at risk are prioritised to protect public health and social care services as far as possible.

9. GMS Contract/Primary Care Improvement Plan (PCIP 5)

9.1 On 23 March 2022, the Scottish Government requested completed PCIP 5 implementation templates to be submitted by HSCPs by 29 April 2022 (see Appendix 2). This provides the National GMS Oversight Group with the information it needs to understand the position of partnerships in terms of delivery and will be used to inform further discussions and decisions with regards implementation of the Contract and associated MOU.

9.2 The PCIP 5 tracker template is similar to the version previously issued, with minor amendments to enhance its value. Mainly, the tracker has been amended to capture reflections on successes, learning and reflecting the end of this phase of reporting. Key successes detailed in the tracker include:

- The HSCP and Health Board are implementing several new services and facilitating / coordinating this large-scale programme of work. This includes, for example, transfer of Vaccination Services from GP Practices in line with the GP Contract/MOU and establishment of several new treatment rooms across Renfrewshire.
- Initial development of a Pharmacy Hub and developing the associated skill mix within the Pharmacy workforce.
- Community Link Workers resource aligned to all GP practices and working well.
- Work removed from GP practices and clinical capacity freed up in line with key aims of the GP Contract/PCIP.

Winter Support Funding

9.3 The HSCP made a successful bid to Scottish Government for additional Primary Care Improvement Fund for winter monies and awarded approximately £550k of additional recurring expenditure. Funding has been invested in additional Pharmacotherapy posts and Health Care Support Worker posts for Phlebotomy.

10. Data Strategy for Health and Social Care

10.1 On 16 May 2022, the Scottish Government launched a formal [consultation](#) on the Data Strategy for Health and Social Care as part of the refreshed Digital Health and Care Strategy.

10.2 The purpose of the consultation is to gather views on how data should be used and managed across health and social care to shape the development of Scotland's first Data Strategy. The scope of the consultation and resulting Strategy will encompass the full range of data utilised by those that deliver and support the delivery of health and social care services and address a broad range of themes.

10.3. The consultation closes on 12 August 2022 and findings published late 2022. Throughout this period, the Digital Health and Care directorate will continue to run bespoke engagements with health and care professionals, third sector advocacy groups and the public. Locally, the development of a consultation response will be overseen by the HSCP's Digital Oversight Group with relevant implications considered for service delivery planning where applicable.

11. Scottish Government Resourcing Spending Review (May 2022)

- 11.1. In December 2021, alongside the publication of its 2022/23 Scottish Budget and Medium Term Financial Strategy, the Scottish Government made a commitment to publish a full Resource Spending Review by May 2022. The Review would aim to set out the government's long-term funding plans and the roadmap for delivering key commitments, such as the establishment of the National Care Service.
- 11.2. On 31 May 2022 the Scottish Government published this Review, the first since 2011. The Review reiterates the Scottish Government's commitment to tackling the four key challenges previously outlined in its Programme for Government and the Bute House Agreement with the Scottish Green Party, namely: reducing child poverty, addressing the climate crisis, building a strong and resilient economy, and helping public services recover strongly from the pandemic. It stresses, however, that these commitments were made prior to the Russian invasion of Ukraine, rising inflation and the cost-of-living crisis and that, consequently, the challenge of delivering on those commitments has become considerably greater than originally envisaged.
- 11.3. Additional to a continuing focus on its four priorities, the Review also sets out the support the Scottish Government advises it is taking to help those struggling with the increased cost of living and highlights the sheer scale of challenge for public services resulting from rising inflation, within the levels of investment available from the UK Government.
- 11.4. The Review states that, over the remainder of the parliament, the Scottish Government will direct around £180 billion of public funds. Within this, £73.1 billion will be provided to health and social care, to include the development of the National Care Service; with the intention of bringing social care into parity of esteem with healthcare and transforming service provision. £42.5 billion will be made available for local government for the delivery of local services

Impact on our Funding Partners

- 11.5. According to the Fraser of Allander Institute, the Spending Review implies that the local government budget will decline by 7% in real terms between 2022/23 and 2026/27. The health budget is projected to increase by 3% over the parliament. This will consequently result in substantial funding pressures for the IJB's partners in Renfrewshire Council and NHSGGC and, subsequently, the IJB's available budgets.
- 11.6. As a result, the HSCP will continue to identify options to deliver significant savings in the medium term and will bring a further update on its proposed approach to the IJB later in 2022.

Implications of the Report

1. **Financial** – No implications from this report, however the impact of the Resource Spending Review on related financial planning and savings requirements will be further assessed and updates brought to future IJB meetings.

2. **HR & Organisational Development** – No direct implications from this report.
 3. **Community Planning** – No implications from this report.
 4. **Legal** – changes to the Integration Scheme reporting and governance and potential risks and consequences
 5. **Property/Assets** – No implications from this report.
 6. **Information Technology** – No implications from this report.
 7. **Equality and Human Rights** – No implications from this report.
 8. **Health & Safety** – No implications from this report.
 9. **Procurement** – No implications from this report.
 10. **Risk** – No implications from this report.
 11. **Privacy Impact** – No implications from this report.
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List of Background Papers: None

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Public Records (Scotland) Act 2011

Renfrewshire Integration Joint Board

The Keeper of the Records of Scotland

28th April 2022

Contents

1. Public Records (Scotland) Act 2011	3
2. Executive Summary	4
3. Authority Background	4-5
4. Assessment Process	5
5. Model Plan Elements: Checklist	6-27
6. Keeper's Summary	28
7. Keeper's Determination	29
8. Keeper's Endorsement	30

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of Renfrewshire Integration Joint Board by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 29th March 2021.

The assessment considered whether the RMP of Renfrewshire Integration Joint Board was developed with proper regard to the 15 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of Renfrewshire Integration Joint Board complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

Renfrewshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. From 1 April 2016 Renfrewshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it by NHS Greater Glasgow & Clyde and Renfrewshire Council. These include adult social care services, mental health and learning disability, district nursing, children's health services, podiatry and health improvement, including some hospital services. The area covered by Renfrewshire IJB is coterminous with Renfrewshire Council.

The IJB operates as a body corporate (a separate legal entity), acting independently of NHS Greater Glasgow & Clyde and Renfrewshire Council. It is the main decision-making body for the Health and Social Care Partnership (HSCP) and has a legal duty to include key stakeholders in its decision-making processes. The IJB consists of eight voting members appointed in equal number by NHS Greater Glasgow & Clyde and Renfrewshire Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Financial Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

For the purposes of the Public Records (Scotland) Act, the Board (scheduled as the Renfrewshire Integration Joint Board) is the scheduled authority rather than the 'Health & Social Care Partnership'.

[Renfrewshire Health and Social Care Partnership - Integration Joint Board \(hscp.scot\)](http://hscp.scot)

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether Renfrewshire Integration Joint Board's RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority's plan.		A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
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5. Model Plan Elements: Checklist

Renfrewshire Integration Joint Board (‘The IJB’ in the assessment below)

Explanation of records management arrangements:

The Records Management Plan (page 5) states, it “relates to the IJB Committees (Integration Joint Board, Audit Risk & Scrutiny Committee and Strategic Planning Group) and plans such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB’s pages on Renfrewshire Council and Renfrewshire Health & Social Care Partnership websites...It has been agreed the IJB’s records will be managed in line with both Renfrewshire Council and NHS Greater Glasgow and Clyde policies where appropriate.” It is further confirmed (page 6) that both Renfrewshire Council and NHS Greater Glasgow and Clyde will manage the public records of the IJB, “Records relating to Renfrewshire IJB are held on NHS Greater Glasgow and Clyde & Renfrewshire Council systems.”

The IJB explain which records will be held on the respective systems of each partner authority:

- IJB Meetings- agendas and papers (Renfrewshire Council)
- IJB Strategies including the Annual Performance Report and the Strategic Plan (Renfrewshire Council)
- Administration of the Board including meeting arrangements and communications (NHS Greater Glasgow and Clyde)

IJB records held on the Council Committee Management System have been assigned a permanent retention status (RMP page 9). Working copies/draft records held on both Council and NHS systems will be subject to the retention decisions and destruction processes of each authority (RMP page 11).

The Keeper agreed the Records Management Plan of Renfrewshire Council and Licensing Board on 16 August 2016, [Renfrewshire Council and Licensing Board Assessment Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/renfrewshire-council-and-licensing-board-assessment-report) and NHS Greater Glasgow and Clyde on 10 October 2016, [Keeper’s Assessment Report - NHS Greater Glasgow and Clyde \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/nhs-greater-glasgow-and-clyde-assessment-report).

Renfrewshire Council and Licensing Board submitted Progress Update Reviews (PUR) which were assessed in 2018, 2020 and 2021, [NRS- the Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for Renfrewshire Council and Renfrewshire Licensing Board, October 2018 \(nrscotland.gov.uk\)](#), [NRS - Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for Renfrewshire Council and Renfrewshire Licensing Board, March 2020 \(nrscotland.gov.uk\)](#), [NRS - Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for Renfrewshire Council and Renfrewshire Licensing Board, March 2021 \(nrscotland.gov.uk\)](#).

NHS Greater Glasgow and Clyde submitted a Progress Update Review (PUR) which was assessed in 2019, [NRS - Progress Update Review \(PUR\) Final Report by the PRSA Assessment Team for NHS Greater Glasgow and Clyde June 2019 \(nrscotland.gov.uk\)](#)

Element	Present	Evidence	Notes
1. Senior Officer	G	G	<p>The Public Records (Scotland) Act 2011 (the Act) requires that an individual senior staff member is identified as holding corporate responsibility for records management in a public authority.</p> <p>Renfrewshire Integration Board (the IJB) have identified their Interim Chief Officer, Christine Lavery, as having senior responsibility for all aspects of their records management provision and is the corporate owner of the <i>Records Management Plan</i> (the <i>RMP</i>). The <i>RMP</i> is signed and fully endorsed by the Chief Officer.</p> <p>Ms Lavery is also the Senior Information Risk Owner (SIRO). This role is outlined in the <i>Roles and Responsibilities of SIRO 2021/22</i> (page 1) submitted to the Keeper of the Records of Scotland (the Keeper) and includes the responsibility to ensure the</p>

			<p><i>RMP</i> is supported by the Senior Management Team.</p> <p>A <i>Chief Officer Letter</i> (dated 29 March 2021) further confirms this and explains that the Interim Chief Officer will oversee the adoption of the <i>RMP</i>. Since submission a new Interim Chief Officer has been appointed, Christine Lavery. The Keeper can accept that the new post-holder endorses the Plan in the same way her predecessor did. An updated <i>RMP</i> has also been submitted with Ms Lavery's endorsement and signature.</p> <p>Under the further development section it is noted that an IJB Records Management Procedure, which identifies roles and responsibilities, is to be developed. The Keeper can be updated on the development of this procedure and supplied with a copy when the IJB is invited to participate in the Progress Update Review mechanism, Progress Update Reviews National Records of Scotland (nrscotland.gov.uk).</p> <p>The Keeper agrees that Renfrewshire Integration Joint Board have identified an appropriate individual to this role as required by the Act.</p>
2. Records Manager	G	G	<p>The Act requires that each authority identifies an individual staff member as holding operational responsibility for records management and has appropriate corporate responsibility, access to resources and skills. Due to the partnership nature of the arrangements affecting an IJB, the Keeper has determined that two individuals may be identified to this role if appropriate.</p> <p>The records of the IJB are managed in both the systems of Renfrewshire Council (the Council) and NHS Greater Glasgow and Clyde (the NHS).</p> <p>The Records Manager at Renfrewshire Council, Andrew Connor, has been identified as having lead responsibility for the IJB's records management. IJB public records,</p>

			<p>both working copies and final versions are managed on Renfrewshire Council systems. An email from Andrew Connor has been provided acknowledging responsibility for IJB records held on Renfrewshire Council systems.</p> <p>The NHSGGC Information Governance Manager, Stewart Whyte, is also identified as having have responsibility for the management of IJB records. As noted in the explanation of arrangements above and under element 3, IJB public records, namely working copies and administrative records, such as correspondence and meeting arrangements, are created and managed on NHSGGC systems. An email from Stewart Whyte has been provided acknowledging responsibility for IJB records held on NHSGGC systems. This email also provides an explanation of responsibilities and the distinction between the NHSGGC Head of Health Records and Information Governance Manager.</p> <p>The Council and NHS Records Managers have access to IJB records managed on the systems of the respective authority which employs them.</p> <p><i>Job descriptions</i> for the Council Records Manager and the NHS Health Records Manager have been provided. In 2016 (August and October respectively) the Keeper agreed that both the Council and NHS had appropriately identified the individuals holding these posts as having operational responsibility for records management.</p> <p>The <i>Chief Officer Letter</i> (dated 29 March 2021) identifies the Renfrewshire Health & Social Care Management Team as having responsibility for the practical implementation of the <i>RMP</i>. The IJB have provided an explanation as to how the HSCP Head of Strategic Planning and Health Improvement (Frances Burns) and Strategic Lead and Improvement Manager (David Fogg) will assume responsibility for facilitating communication between the identified individuals at Renfrewshire Council and NHSGGC and with the IJB. This will involve regular liaison and support</p>
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			<p>(every 6 months) to ensure any relevant changes are understood and communicated, including reviews of arrangements and information in PUR submissions.</p> <p>The Keeper can agree that Renfrewshire Integration Joint Board have identified two appropriate individuals to this role as required by the Act.</p>
3. Policy	G	G	<p>The Act requires an authority to have an appropriate policy statement on records management.</p> <p>A list of records covered by the IJB <i>RMP</i> is provided in the explanation (page 5) and in the compliance statement for this element (page 8), which has been expanded to also explain in which authorities respective systems they will be managed:</p> <ul style="list-style-type: none"> • IJB Meetings- agendas and papers (Renfrewshire Council) • IJB Strategies including the Annual Performance Report and the Strategic Plan (Renfrewshire Council) • Administration of the Board including meeting arrangements and communications (NHS Greater Glasgow and Clyde) <p>The IJB has further explained that draft (working copies) of records are “held on NHS GGC and Renfrewshire Council internal system networks in line with organisational policies. This is in line with the integrated nature of the IJB’s activity and the involvement of Council and NHS staff in their development.” (<i>RMP</i> page 8)</p> <p>The IJB is clear which records are covered by the <i>RMP</i> and that the records created by its partner authorities, the Council and the NHS, while carrying out services of the IJB, are covered by the respective records management plans of each authority. This is an important distinction and Renfrewshire IJB seem to have understood it correctly.</p>

			<p>The <i>RMP</i> commits the IJB to following the agreed Records Management Plans of the Council and the NHS as appropriate.</p> <p>The Keeper has previously agreed both the records management policy statements of the Council and the NHS. A link to <i>Renfrewshire Council Records Management Policy</i> has been provided.</p> <p>As both the <i>Renfrewshire Council Records Management Policy</i> (Corporate Records Management Policy 4.1.pdf (renfrewshire.gov.uk)) and the Scottish Government's Records Management Health and Social Care Code of Practice (Scotland) 2020 (SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf) are published, the Keeper can agree that IJB staff can access them when appropriate.</p> <p>The Keeper agrees that the public records of Renfrewshire Integration Joint Board are subject to formal policies as required by the Act.</p>
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4. Business Classification	A	G	<p>The Keeper of the Records of Scotland (the Keeper) expects that the public records of an authority are known and are identified within a structure.</p> <p>Renfrewshire IJB acknowledge “For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records and procedures for retention of records.” (<i>RMP</i> page 4)</p> <p>The public records of the IJB are created and managed on the systems the Council and NHS and will be part of their respective Business Classification Schemes (BCS). The IJB have confirmed that all public records are in digital format.</p> <p>The IJB will follow the corporate BCS adopted by Renfrewshire Council (<i>RMP</i> page 9). This is a localised version of the Scottish Council on Archives Records Retention Schedules and BCS (SCARRS). This is a system endorsed by the Keeper for use by local authorities. A copy of the updated Renfrewshire Council’s BCS, which includes categories that capture IJB business, has been provided.</p> <p>The <i>RMP</i> outlines the public records covered by the Plan (see element 3 above) and notes that all that all “final versions of this information” are published online on the Renfrewshire Health and Social Care Partnership website (Renfrewshire Health and Social Care Partnership - Integration Joint Board (hscp.scot)) and “maintained on Council systems through CMIS”. The <i>RMP</i> (page 9) states “IJB records are part of the Renfrewshire Council Committee Management System (CMIS) and have a permanent retention status.” (CMIS > Joint Arrangements > Renfrewshire Health and Social Care Integration Joint Board.) “Draft versions of these documents” are held on both Council and NHS systems (<i>RMP</i> page 8).</p> <p>Since submission the IJB have clarified which records are held on Council systems and which are held on NHS systems (see explanation of arrangements and element</p>
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			<p>3), “Final versions of IJB records are maintained on Council systems (CMIS). Draft versions are created and worked on jointly by health and council-employed staff and therefore draft versions of documents will be held on both internal networks.”</p> <p>A link to the <i>NHS Greater Glasgow and Clyde Business Classification Scheme Framework</i>, March 2016, has been submitted to the Keeper. He agrees that this accounts for records of the administration of the Health and Social Care Partnership (and thus presumably the IJB) (<i>NHS GG&C BCS Framework</i> page 25).</p> <p>At the time the Keeper agreed the Council’s RMP in 2016 a BCS had not been fully rolled out. As a result the Keeper agreed this element on an improvement model basis but was confident plans were in place to address this. Updates provided to the Keeper’s Assessment Team through the Progress Update Review (PUR) mechanism show that a BCS has now been developed and rolled out and is being mapped against a new eRDMS (PUR 2021 page 6).</p> <p>This element of NHS Greater Glasgow and Clyde RMP was also agreed on an improvement model basis (a full business classification scheme has not yet been imposed on the organisation’s records management system). A PUR submission in 2019 confirmed the BCS is now part of an Information Asset Register.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority. As this element of the RMPs of both Renfrewshire Council and NHS Greater Glasgow and Clyde was agreed on an improvement model basis the Keeper can agree this element on the same terms.</p>
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5. Retention schedule	G	G	<p>The Keeper expects an authority to have allocated retention periods to its public records and for those records to be retained and disposed of in accordance with a Retention Schedule.</p> <p>The IJB have acknowledge there should be "consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records" in the introduction to their <i>RMP</i> (page 4).</p> <p>Furthermore, the IJB states (<i>RMP</i> page 4): "For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records." And "if the arrangements for their eventual archiving or destruction are inadequate, then information may not be adequate or even available for any purpose."</p> <p>The <i>RMP</i> (page 10) explains "The corporate records including formal IJB reports and minutes will be managed in accordance with the Council Servicing Committee Protocol."</p> <p>IJB records on Council systems are managed in line with <i>Renfrewshire Council Retention Schedule</i> (v 1.4 November 2021) a copy of which has been provided to the Keeper and it is published online. This schedule is based on the SCARRS guidance.</p> <p>IJB records on NHS systems are managed in line with the Scottish Government Records Management: NHS Code of Practice (2020), which supersedes the Code of Practice referred to in the NHS <i>RMP</i> (page 11) and which sets out minimum retention periods for personal health, administrative and social care records.</p> <p>As noted under element 4 a permanent retention status has been assigned to IJB</p>
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			<p>records held on Renfrewshire Council's Committee Management System (CMIS). "Final versions" of IJB records are published on the IJB website and "Draft versions of these documents" are held on both Council and NHS systems (<i>RMP</i> page 8). Since submission the IJB has confirmed there will be a single 'final' corporate version of IJB records identified for permanent preservation and a process will be put in place to mitigate the potential for duplicate copies being retained, "As the IJB has responsibility for services delegated by NHS GGC and Renfrewshire Council, these documents will be submitted to partner formal governance structures for information. To prevent duplicate copies being held on partner systems this has now been reviewed and the future process will now be to provide a link to the final version of documents held on the IJB's CMIS site rather than an additional copy." The <i>RMP</i> has been updated to reflect this.</p> <p>In 2016 the Keeper agreed that NHS Greater Glasgow and Clyde and Renfrewshire Council had approved and operational retention schedules in place. Therefore, the Keeper can agree that Renfrewshire Integration Joint Board has schedules providing retention decisions for the record types created while pursuing its functions.</p>
6. Destruction Arrangements	A	G	<p>The Act requires that public records are destroyed in a timely, controlled and secure manner.</p> <p>The IJB have noted the records management principle that there should be "consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records" in the introduction to their <i>RMP</i> (page 4).</p> <p>IJB records, in all formats, are destroyed in line with Council and NHS destruction policies and procedures. (<i>RMP</i> page 11)</p>

			<p>In 2016 the Keeper agreed this element of Renfrewshire Council's RMP on an improvement model basis as the authority identified a gap in provision (the deletion of records from some line of business systems) and evidenced a commitment to closing this gap. This agreement was dependent upon the Keeper being kept informed of progress. Updates have been provided through the PUR mechanism to show progress and an updated Records Disposal Policy was submitted in 2018.</p> <p>In 2016 the Keeper agreed that NHS Greater Glasgow & Clyde have procedures in place to ensure the secure and irretrievable destruction of records, in all formats, when appropriate as required by the Act.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the 'host' authority. As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same terms.</p>
7. Archiving and Transfer	A	G	<p>The Act requires that all Scottish public authorities identify a suitable repository for the permanent preservation of any records considered suitable for archiving. A formal arrangement for transfer to that repository must be in place.</p> <p>Renfrewshire Integration Joint Board acknowledge there should be "provision for the permanent preservation of archival records." (<i>RMP</i> page 4)</p> <p>The IJB follow the procedures of Renfrewshire Council to ensure the permanent preservation of selected records. Any IJB records held on NHS systems will be managed through NHS policies on archiving. (<i>RMP</i> page 12)</p>

			<p>The evidence section for this element explains there is an “agreed arrangement between the IJB and Renfrewshire Council for IJB records to be included in the archiving and transferring arrangements established by Renfrewshire Council.” An email from the Council Records Manager has been provided confirming that IJB records held on Council systems will be managed through the Council’s preservation and archiving arrangements.</p> <p>Renfrewshire Council transfer records for permanent preservation to the Heritage Centre at Paisley Central Library. This is run by Renfrewshire Leisure Trust Ltd. In 2016 the Keeper agreed this element of the Council’s RMP on an ‘improvement model’ basis, as the authority had identified a gap in provision (a Council-wide system of transferring appropriate records to the archive) and had identified how it intended to close this gap. The Council provided updates on archiving arrangements in 2018, 2020 and 2021 through the PUR mechanism. However, as noted above, the Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority.</p> <p>As noted above, all IJB records are permanently preserved in the Council CMIS. The IJB have explained (see element 5) the process to ensure there will be a single ‘final’ corporate version of IJB records identified for permanent preservation.</p> <p>In 2016 the Keeper agreed that NHS Greater Glasgow and Clyde identified a suitable repository (Health Board Archive Service based at the University of Glasgow Archive Service) for the permanent preservation of selected records and that arrangements are in place to manage the transfer of records.</p> <p>The Keeper acknowledges that digital archiving in the Scottish public sector is in its infancy. The Keeper would encourage the IJB, to remain aware of developments at</p>
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			<p>the identified repositories which will affect the transfer of digital records for permanent preservation.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the 'host' authority. As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same improvement terms.</p>
8. Information Security	G	G	<p>The Act requires that public records are held in accordance with information security compliance requirements.</p> <p>Renfrewshire Integration Joint Board acknowledge that "Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable or as long as records are required." (RMP page 4)</p> <p>All IJB records are held and managed on the systems of either Renfrewshire Council or NHS Greater Glasgow and Clyde.</p> <p>IJB staff are employed by either Renfrewshire Council or NHS Greater Glasgow and Clyde and will follow the information security policies and procedures of their respective employer when managing IJB records.</p> <p>A copy of <i>Renfrewshire Council Information Security Policy</i> (v3.0 June 2019) and a link to the <i>Council Information Promise</i>, Information Promise - Renfrewshire Website, have been supplied to the Keeper.</p>

			<p>A link to a suite of NHS Information Security policies which support the NHS Scotland Information Security Policy Framework (NIS Regulations 2018) has been provided. These are published on the NHSGGC website and include Information Security Policy, Incident Management and Access Control, NHSGGC : GGC Policies supporting NHS Scotland Information Security Policy Framework (NIS Regulations 2018).</p> <p>In 2016 the Keeper agreed that both Renfrewshire Council and NHS Greater Glasgow and Clyde have procedures in place to ensure records are held in accordance with information security compliance requirements.</p> <p>Therefore, the Keeper can agree that Renfrewshire Integration Joint Board have ensured that their public records are protected by suitable information security processes.</p>
9. Data Protection	G	G	<p>The Keeper expects a Scottish public authority to manage records involving personal data in compliance with data protection law.</p> <p>As with all other Scottish public authorities Renfrewshire Integration Joint Board have been required to comply with data protection procedures imposed by the 2018 data protection legislation (GDPR and DP2018).</p> <p>IJB records are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems and are done so under the data protection policies and procedures of each authority.</p> <p>The Keeper has previously agreed Renfrewshire Council and NHS Greater Glasgow and Clyde have properly considered their responsibilities under data protection legislation and have appropriate policies guidance and staff training in place. It should be noted that the data protection legislation has been updated since</p>

			<p>agreement following the implementation of the Data Protection Act 2018 (and GDPR).</p> <p>Data protection information is published on the Council and NHS public websites: Privacy policy - Renfrewshire Website NHSGGC : Data Protection & Privacy</p> <p>Links to this information are also available on the Renfrewshire Health and Social Care Partnership website in their Privacy Notice, Renfrewshire Health and Social Care Partnership - Privacy Notice (hscp.scot).</p> <p>IJB staff are employed by either Renfrewshire Council or NHS Greater Glasgow and Clyde and receive relevant data protection and information governance training from their employer. Staff can access the Council Data Protection policy via the Council intranet site and the NHS Data Protection policy is published online.</p> <p>The Keeper agrees that Renfrewshire Integration Joint Board is aware of its obligations under and has arrangements to comply with the 2018 data protection legislation.</p>
10. Business Continuity and Vital Records	G	G	<p>The Keeper expects that record recovery, prioritising vital records, is an integral part of the authority's business continuity planning.</p> <p>The records of Renfrewshire Integration Joint Board are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems and are covered by their respective business continuity arrangements. These include the Business Continuity Plans and vital records arrangements of each authority. (<i>RMP</i> page 15)</p> <p>The <i>RMP</i> (page 15) states "Both NHS Greater Glasgow & Clyde and Renfrewshire</p>

			<p>Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.”</p> <p>The Keeper has previously agreed that NHS Greater Glasgow and Clyde and Renfrewshire Council have business continuity procedures in place which include the recovery of records and have identified or appropriately considered the identification of vital records.</p> <p>Therefore, the Keeper agrees Renfrewshire Integration Joint Board have approved and operational business continuity processes and that information management and records recovery properly feature in such plans.</p>
11. Audit trail	A	G	<p>The Keeper expects an authority to have processes in place to track public records in such a way that their location is known and changes recorded.</p> <p>Renfrewshire Integration Joint Board acknowledge this and list the records management principles, “access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required” and “Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.” (<i>RMP</i> page 4)</p> <p>IJB records are created on the systems of both the Council and NHS and follow the arrangements in place in each authority. Employees access IJB records on the information systems of their respective employer. (<i>RMP</i> page 16)</p> <p>The Council CMIS system in which IJB records are stored has “full version control and ensures that the IJB’s records are available at all times and that when accessed</p>

			<p>for business purposes, that these are the most up to date and current versions.” In addition “ ...all other corporate records will be accessed by employees through the information systems of NHS Greater Glasgow & Clyde and Renfrewshire Council.”</p> <p>In 2016 the Keeper agreed this element of both NHS Greater Glasgow and Clyde’s and Renfrewshire Council’s records management plans. However, his agreement for Renfrewshire Council was on an improvement model basis as a gap in provision was acknowledged (lack of audit trail for some electronic line of business systems and records stored on shared drives). The Council provided updates in 2018, 2020 and 2021 through the PUR mechanism. However, as noted above, the Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority.</p> <p>In the further development section an action is noted to undertake further training for all administrative staff on version control. This commitment to developing training is commended by the Keeper and he would welcome updates on this in PUR submissions.</p> <p>In 2016 the Keeper agreed the NHS had staff guidance in place on naming conventions and version control adapted from the Scottish Government’s e-health programme (version 2.8 Sept 2015).</p> <p>In 2016 the Council committed to developing staff guidance and training and confirmed this action had been completed in their 2018 PUR update.</p> <p>The Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the ‘host’ authority.</p>
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			As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same terms.
12. Competency Framework for records management staff	G	G	<p>The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported.</p> <p>Renfrewshire Integration Joint Board recognise this. They outline principles of records management in the Introduction to the <i>RMP</i> (pages 4-5) which include "That all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary."</p> <p>IJB records are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems and staff are employed by one or the other authority. This is confirmed by the <i>RMP</i>, "The IJB will rely upon the Records Managers of NHS GGC & Renfrewshire Council for compliance under this element." And "Training for records management staff will remain the responsibility of the employing bodies..." (<i>RMP</i> page 17).</p> <p>A link to the NHS Records Management awareness training module has been provided. This training is mandatory for all NHS staff.</p> <p>In the further development section "training to be developed for all staff" is noted as an action. This commitment to further enhancing staff training is commended by the Keeper and he would welcome updates on this in PUR submissions.</p> <p>The Keeper has previously agreed that the training in records management offered by Renfrewshire Council and by NHS Greater Glasgow and Clyde is appropriate.</p> <p>Job descriptions for the Records Managers at the Council and the NHS have been</p>

			<p>provided. (see element 2)</p> <p>Therefore the Keeper can agree that Renfrewshire Integration Joint Board has ensured that staff processing their public records are provided with appropriate training and guidance.</p>
13. Assessment and Review	A	G	<p>Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>Renfrewshire Integration Joint Board commit to reviewing their RMP every two years as a minimum (<i>RMP</i> page 18) They further note that it “.. will be appropriately reviewed and updated in line with statutory requirements.” (<i>RMP</i> page 8)</p> <p>IJB records are managed on both Renfrewshire Council and NHS Greater Glasgow and Clyde systems. The IJB relies on these partner authorities to regularly review systems, policies and procedures which govern the management of their records. The IJB have explained, under element 2, how regular communication between the partner authorities and the IJB will be managed and updates provided to the IJB for approval.</p> <p>The IJB have explained separately and in the updated <i>RMP</i> that “This Record Management Plan will be reviewed and updated by the Records Managers, supported as noted in Element 2 by the Head of Strategic Planning & Health Improvement, and the Strategic Lead & Improvement Manager. Any gaps in this plan will be identified as issues arise and solutions agreed.” They have further confirmed that annual updates on the <i>RMP</i> will be part of non-financial governance reporting to the IJB. In addition, it is noted that internal audit test elements of non-financial governance on an annual basis. Evidence of the inclusion of the <i>RMP</i> review in IJB minutes and audit reporting would strengthen this element, however the Keeper understands review will not yet have taken place. The PUR process can be used to provide updates and if necessary additional</p>

			<p>evidence.</p> <p>The Keeper has previously agreed the review procedures in place at Renfrewshire Council and NHS Greater Glasgow and Clyde. However, he agreed this element of the Council's Records Management Plan on an improvement model basis as a gap in provision was acknowledged (the methodology for carrying out regular reviews of the RMP) and a commitment was made to closing this gap. The Council provided updates in 2018, 2020 and 2021 through the PUR mechanism.</p> <p>Both partner authorities have engaged with the voluntary PUR mechanism to update the Keeper on progress (see links in explanation above). The IJB, through regular communication with the partner authorities will be kept updated on changes and updates which may result as part of the PUR process.</p> <p>The Keeper agrees that that Renfrewshire Integration Joint Board have arrangements in place to ensure the appropriate review of their Records Management Plan, as required by the Act. However, the Keeper has determined that the RAG status of a Records Management Plan of any authority, whose records are managed on the systems of a separate authority, cannot be higher than that awarded to the 'host' authority. As this element of Renfrewshire Council's RMP was agreed on an improvement model basis the Keeper can agree this element on the same improvement terms.</p>
14. Shared Information	G	G	<p>The Keeper expects a Scottish public authority to ensure that information sharing, both within the Authority and with other bodies or individuals, is necessary, lawful and controlled.</p> <p>Renfrewshire Integration Joint Board undertake information sharing as part of its function and do so using information sharing processes set out in a formal</p>

			<p>agreement.</p> <p>In the case of the IJB this is <i>The Greater Glasgow and Clyde Protocol for Sharing Information</i> which has previously been agreed by the Keeper as being appropriate for sharing information between NHS and Council partners: Information sharing protocol (nhsggc.org.uk)</p> <p>An example <i>Data Sharing Agreement between NHS Greater Glasgow & Clyde, Renfrewshire Council, the National Information Services Division and Renfrewshire IJB</i> (dated 2018) has been provided as evidence. The IJB note this is in place “to enable the safe and effective sharing of information.” (<i>RMP</i> page 19)</p> <p>The Keeper can agree that Renfrewshire Integration Joint Board properly considers records governance when undertaking information sharing programmes.</p>
15. Public records created or held by third parties	N/A	N/A	<p>The Public Records (Scotland) Act 2011 (PRSA) makes it clear that records created by third parties when carrying out the functions of a scheduled authority should be considered ‘public records’ - PRSA Part 1 3 (1)(b).</p> <p>Renfrewshire Integration Joint Board have confirmed it does not contract out any of its functions to a third party. (<i>RMP</i> page 20)</p> <p>The Keeper agrees that Element 15 does not apply to Renfrewshire Integration Joint Board.</p>

Renfrewshire Integration Joint Board

General Notes on submission:

This assessment is on the Records Management Plan (*RMP*) of Renfrewshire Integration Joint Board, version 3.0 approved by the Board on 26th March 2021 and updated on 29th March 2021. It carries the signature of the Interim Chief Officer, Shiona Strachan, who fully endorses the Plan. This *RMP* has been updated and superseded by version 4.0, dated 31 March 2022 and which carries the signature of the Interim Chief Officer, Christine Laverty, who fully endorses the Plan. The updates are reflected in the above assessment.

The *RMP* (page 3) acknowledges that “Information underpins the IJB’s over-arching strategic objective and helps it meet its strategic outcomes.” and “Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information
- Smarter and smoother work practices
- Better resource management
- Preservation of vital and historical records"

The IJB’s records are managed in line with both Renfrewshire Council and NHS Greater Glasgow and Clyde records management policies and procedures.

6. Keeper's Summary

Elements **1-15** that the Keeper considers should be in a public authority records management plan have been properly considered by Renfrewshire Integration Joint Board. Policies and governance structures are in place to implement the actions required by the plan.

Elements that require development by Renfrewshire Integration Joint Board are as follows

- Element 4 Business Classification
- Element 6 Destruction
- Element 7 Archiving
- Element 11 Audit trail
- Element 13 Assessment and Review


The Keeper acknowledges that these elements require improvement action on the part of the partner authorities on whose systems the IJB's public records are managed rather than by the IJB.

7. Keeper's Determination

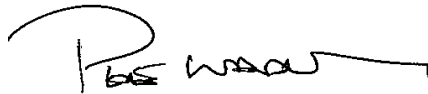
Based on the assessment process detailed above, the Keeper **agrees** the RMP of **Renfrewshire Integration Joint Board**.

- The Keeper recommends that Renfrewshire Integration Joint Board should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,



Liz Course
Public Records Officer



Pete Wadley
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by Renfrewshire Integration Joint Board. In agreeing this RMP, the Keeper expects Renfrewshire Integration Joint Board to fully implement the agreed RMP and meet its obligations under the Act.



.....
Paul Lowe

Keeper of the Records of Scotland

Covid PCIP 5

Health Board Area: NHS Greater Glasgow and Clyde
Health & Social Care Partnership: Renfrewshire HSCP
Total number of practices: 29 (Note as at 1 April 2022 there will be 28 GP Practices locally)

MOU PRIORITIES

2.1 Pharmacotherapy	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
Practices with Pharmacotherapy level 1 service in place	0	29	0
Practices with Pharmacotherapy level 2 service in place	0	29	0
Practices with Pharmacotherapy level 3 service in place	0	29	0
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: A report is being finalised on delivery of pharmacotherapy service against expected levels of delivery and staffing by April 2022. This 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 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	0	0	29
Practices with access to management of minor injuries and dressings service	20	0	9
Practices with access to ear syringing service	29	0	0
Practices with access to suture removal service	20	0	9
Practices with access to chronic disease monitoring and related data collection	0	29	0
Practices with access to other services	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Locally plans to implement Treatment Rooms are ongoing. Suitable accommodation has been a significant challenge as Renfrewshire have no history of treatment rooms.			
2.3 Vaccine Transformation Program	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
School age - Practices covered by service	0	0	29
Out of Schedule - Practices covered by service	0	0	29
Adult imms - Practices covered by service	0	0	29
Adult flu - Practices covered by service	0	0	29
Pregnancy - Practices covered by service	0	0	29
Travel - Practices covered by service	0	0	29
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Transfer of work achieved. There is still some uncertainty about the overall cost of the PCIP element of the vaccination programme and will continue to monitor following further clarity and guidance on funding streams for VTP PCIP, Covid vaccination and additional cohorts for future years.			
2.4 Urgent Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service	11	17	1

Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Locally we have moved to deliver 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. 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. The lack of qualified ANPs is however challenging and often once trained they move on to other positions.			
Additional professional services			
2.5 Physiotherapy / MSK	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	15	0	14
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: APP recruitment is now completed as per local agreement/funding 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 31/3/22	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	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 October 2021 return. HSCP Return: Note plans are in place for a further 3 practices to have access to Community Mental Health and Wellbeing Nurses from May 2022. Local Staffing Resource is 5.0wte. Remaining practices would also benefit from this aligned resource to enhance the multidisciplinary team. In addition, a first stage development of 2 occupational therapists (1.7wte) is due to commence on 19 April 2022. The occupational therapists will provide input direct into identified GP practices, working within the practice. The service will deliver occupational therapy assessment and intervention.			
2.7 Community Links Workers	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
Please outline any assumptions or caveats in the data and any significant changes since your October 2021 return. HSCP Response: Link Workers are aligned to all GP practices and is working well. All practices have a minimum of one day resource. Locally we intend to expand the service in 2022/23 with time limited PCIF monies to deal with the increase in Mental Health support needed a present.			
2.8 Other locally agreed services (insert details)	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			

2.9 Reflection
What have been the key successes, achievements or innovations in implementing the MOU? Key successes include: HSCPs/Health Board implementing a number of new services from scratch and facilitating/coordinating this large scale programme of work. Single point of access for treatment rooms. Initial development of Pharmacy Hub and building associated skill mix within Pharmacy workforce Work has been taken off GP practices and GP time has been freed up in line with key aims of the GP Contract/PCIP. Community Link Workers resource aligned to all GP practices and working well. Transfer of Vaccination Services from GP Practices in line with the GP Contract/MOU.
What lessons can be learned and applied moving forwards into the next phase of the MOU?. Key lessons include: The need for a workforce plan (national) is critical. The need for clear definitions of delivery and performance indicators i.e. full and partial delivery. Further investment in GPs and primary care premises is crucial and needs further attention. The need for further investment in training places as implementing these huge changes across the country has the potential to destabilise pharmacists and physios in the community and in secondary care. Longer term funding commitment to support equity across MOU areas to practices.

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 actual spend	457,560	70,022	1181,536	30,657	1058,371	134,311	385,946	40,139	314,348	0	259,201	
Total actual spend to March 2022	939,097	120,622	2900,110	102,958	1891,359	186,258	805,669	56,893	811,947	44,720	770,117	0
2022-23 planned spend i.e. projected annual recurring cost	527,998	134,928	2268,445	25,000	1916,935	50,000	577,942	10,000	344,244	25,000	249,172	
Total spend required for full delivery	526,808	134,752	4526,800	100,000	1805,668	100,000	993,400	20,000	897,100	40,000	250,000	

Table 2: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 6: Community link
TOTAL headcount staff in post as at 31 March 2018	10
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	3
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	
INCREASE in staff headcount (1 April 2020 - 31 March 2021)	
INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	
TOTAL headcount staff in post by 31 March 2022	13

[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				

INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	3.2	4.0	4.4	1.8	1.0	-0.9				0.5		1.0
TOTAL staff WTE in post by 31 March 2022	15.6	17.2	12.0	26.4	1.0	5.7	0.0	1.0	0.0	4.3	1.0	8.8
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	2.5	11.4	6.0	6.2	3.0	2.0				0.1		
TOTAL future recurring staff WTE [c]	18.1	28.6	18.0	32.6	4.0	7.7	0.0	1.0	0.0	4.4	1.0	8.8

[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. The additional staff expected in 22/23 would take the plan to its current funding capacity, including winter money, however there will be no further addition to meet the MOU in 22.23 as the model is already unaffordable.

To: Renfrewshire Health and Social Care Integration Joint Board

On: 24 June 2022

Report by: Assistant Chief Internal Auditor

Heading: Internal Audit Annual Report 2021/2022

1. Summary

- 1.1 The Public Sector Internal Audit Standards (PSIAS) requires that the Chief Internal Auditor must deliver an annual internal audit opinion, on the overall adequacy and effectiveness of the internal control environment, that can be used by the organisation to inform its governance statement. The purpose of this report is to advise the Board of the Internal Audit Annual Report and the annual internal audit opinion. It should be noted that the Chief Auditor is off work and her duties are being covered by the Asst. Chief Internal Auditor.
- 1.2 The Internal Audit Annual Report outlines the internal audit work we have carried out for the year ended 31 March 2022. The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- 1.3 The report attached, includes the Asst. Chief Internal Auditor's independent and objective opinion as to the adequacy and effectiveness of the internal control environment. In forming the opinion, the Asst. Chief Internal Auditor has conducted a review of the Internal Audit reports issued to the IJB in the year and the internal audit annual report from Renfrewshire Council and internal audit progress reports from NHS Greater Glasgow and Clyde.
- 1.4 This Report would normally be submitted to the IJB Audit Risk and Scrutiny Committee. However, as the Council voting members of this committee are not appointed until this meeting, no date for the next IJB has yet been arranged. As this Report is used to inform the Governance Statement included in the Board's Annual Accounts, it has been agreed with the Vice Chair of the IJB Audit Risk and Scrutiny Committee and a representative from Audit Scotland that this Report could be submitted to this Board
-

2. Recommendations

- 2.1 Members are asked to consider and note the contents of the IJB's Internal Audit Annual Report for 2021/2022.

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** - none
- 8. Health & Safety** - none.
- 9. Procurement** - none.
- 10. Risk** - The report provides an opinion on the overall internal control environment including governance and risk management of the Integration Joint Board.
- 11. Privacy Impact** - none.

List of Background Papers – none.

Author: Karen Campbell, Asst Chief Internal Auditor

Renfrewshire Health and Social Care Integration Joint Board

Internal Audit Annual Report 2021-2022

June 2022

Renfrewshire Health and Social Care Integration Joint Board

Internal Audit Annual Report 2021/2022

Contents

		Page
1.	Introduction	1
2.	Responsibilities of Management and Internal Audit	2
3.	Internal Audit Activity in 2021/22	2
4.	Review of Internal Audit Performance	2
5.	Planned Audit Work for 2022/23	3
6.	Audit Assurance Statement	4
	Appendix 1 – Summary of Assurances	5

Renfrewshire Health and Social Care Integration Joint Board

Internal Audit Annual Report

1 April 2021 – 31 March 2022

1. Introduction

1.1 Renfrewshire Council provides an internal audit service to the Renfrewshire Health and Social Care Integration Joint Board (IJB). This includes:

- The compilation of an annual audit plan following consideration and evaluation of those areas of greatest risk in the organisation's operation, and consultation with the Chief Officer and Senior Management;
- Delivery of the planned audit assignments;
- Follow up of previous audit recommendations;
- Provision of any ongoing advice support and training on audit and risk related matters;
- Provision of an Annual Report and Assurance Statement to the IJB.

1.2 The Service operates in accordance with the Public Sector Internal Audit Standards which defines Internal Audit's role as:

".....an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."

1.3 The IJB Chief Internal Auditor is currently off work and her duties are being covered by the Assistant Chief Internal Auditor.

1.4 In line with the Standards, the purpose of this Annual Report is to report on:

- The outcome of the planned Internal Audit reviews 2021/22 relating to the IJB;
- The outcome of Internal Audit reviews undertaken by partner bodies;
- Internal audit performance;
- Planned audit work for 2022/23;
- The annual assurance statement which provides an opinion on the overall adequacy and effectiveness of the IJB's internal control environment.

1.5 The operational delivery of services within the Health Board and Local Authority on behalf of the Integration Joint Board will be covered by their respective internal audit arrangements. In concluding on the overall opinion, the Asst. Chief Internal Auditor has conducted a review of the internal audit reports issued to the IJB in the year, the internal audit annual report from

2. Responsibilities of Management and Internal Audit

- 2.1 It is the responsibility of management to ensure that the areas under their control are adequate and effective and that there is a sound system of internal control which facilitates the effective exercise of the organisation's functions and which includes arrangements for the management of risk.
- 2.2 Internal Audit is not a substitute for effective control exercised by management as part of their responsibilities. Internal Audit's role is to independently assess the adequacy of the risk management, internal controls and governance arrangements put in place by management and to undertake sufficient work to evaluate and conclude on the adequacy of those controls for the period under review.

3. Internal Audit Activity during 2021/2022

- 3.1 The Internal Audit Plan for the IJB for 2021/2022 provided for a review of budgetary control and the annual review of the adequacy and compliance with the Local Code of Corporate Governance. Both these reviews have been completed and the summaries of the work undertaken and the internal audit findings were submitted to the IJB Audit, Risk and Scrutiny Board on 18 March 2022.
- 3.2 The Annual Report for 2020/2021 was submitted to the IJB Audit Risk and Scrutiny Board on 18 June 2021.
- 3.3 The implementation rate of audit recommendations is a measure of operational culture and effectiveness. During 2021/22, 1 recommendation was followed up and confirmed as implemented. There are no recommendations outstanding.

4. Review of Internal Audit Performance

- 4.1 Internal Audit produces regular reports on its performance during the year to Renfrewshire Council's Audit, Risk and Scrutiny Board, against a range of measures set annually by Renfrewshire Council's Director of Finance and Resources. These targets are set for all internal audit engagements and include Renfrewshire Council and other associated bodies, for which the team provides internal audit services. Table 1 shows the actual performance against targeted performance for the year.

Table 1

Internal Audit Performance 2021/22		
Performance measure	Target 2021/22	Actual 2021/22
% of audit assignments completed by target date	95%	98.4%
% of audit assignments completed within time budget	95%	96.8%
% completion of all audit plans for the year* (Council and Associated Bodies)	95%	92.1%

* this measures the completion percentage as at 31 March. 100% of the plan is ultimately delivered through the finalisation of the outstanding elements in the new financial year.

4.2 The percentage completion of the audit plan is slightly below the target set for the year. This was due, in the main, to a higher than anticipated level of unplanned absence. It should be noted that this had no effect on the IJB Audit Plan for 2021/22 which is 100% complete. The actual performance for the year for the two other indicators, is above the target performance level.

4.3 The Chief Auditor is required to develop and maintain a quality assurance and improvement programme that covers all aspects of internal audit including conformance with the PSIAS. The review did not identify any areas of non-conformance that require to be addressed.

4.4 External Audit

External Audit's review of the internal audit service concluded that overall the service operates in accordance with the PSIAS.

5. Planned Work for 2022/23

5.1 Following a risk-based assessment of the activities of the IJB and consultation with the senior management team, the Internal Audit Plan for 2022/2023 provides for 55 days of Internal Audit resource to undertake:

- A review of the Risk Management arrangements in place;
- An information governance review to provide assurance that information requests are being dealt with satisfactorily; and
- The annual review of the adequacy and effectiveness of the Local Code of Corporate Governance.

The plan also provides time for planning and reporting, follow up on previous recommendations, ad-hoc advice and consultancy. The Internal Audit Plan for 2022/2023 was approved by the IJB Audit, Risk and Scrutiny Committee on 18 March 2022.

6. Audit Assurance Statement

- 6.1 The audit work performed in relation to the 2021/22 internal audit plan has been reported to the Chief Officer. Relevant audit work undertaken by partner organisations is reported to the Audit, Risk and Scrutiny Committee. Where areas for improvement in internal control have been identified, appropriate recommendations have been made and accepted for action by management.
- 6.2 Some matters have been identified in relation to the internal control, risk management and governance arrangements within the partner organisations and these have been recommended by the respective Chief Internal Auditors for inclusion in the partner governance statements. There are no significant matters arising in relation to those audit engagements specific to the IJB.
- 6.3 It is not feasible for the system of internal control to be without any weakness. It is important to balance the risks involved in accepting systems limitations with the consequences if a problem emerges. Internal Audit recognises this and assesses this in its reporting mechanism.
- 6.4 The audit plan is always intended to be flexible and contingency time was utilised to undertake additional work on areas of emerging risk. Within the Council, the gross operational internal audit days were reduced by 14% due to unplanned absence and no audit engagements were outsourced as was planned due to the pandemic. The IJB Internal Audit Plan and the NHS Greater Glasgow and Clyde Internal Audit Plans have been fully delivered.
- 6.5 In this context, it is considered that a reasonable level of assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's internal control, risk management and governance arrangements, as evidenced by:-
- The results of the audit work in 2021/22 and the opinion's contained in the Internal Audit Annual Reports of the Local Authority and progress reports from the Health Board.
 - Management self-assessment of internal control, risk management and governance arrangements.
 - Management action to respond to audit recommendations.

Signed

Asst Chief Internal Auditor

Date 24 June 2022

Appendix 1

Summary of Internal Audit Assurances for the IJB and Partner Organisations, Renfrewshire Council and NHS Greater Glasgow and Clyde

Integration Joint Board		
Audit Engagement	Assurance Level	Significant Matters
Local Code of Corporate Governance	Substantial	• None
Budgetary Control	Substantial	• None
Renfrewshire Council		
Audit Engagement	Assurance Level	Significant Matters
Payroll	Reasonable	• None
Supporting Attendance	Reasonable	• None
Use of Purchase Cards	Limited	• Issues were identified re compliance with the PCard Procedures and timeliness of approval of transactions
NHS Greater Glasgow and Clyde		
Audit Engagement	Overall Audit Rating	Significant Matters
Remobilisation Planning	Effective	• None
Payroll	Effective	• None
Duty of Candour	Minor Improvement Required	• None
Property Transaction Monitoring	Minor Improvement Required	• None
Financial Systems Health Check – Procurement and Tendering	Substantial Improvement Required	• The lack of consistency in the development of local guidance.
HEPMA – Project Guidance	Minor Improvement Required	• None
Recruitment	Minor Improvement Required	• None

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Chief Finance Officer

Heading: Unaudited Annual Governance Statement 2021/22

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

1. Purpose and Context

- 1.1. As members will be aware, normal practice is for the Unaudited Annual Governance Statement to be considered by the IJB's Audit, Risk and Scrutiny Committee and then subsequently brought forward to the IJB for approval within the Unaudited Accounts.
- 1.2. Owing to the circumstances where it has been necessary to cancel the planned meeting of the IJB Audit, Risk and Scrutiny Committee on 17 June 2022, there is a need for this report to be considered and approved by the IJB itself, as part of the requirements and timescales linked to the development of the Unaudited Annual Accounts for 2021/22.
- 1.3. The report sets out the IJB's Unaudited Annual Governance Statement for 2021/22 and provides an opportunity to review and comment on the content. It also allows for agreement to be sought on the assurances on the governance framework which can be provided to Renfrewshire Council and NHS Greater Glasgow & Clyde (NHSGGC).

2. Recommendation

It is recommended that the IJB:

- Approve the draft Annual Governance Statement, as set out in Appendix 1.

3. Background

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

- 3.2. In discharging these responsibilities, the Chief Officer has a reliance on NHSGGC and Renfrewshire Council's systems of internal control which support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.
- 3.3. The IJB has adopted governance arrangements consistent where appropriate with the principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "*Delivering Good Governance in Local Government*". The Annual Governance statement explains how the IJB has complied with these governance arrangements and meets the requirements of the Code of Practice on Local Authority Accounting in the UK, which includes the requirement for an Annual Governance Statement.
- 3.4. In addition, the annual governance statement which forms a key part of the annual accounts, provides readers of the accounts with assurance that the governance framework is fit for purpose.
- 3.5. The Annual Governance Statement for 2021/22 is attached and has been prepared in accordance with the relevant regulation and guidance taking account of the Internal Audit Annual Report and the Chief Officer's evaluation of the operation of the governance arrangements within each service area.
- 3.6. The Governance Statement is subject to statutory audit by the Council's External Auditors as part of their review of the annual accounts.

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** – none
8. **Health & Safety** – none
9. **Procurement** – none
10. **Risk** – The Annual Governance Statement provides information on the effectiveness of the IJB Governance Framework. Specific risks identified from the Chief Auditor's Annual Report and the assessments of the CO are disclosed in the statement.
11. **Privacy Impact** – none.

List of Background Papers – None

Author: Sarah Lavers, Chief Finance Officer

Any enquiries regarding this paper should be directed to Sarah Lavers, Chief Finance Officer (Sarah.Lavers@renfrewshire.gov.uk)
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Annual Governance Statement 2021/22

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

Scope of Responsibility

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

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

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

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

Purpose of the Governance Framework

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

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

Governance Framework and Internal Control System

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

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

¹ CIPFA – The Chartered Institute of Public Finance and Accountancy

- Principles
 - The IJB follows the principles set out in CoSLA's Code of Guidance on Funding External Bodies and Following the Public Pound for both resources delegated to the IJB by the Health Board and Local Authority and resources paid to its Local Authority and Health Service partners.
- Formal frameworks
 - The IJB is formally constituted through the Integration Scheme agreed by Renfrewshire Council and NHSGGC and approved by Scottish Ministers.
 - The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within: Standing Orders and Scheme of Administration; Contract Standing Orders; Scheme of Delegation, and Financial Governance arrangements; these are subject to regular review.
 - A Local Code of Corporate Governance was approved by the IJB early in 2017 which is subject to ongoing updates as required. Board members adhere to an established Code of Conduct and are supported by induction and ongoing training and development. Staff 'Performance and Personal Development' (PPD) schemes are also in place, the aim of which is to focus on performance and development that contributes towards achieving service objectives.
 - The HSCP has a robust Quality, Care and Professional Governance Framework and supporting governance structures which are based on service delivery, care and interventions that are: person centred, timely, outcome focused, equitable, safe, efficient and effective. This is reported annually to the IJB and provides a variety of evidence to demonstrate the delivery of the core components within the HSCP's Quality, Care and Professional Governance Framework and the Clinical and Care Governance principles specified by the Scottish Government. The most recent report – covering the period April 2020 to March 2021 - was reviewed by the IJB in September 2021. It noted that governance arrangements which had been suspended or augmented at the start of the pandemic had now been fully reinstated using virtual methods, and that work had also been taken forward to strengthen local governance arrangements within Mental Health, Addictions and Learning Disabilities.
- Strategic planning
 - The overarching strategic vision and objectives of the IJB are detailed in the IJB's Strategic Plan – newly updated and approved for 2022-25 - which sets out the key outcomes the IJB is committed to delivering with its partners.
 - The Strategic Planning Group sets out the IJB's approach to engaging with stakeholders. Consultation on the future vision and activities of the IJB is undertaken with its Health Service and Local Authority partners. The IJB publishes information about its performance regularly as part of its public performance reporting.
 - The Medium-Term Financial Plan 2020/21 to 2025/26 outlined the financial challenges and opportunities the Health and Social Care Partnership (HSCP) anticipated over that five-year period and provided a framework which would support the HSCP to remain financially sustainable. It complemented the HSCP's Strategic Plan 2019-2022, highlighting how the HSCP Medium-Term Financial Planning principles would support the delivery of the IJB's strategic objectives and priorities.

- Given the much changed national and local context within which the IJB will be working over the next three years, the MTFP was updated and approved by the IJB in March 2022. As with the previous iteration, the new MTFP highlights the key financial challenges the IJB faces, as well as the strategic aims that it aspires to deliver and the community priorities that it strives to meet.
- For 2021-22, the HSCP has an interim Workforce Plan, developed in partnership with its parent organisations. Work is currently ongoing to develop a detailed Workforce Plan for 2022-25, aligning with the IJB's Strategic Plan and Medium Term Financial Plan covering the same period. This will be published by the end of October 2022 in line with Scottish Government timelines.
- Oversight
 - Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings and recommendations by Inspectorates and the appointed Internal Audit service to the HSCP's Senior Management Team, the IJB and the IJB Audit, Risk and Scrutiny Committee, as appropriate.
 - Performance management, monitoring of service delivery and financial governance is provided by the HSCP to the IJB, who are accountable to both the Health Board and the Local Authority. It reviews reports on the effectiveness of the integrated arrangements including the financial management of the integrated budget. This ensures there is regular scrutiny at senior management, committee and Board level. Performance is linked to delivery of objectives and is reported regularly to the IJB. Information on performance can be found in the Annual Performance Report published on the IJB website.
- Risk management
 - The IJB's risk management processes are well developed. The Risk Management Framework was last reviewed in early 2021 to reflect the maturity of the IJB and its approach to managing risk in the context of the pandemic, and was subsequently approved by the Audit, Risk and Scrutiny Committee in March 2021. This review process considered leading practice in other IJBs and comparable organisations and resulted in significant changes in the overarching framework and supporting risk management processes within the HSCP (with regards reporting, ownership, the establishment of a risk network, and development of additional guidance and training).
 - The framework sets out the principles by which the HSCP and IJB identify and manage strategic and operational risks impacting upon the organisation, and forms a key strand of the IJB's overall governance mechanisms. This Risk Framework is reviewed every two years, with the next review scheduled in early 2023.
 - The IJB's approach to managing its obligations with regards public records as set out in the Public Records (Scotland) Act 2011 is outlined in the IJB Records Management Plan.
 - Staff are made aware of their obligations to protect client, patient and staff data. The NHS Scotland Code of Practice on Protecting Patient Confidentiality has been issued to all staff.
 - Staff are also required to undertake annual mandatory training on information security.

- Financial control
 - Responsibility for maintaining and operating an effective system of internal financial control rests with the Chief Finance Officer. The system of internal financial control is based on a framework of regular management information, Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by managers within the HSCP supported by NHSGGC and Renfrewshire Council in relation to the operational delivery of health and social care services.
- Transformational change
 - The HSCP's medium term approach (Tier Two) to financial planning recognised the need to transform the way in which the HSCP delivers services, to ensure the sustainability of health and social care services going forward. COVID-19 significantly disrupted the IJB's delivery of its 2020/21 Financial Plan, requiring a re-evaluation and reprofiling of the delivery of approved in-year (Tier One) savings. Transformational (Tier Two) changes were disrupted and delayed; as was work to bring forward and develop a second tranche of savings for 2021/22 and beyond. Nonetheless, the IJB remained focussed on delivering the transformation programme and seeking to deliver targeted savings where necessary, focusing on mitigating the risk of financial instability. Accordingly, in the summer of 2020, the IJB approved the development of a Recovery and Renewal Programme. The programme builds on and supports our two-tier model for delivering financial sustainability.

COVID-19 Supplementary Governance Arrangements

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

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

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

Additionally, the temporary decision-making arrangements approved by the IJB in March 2020, whereby authority is delegated, if required, to meet immediate operational demand, to the Chief

Officer in consultation with the Chair and Vice Chair of the IJB, were reinstated in January 2022 in response to the impact of the Omicron variant. These arrangements were in place until March 2022 however they were not required to be used.

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



Review of Adequacy and Effectiveness

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

The review of the IJB's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes "Self-assessment Checklists" as evidence of review of key areas of the IJB's internal control framework, these assurances are provided to Renfrewshire Council and NHSGGC. The Senior Management Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control. There were no internal control issues identified by the review.

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

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

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

Roles and Responsibilities

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

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

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

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

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

Internal audit opinion

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

Certification

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

Action Plan

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

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

Agreed Action	Responsible Person	Date
Develop the Strategic Delivery Plan for Year 1 of the Strategic Plan - informed by relevant Care Planning Groups – setting out success measures and milestones, to evidence how the agreed strategic objectives will be progressed each year.	Head of Strategic Planning and Health Improvement	June 2022
Develop a new three-year workforce plan to help address challenges in recruitment and retention, providing detail on how the IJB will endeavour to ensure that the workforce is adequately resourced and has the qualifications, knowledge, skills and resilience required to deliver safe, fit for purpose services that deliver real improvements to the health and wellbeing of Renfrewshire's population.	Head of Strategic Planning and Health Improvement	October 2022

Update on 2020/21 Action Plan

Agreed Action	Progress	Responsible Person	Date
Further the implementation of the IJB's Risk Management Framework through delivery of risk management training with the IJB Audit, Risk and Scrutiny Committee.	Risk management training was delivered to the IJB Audit, Risk and Scrutiny Committee (and additional IJB members who wished to attend) in November 2021. The timing of the training reflected wider work being undertaken to embed the framework, and availability of key staff.	Head of Strategic Planning and Health Improvement	Complete
Work with the Strategic Planning Group to develop and consult on an updated Strategic Plan 2022-25, reflecting the impact of COVID and the need for flexibility within the current policy environment, for IJB approval in March 2022.	Renfrewshire HSCP's Strategic Plan for 2022-25 was approved by the IJB in March 2022. Our new plan reflects the COVID-19 response and the impact of the pandemic across our communities, and of how the HSCP has worked flexibly to re-focus our priorities to adapt to the needs of the rapidly changing environment. The Plan looks to continue to progress those priorities which have increased in importance in the last two years. We have taken a different approach to identifying our objectives in the new Plan, focusing on a range of themes	Head of Strategic Planning and Health Improvement	Complete

	<p>which underpin how we deliver services, rather than looking at individual service areas themselves. We have also sought to place equalities and lived and living experience at the heart of our Plan. The new Plan has been developed through engagement and consultation with Care Groups and our wider communities.</p>		
Update the HSCP Medium Term Financial Plan to account for the ongoing impact of COVID-19, aligning where possible to the recommendations in the Independent Review of Adult Social Care, and link to the refreshed HSCP Strategic Plan.	<p>The IJB's new Medium Term Financial Plan (MTFP) 2022-25 was approved in March 2022. The new Plan reflects the impact of COVID-19 and other emerging issues facing the IJB. It seeks to outline the specific service and funding issues over the next three-year period and how the IJB will work towards achieving financial sustainability and resilience, whilst delivering its priorities.</p> <p>As with the new Strategic Plan, the MTFP aims to be cognisant of, and responsive to, the national context. This includes both considerations around policy and the public health emergency caused by the COVID-19 pandemic.</p>	Chief Finance Officer	Complete
As set out in our Strategic Plan 2019-2022 we will further the establishment of unified quality care and professional governance arrangements.	<p>As outlined in our Quality, Care and Professional Governance annual report 2020/21 (published Sept 21) Renfrewshire HSCP has successfully continued to further the establishment of unified quality, care and professional governance arrangements. Throughout the pandemic Renfrewshire HSCP have sought to continue services wherever possible, adapting to reflect the most effective way of working with patients and service users. New arrangements have been necessary to strengthen oversight of care homes and help care providers deal with pandemic pressures.</p> <p>We will continue to work in a way that fosters continuous improvement in clinical, quality and safety at all times. Through our governance arrangements</p>	Chief Finance Officer	complete

	we will ensure safe and effective quality care has a focus on management of risk, of improving care and delivering better outcomes.		
Assess the implications of agreed recommendations taken forward following the Independent Review of Adult Social Care (Feeley Review), with a particular focus on implications for IJB governance, and provide regular assessments to the IJB.	<p>The IJB approved a response to the National Care Service Consultation in October 2021.</p> <p>Analysis of the consultation was published in February 2022 and indicated that overall, a majority are broadly supportive of the proposals. It is expected that draft legislation will be introduced within the Scottish Parliament in Summer 2022.</p> <p>In anticipation of the progression of these plans, Renfrewshire HSCP has created a number of posts to help support us to deliver on the recommendations and the next stages of the wider NCS proposals as they are taken through parliament.</p>	Chief Officer	Ongoing

Update on 2019/20 Action Plan

Agreed Action	Progress	Responsible Person	Date
Reprofile scheduling of 2020/21 savings targets and transformational activity for period to 2022/23 in response to COVID-19 crisis and implement robust programme and benefits management to ensure continued financial control.	<p>By end March 2022, all outstanding approved savings had been successfully delivered.</p> <p>Further scoping work will take place in early 2022/23 to determine the transformation projects of greatest strategic importance for the IJB and the communities it serves.</p>	Chief Finance Officer	September 2022
Implement standing agenda item at each IJB Audit, Risk and Scrutiny Committee to provide update on transformational activity and benefits management in line with above reprofiling.	<p>As previously noted, our Transformation Programme was paused in March 2020 to enable the HSCP to focus on critical and essential services.</p> <p>Prioritisation of transformational activity will now occur in September 2022 and updates to the Audit, Risk and Scrutiny Committee will</p>	Chief Finance Officer	Updated timescale: September 2022

	commence at this point, with a view to delivery of key transformational activity by end March 2024.		
Put in place a plan to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations.	<p>Key governance documents are reviewed on an ongoing basis, as required, and considered through the IJB's Audit, Risk and Scrutiny Committee and/or the IJB, as appropriate.</p> <p>Work is underway to take forward the development of an updated Scheme of Delegation for the IJB that explicitly sets out the arrangements that are in place regarding delegations to officers and those that remain within the remit and responsibility of the parent organisations.</p>	Head of Strategic Planning & Health Improvement	Ongoing
Working with NHSGGC and the five other GGC HSCP's, develop commissioning plans in relation to acute set-aside resources.	<p>In September 2021 the IJB received a report on the Board-wide draft Unscheduled Care Joint Commissioning Plan, which was subsequently agreed by the other five HSCPs in NHSGGC.</p> <p>The final version of the HSCP-led NHSGGC Unscheduled Care Joint Commissioning Plan was presented to the IJB in March 2022.</p>	Head of Health and Social Care (Paisley)	Complete

Update on 2018/19 actions

Agreed Action	Progress	Responsible Person	Date
Implement Ministerial Steering Group Review of Integration Proposals and Self Actions identified to be delivered over 2019/20, including: the development of commissioning plans to support the implementation of the set aside arrangements; working closely with the IJB and the Director of Finance for NHSGGC to ensure that all possible	As above, the final version of the HSCP-led NHSGGC Unscheduled Care Joint Commissioning Plan was presented to the IJB in March 2022. Contained within the Plan was a Financial Framework to support its delivery, developed in partnership with all six IJBs and the NHSGGC Board.	Head of Health and Social Care (Paisley)	Complete

steps are taken to enable the IJB to approve the delegated health budget prior to the start of the financial year.			
Carry out a review of the Renfrewshire Integration Scheme in line with the Public Bodies (Joint Working) (Scotland) Act 2014)	At the time of writing, work is ongoing between Renfrewshire Council, the other five Local Authorities within Greater Glasgow and Clyde and NHSGGC to confirm the timescales for consultation, and subsequent approval of, Integration Schemes. The existing Integration Scheme will remain in place until this time.	Chief Officer	Ongoing

Conclusion and Opinion on Assurance

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

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

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

John Matthews OBE, Chair, Renfrewshire Integration Joint Board

Date: _____

Christine Laverty, Chief Officer Date: _____

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Management Report 2021/22

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

1. Summary

- 1.1 The purpose of this report is to update the IJB on year end performance for the financial year 2021/22; the Performance Framework for 2022/23 and the Annual Performance Report for 2021/22. The full Scorecard updating all performance measures is attached as Appendix 1 and covers the period April 2021 to March 2022.
- 1.2 While this report is for the period April 2021 to March 2022, data is not yet available for all performance measures to March 2022. As such, the information provided in the report is the most up to date available at this point.
- 1.3 The report builds on the mid-year performance report presented at the November 2021 IJB Meeting. There are 57 indicators of which 37 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target.
- 1.4 At the financial year end 2021/22 the Scorecard shows an improved position compared to 2020/21. The status of the 37 indicators that have targets set against them includes:
 - 12 red indicators (32%)
 - 8 amber indicators (22%)
 - 17 green indicators (46%)

2. Recommendations

It is recommended the IJB:





- Approves the Performance Management End of Year Report 2021/22;
- Notes an update on the Performance Framework for 2022/23 will be presented at the September 2022 IJB meeting;
- Approves an extension, advised by the Scottish Government, to publish the Annual Performance Report for 2021/22 in November 2022.

3. Performance for the period April 2021 to March 2022

- 3.1 The Performance Scorecard is included as Appendix 1. Section 5 of this paper shows the performance indicators that have improved and section 6 shows the indicators where performance has deteriorated. Section 8 gives an update on our unscheduled care indicators.

4. Performance Indicators that have changed RAG (red, amber, green) Status

- 4.1 Table 1 shows an improved performance position at 31.03.22 compared to 31.03.21. Our performance indicators show an improving position where those with red status have reduced by two; amber reduced by one; and those with green status have increased by one.

Performance Indicator Status	31.03.22	31.03.21
	Alert: 12	Alert: 14
	Warning: 8	Warning: 9
	Target achieved: 17	Target achieved: 16
	No targets: 20	No targets: 18

5. Improvements in Performance

- 5.1.1 The % of patients who started treatment within 18 weeks of referral to **Psychological Therapies (Outcome 3)** has seen an increase in performance from 86.8% in March 2021 to 90.9% at March 2022.
- 5.1.2 This performance measure has moved from Amber to Green status despite a slight increase in referrals (2.2%) for 2021/22 compared to 2020/21. This could potentially be attributed to a reduction in staffing turnover in the

Community Mental Health Team combined with the recruitment of a Consultant Psychologist covering maternity leave.

- 5.2 The number of **emergency admissions from care homes (Outcome 4)** has decreased with a reduction of nearly 21% from 506 admissions at March 2021 to 400 admissions at March 2022. Work is ongoing with our Local Intelligence Support Team to capture the impact of the support provided by our Advanced Nurse Practitioners within Renfrewshire Care Homes to reduce avoidable emergency hospital admissions.
- 5.3 There has been a good increase in the **uptake rate of child health 30-month assessments (Outcome 4)** from 87% at March 2021 to 94.9% at March 2022 against a target of 80%. This increase was attributable to staffing increases and positive engagement on a face to face basis with parents and carers. We are keen to ensure this increase in performance is maintained in 2022/23. All outstanding, incomplete or pending assessments will be reviewed on a quarterly basis to identify any further staff training required.
- 5.4.1 The **number of adult support plans completed for carers (age 18+) (Outcome 6)** has increased from 86 at March 2021 to 148 at March 2022 against a target of 114 for the financial year. 2021/22 saw the highest number of new unpaid carers supported since the HSCP started recording against this indicator. The COVID pandemic has resulted in unpaid carers carrying out more personal care tasks leading to more unpaid carers requiring support. This is reflected in the increase in the number of Adult Carer Support Plans completed.
- 5.4.2 The **number of carers accessing training (Outcome 6)** has increased from 165 at March 2021 to 282 at March 2022 against a target of 220 for the financial year 2021/22. The increase in carers accessing training mirrors a general trend in the number of new carers accessing support.
- 5.4.3 In 2021/2022 the Carers' Centre continued a blended approach of online and face to face training courses, ensuring carers have options when it comes to attending courses. The Centre acted on feedback from carers and ran new sessions supporting carers looking after someone with Alzheimer's and ADHD/ neuro diversity conditions. In addition, and due to the impact of the pandemic on carers, the Centre ran self-care training sessions on positive mental health which focused on managing anxiety and stress.
- 5.5 The **% of health staff with a completed TURAS profile/PDP (Outcome 8)** has increased from 41.7% at March 2021 to 50.5% at March 2022. The Senior Management Team is proactively working with services to ensure a renewed focus on personal development and, as COVID pressures ease, to further improve performance in 2022/23.

- 5.6 The % of **complaints the HSCP responded to within 20 days (Outcome 8)** increased from 82% at March 2021 to 90% at March 2022 against a target of 70%. This improvement in response rate has been achieved through ongoing work in reviewing the complaints process and delivering training to key staff in both effectively handling and responding to complaints.
- 5.7 The % of **foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)** increased from 77% at March 2021 to 84.6% at March 2022. In response to challenges posed by limited clinical accommodation and reduced capacity of accommodation due to social distancing and high staffing absence levels, the Podiatry Service has prioritised patients with the greatest clinical need as evidenced by the improvement in performance.
- 6. Areas for Improvement**
- 6.1.1 There has been a decline in the % of **patients seen within the 18-week target for the Child and Adolescent Mental Health Service (CAMHS) (Outcome 3)** from 70.1% at March 2021 to 58.8% at March 2022.
- 6.1.2 The service has not recovered to the level of performance reported in March 2021 due to a number of factors:
- The demand for emergency and urgent care is at an unprecedented high and must be prioritised
 - There are considerable staffing pressures within the service. Due to a combination of vacancies and long term sickness, the service is currently operating with 55% of the WTE establishment staffing capacity available.
 - The continued impact of social distancing has reduced the number of face to face appointments available. The nature of this work requires good acoustics and visuals, and current digital solutions/remote working do not always meet the needs of service users. In addition, some families do not have access to the technology required to access remote assessments.
- 6.1.3 Performance has improved from the reported mid-year position of 50.4% at September 2021 and service improvement work to improve the waiting times for CAMHS is ongoing. Some examples of the work underway includes:
- The use of bank staff and additional hours from existing staff to offer initial appointments at the weekend and in the evening; providing more flexibility for families. This provided an additional 125 appointments between January and March 2022 and will offer an additional 111 appointments between April and June 2022

- The introduction of an 'opt in' system for initial appointments. Families still requiring CAMHS can arrange an appointment at a time that suits them. To date approximately a third of patients who receive an 'opt in' letter no longer require CAMHS and can be discharged
 - Development of a recruitment and retention plan to increase capacity and treatment options within the service.
- 6.2.1 The **Number of Alcohol Brief Interventions (ABIs) (Outcome 1)** undertaken between April – December 2021 was recorded as 7. ABIs are traditionally carried out face to face and COVID 19 has had a considerable impact on our ability to do this.
- 6.2.2 An ABI Coordinator and Health Improvement Senior with a focus on Alcohol Prevention started in post in January 2022. Since commencing post they have undertaken the following:
- Attended ABI Training for Trainers and then adapted this training to suit an online platform. Following this piece of work, ABI Training can now be delivered in a way that suits the participants needs, either as a half day online or a half day face to face training session
 - A robust recording and reporting process for trained staff has been developed, as well as an ABI Recording Form for trained staff to use when delivering a Screening or ABI. This new process should make it easier for trained staff to deliver, record and report the Screening and ABIs and have a positive impact on Screening and ABI numbers in 2022/23
 - A mapping exercise of organisations in Renfrewshire who have previously received training has been completed. These organisations have subsequently been offered refresher training along with on-going support.
- 6.2.3 The pilot delivery phase of online training content commenced in May and the delivery of face to face and online ABI training to external partners will commence in June. The proposed target for Renfrewshire HSCP 2022/23 is 100 ABIs being delivered within the wider setting
- 6.3.1 There has been a reduction in the **% of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)** from 63% at March 2021 to 52.7% at March 2022 as the service manages increasing demand.
- 6.3.2 The volume of referrals received to the service have increased from an average of 30 per month in 2019 and 2020 to 41 per month for the financial year 2021/22 representing a 36.7% increase in the average monthly accepted referrals compared to previous years.

- 6.4.1 The **Sickness absence rate for HSCP NHS staff (Outcome 8)** has increased from 5.65% at March 2021 to 6.52% at March 2022, against the national NHS target of 4%. The rate across NHSGGC was 6.59% at March 2022.
- 6.4.2 The **Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)** has increased from 13.5 at March 2021 to 19.54 (provisional) at March 2022 against a 15.3 target. This indicator has moved from green to red status.
- 6.4.3 Absence levels during the latter half of 2021 up until March 2022 have been challenging, however there have been recent signs of improvement with levels for 2022 currently below the 2021 average. Long term absence is a key area of focus and Heads of Service are implementing action plans where absence levels are persistently above 4%. Both the HSCP NHS and Adult Social Work staff absence indicators exclude long and short term COVID related absences.
- 6.4.4 The use of phased return plans, incorporating statutory and mandatory training with blended working where applicable, has had a positive impact in assisting with the return of employees following a period of long term sickness absence. Additionally, best practices of absence management from services with low absence rates are shared across HSCP services.
- 6.5.1 There has been a decline in performance on the **percentage of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)** from 50.4% at September 2021 to 41.4% at March 2022. Performance across NHSGGC has also dropped from 47.9% at September 2021 to 41% at March 2022.
- 6.5.2 Performance continues to be adversely influenced by long sub speciality waits for new appointments in musculoskeletal (MSK) conditions and elective nail surgery. In March 2022, of the new patients self-referring into the general Podiatry Service within Renfrewshire and the whole NHSGGC Service 92.7% and 86.1% received clinical telephone triage within 4 weeks respectively.
- 6.5.3 The Podiatry Service has experienced unprecedented demand since the pandemic began and referral rates are now higher than pre-COVID rates.
- 6.5.4 While there is an on-going recovery programme to restart sub-speciality working, challenges to this remain with reduced clinical accommodation availability due to social distancing and staff availability. 23.9% of our substantive workforce are not deployable due to unfilled vacancies and absence. Specific waiting list improvement work is on-going including, novel workforce activity with fixed term appointments to waiting list administration

and associate practitioner roles, recruiting to seconded posts in MSK, waiting list reviews and increased clinical activity in nail surgery.

7. Sensitive Routine Enquiry Indicators

7.1 Due to a number of issues with e-health systems, an accurate reading of Sensitive Routine Enquiry Indicators has not been possible. This is an issue nationally and e-health is working to resolve this, however it is likely that data will not be available until later in 2022.

7.2 Children Services continue to undertake bi-annual audits. The June 2021 audit showed sensitive routine enquiries took place in 91% of the records audited. In March 2022 sensitive routine enquiries took place in 90% of the records audited.

8. Unscheduled Care Indicators

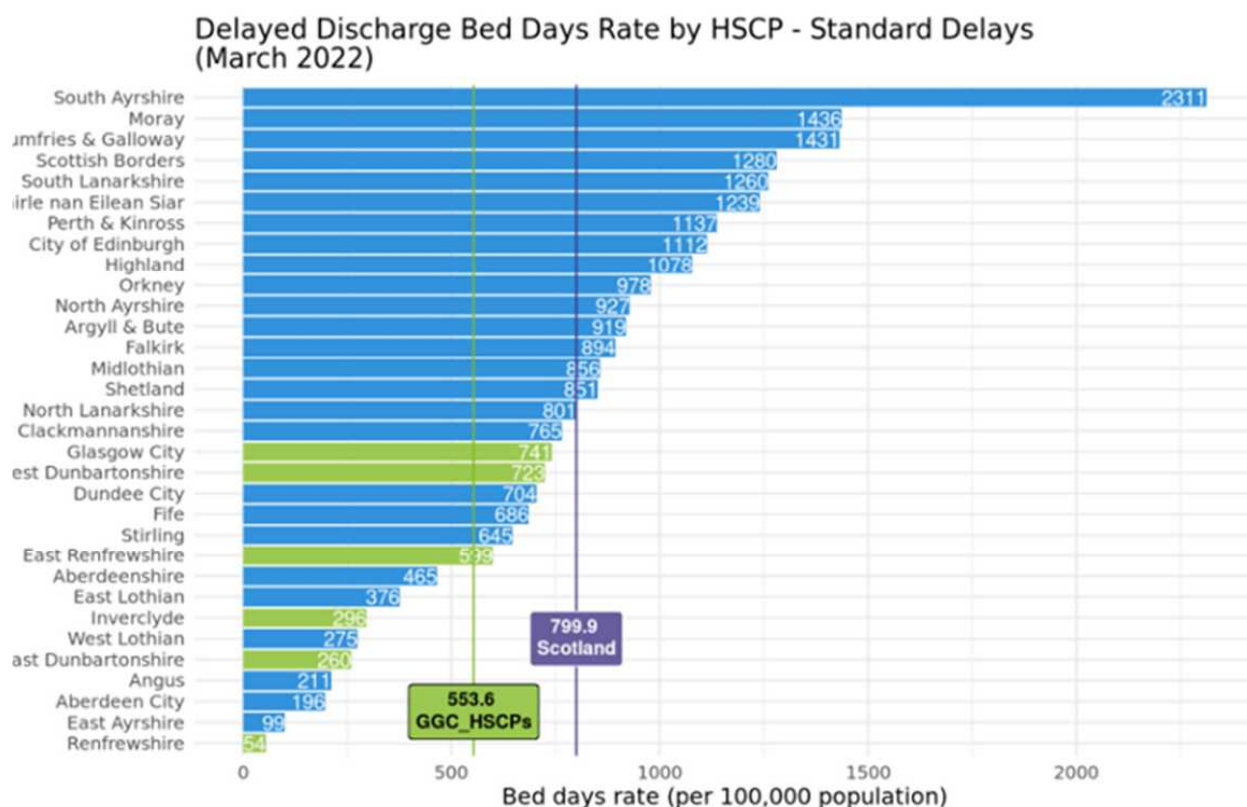
8.1 As expected, all MSG unscheduled care indicators have seen a decline in performance relative to year end 2020/2021 as service demand has now increased to pre-pandemic levels. This mirrors both national and NHSGGC trends as public behaviours change again as the pandemic eases.

8.2 A&E attendances have increased substantially and while data is not yet available for the full 2021/22 year, an approximate 37% increase is expected in attendances compared to 2020/21. NHSGGC continues to urge people to only attend A&E if their condition is life-threatening. Recent figures show that approximately 32% of the people attending A&E Departments did so with minor injuries and issues including sprained ankles, lower back pain, cut fingers and bruising. Attending A&E with these minor conditions not only adds to the pressures staff are facing but also impacts on waiting times.

8.3.1 The number of delayed discharge bed days lost was 9,177 for 2021/22 which has returned to a similar level of 9,122 recorded for 2019/20. In 2020/21, the number had reduced to 8,759.

8.3.2 The split for the 9,177 delayed discharge bed days lost in 2021/22 was 3,299 for standard delays and 5,878 for Code 9s. Examples of those patients included in Code 9s are Adults with Incapacity (AWI) going through a Guardianship process; patients delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate; patients delayed due to infection control measures; and patients for whom an interim move is not possible or reasonable.

- 8.3.3 While timescales for AWI/Guardianships are not within our control, we have a pro-active approach with families and solicitors on a case-by-case basis. Cases are regularly reviewed, and solicitors are contacted frequently to ensure cases are progressed as swiftly as possible.
- 8.3.4 A number of patients recorded as Code 9 delays have very specific care needs requiring highly specialised individual care. There is a limited number of service providers at both local and national level which, at current available capacity, is insufficient to meet the present demand for care packages.
- 8.3.5 Within a national context, Renfrewshire was the highest performing Local Authority area in Scotland at March 2022 for standard delays with 80 bed days lost. This equates to a rate of 54 per 100,000 population. The national average rate at March 2022 was 799.9 and the Greater Glasgow and Clyde average was 553.6 per 100,000 population.



- 8.3.6 Renfrewshire HSCP maintains a pro-active home first approach to managing discharges from hospital. Where care needs are identified, referrals are made to the appropriate service at the earliest possible stage, concurrent to treatment, to ensure when a patient is medically fit for discharge there is service provision and capacity available to meet their care needs. Delays are scrutinised by key service leads at daily meetings to review any issues with care provision and to identify where capacity can be allocated to ensure any delay is kept to a minimum.

9. Occupational Therapy Indicators

- 9.1 The mid-year update reported a figure of 100% at October 2021 for the **% of routine OT referrals allocated within 9 weeks (Outcome 2)** and a figure of 14 for the **Number of clients on the Occupational Therapy waiting list (Outcome 2)**. Further scrutiny of the data highlighted a reporting issue arising due to lack of standardisation of processes across localities. This issue is being further investigated and when confirmed, the data will be updated in the Annual Performance Report for 2021/22.

10. Performance Framework 2022/23

- 10.1 Over the next few months, we will carry out a review of the HSCP's Performance Framework for 2022/23. Similar to previous years, we will review the Scorecard performance indicators in collaboration with Heads of Service and Service Managers to ensure we have meaningful indicators with realistic and achievable targets. The 2022/23 Performance Framework will be presented to the IJB for approval at the September 2022 meeting.

11. Annual Performance Report 2021/22

- 11.1 The Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022. The Scottish Government has advised that IJBs are able to extend the date of publication of Annual Performance Reports for 2021/22 through to November 2022. In taking advantage of this extension the data in the Report will be more robust, having been validated through the appropriate structures. With agreement from the IJB, the Annual Performance Report for 2021/22 will be presented to the IJB for approval at the November 2022 meeting.

Implications of the Report

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








List of Background Papers – None.

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Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (Frances.Burns@renfrewshire.gov.uk / 0141 618 7656)

Renfrewshire Integration Joint Board Scorecard 2021-2022

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






Performance Indicator Status		Direction of Travel		Target Source	
	Alert: 12		Improvement	N	National
	Warning: 8		Deterioration	B	NHSGGC Board
	Target achieved: 17		Same as previous reporting period	L	Local
	No targets: 20 (includes 2 OT indicators where the data is still to be confirmed)			M	MSG










This Performance Scorecard is for the financial Year 2021/22 and contains full financial year data for April 2021 to March 2022. In light of the exceptional circumstances surrounding the COVID-19 pandemic, some data for 2021/22 remains unvalidated and should be seen as indicative.

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

proactively monitor performance trends to assess the impact of the pandemic throughout 2022/23.

Section 1 – Performance Indicators with Targets

12 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
1. Number of adults with a new Anticipatory Care Plan (Outcome 2)	159	201	185	221			L
2. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	66.7%	70.1%	58.8%	80%			N
3. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	90.5%	89.0%	88%	100%			B
4. A&E waits less than 4 hours (Outcome 3)	87.4%	88%	67.1%	95%			N
5. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	84.4%	80.2%	90%			B
6. Reduce drug related hospital stays - rate per 100,000 population (Outcome 4)	303.35	2020/21 data not available until Oct 2022	2021/22 data not available until Oct 2023	170			N
7. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	100%	63%	52.7%	95%			B









Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
8. % of health staff with completed TURAS profile/PDP (Outcome 8)	49.3%	41.7%	50.5%	80%			B
9. Sickness absence rate for HSCP NHS staff (Outcome 8)	4.75%	5.65%	6.52%	4%			N
10. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	18.08	13.5	19.54p	15.3			L
11. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	90.1%	67.0%	41.4%	90%			B
12. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)	91.4%	62.0%	41%	90%			B











8 Amber Indicators	Performance is less than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
13. Percentage of long term care clients receiving intensive home care (national target: 30%) (Outcome 2)	27%	29%	29%	30%			N
14. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.7%	6.2%	6.3% (Dec 21)	6%			B
15. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	173	161	167	182			B
16. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID 19.		58%	60%			B
17. Formulary compliance (Outcome 9)	78.1%	77.6%	76.56%	78%			L
18. Prescribing cost per treated patient (Outcome 9)	£91.34	£87.71	£88.28	£86.63			L
19. % of foot ulcers seen within 2 working days in NHSGGC (Outcome 9)	81.2%	75.0%	83.7%	90%			B
20. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	81.7%	77.0%	84.6%	90%			B








17 Green Indicators	Performance is on or exceeds target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
21. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	24.4%	26.8%	24.1% (Dec 21)	21.4%	↓	✓	B
22. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	90%	93%	85%	↑	✓	L
23. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	92.3%	86.8%	90.9%	90%	↑	✓	N
24. Uptake rate of child health 30-month assessment (Outcome 4)	95.5%	87%	94.9%	80%	↑	✓	N
25. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	95.0%	98.5%	97.3% (Q3)	95%	↓	✓	N
26. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	99.0%	96.8%	96.8% (Q3)	95%	—	✓	N
27. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	7.2	6.3	Data unavailable (expected in June 22)	8.9	↑	✓	N
28. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100%	100%	—	✓	B
29. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	95.9%	98%	92%*	91.5%	↓	✓	N




Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
30. Emergency admissions from care homes (Outcome 4)	746	506	400	692			L
31. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.5 (2017)	1.0 (2018)	1.1 (2019)	1.6			L
32. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	94.4%	93.7%	80%			N
33. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	16.7%	23.3%	21.7% (Dec 21)	19.9%			B
34. Number of adult support plans completed for carers (age 18+) (Outcome 6)	162	86	148	114			L
35. Number of adult support plans declined by carers (age 18+) (Outcome 6)	34	51	36	46			L
36. Number of carers accessing training (Outcome 6)	255	165	282	220			L
37. % of complaints within HSCP responded to within 20 days (Outcome 8)	78%	82%	90%	70%			B



Section 2 – Performance Indicators without Targets

Sensitive Routine Enquiry Indicators (4)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
38. Number of routine sensitive enquiries (Outcome 3)	200	1,382	No data available	-			-
39. Number of referrals made as a result of the routine sensitive enquiry being carried out (Outcome 3)	1	* Paused due to COVID-19	No data available	-			-
40. Number of staff trained in sensitive routine enquiry (Outcome 5)	28	* Paused due to COVID-19	* Paused due to COVID-19	-			-
41. Number of staff trained in Risk Identification Checklist and referral to MARAC. (Outcome 5)	64	* Paused due to COVID-19	* Paused due to COVID-19	-			-

Ministerial Scottish Government Indicators (5)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
42. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	126,904	112,609	111,157p (April 21 – Feb 22)	-			M
43. Number of emergency admissions (18+) (Outcome 2)	18,173	14,399	14,210p (April 21 – Feb 22)	-			M
44. Number of delayed discharge bed days (Outcome 2)	9,122	8,759	8,487 (April 21– Feb 22)	-			M
45. Total number of A&E attendances (Outcome 9)	60,238	39,432	49,525 (April 21– Feb 22)	-			M
46. Number of A&E attendances (18+) (Outcome 9)	47,297	31,892	37,267 (April 21– Feb 22)	-			M

Safe from Harm Indicators (6)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
47. Number of Alcohol Brief Interventions (Outcome 1)	224	53	7	-			-
48. Number of suicides (Outcome 7)	16 (2019)	22 (2020)	Not Yet Available	-	-		-
49. Number of Adult Protection contacts received (Outcome 7)	3,106	3,487	Not Yet Available	-	-		-
50. Total Mental Health Officer service activity (Outcome 7)	683	627	653	-	-		-
51. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	110	115	125	-	-		-
52. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	11%	29%	30.4%	-	-		-

Social Care Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
53. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	414	390	411	-	-		-
54. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	50	46	58	-			-

Prescribing Indicator (1)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
55. Prescribing variance from budget (Outcome 9)	2.61% under budget	5.72% under budget	3.43% under budget	-			-

Section 3 – Occupational Therapy Indicators

Occupational Therapy Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
56. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	41%	TBC	45%	-	-	L
57. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	159	TBC	350	-	-	L

Notes

p Denotes provisional data

*Data for Alcohol and Drugs waiting times for referral to treatment is unconfirmed. The transition to a new recording system has had an impact on data quality and recording.



To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Strategic Plan 2022-25 – Delivering the strategic objectives

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

1. Summary

- 1.1. In March 2022 the Integration Joint Board (IJB) approved its Strategic Plan for 2022-25. This report provides further detail on how the strategic objectives set out within the Plan will be achieved in Year 1 (2022-23). The Appendix to this paper provides the identified owners for each strategic objective and the deliverables that have been agreed for achievement by March 2023.
- 1.2. The report also sets out next steps, which will be focused on the finalisation of supporting Year 1 action plans each Care Planning Group. These plans will set out a further level of detail, confirming actions to be taken by each Care Group in Year 1 of the Plan in alignment with the strategic objectives within the IJB's Strategic Plan. These actions will be linked to existing performance indicators where possible. Where necessary, additional measures will be identified to enable progress to be tracked and reported to the IJB through existing performance management processes.

2. Recommendations

It is recommended that the IJB:

- Approve the Strategic Delivery Plan for Year 1 of the Plan; and
- Note the next steps outlined regarding the development of supporting Year 1 Action Plans by each Care Planning Group to further assist the achievement of the strategic objectives set out within the Strategic Plan.

3. Background

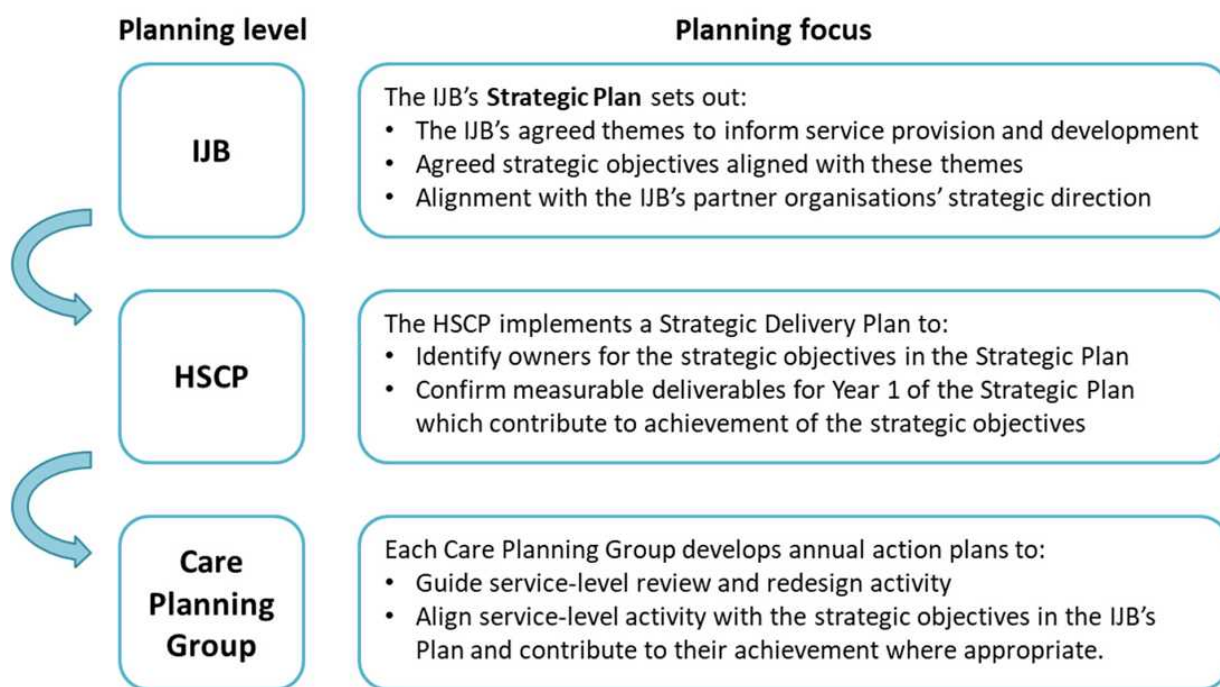
- 3.1. Renfrewshire's Integration Joint Board (IJB) is required by the Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') to produce a Strategic Plan on how community health and social care functions delegated to it by

Renfrewshire Council and NHS Greater Glasgow and Clyde (NHSGGC) will be planned and delivered over the medium term (three years).

- 3.2. At the last IJB meeting in March 2022 the Strategic Plan (2022-25) was approved. A further recommendation to present a Strategic Delivery Plan, setting out deliverables for Year 1 of the Plan, was also agreed.

4. Delivering the Strategic Plan

- 4.1. The IJB's Strategic Plan for 2022-25 is structured around five key themes, each of which has a supporting set of strategic objectives identified to be delivered over the three-year lifetime of the Plan. These themes are further supported by an overview of the key enablers of the Plan.
- 4.2. Following the agreement at the IJB in March, set out above, further work has been undertaken to develop a set of deliverables which will contribute to the achievement of the Plan's objectives. Given the current levels of uncertainty regarding recovery from the pandemic and expected policy developments, for example with regards the development of a National Care Service, the focus of this work has been on Year 1 of the Plan up to March 2023.
- 4.3. This activity has focused around two strands; (i) the development of a Strategic Delivery Plan identifying deliverables in Year 1 of the Plan against each of the strategic objectives (where applicable); and (ii) the development of supporting Year 1 action plans by each of the Care Planning Groups which have been created to promote and monitor progress within each care group and represent the next tier of detailed planning undertaken. The visual provided below shows how these levels of planning support one another and further detail on the work being undertaken is also provided in the following sections.



Year 1 Strategic Delivery Plan

4.4. The HSCP has developed a first Strategic Delivery Plan for Year 1 of the Strategic Plan. The delivery plan is provided as Appendix 1 to this paper, and reflects:

- Each of the strategic objectives detailed within the Strategic Plan has been discussed with HSCP services and the partnership's Senior Management Team to identify and agree an appropriate owner at Head of Service level, or Lead Officer level where appropriate. Each objective also has an identified lead to regularly monitor progress.
- Subsequent work has also been undertaken to identify measurable deliverables for Year 1 against each of the strategic objectives. These represent a significant breadth of work to be delivered and will predominantly enable progress towards achievement of each objective, to be built on in Years 2 and 3.
- Where the Strategic Plan has included objectives relating to wider plans and strategies including, but not limited to, the Primary Care Improvement Plan, the Joint Unscheduled Care Commissioning Plan (and the reduction of delayed discharges), the Remobilisation Plan and the Social Renewal Plan, this has been identified. Specific targets are set and monitored within the governance arrangements for those plans. This will help avoid duplication whilst ensuring that linkages between the plans are managed effectively.
- Progress on achievement of the deliverables set out will be reported to the IJB through existing performance management arrangements and will be incorporated into the Annual Performance Report (APR) for 2022/23.

Role of Care Planning Groups

- 4.5. Renfrewshire HSCP carries out strategic planning for all services at the Strategic Planning Group (SPG). The SPG has statutory responsibility for Strategic Planning on behalf of the Integration Joint Board. Recognising that this group works at a high level and covers all care groups and services, it has been agreed that Care Planning Groups will support the SPG in carrying out its duties and to enable focus on the needs and services for those within 'care groups' supported by the HSCP.
- 4.6. The purpose of these Care Planning Groups is to facilitate and provide a forum for sharing information and consultation between service users, carers and services; and to oversee the development and implementation of the relevant commitments within the Strategic Plan at a service level.
- 4.7. Specifically, these groups will also oversee service review and redesign, which will be guided by the agreed strategic direction and commitments within the Strategic Plan. They will also link with other Care Planning Groups as necessary to take forward joint planning where appropriate, while supporting the implementation of relevant legislation and guidance.
- 4.8. In undertaking this role, Care Planning Groups were formed across services and with partners to support the development of the Strategic Plan, its themes

and objectives. These Groups, now permanently established, have over the last three months hosted sessions with service managers, key stakeholders, partners, and service users to define related actions required at a service level which guide service development and support delivery, where appropriate, of relevant objectives from the Strategic Plan. These actions are captured within Year 1 action plans which will also support progression of the Strategic Delivery Plan set out above.

5. Measuring the impact of our Strategic Plan

- 5.1. Throughout our Strategic Plan 2022-25, we have aligned our strategic objectives with the National Health and Wellbeing outcomes to ensure a clear link to national policy and priorities. The Strategic Delivery Plan and Care Group action plans will be used to guide the development and day-to-day management of our services, ensuring continued alignment with the Strategic Plan.
- 5.2. In achieving the actions and deliverables set out within the Strategic Delivery Plan and Care Group action plans, we will manage and monitor our performance through Performance Indicators (PIs) to ensure we measure progression and completion of the activities committed to. These will be embedded within the IJB's existing performance management arrangements. Performance dashboards will also be implemented to support each Care Planning Group monitor progress using relevant indicators from the IJB Performance Scorecard.
- 5.3. For each subsequent year of the Plan, the process outlined in section 4 above will be refreshed to identify deliverables and outcomes that are aligned to national, NHSGGC and local priorities and reflect any policy or statutory changes required. Where appropriate, we will set further targets and milestones to monitor the impact of our performance in an effective and transparent way.

Implications of the Report

1. **Financial** – No implications from this report. However, the IJB's Strategic Plan and updated Medium Term Financial Framework have been developed to align with one another, and to ensure that the strategic objectives set out within the Strategic Plan are also reflected in financial planning.
2. **HR & Organisational Development** – No implications from this report. A Workforce Plan for 2022-25 is being developed and will reflect the key challenges and objectives set out within the Strategic Plan. Scottish Government timelines require finalisation of new Workforce Plans by November 2022.
3. **Community Planning** – The Strategic Plan has been developed in partnership and reflects the IJB's role within the context of Community Planning. It sets out how health and social care will be delivered jointly within Renfrewshire to improve outcomes for local communities.
4. **Legal** – This paper sets out the approach to meeting the statutory strategic planning requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.

7. **Equality and Human Rights** – An Equality Impact Assessment (EQIA) has been undertaken on the final Strategic Plan.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: N/A

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Reference	Strategic Objective	National Outcome Alignment	Owner	Year 1 Deliverables
Healthier.1	Implement a local Strategic Group for suicide prevention and collaboratively develop a Renfrewshire suicide prevention strategy, which should reflect the priorities set out in the new Suicide Prevention Strategy for Scotland (in development).	Outcome 1 Outcome 4 Outcome 5 Outcome 7	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> Establish a local Suicide Prevention Strategic Group and develop an initial plan for a Renfrewshire Strategy.
Healthier.2	Work collaboratively with individuals and families with lived and living experience, as well as frontline workers and partners, to tackle stigma through training and awareness raising (for example around mental health, alcohol and drug use), and encourage early engagement with services and support recovery.	Outcome 1 Outcome 3 Outcome 4 Outcome 5 Outcome 7	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> Establish an ADP lived experience forum will be established. Establish a Mental Health & Wellbeing lived experience/service user reference group will be established as part of the care planning structure. Embed peer support and volunteers in across Mental Health and ADRS CIRCLE.
Healthier.3	Work with partners to review existing information and advice sources for people in Renfrewshire, such as ALISS (A Local Information System for Scotland) to ensure that information on local and national support is available to people when	Outcome 1 Outcome 2 Outcome 6 Outcome 9	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> Revised baseline of Renfrewshire information sources on ALISS Phased review plan agreed with timelines and owners Website feedback mechanism established and monitored Monthly e-bulletins produced and circulated via Chief Officer

	they need it and in the format they need.			updates, Leadership Network and Engage Updates.
Healthier.4	Continue to work with partners to support the health and wellbeing of young people and contribute to the Scottish Government's mission to end child poverty, through (i) supporting delivery of income-based targets within the Child Poverty (Scotland) Act; (ii) delivering Local Child Poverty Action Report actions; (iii) supporting Renfrewshire's Tackling Poverty Programme; (iv) supporting the delivery of actions in the Tackling Child Poverty Delivery Plan 2022-26; and (v) working with the Scottish Government's Family Nurse Partnership (FNP) programme to improve antenatal health and birth outcomes, child health and development and parents' economic self-sufficiency.	Outcome 5 Outcome 9	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Increase referrals to Healthier Wealthier Children programme from BAME families by 50% • All referrals to have appointment set within 5 days of referrals receipt
Healthier.5	Work with Renfrewshire Council and third sector partners to deliver the Whole Family Support Framework 2021, and to meet the priorities identified in The Promise Scotland Plan.	Outcome 1 Outcome 4 Outcome 6 Outcome 7	Head of Health & Social Care (West Ren) & Renfrewshire Council	<ul style="list-style-type: none"> • Children's Health Services to engage with Renfrewshire Council 'The Promise' Ambassador and agree relevant HSCP actions. • Agree local delivery plan with Renfrewshire Council to support delivery of the Whole Family Support Framework, as per

				Scottish Government requirements
Healthier.6	Work with partners within the ADP to prevent alcohol & drug related deaths across Renfrewshire through the ongoing development and implementation of the Drugs Deaths Prevention Action Plan.	Outcome 1 Outcome 4 Outcome 5	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • Drug Death prevention action plan will be developed in year 1. • A business case will be developed for the creation of a dedicated Alcohol-related Deaths Post.
Healthier.7	Continue to work collaboratively with partners to further develop our joint approach to frailty and falls prevention pathways within communities and acute settings, aiming to maintain / improve health and wellbeing while avoiding harm from frailty.	Outcome 2	Head of Health and Social Care (Paisley)	<ul style="list-style-type: none"> • Agree pathway for Home First Response Service across acute and community services which enhance and compliment current referral pathways • Implement use of frailty ID tool with acute and community to identify individuals who are living with frailty • Agree job description to allow progression of recruitment of service manager, Frailty practitioners, nursing and AHP staff for Home first Response Service. • Establishment of the team within acute (hub) and Spoke (community) • Reduce average Length of Stay (phased from implementation date) • Reduce delayed discharges for people living with frailty (phased from implementation date)

Healthier.8	Our new Sexual Health Planning Group will co-ordinate efforts to address teenage pregnancy and STI rates in Renfrewshire and to undertake a range of work focussed on helping children and young people have positive, healthy and mutually respectful relationships. This includes continued delivery of: (i) the Early Protective Messages (EPM) programme in early years settings; and (ii) the Mentors in Violence Prevention (MVP) programme to staff supporting young people.	Outcome 4 Outcome 5	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Complete the review of Relationships and Sexual Health (RSHP) policy for education establishments • Evaluate the Early Protective Messages (EPM) Programme in early years settings • Share key findings from EPM evaluation with key partners • Work with key partners in order to identify key priorities and action plan for planning group • Complete co-produced development of online practice guidance on relationships and sexual health for staff and carers of care experience young people (CEYP)
Healthier.9	Through our CAHSC (Culture, Arts, Health and Social Care) group, we will lead work with colleagues and partners involved in the Future Paisley programme, to develop a range of arts and culture-based activities in a variety of settings to improve health and wellbeing.	Outcome 1 Outcome 4 Outcome 5 Outcome 6	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Recruit CAHSC coordinator • Agree programme evaluation model
Healthier.10	As part of Renfrewshire's ongoing commitment to tackling Gender Based Violence (GBV), ensure that Sensitive Routine Enquiry is embedded in key HSCP services (or settings).	Outcome 3 Outcome 7	Head of Health & Social Care (West Ren)	<ul style="list-style-type: none"> • Work is currently underway to confirm deliverables

Connected.1	Develop and implement a Renfrewshire Dementia Strategy, reflecting the objectives and priorities of the forthcoming National Dementia Strategy.	Outcome 2 Outcome 3 Outcome 6	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • A Renfrewshire Dementia Strategy will be progressed in Year 2 of the Strategic Plan, to align with the National Dementia Strategy once published.
Connected.2	Support people to live well by strengthening links between community resources and primary care, through testing and evaluation of new roles in several GP practices (Mental Health and Wellbeing Workers and Welfare Rights Workers) and maximising the impact of Community Link Workers	Outcome 1 Outcome 2 Outcome 4 Outcome 5	Clinical Director & Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • Increase Community Link Worker resource within Renfrewshire. Target to increase this by 3 WTE subject to recruitment. • Align Community Wellbeing Workers to a further 3 GP Practices.
Connected.3	Build unpaid carer-friendly communities across Renfrewshire so that unpaid carers can access the support they need to continue to care. This will increase the number of unpaid carers being identified by a wide-reaching awareness and development programme with our services, acute and community health partners, the voluntary sector and communities, and run campaigns targeting communities of unpaid carers less well known to us	Outcome 6	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Design and deliver a programme of unpaid carer awareness and engagement sessions, to our services, acute and community health partners, the voluntary sector, and communities, • Run campaigns targeting communities of unpaid carers less well known to us. Seek to achieve a target of identifying 840 new unpaid carers (against baseline of 830 - four-year average).
Connected.4	Embed the Recovery Orientated System of Care (ROSC) in Alcohol and Drug Recovery Services	Outcome 1 Outcome 3 Outcome 4	Interim Head of Mental Health,	<ul style="list-style-type: none"> • Establish an ADP Lived Experience Forum (as per ADP

	(ADRS) to promote individuals' recovery through access to, and benefit from, effective, integrated person-centred support. This includes delivery of the new Mental Health and Addictions Recovery Hub (CIRCLE) and increasing Peer Support Worker capacity.	Outcome 5	Addictions and Learning Disability	Care Planning Group Year 1 Action Plan) <ul style="list-style-type: none"> • (Re)establish a Renfrewshire Recovery Forum/Group • Evaluate the impact of CIRCLE, and Peer Recovery Worker development
Connected.5	Work with our partners to help children and young people and their families get appropriate and timely support to improve their mental wellbeing through a multi-agency community-based family support service.	Outcome 4 Outcome 5 Outcome 6	Head of Health & Social Care (West Ren) (& Integrated Children's Partnership)	<ul style="list-style-type: none"> • Development of shared local delivery plan ensuring service specification integrated into CAMHS services by March 2023.
Enabled.1	Work with NHS Greater Glasgow and Clyde (NHS GGC) and other HSCPs to continue activity to reduce unnecessary attendance at A&E, reduce hospital admissions and lengths of stay in hospital. This includes working to implement (i) opportunities to shift the balance of care; and (ii) joint commissioning plans for Unscheduled Care.	Outcome 1 Outcome 2 Outcome 3 Outcome 4 Outcome 9	Head of Health & Social Care (Paisley)	<ul style="list-style-type: none"> • Launch the pilot phase of the Home First Response Service, taking a GGC whole system approach to the management and assessment of frailty in line with an integrated primary and secondary care frailty pathway.
Enabled.2	Work with partners in NHS GGC and other HSCPs to build on and further coordinate the positive developments achieved in reforming urgent care	Outcome 1 Outcome 2 Outcome 3 Outcome 9	Head of Health & Social Care (Paisley)	<ul style="list-style-type: none"> • This strategic objective will be delivered through the Reform of Urgent Care and Unscheduled Care Commissioning Planning governance structures. Plans and

	during the pandemic, including Mental Health Assessment Units, GP Out of Hours, Urgent Care Resource Hubs and the flow navigation centre.			related actions have been defined and agreed through these structures. Future updates on progress will be brought to the IJB.
Enabled.3	Continue to embed multidisciplinary team working across HSCP services to enhance person-centred care, including but not limited to (i) progression of Renfrewshire's Primary Care Improvement Plan objectives; (ii) delivery of the Care Home Hub model developed during the COVID pandemic; and (iii) implementation of service changes identified through the 'winter funding' process.	Outcome 1 Outcome 2 Outcome 4 Outcome 8 Outcome 9	Head of Health & Social Care (Paisley) & Clinical Director	<p>PCIP:</p> <ul style="list-style-type: none"> • Roll out 4 pharmacy hubs across Renfrewshire • Treatment room access rolled out across Renfrewshire in line with PCIP targets (11 treatment rooms in total) <p>Care Home Hub model:</p> <ul style="list-style-type: none"> • Formal launch of the Care Home Hub (working with partners across NHSGGC) <p>Winter Funding:</p> <ul style="list-style-type: none"> • Deliver 76.8 WTE additional posts identified through winter funding proposals (subject to availability of candidates and recruitment)
Enabled.4	Work with NHS GGC and HSCP partners within the board area to deliver the Strategic Pharmacy Framework with (i) an empowered pharmacy workforce enabled to work at the highest level of practice and (ii)	Outcome 1 Outcome 4 Outcome 7 Outcome 8 Outcome 9	Pharmacy Lead	<ul style="list-style-type: none"> • The objectives of the Strategic Pharmacy Framework have been agreed through NHSGGC-wide governance. Delivery against agreed actions and deliverables will be monitored through this process. Local updates will be brought to the IJB as appropriate.

	enhanced public awareness of the community pharmacy options available to them.			
Enabled.5	Seek to minimise delayed discharges through the HSCP's programme of work to support prompt discharge from hospital. Within this we will continue to support the aim of discharging people for assessment through Renfrewshire's Home First approach.	Outcome 2 Outcome 3 Outcome 4 Outcome 9	Head of Health & Social Care (Paisley)	<ul style="list-style-type: none"> Continue to meet local delayed discharge targets as agreed through NHSGGC delayed discharge planning discussions Seek to maintain Renfrewshire's positive position and remain within the top 3 nationally for the Standard DD bed days rate
Enabled.6	Work in partnership with Renfrewshire Council's Children's Services to implement the National Neurodevelopmental Pathway (NDP) and ensure linkages are developed to support transition across services.	Outcome 1 Outcome 4	Head of Health & Social Care (West Ren)	<ul style="list-style-type: none"> Development of a local shared delivery plan Effective planning and identification of children aged 17 ½ years who will require transition from CAMHS to adult mental health services
Enabled.7	Improve patient experience of our services by reducing the waiting times for access to CAMHS. We will do this by investing in the expansion of the multidisciplinary team and streamlining patient pathways within Children and Adolescent Mental Health Services (CAMHS) to identify and eliminate delays.	Outcome 1 Outcome 3 Outcome 7 Outcome 9	Head of Health & Social Care (West Ren)	<ul style="list-style-type: none"> Seek to make incremental progress towards 90% of children and young people beginning treatment within 18 weeks of referral, in line with national target by March 2023 (Baseline as of March 22 was 58.8% of patients of seen within the 18-week target).
Enabled.8	Continue to modernise the (i) nursing, midwifery and (ii) allied health professions (AHP) workforce to be fit for the future and maximise	Outcome 1 Outcome 2 Outcome 8 Outcome 9	All Heads of Service	<p>Continue to modernise nursing and midwifery workforce:</p> <ul style="list-style-type: none"> Develop Band 5 roles within the Care Home Advanced Nurse

	<p>their contribution to shifting the balance of care to community and primary care settings. This includes the continued development of Advanced Practice Roles across Mental Health, Addictions and (iii) Children's Health Services and we will evaluate emerging evidence to influence future delivery models.</p>			<p>Practitioner Team to support succession planning</p> <ul style="list-style-type: none"> • Implement and evaluate the enhanced MDT Respiratory Team <p>Modernise the AHP workforce</p> <ul style="list-style-type: none"> • Implementation of the AHP Learning & Development Plan <p>Children's Health Services</p> <ul style="list-style-type: none"> • Confirm ANP role requirements • Recruit additional ANPs in line with requirements (subject to candidate availability)
Empowered.1	<p>Recover and develop day opportunities and explore wider flexible community-based models which, where appropriate for each person, provide additional choice beyond existing services and support innovative use of our buildings.</p>	<p>Outcome 2 Outcome 3 Outcome 4 Outcome 6 Outcome 9</p>	<p>Head of Health & Social Care (Paisley) & Interim Head of Mental Health, Addictions and Learning Disability</p>	<ul style="list-style-type: none"> • Maintain continued delivery of day and respite services, increasing capacities in line with priority need as local and national guidance and legislation permit. • Explore and document other service models across Scotland to inform and shape future service delivery locally. • Establish and progress a rolling programme of care package reviews
Empowered.2	<p>Develop the HSCP's approaches and mechanisms for supporting and enabling people with lived experience to contribute to the improvement of existing services</p>	<p>Outcome 3 Outcome 4</p>	<p>Interim Head of Mental Health, Addictions and</p>	<ul style="list-style-type: none"> • Confirm strategic care planning groups for LD and Autism, including representatives for people with lived experience and unpaid carers.

	and development of new forms of support.		Learning Disability	<ul style="list-style-type: none"> • Establish lived experience reference groups for people with LD and Autism • Establish lived experience reference groups for carers, supported by The Carers Centre.
Empowered.3	Work with Renfrewshire Council to improve the experience of young people with autism or with a learning disability making the transition to adult services through review of existing pathways and information available for individuals and their families to exercise choice and control. These pathways will meet the specific educational, employment and housing needs of each individual.	Outcome 4 Outcome 5 Outcome 6	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • Review existing pathways for young people and agree opportunities for improvement • Confirm partnership working arrangements with key stakeholders in education, housing, and employment. • Review and develop pathways with key partners in relation to complex cases and delayed hospital discharge.
Empowered.4	Deliver a Renfrewshire autism action plan to improve opportunities and outcomes for people with autism, with an initial focus on practical community-based support around life skills, reducing social isolation, benefits, housing and employment.	Outcome 4 Outcome 5 Outcome 6	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • Develop and agree Autism action plan • Prioritise and develop clear care pathways to support and/or signpost Autistic Adults to services inclusive of Life skills, benefits, employment, housing, social isolation.
Empowered.5	Continue to prioritise equalities and human rights to ensure our services are inclusive and provide equality of access to information, support and involvement. We will aim for our services are fully accessible to	Outcome 3 Outcome 4 Outcome 5	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Establish short life working group to develop and publish a Communication Toolkit for all staff

	people with a physical disability or sensory impairment by engaging and communicating in the most appropriate and effective way. This will include refreshing and building on our BSL (British Sign Language) action plan.			
Empowered.6	As part of mainstreaming equalities, we will develop an LGBTQ+ charter, continue to co-fund the IN-Ren Network Officer post hosted by our partner Engage and deliver training for our staff.	Outcome 3 Outcome 4 Outcome 5	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Progress LGBT Charter Award • Develop and publish a Race Equality Toolkit • Provide Race Equality Champions Training
Empowered.7	Anticipatory Care Planning (ACP) is a priority. We will work with staff groups across all sectors to promote planning conversations that can be recorded in a shareable format via clinical portal, supported by staff attending training to have the competence and skill to have sensitive discussions with patients. This will also contribute to our objective to achieve year on year increases in our use of Anticipatory Care Plans that are reflective of people's individual wishes, inclusive of times where the individual does not wish to have this conversation. We will work with primary care governance groups to enhance	Outcome 3 Outcome 7	Head of Strategic Planning and Health Improvement & Head of Health & Social Care (Paisley)	<ul style="list-style-type: none"> • Develop and ACP evaluation tool • Develop ACP training programme for staff • Deliver Anticipatory Care Plan target of 221 in line with 21/22 objectives • Develop a quality audit approach and apply this to a sample of ACPs

	the quality of Anticipatory Care Planning and increase the number of people with an eKIS (electronic key information summary).			
Empowered.8	In Renfrewshire, palliative care is everybody's business. We will deliver Renfrewshire's updated Palliative Care and End of Life Care Strategy in partnership, with a particular focus on (i) improving access for all; (ii) improving pathways between services; and (iii) providing training and information across services to broaden understanding of generalist and specialist forms of palliative and end of life care. We will do this with the aim of meeting the emotional support needs of families and unpaid carers and supporting the wellbeing of staff.	Outcome 3 Outcome 6 Outcome 7 Outcome 8	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Agree Palliative Care Strategy with IJB • Deliver actions for Year 1 in Palliative Care Strategy (note that Year 1 of the Strategy will cover approximately 6 months of Year 2 of the IJB's Strategic Plan)
Sustainable.1	Prioritise recovery from COVID at a consistent pace and develop transformation plans to reflect (i) national and local plans; (ii) staff wellbeing (iii) the themes and objectives set out in this Plan; (iv) the complexity of need arising from the pandemic's impact such as increased mental ill-health and	All outcomes	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Confirm and prioritise scope for HSCP transformation programme, incorporating recovery objectives • Workforce Plan for 2022-25 approved by IJB with supporting actions, including those with a focus on staff health and wellbeing

	prevalence of long COVID; and (v) the requirements for a National Care Service. This will also link with any programme of work for the National Centre for Sustainable Development.			<ul style="list-style-type: none"> • HSCP governance and resourcing plan to respond to National Care Service proposals (subject to details released by Scottish Government and aligned with transformation programme)
Sustainable.2	Work with partners, providers and the third sector to gather available data on health and social care demand and provision in Renfrewshire and develop a refreshed Market Facilitation Plan which sets out how service provision will be shaped in line with the themes set out in this Plan.	Outcome 2 Outcome 4 Outcome 5 Outcome 9	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Updated demand baseline and projections • Market Facilitation Plan approved by IJB
Sustainable.3	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.	Outcome 9	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Develop an action plan to support Renfrewshire's Plan for Net Zero
Sustainable.4	Further develop how the HSCP works in partnership with the third sector, partners and providers, building on the positive developments achieved during COVID. We will embed coproduction in service design to ensure Renfrewshire's resources are	All outcomes	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Evaluate SPG progress against priorities • Agree next phase of Health and Wellbeing initiatives

	structured around supporting people in the most meaningful way to them.			
Sustainable.5	Work with our partners to deliver joint strategic objectives and plans, including (but not limited to) Moving Forward Together, Renfrewshire's Social Renewal Plan, and the Children's Integrated Partnership Plan.	Outcome 9	Head of Strategic Planning and Health Improvement	<p>The key deliverables from these plans have been captured within other objectives within the Strategic Plan and are managed through existing governances and reporting structures within NHS GGC, Renfrewshire Council and on a partnership basis.</p> <p>Any additional commitments or actions which arise will be added to our Delivery Plan and highlighted to the IJB.</p>
Sustainable.6	Review the Unpaid Carer Short Breaks Services Statement and strengthen the partnership approach to supporting unpaid carers to access personalised breaks from caring, using innovative ways to achieve positive outcomes and sustain carers in the essential support they provide.	Outcome 6	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Agree Unpaid Carer Short Breaks Services Statement to IJB September 2022. The Statement will help unpaid carers understand what short breaks are available, how they can be accessed and any eligibility criteria that apply. • Increase total of community based short breaks hours to 3,000 (Baseline: 1,992hrs 2021/22)
Sustainable.7	Work with partners to develop and implement a Workforce Plan for 2022-25, considering both the HSCP and wider health and social care system and with a focus on	Outcome 8 Outcome 9	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Final workforce plan approved by IJB • Action plan with owners and measures (progress will be

	enhancing recruitment and retention, training and development, career pathways and employability opportunities.			<p>monitored through Workforce Planning governance)</p> <ul style="list-style-type: none"> • Year 1 progress assessment submitted to Scottish Government
HCS 001	<p>Support the development of the Council's innovative Regeneration and Renewal Programme to:</p> <ul style="list-style-type: none"> • Deliver energy efficient and digitally enabled homes in sustainable locations which reflect Renfrewshire Council's commitment to net zero carbon emissions, which will reduce poor energy efficiency as a driver for fuel poverty. • Develop and implement a multi-disciplinary approach to neighbourhood renewal plans and investing in our communities 	Outcome 1	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Progress Phase 1 investment in Auchentorlie and Seedhill areas in line with agreed plans (Phase 1 includes 8 regeneration and renewal areas and is targeted for completion in 2029) • Progress establishment of Neighbourhood Renewal Groups for 8 Housing regeneration Areas (in line with plans and target date of 2029)
HCS 002	Support the delivery of energy improvements to existing social housing stock across all tenures and support owners to undertake energy efficiency improvements through area-based schemes	Outcome 1	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Progress housing investment programmes to improve energy efficiency of social rented and privately rented housing stock and increase % of Council and Housing Association homes meeting the Energy Efficiency Standard for Social Housing (EESH)

				<ul style="list-style-type: none"> • Secure funding from Scottish Government EES:ABS programme • Increase number of private sector homes that receive energy efficiency improvements via Council supported schemes
HCS 003	Building on the rapid rehousing approach to ensure access to specialist services is readily available via robust pathways for homeless people with complex needs, including mental health and harmful alcohol and/or drugs use.	Outcome 1	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • Establish Housing First Monitoring and Review Group chaired by Housing Support Services Manager • Establish joint working and referral arrangements with CIRCLE • Increase use of Housing First Approach from March 22 baseline of 57 service users • Increase number / % of social rented lets to homeless from 21/22 baseline (note that this may be impacted by Homes for Ukraine programme)
HCS 004	Continue to strengthen our approach to prevention and repeat homelessness by providing holistic wraparound support to households in Renfrewshire, regardless of tenure, whose life is being affected by alcohol and/or drugs. This will be enhanced by the fuller programme of work which has been developed in response to the recommendations of	Outcome 1	Interim Head of Mental Health, Addictions and Learning Disability	<ul style="list-style-type: none"> • Launch Myla project with Turning Point Scotland • Establish Myla Steering Group • Confirm target number of service users and timescales

	the independent Alcohol and Drugs Commission.			
HCS 005	Developing an integrated approach to housing advice across Renfrewshire, building on existing offerings from the Council and the Linstone Housing Hub funded by the HSCP	Outcome 1	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Undertake a review of advice services across Renfrewshire • Evaluate the social prescribing model of housing support
Equalities	Implement Fairer Scotland Duty within HSCP ways of working	All outcomes	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Train HSCP SMT in Fairer Scotland Duty • Fairer Scotland Duty incorporated in EQIAs
Enabler.1	Supporting our workforce beyond the pandemic is critical to our success. Alongside this we need to ensure that we address emerging working challenges such as recruitment and retention whilst providing access to development opportunities and empowering our staff to maximise the contribution they are able to make. We will develop a Workforce Plan for 2022-25 setting out how we will address these challenges.	Outcome 8	Head of Strategic Planning and Health Improvement	Deliverables as above against Sustainable.7
Enabler.2	Digital technology has been a crucial element of our pandemic response. It provides us with the opportunity, where appropriate, to broaden how people are informed about, and	Outcome 2 Outcome 9	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • HSCP Digital and Data Oversight Group established with agreed Terms of Reference

	access, services. It can also help people to maintain their independence for longer.			<ul style="list-style-type: none"> • HSCP Digital Vision, objectives and priorities agreed with partners
Enabler.3	The HSCP utilises a broad property portfolio which is collectively owned or leased by NHS GGC and Renfrewshire Council. This property needs to help us deliver services in changing ways, reflecting new ways of working. We work closely with our partners to ensure our buildings match our needs into the future.	Outcome 9	Chief Finance Officer	<p>Deliverables as noted against Enabled.3:</p> <ul style="list-style-type: none"> • Roll out 4 pharmacy hubs across Renfrewshire • Treatment room access rolled out across Renfrewshire in line with PCIP targets (11 treatment rooms in total) <p>Plus:</p> <ul style="list-style-type: none"> • Establish HSCP Property Strategy Group with partners • Agree HSCP strategic property objectives and priorities • Deliver targeted improvements in line with recovery and remobilisation plans
Enabler.4	Communicating and engaging well is at the heart of providing effective services. Our approach, developed during the pandemic, gives us a range of tools for involving people in conversation around our services during this Plan. We will continue to develop our approach to involve communities and those with lived and living experience.	Outcome 3 Outcome 8	Head of Strategic Planning and Health Improvement	<ul style="list-style-type: none"> • Refresh the HSCP's Participation, Engagement and Communication (PEC) Strategy • Implement a supporting PEC group

Enabler.5	Clinical and care governance is our system that ensures our care and outcomes are of a high standard for users of services. This governance does not exist in isolation but overlaps with our themes and other enablers.	Outcome 7	Heads of Health & Social Care	<ul style="list-style-type: none"> Produce an Annual HSCP Clinical and Care Governance Report for the preceding year for the IJB and NHS GGC.
Podiatry	Delivering on our lead partnership responsibilities.	Outcome 1 Outcome 3 Outcome 7 Outcome 9	Head of Podiatry	<ul style="list-style-type: none"> Achieve QI target for positive patient experience of Podiatry (70% target) Reduce pressure ulcers and avoidable pressure damage (30% target) Improve longest waiting times for Tier 1 new patient appointment in line with NHSGGC targets (90%)
Primary Care Support	Delivering on our lead partnership responsibilities.	Outcome 2 Outcome 9	Clinical Director (for local deliverables - note that PCS responsibilities also sit with NHS GGC)	<ul style="list-style-type: none"> Increase Care Home ANP Resource by 3.4 WTE by 2022/2023 to deliver Urgent Care Services with aims to reduce clinical work of GPs within care homes and to potentially reduce avoidable hospital admissions. Ensure each GP Cluster (x6) have a quality improvement plan in place to support quality improvement initiatives.



To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Draft Workforce Plan 2022-25

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

1. Summary

- 1.1. Following previous updates to the IJB, the Scottish Government published a National Workforce Strategy for Health and Social Care at the end of March 2022 and subsequently confirmed timescales and guidance for the development of NHS Board and HSCP Workforce Plans for 2022-25.
- 1.2. The HSCP has worked with partners across the health and social care system to develop a draft Workforce Plan. This plan sets out the objectives and supporting actions the HSCP and our partners will seek to deliver over the coming three years to develop a sustainable workforce which provides career choices and opportunities for those who currently work in the sector and attracts people with a range of experiences and skills to work in health and social care in Renfrewshire.

2. Recommendations

It is recommended that the IJB:

- Note the progress made in developing a draft of the Workforce Plan for 2022-25;
- Note the timelines for submission of the draft and final Workforce Plan to the Scottish Government for review, and the HSCP's supporting consultation plans; and
- Approve the attached version of the Workforce Plan, subject to the further additions set out, to be submitted to the Scottish Government as a working draft for review and comment.

3. Background

- 3.1. Workforce planning is a key priority for Renfrewshire HSCP and for organisations across the public sector. The pandemic has exacerbated existing workforce challenges and reinforced the importance of prioritising staff health and wellbeing. Both locally and nationally, organisations across the health and social care system continue to have challenges in recruiting and retaining staff and face a shortage of key skills and expertise. The workforce is also ageing, resulting in increased risk of capacity constraints and loss of knowledge and experience.
- 3.2. Previous updates to the IJB have set out the Scottish Government's approach to developing Workforce Plans within Health Boards and HSCPs over the last 24 months and over the summer period of 2022. This included the development of interim Workforce Plans for 2021-22 which had an immediate focus on supporting the health and wellbeing of the workforce during the COVID pandemic.
- 3.3. Following this, it was expected that Workforce Plans for the period 2022-25 would need to be developed and in place for April 2022. However, the last update provided to the IJB in March 2022 noted that timelines for submission of Workforce Plans for this three-year period had been extended by the Scottish Government.
- 3.4. The HSCP is now required to submit a draft copy of its Workforce Plan to the Scottish Government by 31 July 2022. An analysis process will then take place, following which it is expected that feedback will be provided by the Scottish Government by the end of August. The HSCP will update the draft plan as required, with a final copy to be submitted to the Scottish Government alongside an electronic version published on the HSCP's website. The deadline for this submission has now been extended from the end of October 2022 to the end of November 2022 to reflect the differing scheduling of local governance within NHS Boards and IJBs.

4. Scottish Government guidance for Workforce Plan development

- 4.1. Alongside the updated timescales noted above, the Scottish Government also published guidance for developing Workforce Plans. A core intention of the guidance is for organisations to improve alignment between strategic, workforce and financial plans. While this Workforce Plan will be published later this year, the HSCP has sought to ensure that the objectives and actions outlined within are fully aligned with the Strategic Plan and Medium Term Financial Plan which the IJB approved in March 2022.
- 4.2. In addition, the Scottish Government expects that Workforce Plans will be aligned with key policy commitments including the NHS Recovery plan, recovery within Social Care, and the development of a National Care Service. These have been reflected within the draft plan submitted to the IJB for consideration, with the actions set out capturing necessary activity which will support the HSCP and partners to deliver on these commitments.
- 4.3. This guidance also draws on the National Workforce Strategy for Health and Social Care which was published by the Scottish Government in March 2022.

The Strategy sets out progress which has been made to date in developing the health and social care workforce nationally, and a range of commitments to help achieve the Government's vision for the workforce. This vision is supported by an ambition to deliver the recovery, growth and transformation of our workforce in coming years. In addition, it sets out five pillars to guide workforce development actions: (i) Plan; (ii) Attract; (iii) Employ; (iv) Train; and (v) Nurture. These pillars provide the underpinning structure for the HSCP's draft plan.

4.4. The diagram below sets out the key elements of the national strategy:



4.5. A key difference in the Workforce Plan for 2022-25 is the expanded scope of the plan, which is focused not only on the HSCP's workforce but on the workforce employed across the wider health and social care system in Renfrewshire. The current position included within the plan considers the challenges faced by health and care providers more widely and has been developed collaboratively with key sector representatives. In doing so, the actions set out in the Plan under each of the pillars commit, where appropriate, to collaborative action to improve recruitment and retention within the sector locally. Over the lifetime of the Plan this will help ensure that common challenges are tackled together rather than individually and will also help target limited resources more effectively.

4.6. The guidance received from the Scottish Government sets out the importance of Workforce Plans including detailed data on the future shape of the workforce, with projections on the number of existing and new roles which will be required to meet demand. These projections should consider how transformation, training, changes to the location of services and the impact of work being coordinated by the Centre for Sustainable Delivery will impact on the size of workforce required in future.

4.7. The HSCP recognises the importance of evidence and data-driven planning and supports the intention of developing projections for the future size of the workforce. However, developing projections of the nature set out in the

guidance requires complex workforce modelling skills and a range of scenario planning to be undertaken to reflect the significant degree of uncertainty which currently exists from a policy and operational perspective within health and social care. There is a shortage of these skills nationally and so consequently the draft Workforce Plan identifies roles that will be required in future but does not seek to quantify these. An example of high-level workforce modelling has been developed for Care at Home and Technology Enabled Care (TEC) Services, and we commit to developing these capabilities within Renfrewshire over the course of the Plan.

5. Work undertaken to develop a draft Workforce Plan for 2022-25

5.1. The context, challenges and actions set out within the draft Workforce Plan have been developed over a significant period of time. This includes activity undertaken in the last 18 to 24 months to determine the impact of the pandemic on the HSCP's workforce; the development of the HSCP's interim Workforce Plan for 2021-22; the subsequent development of the IJB's Strategic Plan for 2022-25; and the assessment of available and emerging workforce data and surveys. Each of these elements has also been underpinned by wide engagement activity internally and with partners.

5.2. The different elements of this approach have been overseen by the HSCP's Workforce and Organisational Development Planning Group which includes membership from the HSCP, Renfrewshire Council, NHSGGC and staff side. In summary, the work undertaken includes:

- Reviewing the progress made in delivering the interim Workforce Plan, including the assessment of actions which have been delivered, those which are no longer required, and those which should be continued into the Plan for 2022-25.
- Assessing the findings of engagement with the HSCP's Leadership Network and the 2021 iMatter survey to ensure key workforce challenges and actions are captured.
- Documenting the key workforce challenges which arose during the development of the IJB's Strategic Plan and in particular the range of workforce-related points raised by the Care Planning Groups during this process.
- Agreeing the storyboard structure for the Plan with the Workforce and Organisational Development Planning Group, which is designed to align with the format of the Strategic Plan and support read across between the two documents. Similarly, this also included the creation of a Plan on a Page to provide an overview of the key elements of the Workforce Plan.
- Engagement with sector leads for Primary Care, the Third Sector, Unpaid Carers and External Providers to understand existing challenges faced by these organisations and individuals, identify areas of commonality and capture actions that will be taken forward jointly in delivering the Plan. This included presentations by sector representatives at the Strategic Planning Group in April 2022.

- Sharing the draft Plan with the Staff Partnership Forum and officers within Renfrewshire Council and NHSGGC in advance of the IJB to capture feedback and refine the Plan where appropriate. At the time of writing, feedback continues to be received from partners which will be incorporated, as appropriate, into the final Workforce Plan.

5.3. As noted in 4.7, there is a significant degree of policy, operational and financial uncertainty which will impact on the shape and nature of services in coming years, and in doing so, also impact on the workforce. This includes, for example, changes relating to a National Care Service and the implications of the Scottish Government's Resource Spending Review which was published on 31 May 2022. The spending review set out an extremely challenging financial forecast which will impact on budgets and the workforce across the public sector in coming years. The delivery of the actions that have been set out in the draft Plan will therefore need to be subject to continuous review, with further changes and prioritisation undertaken where this is necessary.

6. Next Steps and Consultation on the draft Plan

6.1. At the time of writing, the HSCP is continuing to update the case study elements of the draft Workforce Plan. These elements will be completed as far as possible prior to submission to the Scottish Government. Subject to this work being undertaken, the IJB is asked to approve the submission of the draft Plan to the Scottish Government by 31 July 2022.

6.2. As noted above, Scottish Government feedback is expected by the end of August. In addition, the HSCP will undertake formal consultation with NHS GGC and Renfrewshire Council through agreed governance structures. Following consideration of the feedback received, a final version of the Workforce Plan will be developed and presented to the IJB for approval. This is expected to be brought forward to the IJB at its meeting in September 2022, however the updated national timelines now enable flexibility to present the final Plan to the IJB in November should there be any delay in the provision of feedback from the Scottish Government. Subject to this approval, a final version of the Plan will be submitted to the Scottish Government and published on the HSCP's website.

6.3. The final Workforce Plan will be available in a range of formats including online text, electronic document and easy read versions. Additional formats (such as other languages) will also be available on request.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – The draft Workforce Plan has been developed with input from HR and Organisational Development officers within NHSGGC and Renfrewshire Council. It sets out the related objectives and supporting actions that the HSCP and partners will seek to deliver between 2022-25. These are subject to further review and refinement.
3. **Community Planning** – The draft Workforce Plan considers the wider health and social care system rather than solely the HSCP workforce. The actions

set out within should support the joint response to workforce challenges and support the development of health and social care services in Renfrewshire.

4. **Legal** – This paper supports delivery of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets** – No implications from this report.
6. **Information Technology** – No implications from this report.
7. **Equality and Human Rights** – No implications from this report.
8. **Health & Safety** – No implications from this report.
9. **Procurement** – No implications from this report.
10. **Risk** – No implications from this report.
11. **Privacy Impact** – No implications from this report.

List of Background Papers: N/A

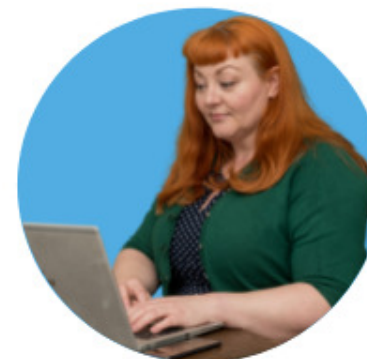
Author: David Fogg, Strategic Lead and Improvement Manager

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

Workforce Plan 2022 - 2025



Contents

What we cover in our Workforce Plan

Chapter	Page
Foreword	3
Introduction	4
About this plan	5
Our plan on a page	7
The strategic context	8
Plan: Policy, demographics, challenges across the sector and our actions	12
Attract: Current challenges, our actions and case studies	49
Employ: Current challenges, our actions and case studies	54
Train: Current challenges, our actions and case studies	58
Nurture: Current challenges, our actions and case studies	64
Appendix 1: Further workforce demographic data	71
Appendix 2: Glossary of acronyms	75

Foreword

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

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

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



John Matthews OBE
Chair, Renfrewshire
Integration Joint Board



Christine Laverty
Chief Officer,
Renfrewshire HSCP

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

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

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

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

Introduction

Overview of our Services

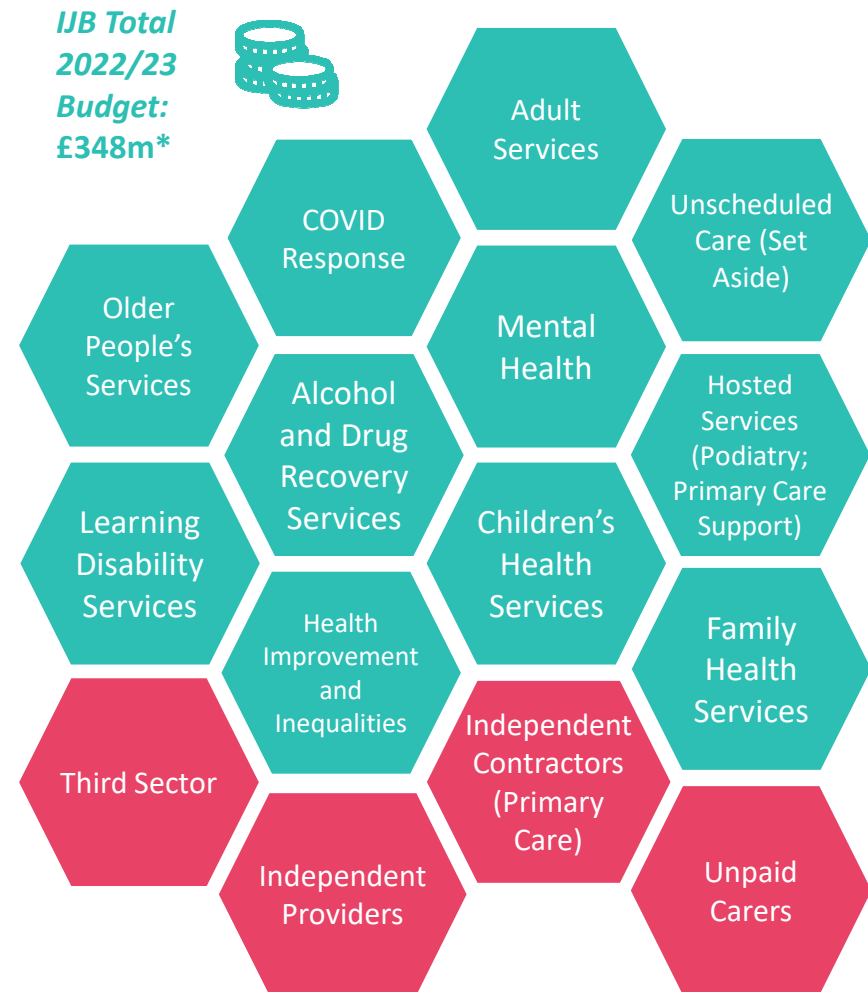
Overview of Health & Social Care Services delivered by the HSCP and our partners

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

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

The HSCP segments services into two geographical localities (Paisley and West Renfrewshire). Each has a Locality Manager co-ordinating a range of multi-disciplinary teams and services. In addition, our 28 GP practices in Renfrewshire operate within six clusters. Each contributes to overseeing the local healthcare system within their geographies.

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



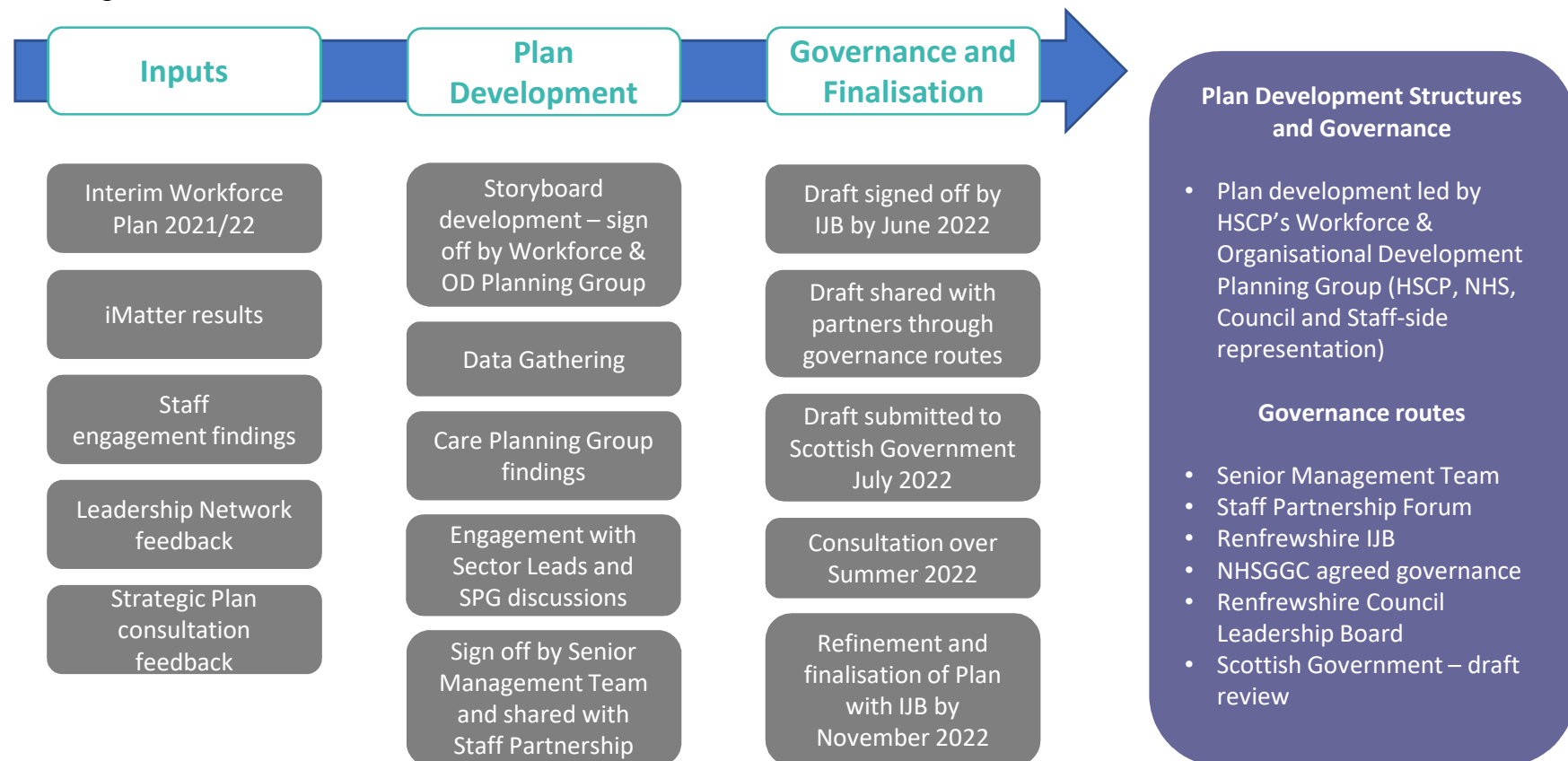
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About this Plan

Our approach to developing the Workforce Plan

Developing this Plan

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



About this Plan

Developing a Workforce Plan in the midst of uncertainty

Reflecting uncertainty in our Workforce Plan

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

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

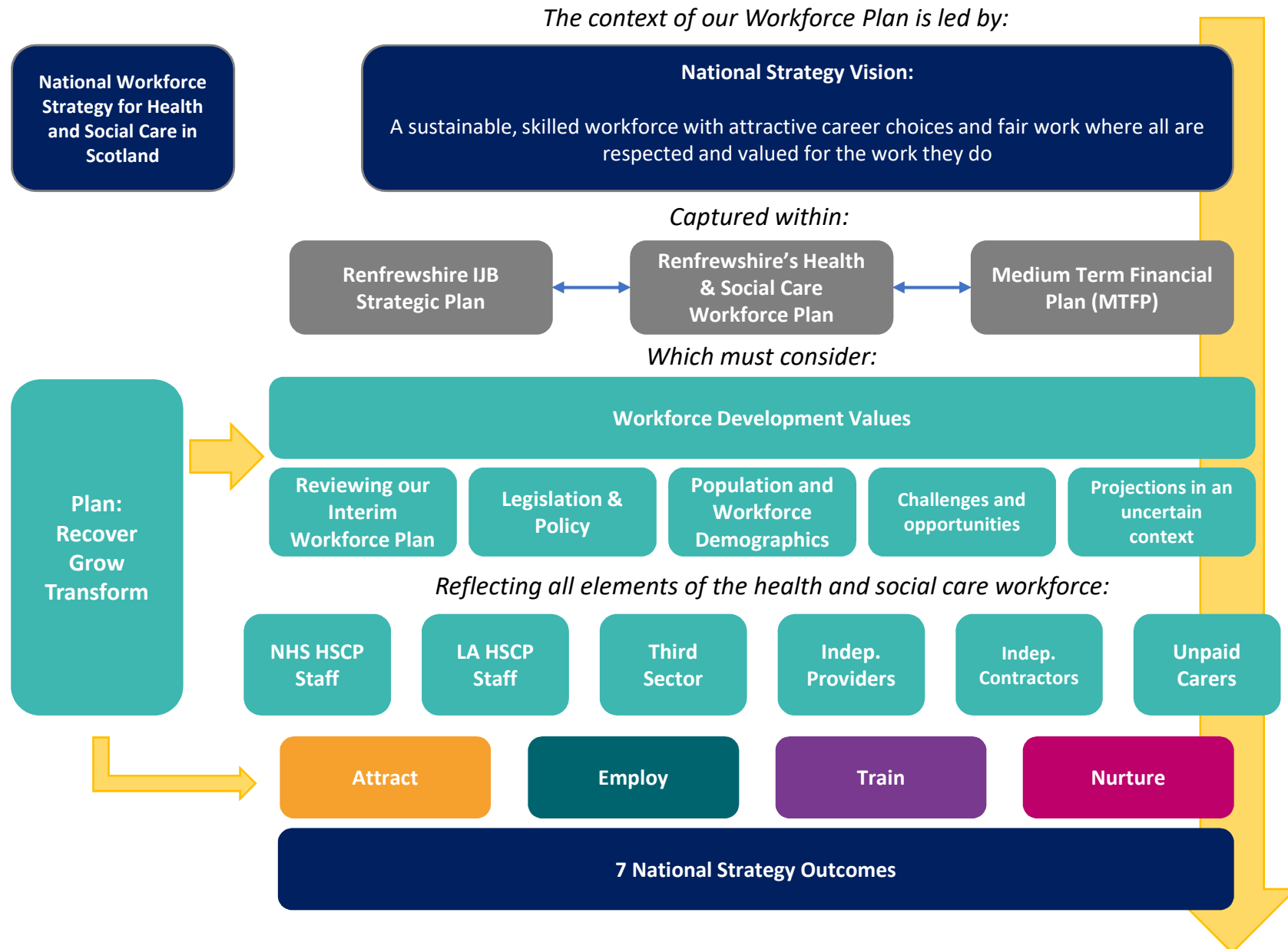
This Workforce Plan sets out how the HSCP, working with our partner organisations and staff-side colleagues, will seek to address these challenges in the next three years, individually, and working together. Our approach is aligned the new National Workforce Strategy for Health and Social Care, and is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

Factors outwith our control that we must reflect



Our Plan on a Page

How the elements of our Workforce Plan fit together



The Strategic Context

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

The Key Elements of the National Workforce Strategy

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



The Strategic Context

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

Alignment with the IJB's Strategic Plan 2022-25

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

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

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

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



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



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

The Strategic Context

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



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



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



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

Alignment with the Medium Term Financial Plan (MTFP)

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

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

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

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

The Strategic Context

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

Financial Challenges

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

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

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



Committing to collaborative commissioning



Investing in CAMHS waiting list coordinators to address pressures



Creating an HSCP in-house training academy through reserves



Delivering the Adult Social Care pay uplift



Investing in Health Improvement posts to address inequality



Developing additional Change and Policy roles to support transformation



Investing in Nursing and AHP as part of Transforming Roles



Funding community initiatives to improve health and wellbeing



Forecasting increased % spend with the third and independent sector

A photograph of a woman and a man in an office setting. The woman, on the left, is wearing a leopard-print top and is looking at a laptop. The man, on the right, is wearing a dark jacket and is looking at a notebook. They are sitting at a wooden table. In the background, there are large windows with blinds and a glass partition. A sign with a circular logo is visible on the glass partition. On the table, there is a laptop, a notebook, a water bottle, and some papers. A teal banner is overlaid on the bottom left of the image.

Plan

Plan: Our Values for Workforce Planning

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

Plan

SG National Strategy Values

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

Continual Improvement

Keep learning, adapting what we find, and improving.

Engagement

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

Honesty

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

Co-design

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

Accountability

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

Renfrewshire's Additional Values

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

Evidence-based

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

Flexibility

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

Growing our own

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

Plan: Embedding Equality and Diversity

Continuing our focus on equality and diversity

Plan

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

Protected characteristics



The General Duty is to:

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

The Specific Duties relating to employment in Scotland are to:

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

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

Plan: Embedding Equality and Diversity

Continuing our focus on equality and diversity

Plan

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

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

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

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

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

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

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

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

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

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

Plan: Reviewing our interim workforce plan

Informing next steps for this Plan

Plan

Our interim workforce plan 2021/22

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

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

Living with COVID

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

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

Actions extending into this Plan

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

Resourcing, Delivering and Supporting Essential Services

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

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

Plan: Reviewing our interim workforce plan

Informing next steps for this Plan

Plan

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

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

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

Actions extending into this Plan

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

Developing the Organisation and Workforce

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

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

Actions extending into this Plan

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

Plan: Supporting Health and Wellbeing

Continuing our focus on supporting our staff

Plan

Supporting Staff Wellbeing

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

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

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

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

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

Actions extending into this Plan

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

Plan: Supporting Health and Wellbeing

Continuing our focus on supporting our staff

Plan



Supporting health and wellbeing to date

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



Additional Ways in which we will support Health & Wellbeing

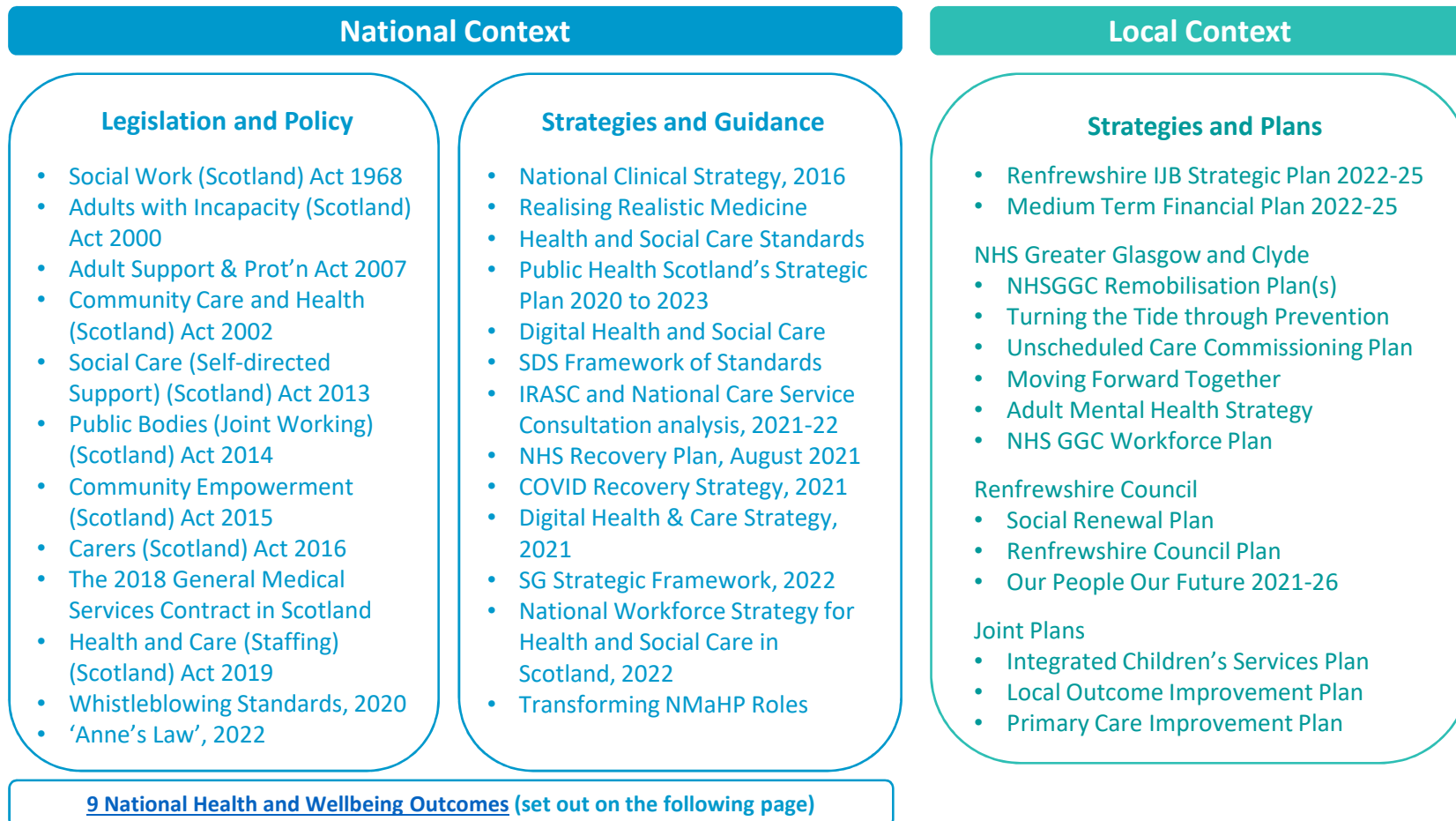
- **Promoting techniques to increase resilience and supporting staff:** ensuring awareness, identification of need and sharing tools and techniques for strengthening personal and team resilience.
- **Leadership:** Developing our compassionate leadership approach to ensure staff feel valued, respected,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

Plan: Legislation and Policy

Relevant legislation and policy to inform our workforce planning

Plan

The national and local strategy and policy context for health and social care is increasingly complex and continues to evolve, not least as a result of COVID-19 and the impact that this has had on the way in which services are accessed and delivered. National legislation and policy, aligned with local frameworks and strategies, exist to provide guidance to Partnerships and necessarily have wide-ranging impacts on our local workforce. We provide an indicative, but not exhaustive, view of related plans and strategies below.



Plan: Legislation and Policy

National health and wellbeing outcomes

Plan

Scotland's national health and wellbeing outcomes aim to ensure that IJBs (and HSCPs), Local Authorities and Health Boards are clear about their shared priorities by bringing together responsibility and accountability for their delivery. They provide a framework for planning and delivering health and social care services and for ensuring Renfrewshire's health and social care workforce is effectively structured, developed and supported in doing so. The nine outcomes are:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

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

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

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

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

Plan: Legislation and Policy

Key legislation, plans and policies influencing our Plan

Plan

Alignment with legislation, plans and policies

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

NHS Recovery Plan

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

National Workforce Strategy

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

Digital Health and Care Strategy

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

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

The National Care Service

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

National Clinical Strategy 2016 and GMS Contract 2018

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

Health and Care (Staffing) (Scotland) Act 2019

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

Plan: Population Demographics

Renfrewshire's current population demographics

Plan

Renfrewshire Population

179,390

↑ 0.2% from 2019



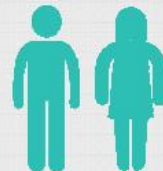
48.4% **51.6%**



30,182 (16.8%)
children aged 0-15



115,055 (64.1%)
adults aged 16-64



34,153 (19.0%)
adults aged 65 and over

Ethnicity

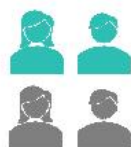
National Records of Scotland data in 2020 shows that in Renfrewshire:



The **Black, Asian and Minority Ethnic (BAME)** population accounts for **2.8%** of the overall local population

This equates to **4,781 people**. Of these, **65%** are **Asian**, **17%** are **African**, **9%** are from **multiple ethnic backgrounds**, **2%** **Caribbean** and **7%** from **other ethnic groups**

The population will increase to **181,091** by 2025



↑ **0.9% increase**
on 2020 population

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



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

Plan: Population Demographics

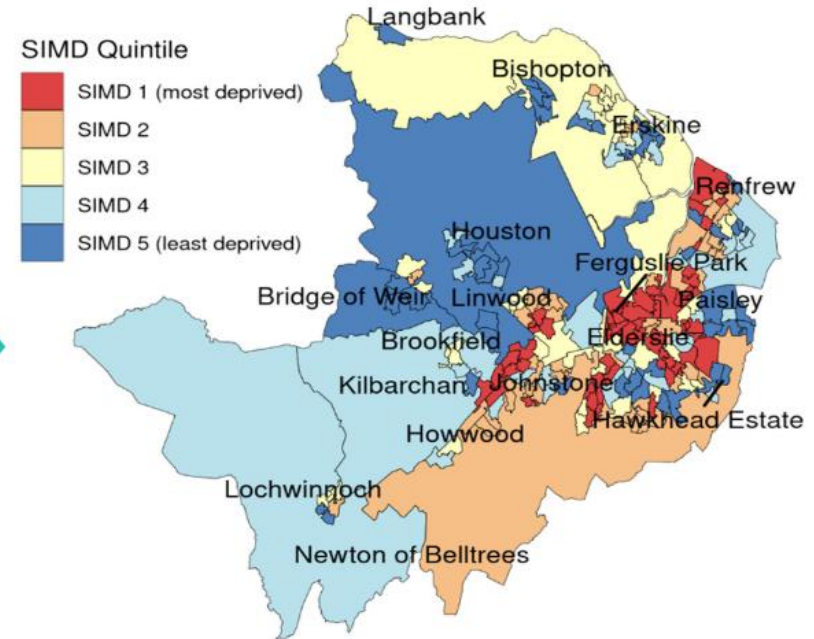
Renfrewshire's current population demographics

Plan

Deprivation and Inequalities

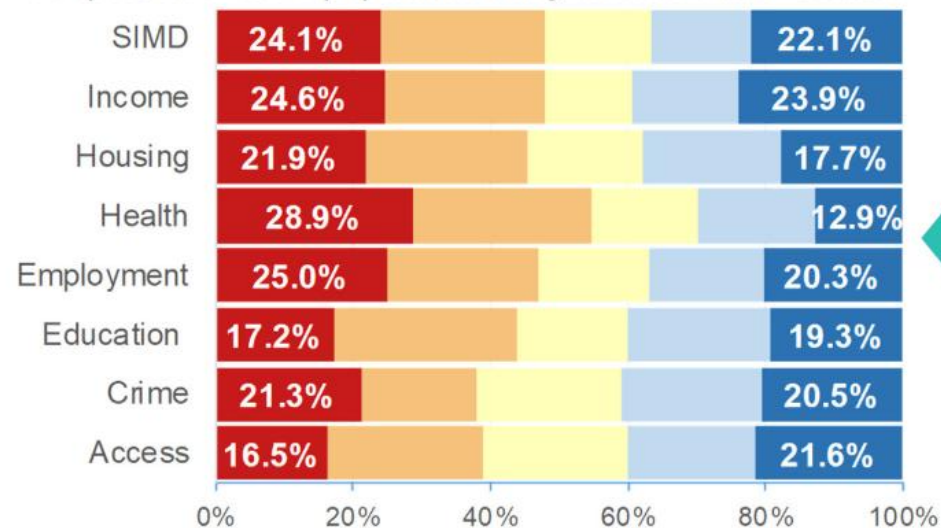
The Scottish Index of Multiple Deprivation (SIMD) assesses 6,976 small areas known as 'data zones'. 2020 figures show:

- There **are 2 'data zones'** in Renfrewshire **within the 10 most deprived** zones nationally
- Almost **25% of all data zones** in Renfrewshire are in the **20% most deprived nationally** (24.1% of 2020 population)
- Renfrewshire has the **9th highest share of deprived data zones** nationally (of 32 areas)



Renfrewshire HSCP

Proportion of 2020 population living in each SIMD domain



Individual SIMD Domains show that

Renfrewshire is more deprived compared to the Scotland average for **Employment, Crime, Housing and Income**.



These social and economic inequalities can **impact on self-esteem, happiness and participation in local communities and lead to poorer physical and mental health**. In Renfrewshire, **28.9%** of residents are in the **20% most-deprived areas nationally** within health indicators.

Plan: Population Demographics

Renfrewshire's current population demographics

Plan

The demographics sets out on previous pages and below evidence an ageing population in Renfrewshire and levels of deprivation and inequalities that will shape the nature of demand for our services in coming years. Our Workforce Plan objectives and actions recognise that we will be required to work differently as an organisation and with others to address the socio-economic and health inequalities outlined, including mitigating the negative impacts of the pandemic on our most vulnerable and disadvantaged communities.



People with a disability are **twice as likely to face isolation** and **71% have difficulty taking part in things locally** (Glasgow Disability Alliance Action Research 2018)



It is estimated that in 2019/20, **6,997 (23.1%) children in Renfrewshire were living in poverty** after housing costs. This is **almost 1 in every 4 children**.



Compared with the least deprived areas, in the most deprived communities across Scotland*:

- people are **9 times more likely** to have an alcohol-related admission to hospital.
- people are **18 times more likely** to have a drug-related death
- the rate of **premature deaths (age 15-44)** is almost **five times higher**.
- the rate of probable deaths by suicide is **three times the rate** of least deprived areas.



- **men** are likely to live **19 fewer years** and the gap has increased by 1.3 years since 2008.
- **women** are likely to live **13.9 fewer years** and the gap has increased by 1.6 years since 2008.

**National Records of Scotland, 2021 and ScotPHO indicators*

Plan: Demand and Demographics

Current demand, inequalities and demographic change

Plan

The impact of local demographics

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

An ageing population

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

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

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

Inequalities and the Pandemic and Cost of Living Crisis

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

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

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

Plan: HSCP Workforce Demographics

Key Workforce Statistics

Plan

27

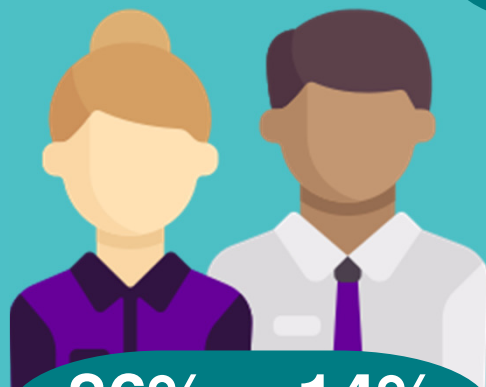
1049
1235
HEAD COUNT



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

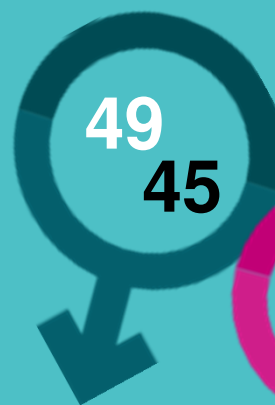


2% **2%**
AGED 25
AND UNDER

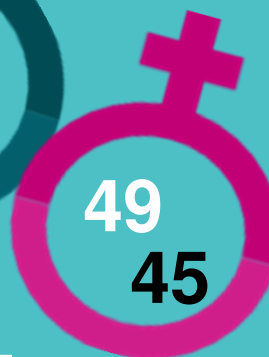


86%
83%
FEMALE

14%
17%
MALE



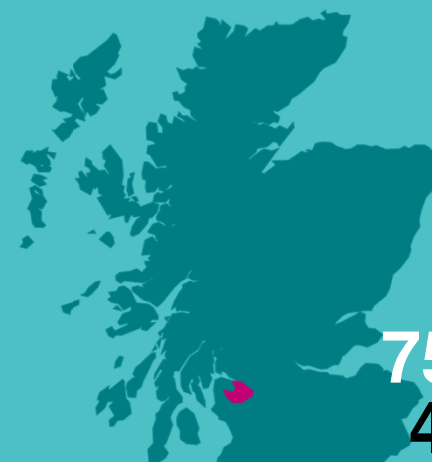
AVERAGE
AGE



HSCP staff are employed on NHS and Council
contracts:

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

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



75%
43%
LIVE IN
RENFREWSHIRE

Plan: HSCP Workforce Demographics

Key Workforce Statistics

Plan

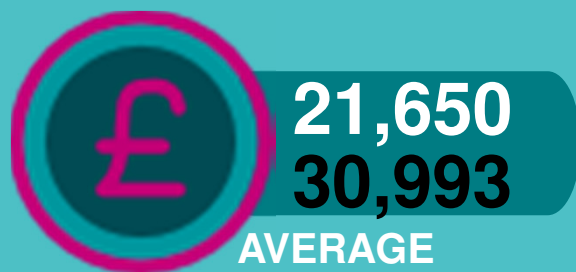
28

HSCP staff are employed on NHS and Council

contracts:

● Staff on council contracts: 31 March 2022

● Staff on health contracts: 31 March 2022



AVERAGE
SALARY



438 35%

706 64%

FULL TIME EMPLOYEES

671 65%

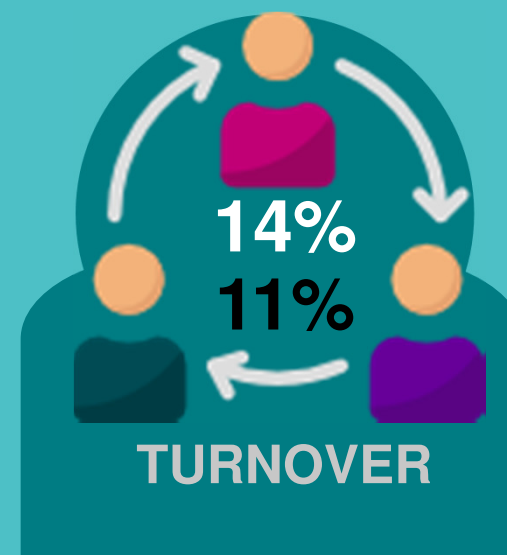
480 36%

PART TIME EMPLOYEES

12 YEARS
10 YEARS



AVERAGE
LENGTH OF
SERVICE



TURNOVER



98%

94%

PERMANENT



2%

6%

TEMPORARY

Summarising HSCP Workforce Challenges

Key considerations for our ongoing workforce planning

Plan

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

Attractiveness of health and social care

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

Recent recruitment and retention experiences

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

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

Recruitment and retention

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

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

Current roles with high levels of vacancy (March 22)

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

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

Summarising HSCP Workforce Challenges

Key considerations for our ongoing workforce planning

Plan

A shortage of key skills and limited diversity

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

Roles with
current
shortages

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

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

An ageing workforce

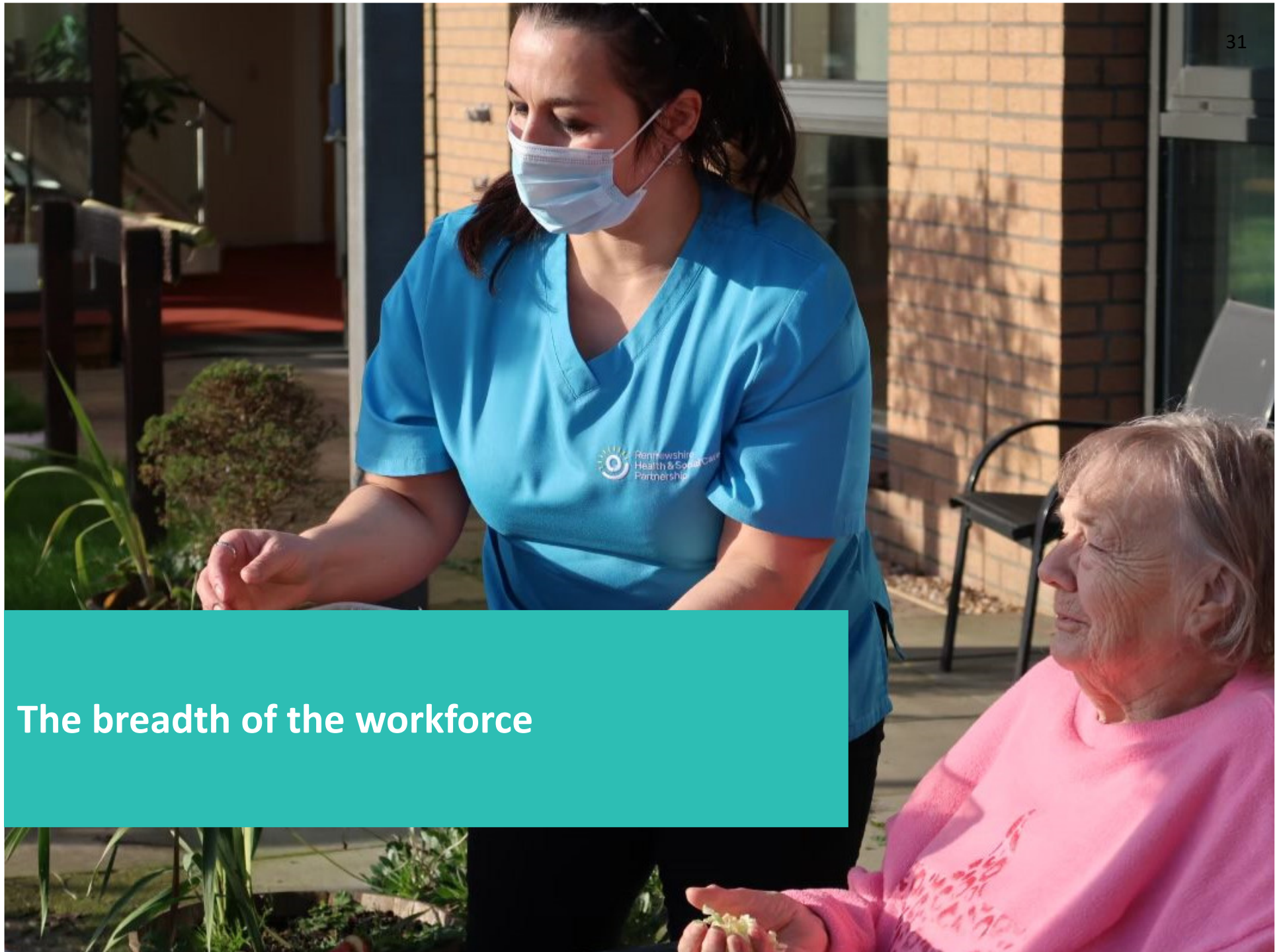
The HSCP's workforce is also ageing, with a small proportion of staff aged 25 and under. There is also a large disparity between our Council workforce (57% over 50) and NHSGGC workforce (41% over 50). These figures show the risk of a loss of deep experience as individuals choose to retire. It is difficult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

Differing Terms and Conditions between organisations

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

Accommodation

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



The breadth of the workforce

The Breadth of the Workforce

Health and social care in Renfrewshire: Independent Sector

Plan

32

The Independent Sector in Renfrewshire

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

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

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

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

Key Local and National Statistics (not exhaustive)



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



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



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



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



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



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

The Breadth of the Workforce

Health and social care in Renfrewshire: Independent Sector

Plan

Key Challenges for the Independent Sector

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

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

Agreed actions for progression

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

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

The Breadth of the Workforce

Health and social care in Renfrewshire: Third Sector

Plan

34

Third Sector Providers

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

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

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

Key Local and National Statistics (not exhaustive)



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



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



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



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



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



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

The Breadth of the Workforce

Health and social care in Renfrewshire: Third Sector

Plan

35

Key Challenges for the Third Sector

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

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

Agreed actions for progression

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

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

The Breadth of the Workforce

Health and social care in Renfrewshire: Primary Care

Plan

36

Primary Care in Renfrewshire

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

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

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

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

Key Local and National Statistics (not exhaustive)



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



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



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



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



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



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

The Breadth of the Workforce

Health and social care in Renfrewshire: Primary Care

Plan

37

Key Challenges for Primary Care

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

- Primary Care services are facing unprecedented levels of demand with a significant increase in mental health problems and people suffering deterioration in chronic diseases because of the impact of COVID-19. It is expected that more people will require more intensive support, leading to further increases in pressure on Primary Care.
- The demands of the pandemic have impacted on the health and wellbeing of those who work in Primary Care, increasing the risk that experience and skills will be lost from the sector.
- Specialist skills within Primary Care are in short supply nationally. Coupled with increasing demands, this is leading to some GP practices seeking to close lists for a period of time.
- Ensuring all parts of the health and care system, (e.g. HSCP services, primary care and the third sector) are fully aware of community support available and are able to direct people towards the right support at the right time.
- Expectations of what specialist services provide can differ from clinical opinion and the aim of preventing over-medicalisation.

Agreed actions for progression

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

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

The Breadth of the Workforce

Health and social care in Renfrewshire: Unpaid Carers

Plan

38

Unpaid Carers

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

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

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

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

Key Local Statistics (not exhaustive)



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



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



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



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



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



963 new unpaid carers were supported in 2021/22.



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

The Breadth of the Workforce

Health and social care in Renfrewshire: Unpaid Carers

Plan

39

Key Challenges for Unpaid Carers

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

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

Agreed actions for progression

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

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

Projections in an uncertain context

How our workforce will change during this Plan

Plan

A changing health and social care workforce

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

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

Known workforce developments

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

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

Projecting how our workforce will develop in future

262.6

Current WTE vacancies
on HSCP establishment
(March 2022)

11.2% | 13.6%

NHS / Council staff
turnover per annum to
fill

76.8

WTE through Winter
Funding recruitment

33

Renfrewshire's
approximate WTE share
of MHWPCS posts

247* (10.8%)

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

*Approximate as age bandings differ slightly between NHS and Council.

Projections in an uncertain context

How our workforce will change during this Plan

Plan

Assessing roles we will require in future

Within this Workforce Plan we set out current challenges arising as a result of the pandemic, and ongoing complexity and uncertainty within the policy context in which health and social care is delivered. We also recognise that the depth and quality of data across the sector could be improved, while the complex modelling skills required are currently not available within the Partnership. We therefore set out below an indicative view of the types of roles that will be required in future but we do not seek to provide figures on WTE projections – the degree to which these roles will be needed will be determined by transformational requirements.

Mental Health and Wellbeing Services in Primary Care

Developing and enhancing the provision of commissioned, HSCP and Primary Care-led services to support people to manage their mental health and wellbeing in their communities. A phased approach will be taken, with roles required including:

- Band 8b Service Manager
- Community Link Workers
- Community Wellbeing Nurses
- Occupational Therapists
- Enhanced commissioned services

District Nursing

We will work with partners across NHSGGC to address recruitment gaps and variances, utilising Scottish Government funding to develop the role of District Nurses in line with Transforming Nursing, Midwifery and Allied Health Professional (NMaHP) roles. Roles required include:

- DN Advanced Nurse Practitioners (Band 7)
- Band 6 District Nurses
- Band 5 Nurses and Newly Qualified Nurses

Learning Disabilities and Autism

We will continue to develop the care and support provided to people with Learning Disabilities or Autism, recognising the unique needs of every individual.

Autism:

- Peer Support Worker
- Autism Resource Worker
- Transition Resource Worker

Learning Disabilities:

- Social Work Assistants
- Day Support Workers moving across buildings, virtual and community

Projections in an uncertain context

How our workforce will change during this Plan

Plan

Assessing roles we will require in future (continued)

Service Transformation

We will design and deliver a transformation programme, aligned with our Strategic, Financial and Workforce Plans to meet local needs. We will also align this with the necessary changes required to deliver NCS:

- Senior Change and Improvement Officer(s)
- Change and Improvement Officers (NCS focus)
- Business Analyst(s)
- Workforce Planning Lead
- Digital Lead
- Administration and Business Support (linked to Admin & Business Support Review)
- Service Planners

Adult Services

We will continue to shape our services for adults to meet changing demands from the pandemic and demographic change, with a focus on flexible, community-based support.

- Frontline home carers (HSCP and independent provider staff)
- Frontline carers with enhanced training to support higher complexity needs
- Care staff trained to work across Care Homes, Day Support and Residential Services
- Care Home Nurses
- Specialist Dementia Nurses
- Day Support Workers moving across buildings, virtual and community
- Mental Health Officers
- Social Workers
- Adult Services Coordinators
- Social Work Practice Teachers

CAMHS and Children's Health

We will ensure children receive support in the right place and right time and will seek to recruit to 'hard to fill' posts'.

- Advanced Nurse Practitioners
- Pharmacists
- Art and Play Therapists
- Support Workers
- Psychology Assistants
- Practice Development roles
- Waiting List Coordinators

Recruiting to hard to fill posts:

- Consultant Psychiatrist
- SAS doctor
- Band 8a Principal Clinical Psychologist (note: currently advertising preceptorship post)
- Band 7 Clinical Psychologist
- Band 6 Nurses
- Band 6 Speech and Language Therapists
- Band 6 Occupational Therapists

Projections in an uncertain context

How our workforce will change during this Plan

Plan

Assessing roles we will require in future (continued)

Children's Health (continued)

In addition to the posts outlined on the previous page within CAMHS and Children's Health, roles will be required in Health for All and School Nursing which focus on:

- School Nurses
- Mental Health and Wellbeing (e.g. Trauma informed practice, ADHD, self-harming, eating disorders, loss and bereavement)
- Child Protection and Vulnerability (e.g. Children affected by Alcohol and Drug Use, domestic abuse, emotional and physical neglect, SCRA processes)
- Transition coordination between Health Visiting and Education
- Multi-disciplinary roles to deliver the Bairns Hoose Framework and roles to support delivery of The Promise

Mental Health

We will continue developing community and inpatient mental health services to meet increasing demands and mitigate against recruitment and retention challenges. Roles required include:

- Band 7 Advanced Nurse Practitioners
- Band 8a Lead ANPs
- Social Worker Discharge Support
- Band 5 PDS for Older Adults
- Physical and psychological support staff (in ward and out of ward) as agreed across NHS GGC
- Expansion of the range of professional roles within current multi-disciplinary model, which would include Physician Associates (PA), Pharmacy Prescribers, and GP with Special Interest

Alcohol and Drug Recovery Services (ADRS)

We will continue to progress the development of ADRS, working in partnership with others and those with lived and living experience to support recovery.

- Senior Recovery Worker
- GBV Worker
- Alcohol Specific Death Lead Officer
- Throughcare Worker
- Pharmacy Independent Prescriber
- Practice Development Worker

Role that will also support the Alcohol and Drug Partnership (ADP) to meet future needs include:

- ADP Planning and Development Officer
- ADP Communications Officer
- Peer Worker – Naloxone

Projections within an uncertain context

How our workforce will change during this Plan

Plan

The skills required in our future workforce

In addition to specific roles – either new or additional to the existing establishment – transforming the way in which services are delivered will require our workforce to work in new ways and develop a range of skills and knowledge. These include:

- The ability to lead and deliver change as part of everyone's role, through project and/or change management.
- Digital skills, using existing and new technology to provide choice in the way in which people access and receive services.
- Data interpretation and analysis skills.
- Embedding lived and living experience in service provision through peer support.
- Coproduction skills – working with communities and partners to understand problems and design solutions together.
- Partnership working across team and organisational boundaries.
- Enhanced understanding of prevention and early intervention, centred around empowered decision-making to put in place innovative or different support which prevents needs escalating.

Indicative Case Study: Frontline Internal Care at Home and TECS workforce projections*

Current total establishment (WTE): **304.3**

Current vacancies (WTE): **76.5**

Approx. WTE expected to retire by 2030 (60+): **47.6**

Projected workforce by 2030

Total establishment WTE required**: **342.4**

Projected WTE gap***: **162.2**

Additional WTE turnover (total to 2030): **185.0**

Total additional WTE required 2022-2030: **347.1**

Assuming efficiencies from Totalmobile scheduling in Year 1 addressed through existing vacancies

Net WTE required: 304.1 (reduction in WTE greater due to reduced increases and turnover impact)

Over the life of this Workforce Plan the HSCP will aim to undertake comprehensive analysis of workforce projections across all service areas

*excludes Extra Care

**based on SG projections of 1.7% increase in staff required per annum

***includes increased workforce required, vacant posts and retirements

Summarising Workforce Objectives

Aligning Objectives with Recover, Grow and Transform

Plan

The 'Plan' section of this Workforce Plan, combined with the strategic context outlined, provides an overview of the current position of the health and social care workforce in Renfrewshire. It provides the baseline information on current activity, challenges and opportunities which guides the strategic objectives and supporting actions set out against in the following pages. These actions include those applicable to the HSCP and its partners, and those which apply across the wider health and social care sector in Renfrewshire. The diagram below also summarises how the Scottish Government's three key objectives of recovery, growth and transformation are met by this Plan.



Reference	Strategic Objective	Actions	Delivery by
Plan.1	Improve the availability of workforce data and future projections.	<ol style="list-style-type: none"> 1. Identify gaps in current sector-wide workforce reporting and work with partners to identify solutions. 2. Develop workforce modelling capability to enable effective scenario-based projections to be developed based on robust data. 3. Review, with partners, the gathering of feedback from leavers to determine trends and issues resulting in loss of staff, including onboarding and leavers interview processes. 4. Further embed absence reporting dashboard developed as part of winter planning. 	Year 1+
Plan.2	Invest in workforce planning capacity to support future planning.	<ol style="list-style-type: none"> 1. Recruitment of a Workforce Planning Lead role based within the HSCP and aligned with Change and Improvement. 2. Develop workplan for Training and OD aligned the priorities set out with this Workforce Plan. 	Year 1
Plan.3	Improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics and enable the further promotion of diversity and equality within the partnership.	<ol style="list-style-type: none"> 1. See Nurture.1, Action 3 2. Utilise additional information provided by breakdown of survey results across protected characteristics in iMatter. 3. Work with Renfrewshire Council to support development of proposals to further inclusive agenda, considering gender balance and protected characteristics. 	Year 2

Reference	Strategic Objective	Actions	Delivery by
Plan.4	Update our approach to communications and engagement to ensure that staff feel engaged and can access and receive updates at the right time.	<ol style="list-style-type: none"> 1. Update the HSCP's draft Participation, Engagement and Communication strategy and implementation plan to reflect current position. 2. Define and implement approach to sharing key workforce messages with partners across the sector. 3. Develop a communication toolkit for staff to ensure our services are inclusive and provide equality of access. 	Year 1
Plan.5	Reflect workforce capacity and pressures in recovery planning and future transformation as part of prioritisation activities.	<ol style="list-style-type: none"> 1. Reflect the National Recovery Strategy and RMP4 / RMP5 in future iterations of local recovery activity as appropriate. 2. Prioritise recovery and transformation activity to reflect continued workforce pressures, incorporating frontline and change support capacity as key criteria. 3. Capture OD requirements aligned to transformation and develop supporting plans. 	Year 1+

Plan

Some Case Study Examples

Plan



Attract

Attract

Creating opportunities to attract new and diverse talent

Attract

Attracting people to health and social care in Renfrewshire

Public, third and independent sector providers of health and social care have vacant posts across a range of services, with some posts particularly challenging to fill. These challenges pre-date the pandemic but have been exacerbated by the increased pressures of the last two years. For many, roles in the sector appear less attractive than jobs available elsewhere.

We know that health and social care jobs are highly challenging however we believe that working in Renfrewshire and supporting our most vulnerable citizens is highly rewarding and can offer opportunities for career development. Working with our partners, our Workforce Plan is focused on both enhancing the attractiveness of local caring roles and attracting new entrants to the sector.

This includes working with education providers to create clear routes into health and social care, and also enhancing alternative routes through apprenticeships, employability and those seeking to begin a 'second career'. Developing a more diverse workforce and promoting fair work through our recruitment can attract new talent and ensure that we reflect and meet the needs of the people of Renfrewshire.

"Continuing to improve equality, diversity and inclusion in our workforce, ensures we benefit from different lived experiences, perspectives, ideas and skills, and are better able to serve the people of Scotland"

National Workforce Strategy for Health and Social Care



The outcome we want to achieve

People are attracted to health and social care in Renfrewshire. We are inclusive employers who offer career opportunities for people of all backgrounds. Applicants have a positive experience and feel valued throughout the recruitment process.

Key Challenges

- Pay and terms and conditions vary between employers and between HSCPs within the board area and beyond.
- Health and social care roles are highly challenging which can be seen as less attractive to younger people and in comparison to employment in other sectors.
- Frontline service areas often do not have clear career pathways for those who wish to develop a career within the sector.
- The diversity of our workforce could be enhanced, as it is currently heavily older female-oriented, and we struggle to collate data to support actions which address this in our recruitment approach.
- Our existing contracts can be inflexible and do not reflect current demands and expectations for variation in working patterns or, where appropriate, the flexibility of working at home.

Reference	Strategic Objective	Actions	Delivery by
Attract.1	Our recruitment practices will be fair for all, and we will remove any barriers to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.	<ol style="list-style-type: none"> 1. Work with sector partners to launch targeted recruitment for under-represented groups: <ul style="list-style-type: none"> • Young people (apprenticeships and employability) • Unpaid carers • Male carers • Those starting 'second careers' • Under-represented ethnic groups 2. Widen recruitment methods including online events; recruitment days and alternative advertising. 3. Deliver and identify lessons learned from Renfrewshire GPST3's job fair in May 2022. 4. Clarify processes for internal consultation on recruitment plans. 5. Engage Renfrewshire to deliver racial equalities training between 2022 and 2025. 	Year 2
Attract.2	We work collaboratively with third sector and independent providers to promote careers in health and social care in Renfrewshire.	<ol style="list-style-type: none"> 1. Develop joint recruitment communications strategy and plan with external partners. 	Year 1
Attract.3	Work with partners to refine commissioning processes in line with the commitment to ethical commissioning in the Independent Review of Adult Social Care, supporting sustainability of employment.	<ol style="list-style-type: none"> 1. Embed collaboration and partnership working in Market Facilitation Plan and commissioning processes (e.g. Public Social Partnership approach). 2. Assess contracts and existing grant funding to identify opportunities for longer term contracts and funding. 	Year 1+

Reference	Strategic Objective	Actions	Delivery by
Attract.4	Enhance the attractiveness of health and social care roles.	<ol style="list-style-type: none"> 1. Reflect the commitment to fair work through increases to hourly rates for Council-employed social care staff and staff in commissioned services. 2. Embed flexibility in ways of working in terms of roles, working hours and location and update job descriptions and terms and conditions to reflect. 3. Progress a survey with local GP workforce. 	Year 1+
Attract.5	Attract international staff to come and work in Renfrewshire.	<ol style="list-style-type: none"> 1. Working with specialist agencies and partners, develop a programme to attract international staff to Renfrewshire, considering supporting family friendly policies. 2. Support GP practices to obtain Skilled Worker Visa status 	Year 2
Attract.6	Support people considering second careers or with caring responsibilities to work in health and social care. When creating new posts or recruiting to vacancies attract new applicants by embedding flexibility and innovation in our ways of working.	<ol style="list-style-type: none"> 1. Promote roles across health and social care with information on how a breadth of experience and skills can support people to be successful. 2. Review existing working practices to embed more flexibility within contracted hours and working times and promote available flexibility in advertising. 3. Support unpaid carers to gain recognised qualifications and ensure they are aware of potential opportunities within health and social care. 4. Develop a range of recruitment strands: (i) employability; (ii) apprenticeships; (iii) graduate rotations; (iv) career change; and (v) sector 'tasters' 	Years 2 to 3
Attract.7	Deliver rolling and targeted recruitment campaigns to attract staff to key roles in Renfrewshire.	<ol style="list-style-type: none"> 1. Continue delivery of HSCP's interim workforce actions with recruitment action plans in Care at Home; Mental Health; CAMHS; ADRS; District Nursing and School Nursing 	Year 1

Attract

Some Case Study Examples

Attract

53

A 'values based' approach to recruitment

By looking wider than the 'usual' pool of recruits, where possible, our recruitment approach aims to find people who may not have any previous experience in care, but who have exactly the sorts of values that align with our own.

We actively seek to remove barriers which may prevent good people from applying for our roles - and get to know them first, their motivations, passions, interests and whether they'll be a good fit for our organisation and for the roles we're recruiting to. In this way, we can make the best possible recruitment choices for those we provide care and support for.



Holding image

Case study 2 TBC



Employ

Employ

Aiming to be employers of choice in Renfrewshire

Employ

Valuing and rewarding staff for the work they do

It is essential that staff within our services and across the sector feel valued for the critical work they do, both financially and professionally, and that their health and wellbeing continues to be prioritised into the future. A workforce which feels valued, empowered and is invested in will help us achieve a sustainable and stable workforce and which can deliver continuity of care and improve outcomes.

This investment is not only about how our staff are rewarded by also about how we help to manage and alleviate the pressure of each role, support the personal and professional development of each person in a way which meets their expectations and ambitions, and empower our people to make decisions. Combined with a focus on how we attract staff to the sector, this will support us to retain the best talent too.

Doing so is not without its challenges and will require closely collaboration between Renfrewshire HSCP, NHS GGC and Renfrewshire Council, and must involve our providers and partners in the third and independent sectors. This joint working will not only enhance the sustainability of individual organisations but the sector as a whole.

Feeling valued at work is linked to better physical and mental health, as well as higher levels of engagement, satisfaction and motivation.

Findings from an American Psychological Association [survey](#)



The outcome we want to achieve:

Our recruitment and retention of staff is enhanced and we are seen as employers of choice, where staff feel valued and supported. This will enable sustainable health and social care services across Renfrewshire.

Key Challenges

- Recruitment and retention challenges with significant levels of vacancies and hard to fill posts across health and social care.
- Staff are exhausted as a result of the pandemic, with significant service pressures continuing. Maintaining the health and wellbeing of our staff remains a key priority.
- There remains a significant degree of uncertainty over the nature of changes in the short to medium term, including the impact of the implementation of a National Care Service on staff employment and service provision.
- There is current inflexibility in registration requirements, which can prevent skilled staff moving between different parts of the sector.
- Funding pressures remain, resulting in the use of fixed term posts which are less appealing and less competitive compared to permanent positions.

Employ

Strategic Objectives and Actions

Employ

56

Reference	Strategic Objective	Actions	Delivery by
Employ.1	Increase the number of applicants by promoting Health and Social Care as an appealing career to people displaced from their own employment either during or following the pandemic.	<ol style="list-style-type: none"> 1. Utilise winter funding to enhance recruitment. 2. Champion health and social care by raising awareness of our organisational benefits and personal and career development opportunities. 3. Develop alternative routes into all parts of the health and social care sector (reference to Attract.6) 	Year 1+
Employ.2	Sustain and grow our workforce to reflect national policy commitments and funding streams.	<ol style="list-style-type: none"> 1. Assess opportunities for 'stay interviews' for critical roles. 2. Continue to progress service development and related recruitment in relation but not limited to: (i) Winter funding (Home Care, Interim Care, MDT); (ii) PCIP; (iii) Mental Health and Wellbeing in Primary Care; (iv) CAMHS; and (v) Action 15 	Year 1+
Employ.3	Maximise the impact of health and social care roles through innovative recruitment where organisations are advertising similar roles but are struggling to recruit.	<ol style="list-style-type: none"> 1. Review hard to fill posts in the health and social care sector within Renfrewshire. 2. Identify opportunities for jointly-funded posts between organisations e.g. third sector and public/third sector and consider possible 'hosting' arrangements. 	Year 2
Employ.4	Develop and shape the workforce to meet changes required by emerging policy	<ol style="list-style-type: none"> 1. Monitor NCS (National Care Service) plans, assess local workforce impacts and define response plans. 2. Define support requirements (e.g. Admin, Change & Improvement) and formulate recruitment plan 	Year 3

A woman with long red hair and bangs is seated at a dark wooden table, focused on a silver laptop. She is wearing a green long-sleeved top over a dark blue polka-dot dress. The background features a modern kitchen with grey cabinets, a wooden countertop, and a brick wall. Three warm-toned pendant lights hang above the counter. A purple rectangular overlay is positioned in the lower-left corner of the image.

Train

Train

Equipping our workforce for the future

Train

59

Supporting staff to develop their skills and expertise

Providing our staff with the right expertise is critical to the development of a sustainable workforce and will help us to attract a wider range of people to the sector, retain our staff and ensure that we have robust succession plans in place for our senior leadership positions.

This means providing designated time for the opportunity to develop skills and knowledge to meet the needs of our population today and in the short term, examples of which include the new ways of working during the pandemic, but also ensuring that training and learning routes help our people to develop the skills needed for the future. This can be around use of new digital tools and technology but also how the HSCP, our partner organisations, communities and those in the wider sector work in more collaborative and preventative ways.

We recognise that a significant proportion of learning requirements and associated delivery is set nationally and that as employees of NHSGGC and Renfrewshire Council, HSCP staff will access training provided by our partners. However, the HSCP will focus on working jointly to inform the development of learning opportunities across Renfrewshire.

“One of the factors that has been identified as important for retention is that career pathways...are perceived to be limited in both Health and Social Care and we must address this”

National Workforce Strategy for Health and Social Care



The outcome we want to achieve:

Health and social care staff are appropriately trained for their role and have access to wider opportunities for personal and career development within their own organisation and through collaboration with partners.

Key Challenges

- Service pressures, which have increased during the pandemic, lessen the ability of staff to access training opportunities.
- Linked to the above point, existing vacancies and staff absence necessitate the focus of staff on service provision and reduce the opportunity to set protected time for individuals' development.
- In frontline services, particularly within social care, training programmes are often not linked to career pathways.
- Organisations across the health and social care sector focus on training of their own staff, often for skills and expertise which are common across organisations, resulting in lost opportunities for collaboration.
- Addressing skills gaps (for example specialist posts such as Mental Health Officers, District Nurses and Social Workers) will take a number of years, and action is required immediately to meet changing service user and patient demands.

Train

Strategic Objectives

Train

60

Reference	Strategic Objective	Actions	Delivery by
Train.1	Develop an updated view of the training landscape and ensure resources are in place to support staff to access training to support their development.	<ol style="list-style-type: none"> 1. Develop a Renfrewshire-wide training matrix and career pathways for all Health and Social Care staff. 2. Create a Renfrewshire HSCP Training Academy through ringfenced funding within IJB reserves. 3. Review current training provision and develop plans for future internal and external provision, including delivery building on COVID training experiences. 4. Update induction pathways for new starts and staff taking on new roles to support longer term retention and include (i) an introduction to the HSCP; (ii) team introductions and networking; and (iii) core training requirements. 5. Support staff to access related NHS Academy learning sources and national induction framework for Adult Social Care. 6. Implement national commitments for a mandatory supported year for newly qualified social workers and pilot social care graduate apprenticeships. 7. Support access to wider training opportunities for all registered staff including nursing and midwifery, Allied Health Professions, Social and Primary Care. 	Year 3
Train.2	Reflecting progress since 2020, enhance workforce digital skills in line with changing ways of working and Digital Health and Care Strategy.	<ol style="list-style-type: none"> 1. Refresh digital maturity assessment. 2. Develop longer-term digital strategy and plans through HSCP Digital Oversight Group and invest in technology to support workforce development. 3. Identify core digital skills required in service roles and build into induction and essential training. 4. Support staff to access support for digital skills through DigiRen and Digital Citizen. 	Years 2 to 3

Train

Strategic Objectives

Train

61

Reference	Strategic Objective	Actions	Delivery by
Train.3	Embed a policy of 'Grow our Own' within Health and Social Care in Renfrewshire	<ol style="list-style-type: none"> 1. Determine core skills required and supporting on-the-job training programmes. 2. Build capacity into transformation plans and performance management to ensure managers have time to support individual development. 3. Undertake assessment of external organisations that could support apprenticeship opportunities and development of Renfrewshire's 'Grow our Own' policy. 	Year 3
Train.4	Strengthen relationships with Further and Higher Education institutions to develop training opportunities.	<ol style="list-style-type: none"> 1. Build upon opportunities for work experience and placements at all levels and in all parts of the sector – school, college, university 2. Identify mentoring opportunities for people studying for health and social care qualifications. 	Years 2 to 3
Train.5	Support our managers and leaders to develop their competence and skills to lead teams in a remote working setting, promoting strong team working.	<ol style="list-style-type: none"> 1. Senior OD Advisor to lead check-ins and support to team leaders and managers within the HSCP. 2. Cross-section engagement with staff to understand experience and requirements and use to inform provision of local support. 3. Support managers to manage absence effectively and enable team members to contribute to the best of their ability. 	Year 1

Train

Strategic Objectives

Train

62

Reference	Strategic Objective	Actions	Delivery by
Train.6	Develop skills and knowledge within our workforce to meet changing demands and approaches to service delivery.	<ol style="list-style-type: none"> 1. Develop training programmes to support staff to develop new skills as service delivery models change as set out in the Plan section. 2. Introduce protected time for mandatory training. 3. Identify and implement opportunities for joint delivery access to training sessions to promote shared learning and understanding within the partnership and with third sector partners. 4. Continue the modernisation of the AHP workforce through the development of Advanced Practice roles across (but not limited to) Mental Health, Addictions, Children's Health Services and Nursing. 5. Provide support to GP practices with Transforming Nursing Roles and General Practice Nurse and Advanced Nurse Practitioner development. 6. Deliver the Strategic Pharmacy Framework, enabling staff to work at the highest level of practice. 	Year 3

Train

Some Case Study Examples

Supporting our people to develop their careers

When she was 17, Amy Duffin had a choice between continuing in full time education or joining our Finance Team as a Modern Apprentice. Thankfully, she chose us. Now, as a Senior Accountant, Amy can look back at her decision with pride and talk about why this was a great career pathway for her, and could be for many people in her position.

She said: “The HSCP have been very supportive of me developing my career and helping me gain the qualifications I needed to progress. My team have all been in my position and knew what I was going through. Time to study or for exams was never an issue and everyone was very supportive.

“This was the right choice for me. I now have the same qualifications I would have achieved at University, but have also had a chance to build up my career and earn full time wages at the same time.

The HSCP has given me the opportunity and support to get a point in my career where I’m satisfied with what I’m doing and where I’m going. I really enjoy working here”.



Cross Organisational Mentoring

The Cross Organisational Mentoring Programme is one of a number of mentoring schemes that HSCP staff have access to. Laura Glennon was new to a leadership role within our RES team and wanted support to develop as a leader.

As Laura explains, mentoring has been a positive experience for her: “My mentor has been easy to talk to and our meetings are a ‘safe space’ where I can talk freely. I feel it has helped me make service improvements, ensure staff are engaged, involved and we can build on the areas we are working on.

“My team has fed back that they are happy we are working through improvement areas and can see we are making progress as a team. I now have more confidence in myself and will take this forward when the mentoring comes to an end.





Nurture

Nurture

Taking action to support the wellbeing of staff

Nurture

Prioritising the wellbeing of those working in the sector

Our people are our more precious resource and their wellbeing is a priority for the HSCP, our partners within NHSGGC and Renfrewshire Council, the wider health and social care sector, and the Scottish Government. This includes not only our staff but also unpaid carers providing essential support to their family and friends in Renfrewshire.

The significant impact of the pandemic on the physical and mental wellbeing of staff has been recognised both nationally and locally and the wellbeing initiatives and support implemented will continue to be prioritised and built on to ensure that staff feel supported to delivery high quality care and support.

Beyond this, we will also focus on the continued development of our organisational culture and compassionate leadership, recognising that this plays a key role in supporting staff wellbeing. Through this we will seek to enhance the diversity and inclusiveness of our workforce, ensure the safety of our staff at work every day and through our communications and engagement strategy support staff to feel heard and involved in decision making.

“Promoting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive.”

Wellbeing at Work, [CIPD](#)



The outcome we want to achieve:

Our organisational culture(s) prioritise the health and wellbeing of our staff so that they feel supported with their physical, emotional and professional needs

Key Challenges

- Staff are exhausted following the pandemic and need the opportunity to reflect and recover from the pressures faced.
- Traditional ways of working have not offered the flexibility required by many colleagues within the workforce.
- Our workforce is not as diverse as it could be at all levels, including senior management.
- Many roles are female-dominated, in particular nursing and caring roles, with ongoing challenges in attracting more male workers into caring roles.
- Workforce pressures and service demands have necessitated a focus on meeting needs in the here and now and recruiting fully skilled staff, with limited capacity for managers to further develop staff and help us to ‘grow our own’.
- The recording of long COVID sickness will require further review to address inconsistencies and ensure fair treatment for all staff.

Reference	Strategic Objective	Actions	Delivery by
Nurture.1	Promote equality, diversity and inclusivity across the sector.	<ol style="list-style-type: none"> 1. Continue to deliver online and face to face training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias. 2. Support the delivery of, and staff access to, (i) networking opportunities for staff from minority ethnic backgrounds; (ii) parent organisation workforce equality groups; and (iii) staff equality training to be developed by Scottish Government and partners. 3. Work with partners to improve the availability of data and demographics on protected characteristics in line with Scottish Government and PHS guidance. 4. Fund the In-Ren network post hosted by Engage. 5. Undertake the LGBT Charter award to equip our staff to improve health and wellbeing outcomes experienced by LGBT people in Renfrewshire 	Year 2
Nurture.2	Continue to prioritise the health and wellbeing of staff through the provision of local, regional and national support.	<ol style="list-style-type: none"> 1. Continue to promote the availability of national resources to support health and wellbeing through the recovery process. 2. Promote Healthy Working Lives. 3. Support access to Mental Health First Aider training. 4. Work with third and independent sector partners to develop a framework to support sector staff to access wellbeing resources. 5. Include consideration of health and wellbeing as part of every change process. 6. Implement absence management plans to help staff into work with additional support as required. 7. Work with partners to deliver Wellbeing initiatives, e.g. including Mental Health and menopause policies 	Year 1+

Reference	Strategic Objective	Actions	Delivery by
Nurture.3	Promote a positive workforce culture that endorses staff wellbeing where leaders listen and nurtures a compassionate, diverse, and inclusive workplace.	<ol style="list-style-type: none"> 1. Develop a structured succession planning approach, linking with work set out in National Strategy and working with partners (e.g. contributing to NHSGGC proposals for a refreshed development programme). 2. Support training to enhance leaders' 'soft' skills. 3. Remove any barriers and promote diversity in senior leaders to reflect the community in Renfrewshire. 4. Develop mentoring support for emerging leaders. 5. Support staff to feel confident in raising concerns, and to access their employer's whistleblowing processes where appropriate. 6. Work with partners to deliver trauma-informed training for a trauma responsive workforce. 	Year 3
Nurture.4	Continue to protect the health and wellbeing of staff and residents in HSCP and independent Care Homes.	<ol style="list-style-type: none"> 1. Continued delivery of the "Huddle" model and care home reporting. 	Year 1
Nurture.5	Ensure that existing and new staff have access to the right guidance, equipment and accommodation to support them to do their jobs safely.	<ol style="list-style-type: none"> 1. Review induction processes and information provided to ensure inclusion of key elements 2. Continued review of risk assessments and provision of PPE for frontline staff. 3. Support for staff to access vaccinations in line with national guidance. 4. Continue the HSCP's review of property use to ensure it meets current and future needs. 5. Undertake Display Screen Equipment (DSE) assessments for all staff working at home and utilise Occupational Health to define reasonable adjustments for staff where required. 	Year 1+

Reference	Strategic Objective	Actions	Delivery by
Nurture.6	Implementation of the Health and Care (Staffing) (Scotland) Act 2019.	1. Implement the provisions of the Act in line with expected updates to implementation and transition timetable.	Year 2 (indicative)
Nurture.7	Consider how Long COVID is managed moving forward to address any inconsistencies in absence management and ensure fairness of treatment.	1. Work with NHSGGC and Renfrewshire Council HR to implement processes as they are developed and reflect any future national guidance on treatment of Long COVID.	Year 1 to 2
Nurture.8	Continue to assist unpaid carers to provide support for family and friends.	<ol style="list-style-type: none"> 1. Implementation of updated Carers Strategy following Renfrewshire IJB approval in June 2022. 2. Work with NHSGGC to Work with NHSGGC to improve the experience of unpaid carers before and during hospital admissions, stays and discharges. 3. Through the Carers Partnership, encourage employers across Renfrewshire to be Carer positive employers. 4. Develop blended (online and face to face) support to give a range of access choices. 5. Progress initiatives such as the Carers Passport to provide discounted opportunities for unpaid carers. 6. Coordinate cross sector activity to develop Renfrewshire as a carer-friendly community. 	Year 1+

Nurture

Some Case Study Examples

Nurture

69

Recognising the efforts of our people

Each year, our staff awards programme shines a light on all the great work that takes place across our services. We ask all HSCP staff to nominate the colleagues they feel have made a difference or special contribution, gone the extra mile, or had a significant impact. The aim of the awards is not only to celebrate the achievements of those nominated by their peers, but also to help raise awareness and recognise the efforts of individuals, right across the service.

The categories include Team of the Year, Employee of the Year, Leader of the Year and Innovation of the Year.

The pride, motivation and confidence generated from our annual staff awards makes a big difference to the wellbeing of our people.



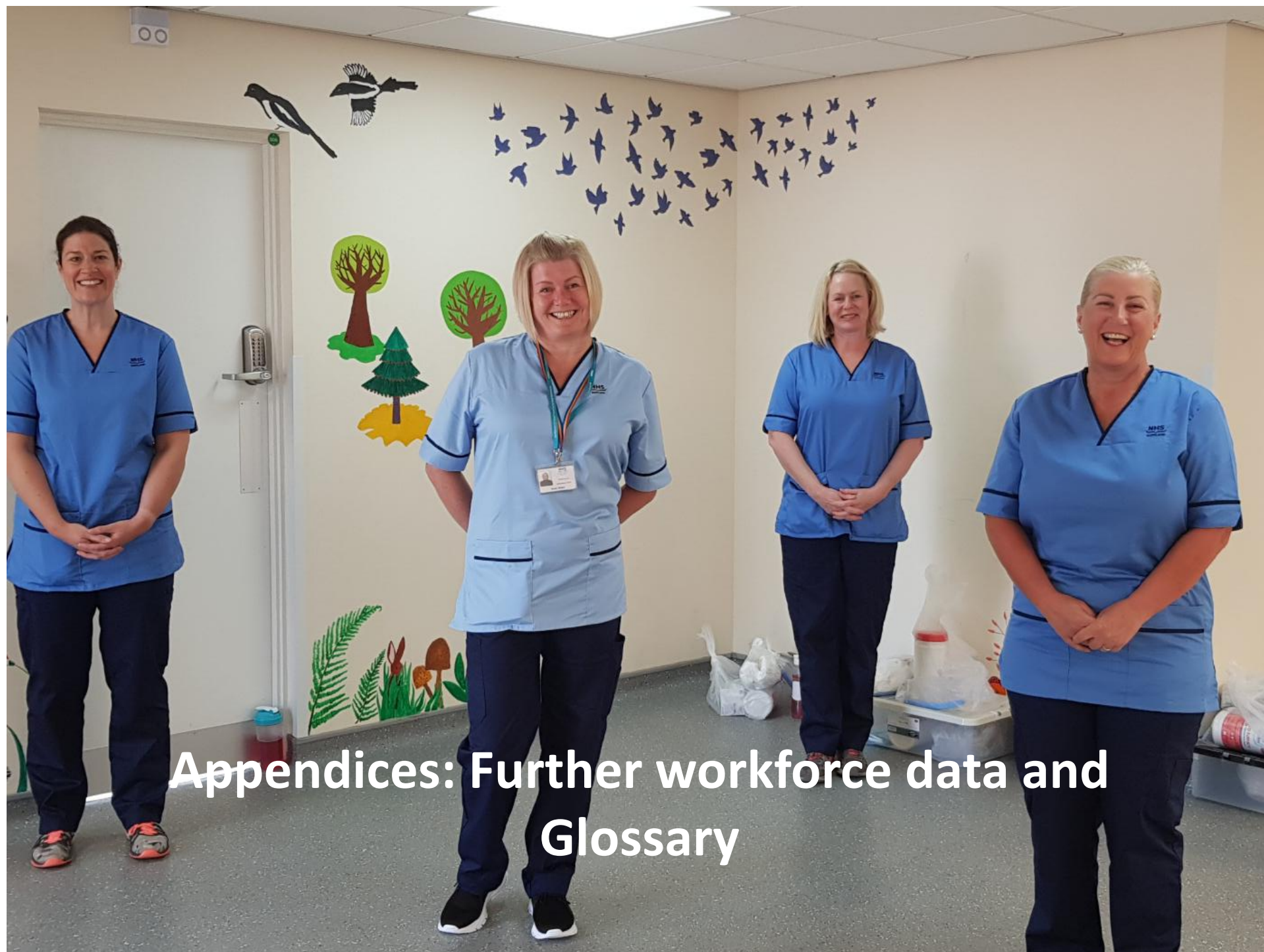
Volunteering for career and experience development

Elaine Penman has been volunteering with NHS Greater Glasgow & Clyde for over five years. Elaine explains why she got involved: "Over the five years, I have moved between different roles and locations, which has been an excellent opportunity to experience diverse areas of the NHS and play a part in helping staff and patients.

"Building confidence in interacting with patients and feeling comfortable in the ward environment has been great. As a dietetic student, I am gearing up towards placements and working with the public in a healthcare role. Every shift is a learning experience!"

In April 2022, Elaine was offered a paid role as a Dietician in her local health board. We are delighted that she has progressed onto her chosen career path, in an area of work she is passionate about.





Appendices: Further workforce data and Glossary

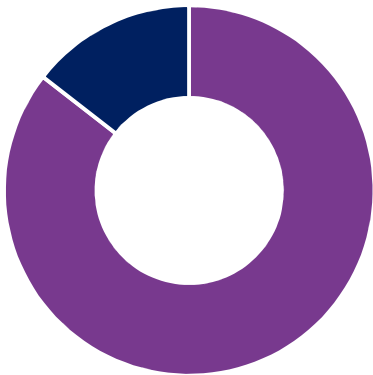
Appendix 1

Further workforce demographic data: Gender

**Renfrewshire Council
Employees within the HSCP
by Gender**

Gender	Head Count	%
Female	897	86%
Male	152	14%
Total	1049	100%

Renfrewshire Council HSCP Employees

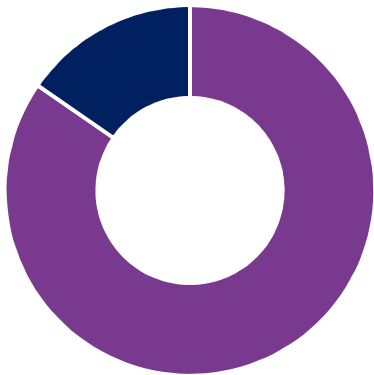


■ Female ■ Male

**NHSGGC Employees within
the HSCP by Gender**

Gender	Head Count	%
Female	1045	85%
Male	190	15%
Total	1235	100%

NHSGGC HSCP Employees



■ Female ■ Male

Appendix 1

Further workforce demographic data: Pay Band / Grade

Renfrewshire Council Employees by Grade

Grade	Head Count	%
Grade 1	17	1.6%
Grade 2	463	44.1%
Grade 3	98	9.3%
Grade 4	39	3.7%
Grade 5	90	8.6%
Grade 6	72	6.9%
Grade 7	65	6.2%
Grade 8	33	3.1%
Grade 9	103	9.8%
Grade 10	34	3.2%
Grade 11	13	1.2%
Grade 12	5	0.5%
Grade 13	4	0.4%
Grade 14	6	0.6%
Grade 15	2	0.2%
Grade 16	1	0.1%
CO20	4	0.4%
Total	1049	100.0%

NHSGGC Employees by Grade

Band	Head Count	%
Band 2	45	3.6%
Band 3	293	23.7%
Band 4	76	6.2%
Band 5	265	21.5%
Band 6	226	18.3%
Band 7	190	15.4%
Band 8A	27	2.2%
Band 8B	4	0.3%
Band 8C	9	0.7%
Medical and Dental	89	7.2%
Non AFC*	11	0.9%
Total	1235	100.0%

*Non Agenda for Change banding

Appendix 1

Further workforce demographic data: Age Bands

Renfrewshire Council Employees by Age

Age	Head Count	%
16-20	3	0.3%
21-25	18	1.7%
26-30	51	4.9%
31-35	103	9.8%
36-40	83	7.9%
41-45	105	10.0%
46-50	125	11.9%
51-55	192	18.3%
56-60	229	21.8%
61-65	117	11.2%
66-70	21	2.0%
71-75	1	0.1%
75-80	1	0.1%
Total	1049	100.0%

NHSGGC Employees by Age

Age	Head Count	%
21-24	27	2.2%
25-29	126	10.2%
30-34	135	10.9%
35-39	127	10.3%
40-44	167	13.5%
45-49	148	12.0%
50-54	212	17.2%
55-59	186	15.1%
60-64	90	7.3%
65-69	15	1.2%
70-74	2	0.2%
Total	1235	100.0%

Appendix 1

Further workforce demographic data: Comparison with 2017 figures

Renfrewshire Council Employee Headcount

2017	2022	% change
1192	1049	12% -

NHSGGC Employee Headcount

2017	2022	% change
1243	1235	0.6% -

% Council Staff Aged 50+

2017	2022	% change in split
50%	57%	7% +

% NHSGGC Staff Aged 50+

2017	2022	% change
43%	41%	2% -

% Council Staff Gender Split

Gender	2017	2022	% change
Female	86%	86%	-
Male	14%	14%	-

% NHSGGC Staff Gender Split

Gender	2017	2022	% change
Female	84%	83%	1% -
Male	16%	17%	1% +

Appendix 2

Glossary of Acronyms

- **ADRS** – Alcohol and Drug Recovery Services
- **AHP** – Allied Health Professionals
- **CAMHS** – Children and Adolescent Mental Health Services
- **DSE** – Display Screen Equipment
- **GMS** – General Medical Services
- **GPST3** – General Practitioner Speciality Trainee (at stage 3 of training)
- **HR** – Human Resource
- **IJB** – Integration Joint Board
- **LA** – Local Authority
- **L&D** – Learning and Development
- **NCS** – National Care Service
- **NHSGGC FP&P** – NHSGGC Financial Planning & Performance Committee
- **NMaHP** – Nursing, Midwifery and Health Professionals
- **OD** – Organisational Development
- **PCIP** – Primary Care Improvement Plan
- **PCS** – Primary Care Service
- **PPE** – Personal Protective Equipment
- **R&R** – Rest and Relaxation
- **RES** – Rehabilitation and Enablement Service
- **SAMH** – Scottish Association for Mental Health
- **SDS** – Self-Directed Support
- **SG** – Scottish Government
- **SMT** – Senior Management Team
- **SPF** – Staff Partnership Forum
- **SPG** – Strategic Planning Group
- **SSSC** – Scottish Social Services Council
- **TECS** – Technology Enabled Care Services
- **WTE** – Whole Time Equivalent

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RenfrewshireHSCP



Renfrewshire
Health & Social Care
Partnership

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Local Code and Sources of Assurance for Governance Arrangements

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

1. Summary

- 1.1. The purpose of this report is to seek approval from the IJB on the annual review of the Local Code and Sources of Assurance for Governance Arrangements, as detailed within Appendix 1.
- 1.2. The Local Code of Governance Arrangements is a statement of the policies and procedures through which we direct and control our functions and how we interact with service users, the local community and other stakeholders. It enables the IJB to demonstrate that its governance structures comply with the core and sub principles contained in the Framework, and test their governance structures and partnerships against the Framework's principles.
- 1.3. The Local Code includes identified sources of assurance which enable the IJB to review and assess its governance arrangements, against which it will measure itself in Annual Governance Statements from 2018/19 onwards.

2. Recommendations

It is recommended that the IJB:

- Review and approve the Local Code of Corporate Governance and Sources of Assurance attached in Appendix 1; and
- Note any recommendations arising from the current audit of the Local Code and Sources of Assurance will be taken forward by the relevant officers, and progress reported back to the IJB's Audit, Risk and Scrutiny Committee.

3. Background

- 3.1. Within the 2015/16 Annual Governance Statement, the IJB confirmed that it had adopted governance arrangements that were consistent with the principles of CIPFA's and the Society of Local Authority Chief Executives' (SOLACE) framework 'Delivering Good Governance in Local Government: Framework' and the Statement explained how the IJB complied with the Framework and also met the Code of Practice on Local Authority Accounting in the UK.
- 3.2. While the Framework is written in a Local Authority context, most of the principles are applicable to the IJB, particularly as legislation recognises IJBs as a local government body under Part VII of the Local Government (Scotland) Act 1973, and therefore subject to the Local Authority Accounting Code of Practice.
- 3.3. Renfrewshire IJB operates through a governance framework based on this legislative requirement, governance principles and management processes. The IJB has worked to ensure that its governance arrangements are robust and informed by good practice.
- 3.4. On 22 March 2019 the IJB agreed that a regular review and, where appropriate, update and refresh, would be considered by the IJB's Audit Committee (now known as Audit Risk & Scrutiny Committee) on an annual basis, ensuring that the areas within were still relevant and accurate.
- 3.5. As previously updated, there have been a range of key developments over the last year including our development and approach of a new IJB Risk Management Framework. This has advanced and regular reporting is now trailed through each meeting of the IJB's Audit, Risk and Scrutiny Committee to keep this agenda visible to members owing to the range of areas covered within.
- 3.6. Despite the COVID pandemic, our key governance groups continued to meet (moving to online meetings mostly) and reviewed respective priorities to ensure a focus on our COVID response. We have also highlighted within the report some of the additional governance measures, beyond the sources sighted within Appendix 1, which introduced in light of the pandemic to further demonstrate and provide assurance of the extensive arrangements that are in place and have evolved as part of our wider COVID response and recovery efforts.
- 3.7. The Local Code and Sources of Assurance has been subject to Internal Audit in the last year and the findings from this are shared with the management team of the HSCP as well as being part of the internal audit report presented to this Committee. As is practice, any recommendations arising from this audit will be taken forward by the relevant officers, and progress reported back via the established routes.

4. Sources of Assurance

- 4.1. The Local Code includes identified sources of assurance which enable the IJB to review and assess its governance arrangements, against which it will measure itself in Annual Governance Statements from 2018/19 onwards.

5. Compliance with Local Code

- 5.1. The Local Code of Governance Arrangements is a statement of the policies and procedures through which we direct and control our functions and how we interact with service users, the local community and other stakeholders. It enables the IJB to demonstrate that its governance structures comply with the core and sub principles contained in the Framework, and test their governance structures and partnerships against the Framework's principles.
- 5.2. The Local Code of Corporate Governance is subject to ongoing review to ensure that internal controls, risk management and other governance arrangements are improved through the implementation of the framework.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Community Planning** – None
 4. **Legal** – The Local Code and Sources of Assurance ensures that the Integration Joint Board is compliant with the Integrated Resource Advisory Group guidance in relation to audit provision and the Local Authority Accounts (Scotland) Regulations 2014.
 5. **Property/Assets** – None
 6. **Information Technology** – managing information and making information available may require ICT input.
 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
 8. **Health & Safety** – None
 9. **Procurement** – None
 10. **Risk** – Without a Local Code and Sources of Assurance, there is a risk that the Integration Joint Board does not have an effective framework for the assessment of its governance arrangements.
 11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the General Data Protection Regulations 2018 and Data Protection Act 2018.
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List of Background Papers – None

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

Any enquiries regarding this paper should be directed to Frances Burns, Head of Strategic Planning and Health Improvement (0141 618 7621/ 07966 160175)

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**Good Governance Code**

Public Sector organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
A1.1	Behaving with Integrity	<p>Ensuring IJB members and officers behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the organisation.</p> <p>Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively</p>	<ul style="list-style-type: none"> • Standards and Codes of conduct / updates by Standards Officer • Individual sign off with regard to compliance with code • Induction for IJB members and staff on standard of behaviour expected • Performance appraisals for staff • Decision making systems • Declarations of interests made and recorded at all Board and Committee meetings • Conduct at meetings • Development sessions to support decision making on specific issues • Anti-fraud policies are working effectively • Up-to-date register of interests • Up-to-date register of gifts and hospitality • Complaints policy and examples of responding to complaints about behaviour • Changes/improvements as a result of complaints received and acted upon
A2.1	Demonstrating strong commitment to ethical values	Seeking to establish, monitor and maintain the organisation's ethical standards and performance.	<ul style="list-style-type: none"> • Scrutiny of decision making • Championing ethical compliance at governing body level

		<p>Underpinning personal behaviour with ethical values and ensuring they permeate all aspects of the organisation's culture and operation.</p> <p>Developing and maintaining robust policies and procedures which place emphasis on agreed ethical values.</p>	<ul style="list-style-type: none"> • Provision of ethical awareness training • Appraisal processes take account of values and ethical behaviour • Staff appointments policy • Procurement policy
A3.1	Respecting the rule of law	<p>Ensuring IJB members and officers demonstrate a strong commitment to the rule of the law as well as adhering to relevant laws and regulations.</p> <p>Creating the conditions to ensure that the statutory officers and IJB members are able to fulfil their responsibilities in accordance with legislative and regulatory requirements. Striving to optimise the use of the full powers available for the benefit of communities and other stakeholders. Dealing with breaches of legal and regulatory provisions effectively.</p> <p>Ensuring corruption and misuse of power are dealt with effectively.</p>	<ul style="list-style-type: none"> • Statutory provisions and guidance is followed • Job description/specifications • Compliance with CIPFA's Statement on the Role of the Chief Financial Officer in Local Government (CIPFA, 2016) • Standing Orders • Committee support • Legal advice provided by officers • Monitoring provisions • Record of legal advice provided by officers • Statutory provisions

B. Ensuring openness and comprehensive stakeholder engagement

To ensure the HSCP is run for the public good, the organisation should ensure openness in its activities. Clear, trusted channels of communication and consultation should be used to engage effectively with all groups of stakeholders, such as individual citizens and service users, as well as institutional stakeholders.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
B1.1	Openness	<p>Ensuring an open culture through demonstrating, documenting and communicating the organisation's commitment to Openness</p> <p>Providing clear reasoning and evidence for decisions in both public records and explanations to stakeholders and being explicit about the criteria, rationale and considerations used.</p> <p>Ensuring that the impact and consequences of those decisions are clear.</p>	<ul style="list-style-type: none">• Annual Performance Report• Freedom of Information Act• Publication Scheme online• Organisational values• IJB papers published in advance of meetings• Record of decision making and supporting materials• Meeting reports show details of advice given• Discussion among all IJB members and officers on the information needs of members to support decision making e.g. developing Performance Framework• Agreement on the information that will be provided and timescales• Calendar of dates for submitting, publishing and distributing timely reports is adhered to.
B2.1	Engaging comprehensively with all stakeholders	<p>Effectively engaging with stakeholders to ensure that the purpose, objectives and intended outcomes are clear so that outcomes are achieved successfully and sustainably.</p> <p>Developing formal and informal partnerships with stakeholders to allow for recourse to be used more efficiently and outcomes achieved more effectively based on:</p> <ul style="list-style-type: none">• Trust• a shared commitment to change	<ul style="list-style-type: none">• Communication Strategy• Database and mapping of stakeholders with whom the IJB engages• Strategic Planning Groups/Care Planning Groups• Partnership working embedded throughout IJB• SPG meet regularly and interlinks with IJB

		<ul style="list-style-type: none"> • a culture that promotes and accepts challenge among partners and that the added value of partnership working is explicit. 	
B3.1	Engaging all stakeholders effectively	<p>Establishing a clear policy on the type of issues that the organisation will meaningfully consult with to ensure that service (or other) provision is contributing towards the achievement of intended outcomes. Ensuring communication methods are effective and that members and officers are clear about their roles with regard to community engagement.</p> <p>Encouraging, collecting and evaluating the views and experiences of communities, service users and organisations of different backgrounds and implementing effective feedback mechanisms in order to demonstrate how their views have been taken into account.</p>	<ul style="list-style-type: none"> • Record of public consultations • Partnership working embedded throughout the IJB • Communications strategy • Market Facilitation Plan • Processes for dealing with competing demands within the community, for example a consultation.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long term nature and impact of many of the organisation's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
C1.1	Defining Outcomes	<p>Having a clear vision which is an agreed formal statement of the organisation's purpose and intended outcomes containing appropriate performance indicators, which provides the basis for the organisation's overall strategy, planning and other decisions.</p> <p>Specifying the intended impact on, or changes for, stakeholders and delivering defined outcomes on a sustainable basis within the resources that will be available.</p> <p>Identifying and managing risks to the achievement of outcomes.</p> <p>Managing service users' expectations effectively with regard to determining priorities and making the best use of the resources available.</p>	<ul style="list-style-type: none">• Vision used as a basis for corporate and service planning• Community engagement and involvement• Corporate and service plans• Regular reports on progress• Performance trends are established and reported upon within bi-annual Scorecard• Risk management protocols• An agreed set of quality standard measures for each service element are included in service plans• Processes for dealing with competing demands within the community
C2.1	Sustainable economic, social and environmental benefits	Considering and balancing the combined economic, social and environmental impact of policies, plans and decisions when taking decisions about service provision. Taking a longer term view with regard to decision making, taking account of risk and acting transparently where there are potential conflicts between the organisation's intended outcomes and short-term factors such as the political cycle or financial constraints.	<p>Placing reliance on Partners Capital investment protocol to ensure these are structured to achieve appropriate life spans and adaptability for future use so that resources are spent on optimising social, economic and environmental wellbeing:</p> <ul style="list-style-type: none">o Capital programmeo Capital investment strategy

		<p>Determining the wider public interest associated with balancing conflicting interests between achieving the various economic, social and environmental benefits, through consultation where possible, in order to ensure appropriate trade-offs.</p> <p>Ensuring fair access to services</p>	<p>Reliance on Partners Climate Change Planning</p> <ul style="list-style-type: none"> • Discussion between members and officers on the information needs of members to support decision making • Record of decision making • Protocols for consultation • Protocols ensure fair access and statutory guidance is followed
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D. Determining the interventions necessary to optimise the achievement of the intended outcomes

The organisation will achieve its intended outcomes by providing a mixture of legal, regulatory, and practical interventions. Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed continually to ensure that achievement of outcomes is optimised.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
D1.1	Determining interventions	Ensuring decision makers receive objective and rigorous analysis of a variety of options indicating how intended outcomes would be achieved and including the risks associated with those options.	<ul style="list-style-type: none">• Discussion between members and officers on the information needs of members to support decision making• Decision making protocols• Option appraisals• Agreement of information that will be provided and timescales
D1.2	Determining interventions	Considering feedback from the public and service users when making decisions about service improvements or where services are no longer required in order to prioritise competing demands within limited resources available including people, skills, land and assets and bearing in mind future impacts.	<ul style="list-style-type: none">• Consultations• Strategic Plan• Medium Term Financial Plan linked to Strategic Plan
D2.1	Planning interventions	Establishing and implementing robust planning and control cycles that cover strategic and operational plans, priorities and targets.	<ul style="list-style-type: none">• Calendar of dates for developing and submitting plans and reports that are adhered to
D2.2	Planning interventions	Engaging with internal and external stakeholders in determining how services and other courses of action should be planned and delivered.	<ul style="list-style-type: none">• Communication Strategy• Market Facilitation Plan

D2.3	Planning interventions	Considering and monitoring risks facing each partner when working collaboratively including shared risks.	<ul style="list-style-type: none"> • Risk Management Policy and Risk Registers
D2.4	Planning interventions	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured.	<ul style="list-style-type: none"> • KPIs have been established and approved for each service element and included in the service plan and are reported upon regularly
D2.5	Planning interventions	Ensuring capacity exists to generate the information required to review service quality regularly.	<ul style="list-style-type: none"> • Reports include detailed performance results and highlight areas where corrective action is necessary
D3.1	Optimising achievement of intended outcomes	Ensuring the Medium Term Financial plan integrates and balances service priorities, affordability and other resource constraints and sets the context for ongoing decisions on significant delivery issues or responses to changes in the external environment that may arise during the budgetary period in order for outcomes to be achieved while optimising resource usage.	<ul style="list-style-type: none"> • Feedback surveys and exit/ decommissioning strategies • Changes as a result • Medium Term Financial plan

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The organisation needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve their intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an authority operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of the leadership of individual staff members. Leadership is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
E1.1	Developing the entity's capacity	Reviewing services, performance and use of assets on a regular basis to ensure their continuing effectiveness.	<ul style="list-style-type: none">• Regular reviews of activities, outputs and planned outcomes
E1.2	Developing the entity's capacity	Recognising the benefits of partnership and collaborative working where added value can be achieved.	<ul style="list-style-type: none">• Effective operation of partnerships which deliver agreed outcomes e.g. development of Strategic Planning Group, Joint Staff Partnership Forum, Unscheduled Care Local Group, Carers Group, Care and Quality Governance Groups (Executive and Locality), Acute/HSCP Interface Meeting
E1.3	Developing the entity's capacity	Developing and maintain an effective workforce plan.	<ul style="list-style-type: none">• Interim Workforce Plan 2021/22• Development of new three year local Workforce Plan for 2022-25 will require to be produced, particularly given the new workforce challenges and considerations that have emerged as we respond to Covid-19. The local HSCP workforce plan will be aligned with the 2022-25 Strategic Plan and supporting service plans. These plans will be revisited as part of the Covid-19 Recovery and Renewal Plan, which is underway.

E2.1	Developing the capability of the entity's leadership and other individuals	Developing protocols to ensure that IJB members and officers interact with each other regarding their respective roles early on in the relationship and that a shared understanding of roles and objectives is maintained and ensuring the IJB Chair and the Chief Officer have clearly defined and distinctive leadership roles within a structure, whereby the Chief Officer leads the organisation in implementing strategy and managing the delivery of services and other outputs set by members and each provides a check and a balance for each other's authority.	<ul style="list-style-type: none"> • Job descriptions • Regular review of communication arrangements • Clear statement of respective roles and responsibilities of the Chief Officer and IJB Chair and how they will be put into practice • Access to courses/ information briefings on new legislation • Induction programme • Personal development plans
E2.2	Developing the capability of the entity's leadership and other individuals	Ensuring that there are structures in place to encourage public participation.	<ul style="list-style-type: none"> • Stakeholder forums • Strategic partnership frameworks
E2.3	Developing the capability of the entity's leadership and other individuals	Taking steps to consider the leadership's own effectiveness and ensuring leaders are open to constructive feedback and peer review and inspections.	<ul style="list-style-type: none"> • Reviewing individual member performance on a regular basis taking account of their attendance and considering any training for development needs

F. Managing risks and performance through robust internal control and strong public financial management

The organisation needs to ensure that its and governance structures that it oversees have implemented, and can sustain, an effective performance management system that facilitates effective and efficient delivery of planned services. Risk management and internal control are important and integral parts of a performance management system and crucial to the achievement of outcomes. Risk should be considered and addressed as part of all decision making activities.

A strong system of financial management is essential for the implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability. It is also essential that a culture and structure for scrutiny is in place as a key part of accountable decision making, policy making and review. A positive working culture that accepts, promotes and encourages constructive challenge is critical to successful scrutiny and successful delivery. Importantly, this culture does not happen automatically, it requires repeated public commitment from those in authority.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
F1.1	Managing Risk	Recognising that risk management is an integral part of all activities and must be considered in all aspects of decision-making. Implementing robust and integrated risk management arrangements and ensuring that they are working effectively. Ensuring that responsibilities for managing individual risks are clearly allocated.	<ul style="list-style-type: none">• Risk management strategy/policy formally approved, adopted, reviewed and updated on a regular basis (last updated March 2021).
F2.1	Managing Performance	Monitoring service delivery effectively.	<ul style="list-style-type: none">• Performance map showing all key activities have performance measures• Benchmarking information, where appropriate• Calendar of dates for submitting, publishing and distributing timely reports
F2.2	Managing Performance	Making decisions based on relevant, clear objective analysis and advice pointing out the implications and risks inherent in the organisation's financial, social and environmental position and outlook.	<ul style="list-style-type: none">• Discussion between members and officers on the information needs of members to support decision making• Publication of agendas and minutes of meetings

			<ul style="list-style-type: none"> • Agreement on the information that will be needed and timescales
F3.1	Robust internal control	<p>Aligning the risk management strategy and policies on internal control with achieving objectives.</p> <p>Ensuring effective counter fraud and anti-corruption arrangements are in place.</p> <p>Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.</p>	<ul style="list-style-type: none"> • Risk management strategy • Audit plan • Audit reports • Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014) • Annual Governance Statement • Effective internal audit service is resourced and maintained
F3.2	Robust internal control	<p>Ensuring an Audit Committee or equivalent group or function which is independent of the executive and accountable to the governing body:</p> <ul style="list-style-type: none"> • provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment • that its recommendations are listened and acted upon. 	<ul style="list-style-type: none"> • Audit Committee complies with best practice – see Audit Committees: Practical Guidance for Local Authorities and Police (CIPFA, 2013) • Terms of reference • Membership Training
F4.1	Managing data	Ensuring effective arrangements are in place for the safe collection, storage, use and sharing of data, including processes to safeguard personal data.	<ul style="list-style-type: none"> • Data management framework and procedures • Data protection officers in place via NHS and Local Authority • Data protection policies and procedures • Data sharing agreement • Data sharing register • Data processing agreements
F4.2	Managing data	Reviewing and auditing regularly the quality and accuracy of data used in decision making and performance monitoring.	<ul style="list-style-type: none"> • Data quality procedures and reports • Data validation procedures

F5.1	Strong public financial management	Ensuring well developed financial management is integrated at all levels of planning and control, including management of financial risks and controls and that it supports both long-term achievement of outcomes and short-term financial and operational performance.	<ul style="list-style-type: none"> • Budget monitoring reports • Financial management supports the delivery of services and transformational change as well as securing good stewardship
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G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

Accountability is about ensuring that those making decisions and delivering services are answerable for them. Effective accountability is concerned not only with reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the organisation plans and carries out its activities in a transparent manner. Both external and internal audit contribute to effective accountability.

Ref	Sub Principles	Behaviours and actions that demonstrate good governance in practice	Examples of systems, processes, documentation and other evidence demonstrating compliance
G1.1	Implementing good practices in transparency	<p>Writing and communicating reports for the public and other stakeholders in an understandable style appropriate to the intended audience and ensuring that they are easy to access and interrogate.</p> <p>Striking a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand.</p>	<ul style="list-style-type: none"> • Standard IJB report format • Published IJB agendas, reports and minutes in clear standard formats • Website • Annual report (online and paper copies) • Strategic documents and reports published in summary format and available in easy read and other languages upon request • IJB and Audit, Risk and Scrutiny Committee meetings recorded and available to view online.
G2.1	Implementing good practices in reporting	<p>Reporting at least annually on Performance.</p> <p>Ensuring members and officers own the results.</p>	<ul style="list-style-type: none"> • Performance reported at each IJB meeting • Formal Annual Performance Report • Annual financial statements • Appropriate approvals • Annual Governance Statement
G2.2	Implementing good practices in reporting	Ensuring the performance information that accompanies the financial statements is prepared on a consistent and timely basis and the	<ul style="list-style-type: none"> • Format follows best practice

		statements allow for comparison with other similar organisations.	
G3.1	Assurance and effective accountability	<p>Ensuring an effective internal audit service with direct access to members is in place which provides assurance with regard to governance arrangements and recommendations are acted upon and that recommendations for corrective action made by audit are acted upon.</p> <p>Welcoming peer challenge, reviews and inspections from regulatory bodies and implementing recommendations.</p>	<ul style="list-style-type: none"> • Compliance with CIPFA's Statement on the Role of the Head of Internal Audit (2010) • Compliance with Public Sector Internal Audit Standards • Audit recommendations have informed positive improvement
G3.2	Assurance and effective accountability	Gaining assurance on risks associated with delivering services through third parties and that this is evidenced in the annual governance statement.	<ul style="list-style-type: none"> • Annual Governance Statement
G3.3	Assurance and effective accountability	Ensuring that when working in partnership, arrangements for accountability are clear and that the need for wider public accountability has been recognised and met.	<ul style="list-style-type: none"> • Integration Scheme

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Adult Carers' Strategy, Short Breaks Statement, and Adult Carer Eligibility Criteria

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 Carers (Scotland) Act 2016 requires Local Authorities to prepare and publish a Carers' Strategy, a Short Breaks Statement and to set local eligibility criteria for carers. The Act requires a review of these documents after three years.

1.2 The HSCP, on behalf of the IJB, will take the necessary statutory steps to review and refresh the Adult Carers' Strategy, Short Breaks Statement, and Adult Carer Eligibility Criteria over 2022. The Adult Carers' Strategy 2020-22 is being reviewed earlier, rather than after three years, to align with the HSCP's Strategic Plan timeframe.

1.3 The Carers' Planning Group, which includes unpaid carers, the Carers' Centre, HSCP staff and partners, will provide oversight of this process, including a programme of consultation which will inform the review. The consultation will engage as wide a group of unpaid carers as possible to:

- Test the challenges and priorities from the previous strategy, and those which have subsequently emerged over the last two years, to ensure we capture what matters most to carers.
- Target new, unpaid carers with a complementary aim of raising awareness that support is available and developing a better understanding of what type of support they would value.

The proposed Consultation Plan is included in Appendix 1.

1.4 Subject to the IJB approving the approach set out in this report, consultation will continue throughout June and July 2022. Following the consultation and analysis of its responses, the Carers' Planning Group will review and refresh the Carers Strategy, Statement and Eligibility

Criteria to reflect, where appropriate, the feedback received. The documents will be presented to the IJB for approval at its meeting in September 2022. Once approved, the documents will be published widely in October 2022.

- 1.5 In Renfrewshire, the IJB has responsibility for implementing the duties in the Carers Act relating to adult unpaid carers, with Renfrewshire Council responsible for the duties in the Act relating to young carers, including developing a Young Carers' Strategy.

2. Recommendation

It is recommended that the IJB:

- Approve the proposed approach to review and refresh the Adult Carers' Strategy, the Short Breaks Statement and the Adult Carer Eligibility Criteria, encompassing (i) the role of the Carers' Planning Group in providing oversight; (ii) the consultation with unpaid carers, staff, the voluntary sector and the wider community;
- Approve the timeline detailed in this report; and
- Note the intention to present the draft Adult Carers' Strategy 2022-25; the draft Short Breaks Statement; and the draft Adult Carer Eligibility Criteria, to the IJB for approval at its meeting in September 2022.

3. Background

- 3.1 The Carers (Scotland) Act 2016 commenced on 1 April 2018, and placed several new legislative requirements on Local Authorities, including duties to be implemented through IJBs, to:

- Set local eligibility criteria (section 21). Renfrewshire's Adult Carer Eligibility Criteria was approved by the IJB in June 2020 and sets out the framework to support unpaid carers in different caring situations across a whole range of life circumstances;
- Prepare a local Carers' Strategy (Section 31). Renfrewshire's Adult Carers' Strategy 2020-22 was approved by the IJB in June 2020. The Strategy sets out a preventative approach to supporting unpaid carers, with the key priority of identifying unpaid carers as early as possible; and
- Prepare and publish a Short Breaks Service Statement (section 35). Renfrewshire's Short Breaks Statement was approved by the IJB in January 2018. The Statement aims to help unpaid carers understand what short breaks are available, how they can be accessed and any eligibility criteria that may apply.

- 3.2 The Carers Act includes duties relating to adult unpaid carers and young carers. In Renfrewshire, the IJB has responsibility for implementing the duties in the Act relating to adult unpaid carers. Renfrewshire Council Children's Services is responsible for the duties relating to young carers, including developing a Young Carers' Strategy.

4 Context for the review and refresh of the Adult Carers' Strategy, Short Breaks Statement, and Adult Carer Eligibility Criteria

- 4.1 This review will take account of the current context - a more challenging and uncertain time than when our last strategy was approved in June 2020. At that point, we were unaware of the scale of the impact the COVID pandemic would have on carers and their loved ones. More recent challenges, such as the current 'cost of living crisis' have added to the pressure faced by carers in Renfrewshire.
- 4.2 Despite the challenging circumstances, over the last two years we have worked collaboratively and innovatively with our partners to still deliver upon the priorities within our 2020-22 Strategy alongside our pandemic response. 963 new carers are now receiving support in 2021 / 22, the highest number since the HSCP began recording this data.

Impact of Pandemic

- 4.3 The COVID pandemic meant that many unpaid carers found they were spending more time caring, with less opportunity to get a break. Local and national research highlighted the impact on unpaid carers' mental and physical health.
- 4.4 A survey by Renfrewshire Carers' Centre in May 2021, found that:
- 95% Carers felt their emotional health & wellbeing were affected.
 - 78% Carers stated they had an increased caring role of 50+ hours a week of mainly personal care.
 - 73% Carers worry about the person they care for.
 - 65% concerned if they become ill.
 - 45% of increased role due to local services being reduced.
 - 47% Carers impacted financially.

Support during the Pandemic

- 4.5 The Carers Planning Group has overseen the development of a range of support during the pandemic, to ensure that unpaid carers get the support they need, despite a challenging and fast-moving context, including:
- Moving services and support online.
 - Providing technology to carers so they have the opportunity to get online.
 - Providing more opportunities for social activities for unpaid carers and the people they care for.

- Setting up deliveries of PPE to carers.
 - Increased counselling support, including bereavement counselling.
 - The pandemic resulted in services, normally used for respite, being paused. This left a one-off underspend of Carers Act funding totalling £200,000. It was agreed that the Strategic Planning Group would lead on developing new support for unpaid carers, including on palliative care, mental health, and reaching a wider group of unpaid carers including unpaid carers from ethnic minorities.
- 4.6 As part of the pandemic response, the Carers' Planning Group has identified new, innovative ways of working, involving blended and online activities. These have often proved successful and noted as a preferred method of engagement for some carers. As we continue to plan for the future after COVID, we will incorporate all feedback received and lessons learned during this period to inform our approach to meeting the future needs of unpaid carers.
- 4.7 As we continue to move out of the pandemic, work has resumed on developing new support for unpaid carers in the community, such as an unpaid carer's card to encourage them to make use of OneRen facilities.

Cost of Living

- 4.8 Recent increases in the cost of living are set to rise further during 2022, adding significant pressure, and posing a real threat to many families and their carers. Research by Carers Scotland carried out in March 2022, found that 52% of unpaid carers were unable to afford their monthly expenses, and 80% said they felt stressed and anxious when thinking about their finances. Financial advice and support currently provided to local unpaid carers includes new targeted benefit advice as well as immediate access to grants for carers with the highest needs.

National Care Service

- 4.9 Unpaid carers were a key part of the Independent Review of Adult Social Care, and with the establishment of a National Care Service (NCS), it is expected that the recommendations relating to unpaid carers will become clearer over the lifetime of our new Carers' Strategy. In the interim, while the nature and extent of change remains unclear, we expect the emerging recommendations to support and reinforce our Vision and we will look to refine this where necessary and reflect further developments from the NCS in how we support unpaid carers locally.

5 Consultation

- 5.1 The Carers' Planning Group led on the development of unpaid carer specific content in HSCP strategic documents, including Renfrewshire IJB's Strategic Plan 2022-25. Despite the challenges we have all faced over the past two years as outlined above, we believe the priorities identified in our 2020 Strategy

remain valid. However, to make sure we have fully tested this thinking, we will ask for opinions on our existing priorities as part of our consultation.

- 5.2 Our consultation approach will focus on engaging with key stakeholder groups and will aim to provide them with sufficient opportunity to easily comment and contribute to the consultation. The Carers' Planning Group will provide oversight of the consultation running from June to July 2022, and will include two surveys, one targeted at unpaid carers known to us as well as a wider public survey. Both surveys will focus on questions relating to:

- The priorities within our existing Strategy.
- Their opinions on the Short Breaks Statement.
- Their opinions on the Eligibility Criteria.
- Other factors that are important to them.

This approach will allow the IJB to test the existing Strategy's priorities, with a wider audience of unpaid carers, staff, voluntary organisations and the wider public. A Consultation Plan is included in Appendix 1.

- 5.3 In addition, Renfrewshire Carers' Centre will arrange focus groups using their carer support groups. They are also planning to run a series of 'consultation roadshows' to target unpaid carers who do not attend support groups or are not known to us.
- 5.4 The consultation will aim to engage with the most comprehensive range of unpaid carers possible. The programme will therefore target specific carers' groups, which are currently considered to be under represented. This includes groups such as those who care for people with a head injury, or those with mental health, alcohol, or drug related issues. The Carers Centre are also planning events to better engage with carers from rural communities and agricultural backgrounds.
- 5.5 HSCP Staff will be a key consultee and a programme of focus groups has been arranged for staff who work directly with carers and cared-for people. Staff who do not work directly with carers but may encounter carers, including HSCP business support, hospital, and Council staff can also take part.
- 5.6 The Strategic Planning Group will be engaged as a key group so that the wide range of our key partners, including voluntary and independent sector representatives, are able to consider how we can build upon our partnership working approach to better support carers across Renfrewshire.
- 5.7 The wider public will be encouraged to take part in the public consultation and can attend roadshows where they can learn about the caring role, how they can identify a carer and what support is available.

6 Next Steps

- 6.1 Following the conclusion of the consultation, the Carers Planning Group will review the responses and reflect any feedback, where appropriate, in the final

documents. The documents will be presented to the IJB for approval at its meeting in September 2022. Once approved, they will be published widely in October 2022.

Implications of the Report

1. Financial

The Financial Memorandum to the Carers Bill sets out the Scottish Government's estimated costs of implementing the Carers Act in Scotland. It is estimated that total costs will rise from £19.4m in year one (2018-19) to a recurring level of £88.521m by year 5 (2022-23).

At its meeting on 26 January 2018, the IJB agreed to ring fence Renfrewshire's local allocation of the Scottish Government's funding solely to fulfil its new duties and provisions under the new Carers Act.

2. HR & Organisational Development – Nil

3. Community Planning – Nil

4. Legal

Section 21 of the Carers (Scotland) Act 2016 sets out the requirement to set and publish local eligibility criteria.

Section 31 of the Carers (Scotland) Act 2016 sets out the requirement to prepare and publish a local carers' strategy.

Section 35 of the Carers (Scotland) Act 2016 sets out the requirement to prepare and publish a short breaks services statement.

5. Property/Assets – Nil

6. Information Technology – Nil

7. Equality & Human Rights – Nil

8. Health & Safety – Nil

9. Procurement – Nil

10. Risk – Nil

11. Privacy Impact – Nil

List of Background Papers: None.

Author: Allan Mair, Senior Community Link Officer

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

Consultation Plan

Consultation purpose
To review and refresh the Adult Carers' Strategy, Short Breaks Statement, and Adult Carer Eligibility Criteria
Timescale
The consultation will take place during, June, and July 2022.
Resources
The consultation will be resourced by HSCP and Carers' Centre staff and from existing budgets.
Policy context
The Carers (Scotland) Act 2016 requires Local Authorities to prepare and publish a Carers' Strategy, a Short Breaks Statement and to set local eligibility criteria for carers. The Act requires a review of these documents after three years.
Previous Consultation
Carers have been consulted on several key documents (previous Adult Carers' Strategy, Short Breaks Statement and Adult Carer Eligibility Criteria and the Strategic Plan) and it is expected this will result in a good response level.
The consultation is with:
<ul style="list-style-type: none"> Targeted specific groups of unpaid carers and staff with a high level of understanding. A wider public audience with general interest and varying degrees of expertise.
The consultation methods are:
<ul style="list-style-type: none"> Online and paper survey. Focus groups. Structured and semi-structured, interview and group discussion.
The consultation approach is:
<ul style="list-style-type: none"> To target unpaid carers who are known to the Carers' Planning Group with a survey (online / paper version). To target staff who have a role in supporting or identifying unpaid carers and / or supporting the cared for person, via focus group sessions. To provide the wider public with the opportunity to respond to an online survey with broader questions. To target voluntary sector organisations who do not have an unpaid carer focus, with roadshows and encourage them to participate in the wider public survey. Work is ongoing with the Carers Centre to identify how to target unpaid carers in voluntary and community groups e.g., churches
Administration process
<ul style="list-style-type: none"> Survey Responses will be recorded online. Paper responses will be transferred to an electronic copy and stored. Focus group sessions will be recorded on Teams, where appropriate, and notes will be taken. Notes will be taken for structured and semi-structured interview and group discussion.
Analysis process
The analysis will be undertaken internally by the Carers' Planning Group.

Reporting back

A summary report on the consultation analysis will be included in the IJB report. A full report will be available via the HSCP's website.

Audience	Method
HSCP Staff	Focus groups arranged with teams across the HSCP.
Leadership Network (HSCP managers)	Input to Network meeting. Managers will have the opportunity to respond to structured questions.
Hospital Staff	Staff involved in admissions and discharge will be targeted via semi-structured interviews.
Carers Centre Groups	Semi-structured group discussion for all groups run by the Carers Centre.
Carers Centre drop-in	Unpaid carers can drop-in to the Centre and take part in a semi-structured interview.
Unpaid Carers (known to us)	Link to online survey / paper copy provided for unpaid carers unable to attend groups.
Unpaid Carers (not known to us)	Social media will be used to target unpaid carers not known to us. They can go online and complete the survey or contact the Carers Centre for a paper copy / more information.
Public	Social media will be used to target the public. They can go online and complete the survey or contact the Carers Centre for a paper copy / more information.
Strategic Planning Group (SPG)	Input to SPG meeting. Attendees will have the opportunity to respond to structured questions.
Voluntary and Community Groups	Work is ongoing with the Carers Centre to identify how to target unpaid carers in voluntary groups and groups in the community e.g., churches.



To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Heading: Draft Palliative Care Strategy 2022-25

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

1. Summary

1.1. Following extensive work by Renfrewshire's Palliative Care Planning Group, a draft Palliative Care Strategy for Renfrewshire has been developed for 2022-25. This paper provides an overview to the IJB on the content of the draft Strategy. It also describes the direction of travel for palliative and end of life care in Renfrewshire over the next three years, and the key opportunities and challenges faced.

1.2. The report also details next steps in formalising the Strategy, which will involve formal consultation and engagement with wider stakeholders. The final version of the Strategy will be presented to the IJB for approval in September 2022.

2. Recommendations

It is recommended that the IJB:

- Approve the draft version of the Palliative Care Strategy 2022-2025;
- Note the next steps outlined regarding wider consultation to inform and develop the final version of the Strategy, which will be brought to the IJB in September 2022 for approval; and
- Note the new Palliative Care National Strategy and action plan is expected to be published by the end of 2022 and the Renfrewshire Strategy and plan will be adjusted to align with the outlined vision and objectives.

3. Background

3.1. The draft Palliative Care Strategy sets out the vision and future direction for palliative and end of life care in Renfrewshire. It has been developed as the area emerges from the Covid-19 pandemic, where Scotland as a whole is witnessing a growing need for palliative care alongside an increasing number

of people choosing to die at home. The pandemic has accelerated these trends, but even as the death toll from COVID-19 recedes, the impact from it and these changes will remain for years to come.

- 3.2. There is a growing recognition in government and national policy organisations that palliative care, end of life care and bereavement support requires investment, a more visible infrastructure and support for local areas to grow and develop in a more sustainable way. Throughout the pandemic, many organisations in Renfrewshire stepped up to provide vital palliative and end of life support to the NHS and work collaboratively with community health and social care services to reach people in need. This model of joined-up working, with hospices and others as equal partners in the system, sets the tone in Renfrewshire for the way forward and builds on an excellent foundation of person-centred care and services.
- 3.3. The Strategy was initially drafted in 2019 however due to the impact of COVID-19 and other competing priorities, its completion was postponed. In May 2021 the Palliative Care Planning Group reconvened the review and development of the Strategy and supporting plan. The aim was to ensure the content of the Strategy remained relevant and the challenges, successes and trends during the pandemic were reflected.
- 3.4. The Palliative Care Planning Group will be responsible for implementation and delivery of the Strategy and action plan. The Group includes representation from a range of services and partners including local hospices, care homes, care at home, health improvement and primary care.

4. Strategic Vision and Direction of Travel

- 4.1. The Strategy sets out the vision and future direction for palliative and end of life care in Renfrewshire. Our vision is to support the national ambition of a future where all people living with a life limiting illness, and their families and carers, have the support they need to live the best possible life and to experience the best possible death.
- 4.2. Our Vision closely aligns with the intentions of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care. The framework's ambition is to ensure that everyone in Renfrewshire who needs palliative care will have access to it regardless of age, diagnosis or circumstance and that the care will be provided will be safe, effective, person-centred and person-led.
- 4.3. A partnership approach is critical to delivering this Strategy and, in particular, the HSCP's strategic priority to ensure that in Renfrewshire palliative care is everybody's business. This will be achieved through a particular focus on improving access for all; improving pathways between services and providing training and information across services to broaden understanding of generalist and specialist palliative and end of life care.
- 4.4. The supporting action plan outlines the agreed actions that will be taken forward in year one to support delivery of the Strategy's vision and objectives.

This initial work will inform years two and three of the action plan which will be developed and finalised towards the end of year one. This aligns with the approach taken for Renfrewshire HSCP's Strategic Plan and reflects current uncertain and challenging circumstances.

5. Priority Areas

5.1. Through the collaborative development of the updated Strategy, a number of key themes and priority areas have been identified for the next three years. These include:

- Developing and supporting our workforce by continuing to identify and develop education, training and support needs. The aim is to ensure people feel sufficiently enabled to provide the best possible support and care. This will include continued work on supporting the mental health and wellbeing aspects of working with the very ill, dying and bereaved, and the emotional impacts of the pandemic.
- Establishing the Palliative Care Planning Group (PCPG) with a full range of partners that will be responsible for implementing the Strategy and evaluating its impact. A key aim of the Group will be to ensure the voice of service users and those with living and lived experience are heard and reflected.
- Improving access to services by understanding existing pathways, current provision and people's needs and preferences to inform service planning and delivery. Prevalent health inequalities and related disparities in access to our services will be evaluated, including access to palliative care for children and young people. An equalities focus is taken throughout the Strategy and its implementation.
- Promoting and improving the quality, recording and measuring of Anticipatory Care Planning which will help to provide people with support to determine and control the care they receive. This will contribute to the board-wide objective to achieve year on year increases in our use of Anticipatory Care Plans that are reflective of people's individual wishes.

6. Key Challenges

6.1. The exceptional circumstances of the past two years have been significantly challenging for everyone involved in palliative care. The Strategy has been reviewed and updated to reflect such challenges and to outline the planned response to those challenges moving forward. An annual review of the Strategy will be carried out to inform the subsequent year's delivery plan.

6.2. Previous data collection and analysis exercises around demands, trends and population needs will be revised and updated to inform longer-term plans, service provision, workforce implications and commissioning intentions. These plans will also be informed by a detailed desktop exercise to evaluate information currently held, assess the impact of the Strategy, and the feedback from the consultation process (outlined in section 7 below).

- 6.3. The emotional impact on staff over recent years has been significant with increased loss of residents and family members. This has been exacerbated by the need to adapt to new ways of working and increased scrutiny due to the pandemic. Extensive work has been undertaken to provide appropriate support and the Strategy will ensure this work is built upon further, ensuring staff have the support that they need.
- 6.4. There has also been an increase in the demand for Bereavement and Community Support which has resulted in partners exploring different ways to mobilise staff to ensure support is provided. Although this has been a challenge, it presents an opportunity to build on new, flexible ways of working to provide people with support where and when they want and need it.
- 6.5. The Strategy will require to be reviewed and updated based on national plans which are expected to be published within the next three years including:
- A new National Strategy for Palliative Care which is expected to be published by Scottish Government by the end of 2022.
 - An update to the National Dementia Strategy expected in 2022.
 - Updates based on the development of a National Care Service for Scotland.

7. Formal Consultation & Next Steps

- 7.1. On approval of the draft Strategy, formal consultation with wider stakeholders will be undertaken between June and August 2022. This will provide an opportunity to obtain feedback on the themes, challenges, strategic objectives and layout of the Strategy.
- 7.2. An initial exercise has been completed to identify the key stakeholders who will be consulted and the range of channels which will be made available to encourage engagement and participation. The stakeholders who will be consulted as part of the process include, but are not limited to:
- Members of the public including service users, people with lived and living experience, families and carers. This will include people affected by life limiting conditions, families of people with lived experience of palliative care and young people with life limiting or shortening conditions.
 - Strategic governance groups including the Strategic Planning Group, (SPG), Care Planning Groups and HSCP Senior Management Team and Leadership Network.
 - Services including Mental Health, Older Peoples, Learning Disabilities, Housing and Homeless, Care at Home, Care Homes and Social Work. Where appropriate this will be undertaken through the relevant Care Planning Groups as noted in the above point.
 - Partner provider fora including GP fora, Third Sector Group, Engage Renfrewshire, In-Ren Network, Pharmacies and the Carers Centre.

7.3. A variety of methods and channels for consultation and participation will be made available including in-person and online engagement events, a feedback mechanism via our websites, focussed sessions with specific for a and groups and email correspondence to cascade information and request feedback digitally.

7.4. The timescale for this is summarised as follows:

Activity	Timeline
Draft Strategy, action plan and approach presented to IJB for approval.	June 2022
Formal consultation of the draft Strategy to wider stakeholder groups.	June – August 2022
Final version of the Strategy, with consultation feedback incorporated presented to IJB for approval.	September 2022

Implications of the Report

1. **Financial** – No direct implications from this report. Financial implications of work completed as part of the Strategy will be considered in line with existing and potential future funding streams.
2. **HR & Organisational Development** – Training, development and support of staff is a key priority within the Strategy, and this aims to build on the extensive work already undertaken.
3. **Community Planning** – This strategy has been developed in partnership and formal consultation will ensure local communities are involved in the development and finalisation of the plan.
4. **Legal** – No direct implications from this report.
5. **Property/Assets** – No direct implications from this report.
6. **Information Technology** – No direct implications from this report.
7. **Equality and Human Rights** – An Equality Impact Assessment (EQIA) is currently being undertaken and will be published alongside the final version of the Strategy on the HSCPs website.
8. **Health & Safety** – No direct implications from this report.
9. **Procurement** – No direct implications from this report.
10. **Risk** – No direct implications from this report.
11. **Privacy Impact** – No direct implications from this report.

List of Background Papers – N/A

Author: Jamie Robertson, Change and Improvement Officer

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Palliative and End of Life Care Strategy: 2022 - 2025

Contents

Section 1 – Introduction to Our Strategy.....	3
Section 2 – Our Vision.....	6
Section 3 – Our Priorities	7
Section 4 – Our Actions - “How will we do this?”	9
Section 5 – Reflecting on People’s Experiences.....	14
Appendix 1 – Our Year One 2022-2023 Action Plan	15

1. Introduction to Our Strategy

1.1 Background

This three-year strategy sets out the vision and future direction for palliative and end of life care in Renfrewshire. It has been developed as the area emerges from the Covid-19 pandemic where Scotland as a whole is witnessing a growing need for palliative care alongside a rising number of people choosing to die at home. The pandemic accelerated these trends, but even as the death toll from COVID-19 recedes, the impact from it and these changes will remain for years to come.

There is a growing recognition in government and national policy organisations that palliative care, end of life care and bereavement support requires investment, a more visible infrastructure and support for local areas to grow and develop in a more sustainable way. Throughout the pandemic, many organisations in Renfrewshire stepped up to provide vital palliative and end of life support to the NHS and work collaboratively with community health and social care services to reach people in need. This model of joined-up working, with hospices and others as equal partners in the system, sets the tone in Renfrewshire for the way forward and builds on an excellent foundation of person-centred care and services.

This strategy describes how we will endeavour to improve the quality of life of patients and their families in Renfrewshire who are living and dealing with a life limiting illness, ensuring everyone receives person centred, dignified and compassionate care and individual choices are respected.

It has been developed with the national priorities in mind and is complementary to Renfrewshire Health and Social Care Partnership's Strategic Plan 2022 – 2025.

'You matter because you are you. You matter to the last moment of your life and we will do all we can, not only to help you die peacefully, but also live until you die'
Dame Cicely Saunders

1.2 Developing Our Strategy

This strategy has been developed through extensive collaborative and partnership engagement involving service users, carers, staff, providers and partners. The visual below demonstrates the breadth of involvement in determining the content for the plan.



We have also considered the evidence base locally, nationally and beyond to inform our thinking as well as considering feed-back from those people who have used services and their families.

We have considered data on need, met and unmet. We have looked at local and national research depicting future likely need and demand and have focussed our strategy to support that demand as much as possible. We continue to seek and use feedback from people and their families as a key indicator of the quality of our services and to focus areas of improvement.

We will work to agree a set of measures that allows us to demonstrate impact across the life of this strategy.

1.3 Definition of Palliative and End of Life Care

The Scottish Government adopted the World Health Organisation (WHO) definition for palliative care in its Strategic Framework for Action on Palliative and End of life Care:

"Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

When we refer to palliative and end of life care within this document, we are describing the care provided to people whose health is declining and whose lives are coming to an inevitable close.

Palliative care is treatment, care and support for people with a life-limiting illness, and their family, friends and carers. Its aim is to help people in these circumstances to have the best possible quality of life. Palliative care can be provided at any stage of illness. Therefore, the length of time people receive care can vary from days and weeks to several years.

Palliative care can be provided by both generalist professionals and specialist palliative care professionals. Generalist palliative care is provided to patients / clients / service users and families by all point of care health and social care professionals in a variety of settings. Specialist palliative care is provided to people with more complex palliative care needs by specially trained teams who are generally based in a hospice, a specialist palliative care unit or as part of a hospital palliative care team.

Specialist palliative care professionals provide care and support direct to patients / clients / service users and also provide support and advice to other health professionals like GPs, hospital clinical teams, district nurses, to name a few. They provide education to general teams and often initiate research or quality improvement projects that allow the continual development and improvement of palliative care and services.

End of life care provides treatment, care and support for people who are nearing the end of their life. It aims to help people to live as comfortably as possible in the time that they have left. This care can involve managing physical symptoms and providing emotional support for everyone involved. A major part of end of life care is discussing the future, ensuring people's needs and wishes are considered and reflected in the care that they receive.

Palliative and end of life care, regardless of type, should be available to anyone in Renfrewshire with a life-limiting or chronic illness regardless of age, culture, background, belief or location. This strategy focuses on the delivery of that aim by describing specific, measurable actions that will be taken.

Children

Palliative care for children represents a special, albeit closely related field to adult palliative care. The World Health Organisation's (WHO) definition of palliative care appropriate for children and their families is as follows; the principles apply to other paediatric chronic disorders (WHO; 1998a):

- Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family.
- It begins when illness is diagnosed and continues regardless of whether or not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child's physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited.

- It can be provided in tertiary care facilities, in community health centres and even in children's homes.

'Palliative care for children and young people is an active and total approach to care, from the point of diagnosis, throughout the child's life, death and beyond. It embraces physical, emotional, social and spiritual elements and focuses on the enhancement of quality of life for the child or young person and support for the whole family. It includes the management of distressing symptoms, provision of short breaks, and care at the end of life and bereavement support.'

Together for Short Lives

2. Our Vision

2.1 The national position

We support the national ambition that describes a future where all people, their families and carers, living with a life limiting illness, have the support they need to live the best possible life and to experience the best possible death.

Renfrewshire Health and Social Care Partnership's (HSCP) strategic vision reflects the intentions of the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care as well as those of the Scottish Partnership for Palliative Care. The ambition being to ensure that everyone in Renfrewshire who needs palliative care will have access to it regardless of age, diagnosis or circumstance and that the care provided will be safe, effective, person-centred and person led.

Our aim was to achieve this by 2021 however the impact of the pandemic in 2020 and beyond delayed progress in some areas of agreed development. This did however allow a greater focus on other areas including palliative support in the community and in care homes where a number of new and emerging services have shown great success for people and their families. Renfrewshire has a way to go to deliver on the aim stated above but research currently underway will help us to accurately measure impact, unmet need and will support actions that reduce the gap further.

A new National Strategy and Action Plan for Palliative Care is expected to be published by Scottish Government in late 2022. The Strategy for Renfrewshire will be reviewed and adjusted, where appropriate, to ensure alignment with a national vision and supporting objectives.

2.2 Everyone's business

Renfrewshire will be a place where people live and die well.

We shall support and enable communities and individuals to help each other through declining health and ensure the best supportive care throughout their illness and end of life.

We will harness the compassion and capability in our population to support our aim.

We shall continue to care for their families and carers into bereavement.

We recognise this is a population-wide aim and will address it as such. The Compassionate Communities Programme piloted across Scotland is one example of an approach aimed at harnessing support across entire communities.

2.3 Support for health and care staff

Our staff and volunteers will have reliable access to appropriate palliative care education and training and to the emotional wellbeing support that they need.

Staff delivering care will be supported via learning and education opportunities to understand how best to make a significant difference to a person's wellbeing, even in the last months, weeks, days and hours of that person's life.

Maintaining staff wellbeing and providing emotional support will be a key priority.

We will work with partners across all sectors to understand needs and agree and develop the delivery mechanisms and capacity.

We recognise that this is a key area for increasing staff confidence, competence and wellbeing which will in turn support the delivery of high-quality care to those we serve.

3. Our Priorities

- 3.1 In Renfrewshire we will continue to build the evidence base for quality of care and service planning, commissioning, and delivery. This will involve continuing to collect, analyse and report on data that shows current activity and we will complete research that helps us to understand the access to services that people need in that last year of life. We will commission a system-wide palliative care needs assessment during the life of this strategy that will allow us to evolve and improve in response to need.
- 3.2 In Renfrewshire, we aim to introduce a process and tools across GP practices that will support early identification and assessment of people who would benefit from a palliative approach to care. This will ensure those identified will have the opportunity to have a holistic needs assessment with a support/care plan. Support can then be delivered in various ways depending on the needs of the individual and drawing on the wide variety of services across the Partnership.

- 3.3 We will work to develop, roll out and sustain an integrated community palliative care Multi-Disciplinary Team for people who would benefit from care coordination.
- 3.4 We will reflect on the recent pandemic and beyond to help us understand the demand and need for different types of bereavement support. We will make sure this informs service planning and commissioning. We will work in partnership with current and new providers of bereavement support to widen access and increase choice in Bereavement Care Service available for adults and children/young people in Renfrewshire. This will ensure Bereavement Services are offered on an equitable basis across the area regardless of age, faith, belief or the location of death of the loved one.
- 3.5 We will ensure that people and their families and carers have timely and focused conversations with appropriately skilled professionals to capture their goals and wishes, plan their care and agree the support they may need toward the end of life.
As reflected in our strategic plan priority activities, we will aim to achieve year on year increases in our use of anticipatory care plans. The National Anticipatory Care Planning tool, and local adaptations, will be used to support this process and capture people's needs and preferences, but whatever format is used it must be able to be shared across services with the permission of the person it relates too.
<http://ihub.scot/anticipatory-care-planning-toolkit/>
- 3.6 We will work to understand options that are available to improve the accessibility of patient / client / service user information to health and care teams, currently impeded by the barriers between sectors and organisations. This will enable care planning needs and wishes to be understood and transitions of care to be seamless for people through the palliative period and towards the end of their lives.
- 3.7 At the end of this strategy, we will have a clear framework for the health and social care workforce that promotes person-centred discussions with people and families, and which identifies and plans for resources to be available to support choice.
- 3.8 We will agree and deliver an educational and wellbeing plan that supports all staff providing palliative and end of life care in Renfrewshire.
- 3.9 The HSCP's Palliative Care Plan will not be used in isolation but as part of a suite of material aimed at engaging people in their care and improving quality of life and wellbeing. This includes for example:
- Scottish Government's third Dementia Strategy which is expected to be updated in 2022
(<http://www.gov.scot/Publications/2017/06/7735/downloads>)
 - Realising Realistic Medicine
(<http://www.gov.scot/Resource/0051/00514513.pdf>)
 - The Carers Act 2016
(<http://www.legislation.gov.uk/asp/2016/9/contents/enacted>)

- HSCP's Carer Strategy www.renfrewshire.hscp.scot/CarersStrategy .
- NHS Recovery Plan 2021-2026 [NHS recovery plan - gov.scot \(www.gov.scot\)](http://NHS%20recovery%20plan%20-%20gov.scot%20%20%20www.gov.scot)

- 3.10 The Palliative and End of Life Care Plan will align with the aims set out in the [Scottish Government's Health and Social Care Delivery Plan](#). In particular, with the aim that (originally planned by 2021) everyone who needs palliative end of life care will have access to care that meets their individual needs and that "all who would benefit from a Key Information Summary (KIS) will receive one". The plan also indicates that people will receive more sensitive end of life care with the aim of supporting them in the setting that they wish. These objectives remain hugely important five years on from the publication of the delivery plan.

Supporting and working with our colleagues in NHSGGC, charities and the independent sector to develop a framework for identifying and resourcing the needs of those with life shortening/limiting illness will be vital for success of the wider strategy.

- 3.11 Renfrewshire HSCP will aim to maximise impact on palliative and end of life care in Renfrewshire through the most effective use of our people and resources. This will support us to develop a coherent and connected approach to the provision of good palliative and end of life care by:

- Working with ACCORD and St Vincent's Hospices in the provision of care, using their specialist expertise to take forward new and innovative approaches to delivering palliative care in the community.
- Developing our relationship with charities and independent organisations in the planning and delivery of effective and sustainable service provision

By doing so, we will endeavour to meet patient preferences that may reduce the numbers of people who die in acute hospital settings and/or reduce the number of days people spend in hospital in the last 6 months of life.

4. Our Actions – “How will we do this?”

Several action areas have been identified to support delivery on our vision and aims for palliative and end of life care. The actions are detailed below and grouped into key themes:

4.1 Development of People That Support and Provide Palliative and End of Life Care

To improve outcomes for people who would benefit from a palliative approach to care we will work with our full workforce and our partners to identify learning and education needs. We will use the NHS Education Scotland National Palliative Care Educational Framework “Enriching and Improving Experience”

http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i2564n4083939t/Palliative%20framework%20interactive_p2.pdf to achieve a consistent approach.

To do this we will:

Consider the education, training and support needs of families, carers and communities of people who need palliative care.

Aim to ensure they feel sufficiently enabled to provide the best possible support and care.

Understand the increased need for emotional support for families and carers following the pandemic.

Continue to support ACCORD Hospice and St Vincent's Hospice in delivering palliative and end of life care training to Health and Social Care staff who work in community settings. The scope of this will be widened with the utilisation of ECHO.

Consider the workforce and financial implications of meeting the increasing demand for palliative and end of life care in community settings, and work with partners to maximise resource utilisation while identifying future funding opportunities. This will need to link to the HSCP's Workforce Strategy 2022-25 and to the [Scottish Government's National Health and Social Care Workforce Plan](#).

Consider the psychosocial and health impact on everyone who works with and supports the very ill, the dying and the bereaved on a daily basis and explore ways of supporting them, aiming to alleviate work related stress and increase their resilience. Ensure the increased emotional impact of the COVID-19 pandemic is considered and suitable support is provided through e.g.

- Clinical debrief sessions
- Clinical supervision
- Management supervision
- Utilising national and local health and wellbeing resources including the National Wellbeing Hub, NHS Inform for mental wellbeing and local support helplines and counselling services.

4.2 Establishing Our Palliative Care Planning Group Leadership and Governance

Renfrewshire HSCP has tasked us – the Palliative Care Planning Group - with implementing the Plan and ensuring implementation reflects an understanding of specific population needs in relation to palliative and end of life care.

We will:

Ensure the Renfrewshire Palliative Care Planning Group is representative of a full range of partners, including e.g. Improving the Cancer Journey (ICJ), Hospices, charities and private care providers, Health and Social Care staff across all services, and Carer services or organisations. We will bring the voice of the service user and their families into the group.

Ensure the outputs and outcomes from the group are able to influence the HSCP's Senior Management Team and Integrated Joint Board and are shared with the wider palliative care community via the HSCP's website and the NHSGGC palliative care website.

Continually review data sources and agree a suite of measures that can be used to determine the impact of the strategy over its three-year lifespan. This will include provision for ongoing monitoring and development of measures including new initiatives such as Excellence in Care.

Continue to be closely aligned with the wider Glasgow and Clyde Palliative Care Network which will provide a platform for shared communication and learning.

Continue to work with Scottish Government departments to share practice innovation and to refine reporting and feedback mechanisms to give greater clarity on the impact of good palliative care e.g.

- Emerging National Palliative Care network and new clinical lead once appointed.
- HIS frailty collaborative
- HIS collaborative testing approaches to meet Commitment 1 of the Strategic Framework for Action
- Working with NES to influence national approaches to Confirmation of Death

4.3 Supporting Children and Young Adults

We will:

Work in partnership with individuals and organisations to develop and implement reliable systems that allow the voices of children and young people to shape and influence care and service provision in Renfrewshire and to develop a more detailed understanding of the availability of palliative care services for them. This will complement the work undertaken for adult services. It will involve work with HSCP children's services staff, children's hospice representatives, paediatric/acute hospital services and charity and private care providers.

We will work to make clear the unmet need, if any, and will work to ensure babies, children and young people are offered in-house hospice care and CHAS at Home.

We will ensure that Family Support Teams provide emotional and practical support including during transition from children to adult services. The Activities Team offer therapeutic support to siblings pre- and post-bereavement.

4.4 Strengthening Collaborative Working to Improve People's Pathways Through Services

We will:

Outline the pathways between general and specialist palliative care and end of life care. We will ensure these are clearly communicated at a local level and understood by those requiring or delivering services.

Develop a greater understanding of the palliative care and palliative service needs of people with progressive terminal illnesses that shorten life like Motor Neurone Disease. We will then agree clearer pathways for people across Renfrewshire.

Develop our relationships with all partners in these pathways to ensure care delivery is seamless for the people we serve.

Aim to ensure effective and timely transitions between places of care with particular emphasis on the involvement of families and carers in planning care, and the provision of appropriate patient information at the point of discharge.

Improve collaborative and seamless ways of working between services by implementing more fluid means of sharing patient information, data and care plans. Aim to ensure this improves people's care pathways and helps to direct their treatment and care.

4.5 Enhancing and Embedding Anticipatory Care Planning

Anticipatory Care Planning (ACP) is a priority for all HSCPs.

We will:

Work with staff groups across all sectors to promote planning conversations that can be recorded in the most appropriate shareable format. This will support our strategic plan priority to achieve year on year increases in our use of Anticipatory Care Plans.

Work to embed Anticipatory Care approaches, using National ACP documentation where appropriate. We will ensure staff are equipped to take a holistic approach to facilitating conversations about an uncertain future, including:

- the potential benefits or side effects of various care and treatment options
- Concerns about social aspects of life i.e., isolation and loneliness
- Financial concerns
- 'Red Bag' scheme for care home residents

Work with primary care governance groups to enhance the quality of ACP and the number of people with an eKIS.

4.6 Understanding and Improving Peoples experience of Palliative and End of Life Care

We aim to ensure people's experiences inform and shape everything that we do including how we deliver, plan and shape services. We will establish, in collaboration with patients, carers and carer groups, an ongoing feedback mechanism that informs the HSCP about people's experiences and areas where further development might be required. This could include feedback on the care provided or the impact on family/carers wellbeing. Validated tools will be used where possible and direction will be sought from key national reports including 'Trees that Bend in the Wind report' by Scottish Care.

4.7 Public Health Approach to Palliative and End of Life Care

We will:

Continue to promote the wider public health messages around palliative care, with the HSCP and their partners supporting initiatives such as 'Big Conversation' and 'Palliative Care is Everyone's Business'.

Introduce the Compassionate Community model to maximise the capacity and capability of the people in Renfrewshire's communities that is available to support people to live and die well at the end of their lives.

Improve access to information for people requiring palliative care and their carers and families. This will include online and written information and will cover medical/clinical issues as well as non-medical issues such as Power of Attorney and financial advice.

Work within locality groups to ensure that service provision is equitable and consideration is given to identifying and engaging with harder to reach groups, including e.g. ethnic minorities, people with a learning disability and the homeless.

Renfrewshire aims to provide agreement on a common language used within palliative care to ensure all staff within all partner organisations, patients and their families are clear what we mean when palliative and end of life care discussions occur. This will be supported by means of written material.

4.8 Ensuring Best Practice and Quality Service Provision

We will:

Work in partnership with Equipu to monitor the provision of equipment to people with palliative care needs. This will include:

- the identification of commonly used equipment
- the planning of future provision

- the ongoing review of service response particularly to those who require items urgently.

Explore advances in telecare and telehealth for people with palliative and end of life care needs to enhance monitoring and safety within the community environment.

Continue work and development within Local Authority and private provider Care Homes with the implementation of the Supportive Palliative Action Register. This will allow Care Homes to identify residents who are deteriorating and to be supported to assess and manage their care appropriately.

Continue to roll out and engage with GP Practices to identify patients who have palliative care needs. The aim is to provide access to all to the Community Palliative and supportive care MDT to ensure all who would benefit from care coordination have access to it.

Work towards ensuring best practice around the prescribing, administering and prompting of medications used in palliative and end of life care in all care settings.

Continue to learn and build on innovative new ways of working which have been implemented in and around palliative and end of life care services during the pandemic. This includes utilising more flexible, community-based working to provide people with care in the settings most comfortable to them.

Continue to develop and utilise enhanced digital capabilities for communication and education purposes.

5. Reflecting on People's Experiences – *to be developed as part of consultation and engagement exercise*

Appendix 1: Our Year One 2022-2023 Action Plan

This action plan identifies specific high level action areas that will support the delivery of the Palliative and End of Life Care Strategy and our vision for Renfrewshire. The Palliative Care Planning Group will be responsible for ensuring these are delivered upon. The plan will be formally reviewed and updated twice per year for the duration of the strategy. The detailed year one actions will help to inform priority actions for years two and three.

Theme	Year 1 Action	To inform years 2 and 3
Development of People that support and provide Palliative and End of Life Care	Continue to identify the education, training and support needs of our workforce, including appropriate sufficient health and wellbeing support, building on the significant work already completed.	Identified gaps from year 1 to inform workforce implications and commissioning needs.
Establishing Leadership and Governance of our Palliative Care Planning Group	Continue to review and enhance the governance structure of the Palliative Care Planning Group. Ensuring appropriate representation of partners, service users and families. Include the voices of children and young people.	Frequent review of the CPG and its impact. Evidence of service user input influencing service provision and planning.
	Implement the Palliative and End of Life Care Strategy and action plan.	Informing a longer-term year 2 and 3 workplan to be developed in 2023.
Identifying Best Practice and Learning to Improve People's Pathways Through Services	<p>Map existing palliative care pathways in Renfrewshire to establish and understand what is currently in place, including the following:</p> <ul style="list-style-type: none"> Consider the efficiency of respite beds for patients and carers living and dealing with a life limiting illness. Look to identify and evaluate health inequalities prevalent in Renfrewshire, and related disparities in access to our services. Continue to roll out and engage with GP Practices to identify patients who have palliative care needs. 	Develop our pathways based on the mapping exercise completed in year 1.

	Complete a needs analysis desktop exercise to ascertain existing issues and gaps in access and provision of people's needs. This will help to inform people's preferences to care and provide a shared understanding of equalities. Include current provision of Palliative Care for children in Renfrewshire.	Year 1 analysis will help to inform specific areas of work to resolve existing issues and gaps in access and provision.
Understanding and Improving People's Experience of Palliative and End of Life Care	Establish an ongoing feedback mechanism that informs the HSCP about people's experiences and areas where further development may be required.	
Public Health Approach to Palliative and End of Life Care	Introduce the Compassionate Community model to maximise the capacity and capability of the people in Renfrewshire's communities that is available to support people to live and die well at the end of their lives.	
		Utilise the year 1 work around pathways and feedback mechanisms to inform the improvement of access to information for people requiring palliative care and their carers and families. This will include online and written information and will cover medical/clinical issues as well as non-medical issues such as Power of Attorney and financial.
	Aim to provide agreement on a common language used within Palliative Care to ensure all staff within partner organisations, patients and their families are clear what we mean when palliative and end of life care discussions occur.	
Enhancing and Embedding Anticipatory Care Planning	Continue to work with staff groups to promote planning conversations that can be recorded in a shareable format, supported by staff attending training to have the competence and skills to have sensitive discussions with patients.	

	Identify and develop a mechanism for recording and measuring the quality and impact of Anticipatory Care Planning.	Improved recording and measuring to inform the quality of ACP and areas for potential improvement.
	Continue to work with Primary Care governance groups to enhance the quality of Anticipatory Care Planning and increase the number of people with an eKIS.	

draft for discussion only



To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Interim Head of Mental Health, Alcohol & Drug Recovery and Learning Disability Services

Heading: NHSGGC Mental Health Strategy: Renfrewshire Implementation Update

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

1. Summary

- 1.1 Renfrewshire IJB was updated on the NHS Greater Glasgow & Clyde (NHSGGC) Adult Mental Health Strategy 2018-23 at the January 2022 IJB meeting, specifically in relation to the progress of recruitment to key posts from Action 15 related funding. An updated position is reported to members in this paper.
- 1.2 The 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.
- 1.3 The GGC wide Programme Board is currently preparing to review all activity against the objectives set within the 2018-23 Strategy and will refresh and rewrite the Strategy within a new timeline of 2022-27. Full details of the evaluation and refreshed Strategy will be reported, when available, to a future IJB meeting.
- 1.4 As part of the Scottish Governments 'Recovery and Renewal' programme, additional funding investment is being provided to develop Mental Health and Wellbeing in Primary Care Services. Significant funding over a 3-4-year period will support a programme of work to ensure a coordinated and responsive approach between Adult Mental Health and Primary Care Services to support the needs of all

Renfrewshire adults who require support for their mental health and wellbeing. Planning is underway and is outlined within this paper.

2. Recommendations

It is recommended that the IJB:

- Note the work that has been progressed; and
 - Receive an update, when available, on the funding allocations and evaluation of the activity within 2018-23 Strategy and the refreshed Strategy to 2027.
-

3. Background

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.

3.1 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'*

3.4 The Recovery and Renewal 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 pandemic and will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan. This allocation supports the delivery of Action 16.11 of the plan to *'work with Primary Care partners to improve capacity for mental health assessment, care and support within Primary and Community Care settings. This will build on examples of good practice already implemented through the Primary Care Improvement Plan, and through the work on Action 15 of the Mental Health Strategy. This will include the interface with specialist services to ensure that people receive the right care in the right place, ensuring that there is a clear pathway to mental health services for those who need them.'*

4. Action 15 Update

4.1 As detailed in previous report to IJB members, 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.

4.2 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
Additional Renfrewshire only funding – Dec 2021	£544,416	

- 4.1 Due to Renfrewshire's positive performance with main funding allocation, additional funding was confirmed in December 2021 with all relevant posts to be recruited to before end April 2022. This target was achieved with an additional 12 posts added to the Mental Health staffing establishment in addition to meeting the original target of recruiting to 27.2 posts.
- 4.2 The Scottish Government has now confirmed that Action 15 funding will form part of Renfrewshire's recurring budget allocation and reporting on Action 15 spend will now cease.
- 4.3 As part of the GGC wide Adult Mental Health Programme Boards refresh and rewrite of the 2018-23 Strategy, Board wide collaborative tests of change and investments under Action 15 will be evaluated

5. **Mental Health and Well Being in Primary Care Services**

- 5.1 The Scottish Government's Short Life Working Group on Mental Health in Primary Care recommended the development of multi-disciplinary teams within Primary Care settings to provide assessment, advice, support, and some levels of treatment for mental health, distress, or wellbeing. The Mental Health in Primary Care Development Group further developed this vision and produced guidance to support the planning and implementation of the MHWPCS.
- 5.2 In December 2021, the Deputy Director for Mental Health and Social Care wrote to Integration Authorities with details of funding allocation to support planning with specific guidance on planning and

implementation requirements. Renfrewshire HSCP's NRAC share of this was £34,822.10.

- 5.3 Further correspondence in February 2022 from the Minister for Mental Wellbeing and Social Care confirmed Renfrewshire's NRAC share of indicative funding over a three-year period as noted below. Release of funding is predicated on submission and approval of detailed plans. Funding for 2025-26 onwards will be modelled on each submitted plan however it is anticipated that an increase will be required to fund additional roles in the final year of implementation.

Year	Indicative allocated funding
2022-23	£326,786.85
2023-24	£652,554.62
2024-25	£1,315,979.49
2025-26	To be confirmed

5.4 Timeline and Planning Requirements

December 2021	<ul style="list-style-type: none"> Guidance, template, and implementation plan issued to local authorities. Local planning groups convened. Discussion and planning of local models commences. Additional evidence gathering in local area to identify need.
May 2022 (extended from March)	<ul style="list-style-type: none"> Local plans outlining activity to 2026 and robust implementation plans for 2022/23 submitted to the National Oversight Group. National Oversight Group review of local plans submitted and liaise with local planning groups.
Spring/summer 2022	<ul style="list-style-type: none"> Funding agreed and allocated.
Spring/summer 2022	<ul style="list-style-type: none"> National implementation of MHWPCs commences.
October 2022 (each year thereafter)	<ul style="list-style-type: none"> 6 monthly reporting on progress required.
March 2023 (each year thereafter)	<ul style="list-style-type: none"> Detailed plans for following 12-month period submitted as well as any changes to initial plans outlining activity.

- 5.5 The key short-term priorities were to develop, finalise and submit a detailed and costed local plan for year 1 of implementation to the National Oversight group by the end of May, and to formalise a Local Planning/Oversight Group as soon as possible. Renfrewshire's plan

was submitted on 31 May 2022 and included:

- Description of the proposal and rationale.
- MH support/investment already in place in the primary care setting (Resource, outcomes achieved).
- How this provides additionality to existing MH investment in primary care, including through Action 15 and PCIF (PCIF covers various priority areas within primary care including mental health and wellbeing through the Community Link Workers).
- How the proposal aligns with the required service delivery principles.
- Anticipated investment on staffing, accommodation, administration, equipment, transport, communications, service accessibility.
- Local planning group and reporting structure
- Current and planned primary care MH workforce provision

The Local Planning Group will be responsible for developing and implementing MHWPC Services as per the finalised plans, once approved by the National Oversight Group.

- 5.6 There are three options outlined for implementing an MHWPC Service: aligning, embedding or a hybrid model:

Aligning the MHWPC Service to a cluster of GP practices would mean teams are employed or contracted by the health board.

Embedding MHWPC within GP settings may mean they are employed or contracted by the practice and are dedicated to that practice for patient care.

A **hybrid model** includes elements of both models above. This may result in an MHWPC service which is aligned with a GP cluster with psychology, OT, and other workers in place, complementing a mental health worker embedded in a GP practice.

- 5.7 Renfrewshire's approach, which has been endorsed by the local planning group is to build on existing services already in place as opposed to creating a new Mental Health and Wellbeing in Primary Care Service.

A mixed or hybrid model will be developed in the form of a 'hub and spoke' model, in which we will provide predominantly direct support from staff employed within Adult Mental Health Services with additional

commissioned services from Third Sector partners.

Our Primary Care Mental Health Service 'Doing Well' has been established for almost 10 years and will continue to develop, forming the 'hub' of the model. As outlined within the MHWPCS planning guidance, a hybrid approach could allow for flexibility based on population need, rurality and resource.

5.8 Appendices 1-5 illustrate the model, planning intentions and 1 year costing plan.

6. Next Steps

6.1 Once funding confirmed, progress 1st year implementation of MHWBPC and use local planning group framework to further develop plans to 2026.

Implications of the Report

1. **Financial** – the financial framework is detailed within the report. Formal confirmation of the associated funding is awaited from the Scottish Government and, as such, we will progress forward with planned recruitment activities as outlined when this has been received.
2. **HR & Organisational Development** – none
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** – None.
11. **Privacy Impact** – n/a.

List of Background Papers: NHSGGC Mental Health Strategy 2018-23 Update Report (IJB, January 2022)

Author: Laura Howat, Interim Head of Mental Health, Alcohol and Drugs Recovery & Learning Disability Services

Any enquiries regarding this paper should be directed to Laura Howat, Interim Head of Mental Health, Alcohol and Drugs Recovery and Learning Disability Services, laura.howat@renfrewshire.gov.uk
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Appendix 1

Renfrewshire HSCP Mental Health Wellbeing Primary Care Services

Year 1 Additional Provision 2022 - 23



Cluster Paisley 5 7 GP Practices Pop. 55,438 Av. SIMD 5.5 Min. decile 1	Cluster Paisley 6 6 GP Practices Pop. 33,808 Av. SIMD 4.6 Min. decile 1	Cluster West Ren 1 4 GP Practices Pop. 17,966 Av. SIMD 5.7 Min. decile 2	Cluster West Ren 2 3 GP Practices Pop. 23,819 Av. SIMD 5 Min. decile 5	Cluster West Ren 3 5 GP Practices Pop. 33,877 Av. SIMD 2.8 Min. decile 1	Cluster West Ren 4 4 GP Practices Pop. 19,598 Av. SIMD 4.75 Min. decile 1	Anticipated Year 1 funding
Additional Provision 2022/23					Community Wellbeing Nurse 1.0 WTE	£36,930
					Occupational Therapist 2.0 WTE	£73,860
	Healthcare Support Worker 1.0WTE				Healthcare Support Worker 1.0WTE	£42,090
	Increased provision of Recovery Across Mental Health Counselling Services					£60,467
	Mental Health & Wellbeing Primary Care Service Manager (Band 8B) 1.0 WTE					£60,371
	Administrative Support (Band 5) 1.0 WTE					£29,679
	Decider Skills Training & Trauma Informed Training for frontline/admin staff					£5,00
	Measurement Performance Framework, Communication & Engagement Strategy and Workforce Development Plan					Underpinned by

Appendix 2

Renfrewshire HSCP Mental Health Wellbeing Primary Care Services

Current Provision



	Cluster Paisley 5 7 GP Practices Pop. 55,438 Av. SIMD 5.5 Min. decile 1	Cluster Paisley 6 6 GP Practices Pop. 33,808 Av. SIMD 4.6 Min. decile 1	Cluster West Ren 1 4 GP Practices Pop. 17,966 Av. SIMD 5.7 Min. decile 2	Cluster West Ren 2 3 GP Practices Pop. 23,819 Av. SIMD 5 Min. decile 5	Cluster West Ren 3 5 GP Practices Pop. 33,877 Av. SIMD 2.8 Min. decile 1	Cluster West Ren 4 4 GP Practices Pop. 19,598 Av. SIMD 4.75 Min. decile 1	Funding Source	Comment
Current Provision	Community Wellbeing Nurse 1.0WTE	Community Wellbeing Nurse 1.0WTE	Community Wellbeing Nurse 1.0WTE	Community Wellbeing Nurse 1.0WTE	Community Wellbeing Nurse 1.0WTE		Action 15	
	PCMHT MH Practitioner 2.0WTE	PCMHT MH Practitioner 2.0WTE	PCMHT MH Practitioner 2.0WTE	PCMHT MH Practitioner 2.0WTE	PCMHT MH Practitioner 2.0WTE	PCMHT MH Practitioner 2.0WTE	MH Funding	Addition of 0.4WTE Psychology support across PCMHT
	Community Link Workers 8.0 WTE						PCIF	Commission 3 rd Sector
					Occupational Therapist 2.0WTE		Action 15	
	Recovery Across Mental Health Counselling Service							Action 15

Appendix 3

Renfrewshire HSCP MHWPCS

Workforce

PRIMARY CARE MENTAL HEALTH WORKFORCE - PLANNED PROVISION ABOVE THAT CAPTURED IN CURRENT WORKFORCE TABLE

FUTURE ADDITIONAL WORKFORCE At 28 February or 31 August for biannual reporting (whichever date is next at the time of reporting)

	Profession	Band	WTE	Estimated WTE spent on MH	Contracting Model/ Employed by	Funding Source	Purpose of role	Comments
1 x MHWPC Service Manager – Band 8B	Other (specify in purpose of role)	Other (specify in comments)	1	1	HSCP	MHWPC	MHWPC	Band 8b - Management of the MHWPC Service
1 x Admin Support – Band 5	Other (specify in purpose of role)	5	1	1	HSCP	MHWPC	MHWPC	Admin support of the MHWPC Service
1 X Band 6 OT	Occupational Therapist	6	1	1	HSCP	MHWPC	MHWPC	
1 X Band 6 OT	Occupational Therapist	6	1	1	HSCP	MHWPC	MHWPC	
1 X Band 6 Wellbeing Nurse	Mental Health Nurse	6	1	1	HSCP	MHWPC	MHWPC	
1 X Healthcare Support Worker	Other (specify in purpose of role)	3	1	1	HSCP	MHWPC	MHWPC	
1 X Healthcare Support Worker	Other (specify in purpose of role)	3	1	1	HSCP	MHWPC	MHWPC	
Additional Future Posts	n/a	n/a	7	7	n/a	n/a	n/a	n/a

Summary of Challenges:

- Recruitment of certain key posts may prove challenging both in terms of timescales for recruitment and attracting suitable applicants.
- Other services may be destabilised if staff from those areas are recruited to MHWPC.
- Appropriate accommodation space is imperative to implementing the service successfully. Existing accommodation should be considered as well as alternative opportunities.
- The commissioning process can be time consuming and procurement thresholds should be considered for both newly established and extensions of existing contracts.
- Additional resource requirements to coordinate and manage the increased capacity of mental health and wellbeing provision.

Appendix 4 Renfrewshire HSCP MHWPCS Year 1 Costs

Initial Submission 22/23

Year 1	WTE	Band	22/23	23/24	24/25	Duration	Remarks
1 x MHWPC Service Manager – Band 8B	1	8B	£60,371	£92,368	£94,216	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
1 x Admin Support – Band 5	1	5	£29,679	£45,408	£46,317	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
1 X Band 6 OT	1	6	£36,930	£56,503	£57,633	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
1 X Band 6 OT	1	6	£36,930	£56,503	£57,633	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
1 X Band 6 Wellbeing Nurse	1	6	£36,930	£56,503	£57,633	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
1 X HCSW	1	3	£21,045	£32,198	£32,842	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
1 X HCSW	1	3	£21,045	£32,198	£32,842	2 years fixed term (funding for 3 years)	Posts to be reviewed after year 2, expected start date 01/08/22
RAMH – Additional Counselling			£60,467	£60,467	£60,467	Per year for 3 years	
Decider Training			£5,000	£10,000	£5,000	Purchased from external provider	
Non pay costs			£12,328	£12,328	£12,328	Indicative figure (travel etc.)	
IT Equipment			£6,063			Set up costs	indicative figures
Proposal total			£326,787	£454,477	£456,911		

Funding Allocation	£326,787	£652,555	£1,315,980
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Funding to be allocated	£0	£198,078	£859,069
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Notes

1 Staff costs based on top point

2 22/23 budget based on full year

3 £34k from 21/22 to be offset by 22/23 allocation

To: Renfrewshire Integration Joint Board
On: 24 June 2022

Report by: Chief Officer

Heading: Mid-term Mainstreaming Progress Report and Equality Outcomes 2020-24

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 report attached provides members of the Integration Joint Board (IJB) with a mid-term update on progress of the Equality Outcomes 2020-2024 Action Plan.
-

2. Recommendation

It is recommended that the IJB:

- Approve the mid-term update report (Appendices 1 and 2).
-

3. Background

- 3.1 The IJB has a statutory duty to publish a set of Equality Outcomes every 4 years in line with The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 legislation. At its meeting in March 2020, the IJB approved their 2020-2024 Equality Outcomes and Mainstreaming Progress report, and the Equality Outcomes action plan was approved in October 2020. The report has subsequently been published on the Health and Social Care Partnership (HSCP) website as agreed.
- 3.2 The IJB is required to report mid-term progress on the equality outcomes action plan in 2022 and then, in line with legislation, an Equality Outcomes and Mainstreaming progress report together with a set of revised Equality Outcomes will be submitted in 2024.

4. Equality Outcomes 2020-2024

4.1 Detailed below are the five equality outcomes agreed:

- Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life;
- Our workforce are better informed and have confidence to make equality and human rights central to the way we work;
- Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care;
- People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services;
- People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.

4.2 The Equality Action Plan is based on these equality outcomes and is closely aligned to our Strategic Plan themes of:

- Healthier Futures
- Connected Futures
- Enabled Futures
- Empowered Futures
- Sustainable Futures

4.3 The Action Plan also reflects the thinking involved in the development of the new Workforce Plan. Some of the activities designed to ensure we have a continued focus on equalities in both the Strategic and Workforce Plans are outlined in the next section.

5. Current Activity

5.1 The pandemic has exposed and exacerbated deep-rooted health and social inequalities, with the impact of COVID-19 felt more acutely by the most vulnerable and those in poverty. The HSCP recognises the critical work required to deliver on our Equality Outcomes, through the implementation of the Action Plan outlined in Appendix 1, and the importance of closely monitoring, and supporting those disproportionately impacted by COVID.

5.2 We have reviewed our Equality Outcomes at this mid-term stage and, despite the challenges created by the COVID 19 pandemic, have agreed that they still provide the correct focus for our activity. Through our new Workforce Plan and Strategic Plan for 2022-25, extracts of which are in Appendices 3 and 4, we will continue to improve and embed equality, diversity and inclusion in our workforce; to support growth and development; and ensure that our workforce benefits from different lived experiences, perspectives, ideas and skills to meet the needs of the people in Renfrewshire. We will also continue to provide the necessary awareness training for our workforce to ensure service users with protected characteristics do not experience discrimination.

5.3 Some of the achievements over the last two years include:

- **Healthier Futures – Falls Prevention** – “80’s and up” is a new funded project in Renfrewshire, involving Roar - Connections for life, HSCP and GP practices. It aims to help stop older people from falling and uses evidence-based advice and exercises to prevent falls. Between December 2020 and March 2021, 81 patients who were 80 or older consented to take part in this initiative. Early feedback has been positive and suggests that with help from Roar - Connections for Life, it has allowed them to walk more and walk with more confidence. Evidence suggests this simple intervention will reduce falls and fractures, preventing hospital admissions as well as improving quality of life for those taking part.
- **Connected Futures – Social Prescribing** – We have commissioned ‘We Are With You’ to place a Community Link Worker in every Renfrewshire GP practice. These workers support people who might otherwise visit their GP with non-medical issues such as loneliness, isolation or financial worries. They do this by delivering 1:1 supportive sessions and/or signposting to an appropriate activity or service to meet their specific needs. This relieves some of the pressure on GP’s and means that people with non-medical issues can access help in a more holistic way.
- **Enabled Futures – Advance Nurse Practitioners (ANP)** – Our ANPs work across multi-disciplinary teams and are clinical leaders who manage the care of patients. Our ANPs have supported 75% of GPs so far in Renfrewshire and data between 2019 and 2021 suggest 89% of consultations with ANPs were completed independently (ie did not require onward GP referral), contributing to avoidance of admission and unnecessary appointments where appropriate.

- **Empowered Futures – Mental Health and Wellbeing** – 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. 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.
- **Sustainable Futures – Renfrewshire Learning Disabilities (RLDS): using digital to stay in touch during COVID** – Amidst the challenges of the pandemic, RLDS worked hard to find alternative ways to connect with and support people. Through crisis we identified an opportunity and worked collectively across the service to find ways to digitally include and engage with as many individuals as possible, source equipment, upskill/develop and most importantly build real and meaningful content. Staff, supported by people and unpaid carers, came together to develop this new approach and the online groups and support have been highly valued.

5.4 In addition to the examples above, our new workforce plan aims to deliver the following actions to further equality, diversity and inclusivity across the sector:

- We will continue to deliver training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias;
- We will continue to assist unpaid carers to provide support for family and friends and implement the Unpaid Carers Strategy 2022-25;
- We will update our Participation, Engagement and Communication strategy, and create a toolkit for staff to ensure services are inclusive and provide equality of access.

Implications of the Report

1. **Financial** – Nil
2. **HR & Organisational Development** – Nil
3. **Community Planning** – Nil
4. **Legal** – Nil
5. **Property/Assets** – Nil
6. **Information Technology** – Nil
7. **Equality & Human Rights** – The details in this report relate to ongoing work to ensure those with protected characteristics (in line with the Equality Act 2010) are protected from discrimination. No negative impacts on those with protected characteristics or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – Nil
9. **Procurement** – Nil
10. **Risk** – Nil
11. **Privacy Impact** – Nil

List of Background Papers:

Equality Outcomes and Mainstreaming Progress Report and Consultation on Equality Outcomes 2020-2024 (Renfrewshire IJB, 20 March 2020)

**Authors: Bernadette Reilly Senior Community Link Officer,
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Mainstreaming and Progress Report

1. Introduction

This report provides an overview of progress towards meeting our equality outcomes 2020-2024 action plan.

2. Background

Renfrewshire Health and Social Care Partnership (HSCP) is responsible for adult social care and all health services within the community, including Health and Community Care, Learning Disability, Mental Health and Addiction, all health related Children's services.

Through partnership work our vision is for:

“Renfrewshire to be a caring place where people are treated as individual are supported to live well”.

In order to deliver our vision, our strategic plan for the period 2022-25 focuses on a range of themes, and we have also sought to place equalities and lived and living experience at the forefront. Our plans recognise using a partnership, community led approach is pivotal to improving health and wellbeing outcomes and include a commitment to provide high, quality services which are fair, equitable and empowering and that take action to meet the health needs of those with protected characteristics.

3. Effects of COVID

Due to COVID-19 much of the planned work to deliver on our organisational equality outcomes has been delayed. However, as the differential impact of the pandemic on protected characteristic groups became clearer, we have realigned resources during periods of unprecedented challenge to support improved outcomes for our communities. We have shown due regard to advancing equality of opportunity between groups of people with different protected characteristics

and eliminating unlawful discrimination. Community health and wellbeing is central to the HSCP's Recovery and Renewal Programme. We are therefore working with our Strategic Planning Group (SPG) to identify where and how we can collectively make the greatest impact, through a focus on prevention and early intervention within community-based support. The SPG has agreed 7 shared Community Health and Wellbeing priorities (listed below) which we will jointly work to address:

7 Health and Wellbeing Priorities

1. Loneliness and social isolation
2. Mental health and wellbeing
3. Housing as a health issue
4. Inequalities
5. Early years and vulnerable families
6. Healthy and active living
7. Collaborating for greater impact

4. Improving Health and Wellbeing in our Communities

As above, Renfrewshire HSCP agreed with community planning partners that it would co-ordinate Renfrewshire's approach to improving health and wellbeing in our communities. Some examples of projects funded by the HSCP to deliver against these priorities are detailed below:

Loneliness and Social Isolation – We are working alongside Roar- Connections for Life to improve connectedness and reduce loneliness and isolation, focussing initially on the East End of Paisley which was identified as an area of high need to develop community cohesion. Two part-time posts have been funded and a community fun day took place in August 2021 to begin the conversation about what would help and a number of local groups and organisations are now involved in a Connectedness Network.

Mental Health and wellbeing – RAMH received funding from the HSCP to create information about what supports are available to people in a range of languages, and to circulate them in hard copy as well as digitally. This was in recognition of the fact that lots of people, particularly people from black and ethnic minority communities, often don't have access to online resources.

Inequalities – We are providing funding to Renfrewshire's new integration network "In-Ren" to enable the co-ordinator to focus on health and employability for minority ethnic communities. In-Ren is a forum for people from minority ethnic backgrounds which allow them to become more involved in all aspects of community planning.

Our aim is to work with the Network to ensure more diversity in all of our groups so that we can address the significant inequalities that exist for people from minority ethnic communities.

Health Equality Charter for Renfrewshire – Members of the SPG are looking to design and trial a bespoke Health Equality Charter for Renfrewshire. (Branded HECtR). Committing to this Charter accreditation process will enable any service in Renfrewshire to measure progress in tackling the effects that inequity in access to support and services across Renfrewshire has on health. It will include:

- Standards to aim for
- Toolkit for assistance
- Audit tool to measure.

The Charter process will address the whole community environment rather than focusing on only health and wellbeing services, recognising that there are a broad range impacting factors on health and health outcomes

Early Years and Vulnerable Families – Families Together is an HSCP funded project, delivered by Home Start and other partners, to support families with transitional experiences in early years to nursery and school. The focus is on families who have not previously engage with pre-school establishments for many reasons, including lack of confidence and trust. Groups meet in a range of locations and provide face to fa

5. Reporting Progress

The range of work underway to meet our equality outcomes are detailed in the table in Appendix 2.

A further progress report on the 2020-2024 Equality Outcomes will be brought to the IJB in 2024.

APPENDIX 2

Renfrewshire Health and Social Care Partnership Equality Outcomes 2020 – 2024

This Action Plan provides details of activity relating to the following 5 equality outcomes:

1. Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life.
2. Our workforce are better informed and have confidence to make equality and human rights central to the way we work.
3. Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care.
4. People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services.
5. People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.

Equality Outcomes 2020-2024 Action Plan

1	Equality Outcome	Our services are accessible and responsive to the needs of those with protected characteristics to maintain and improve their quality of life.				
	Health and Wellbeing National Outcome	Health and social care services are centred on helping to maintain or improve the quality of life of service users.				
	What we will do	Protected Characteristics	Delivery Date	Who will be responsible	How we will know it is working	Update
1.1	Update existing and develop new protocols on Gender Based Violence and contribute to the Renfrewshire's No to Gender Based Violence Strategy.	Gender	Mar-22	Health Improvement Team	Actions from Renfrewshire's No to Gender Based Violence Strategy 2018-2021 completed and updated strategy developed.	Due to COVID, the strategy for 2018-21 has been extended for a further year to allow the GBV Strategy group to plan and prepare for the 2023- 2026 strategy.
1.2	Promote information for wider circulation on how to access support for long term conditions and health and wellbeing.	All	Mar-21	Community Link Team	Renfrewshire Health and Social Care Partnership (RHSCP) staff/teams are provided with information on how to access support around health and wellbeing through Scotland's Service Directory https://www.nhsinform.scot/scotlands-service-directory).	"Support in your Local Community" section of the HSCP website features a link to ALISS. Chief officers update every month includes reference to ALISS and link to our webpage section.

					on how many people access this resource.	
1.3	Undertake the LGBT Youth Scotland Charter of Foundations Award to increase LGBT inclusion in our services.	Sexual Orientation (LGBT+)	Mar-24	Health Improvement Team	Actions from the LGBT Youth Scotland Charter award completed.	Initial plans underway to progress the LGBT Charter award to equip our staff to improve health and wellbeing outcomes experienced by LGBT people in Renfrewshire. This will include preparing a project plan and identifying workforce champions.

1.4	Improve communications with British Sign Language (BSL) users and prioritise Mental Health and wellbeing actions in the Renfrewshire British Sign Language plan 2018-2024.	All/ Disability	Mar-24	Heads of Service	<p>BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives as follows:</p> <p>Website link made available to support and signpost BSL users to health and social care information available in BSL (to be produced by NHS Health Scotland and NHS24), and b) develop complementary information in BSL about local provision, as appropriate.</p> <p>Ensure that psychological therapies can be offered on a fair and equal basis to BSL users by gathering information from services.</p>	<p>The HSCP Sensory Impairment Services have a role in signposting BSL users to accessible information and where required will offer communication support to support access to information and services. Staff in the Sensory Impairment Team have BSL skills. The service will also use external BSL interpreter support. NHSGGC Health Board have a well-developed system, where a Deaf person can book an interpreter for medical appointments.</p> <p>The HSCP website has a link available http://www.renfrewshire.hscp.scot/BSL providing online health advice for BSL users, including information on COVID-19.</p> <p>Our services are offered to all communities in Renfrewshire including BSL.</p>
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2	Equality Outcome	Our workforce are better informed and have confidence to make equality and human rights central to the way we work.				
	Health and Wellbeing National Outcome	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide in the work they do.				
	What we will do	Protected Characteristics	Delivery Date	Who will be responsible	How we will know it is working	Update
2.1	Ensure Renfrewshire Health and Social Care Partnership (RHSCP) staff are aware of Equality Impact Assessment (EQIA) process and can access the relevant guidance and training.	All	Oct-21	Community Link Team	EQIAs are completed and Equality and Human Right processes are integrated into policies, plans and budget decisions.	Our staff have access to relevant guidance and training regarding Equality Impact Assessment (EQIA) process. Quality Assurance is provided by NHSGG&C Equality Team and this support will continue to be offered to relevant staff.
2.2	Review and update the RHSCP Equality literature and website.	All	Mar-21	Community Link Team	New literature published and website updated and regularly reviewed.	Literature and website reviewed on an ongoing basis to reflect legislation.
2.3	Investment in Digital Technology and transition to digital telecare.	All	Mar-24	Eclipse Operational Management Team	A new case management system for Adult social care established and operational. Greater opportunities to expand service provision to telehealth and improve available data.	Staff have access to and ability to use robust assessment and care management data as a result of the implementation of next-generation technology, such as ECLIPSE or the move to Digital Telecare. This offers our care managers greater confidence that equality and human rights are at

						the heart of how services are planned and delivered in Renfrewshire.
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3	Equality Outcome	Our work with partners helps us to develop and deliver services to ensure that everyone whose health is affected as a result of inequality have their needs identified and addressed as part of person-centred care.				
	Health and Wellbeing National Outcome	Health and social care services contribute to reducing health inequalities.				
	What we will do	Protected Characteristics	Delivery Date	Who will be responsible	How we will know it is working	Update
3.1	Contribute to reducing Child Poverty in Renfrewshire through partnerships to tackle the three main drivers of child poverty: Income from Employment; Cost of Living;	All	Annually	Health Improvement Team	Renfrewshire Local Child Poverty Action Report produced.	Continuing to support and develop the Healthier Wealthier Children's service. Data capture has been improved. Targeted promotion of the service to health visiting and midwifery to ensure families who may be or are experiencing

	<p>Income from social security and benefits in kind.</p> <p>Including jointly producing Renfrewshire Local Child Poverty action Report in partnership with Renfrewshire Council.</p>					<p>poverty receive assistance with benefit and money advice.</p> <p>Renfrewshire Local Child Poverty action report completed in partnership with Renfrewshire Council</p> <p>Contributed to NHS GGC Board wide Child Poverty data collection to improve the view of service delivery across the board area and to highlight gaps.</p> <p>Developed and led campaign, targeted at the local workforce, to increase awareness of the financial help available locally for their clients and patients and reduce stigma around talking about money.</p> <p>Continued work with key partners such as Advice Works and Renfrewshire</p>
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						Citizens Advice to promote training and resources for their staff teams and we include the services in our promotion and information delivery across our networks.
3.2	Support Health sub group of Renfrewshire Local Employability partnership to ensure identified groups with Scottish Government Employability Strategy “No One Left Behind” receive support to progress along the employability pathway.	All	Jun-21	Health Improvement Team	Employability support provided for identified groups including those accessing HSCP Mental Health & Addictions services.	<p>The HSCP lead the Health Conditions & Recovery LEP Sub-group. Conducted local research and developed a plan for 2022/2023 focussing on those in recovery from addition and mental health. The key areas of focus for delivery are:</p> <ul style="list-style-type: none"> - Developing a single point of contact referral route - Job/Work support in Health Settings and other outreach opportunities - Directory of provision including clear referral processes

						<ul style="list-style-type: none"> - Upskilling of front line staff and reduce hesitancy in referring
3.3	Support partnership work to implement any recommendations resulting from the COVID19 Recovery and Renewal Planning, and Transformation Programme and service reviews, and ensure any recommendations are subject to equality impact assessment.	All	Mar-22	Heads of Services	Recommendations implemented to better meet the outcomes of service provision. Partnership Plans have evidence of equality impact assessment.	Care planning groups established and year one delivery plans have been developed in collaboration with partners to better meet the outcomes of service provision.

4	Equality Outcome	People who use our services are empowered to contribute and participate fully in their community and have a positive experience of health and social care services.				
	Health and Wellbeing National Outcome	People who use health and social care services have a positive experience of those services, and have their dignity respected.				
	What will we do	Protected Characteristics	Delivery Date	Who will be responsible	How we will know it is working	Update
4.1	Establish an integration network project which will co-ordinate and promote partnership across a range of supports, resources and services available to people from black and minority ethnic communities in Renfrewshire.	Race	Mar-22	Community Link Team	Integration network established and evaluated including monitoring increased service user access and participation.	IN-Ren forum established in August 2020, and meetings are held monthly. HSCP staff have attended to support and provide information to members on issues raised. IN-Ren newsletter and e-bulletin established. Race Equality Toolkit developed and launched June to build capacity of practitioners on race equality issues. Racial Equality champions training has also been provided.

4.2	Build capacity and empower under-represented groups to access funding opportunities to enable them to contribute and participate fully in their community.	All	Mar-21	Community Link Team	Community and voluntary groups equipped to access funding to enable people to participate in their community, have a voice and express their views. Baseline of spend and increase year on year will be collated.	During 2020/21 and 2021/22, 24 organisations accessed S10 grants from the HSCP to support activity in their communities.
4.3	We will work with the Renfrewshire Community Planning Partnership Alcohol and Drugs Commission following the publication of their report to implement any recommendations delegated to the HSCP to ensure that equalities is integral to the delivery of the actions.	All	Mar-22	Renfrewshire Alcohol and Drug Partnership	Actions from recommendations in relation to equalities completed as reported to the Renfrewshire Community Planning Partnership Alcohol and Drugs Commission.	Member of staff appointed in October 2021 for a 2 year fixed term post to support and implement recommendations delegated to the HSCP.

5	Equality Outcome	People experiencing transitions and life changes are supported to access information without barriers and in ways which suit their needs.				
	Health and Wellbeing National Outcome	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.				
	What will we do	Protected Characteristics	Delivery Date	Who will be responsible	How we will know it is working	Update
5.1	The Renfrewshire Dementia Strategy Group (RDSG) are working in partnership with voluntary, statutory, public and private organisations to develop a local Dementia Strategy that will ensure all of those with a diagnosis of dementia are supported at every stage of their journey.	All	Mar-24	Renfrewshire Dementia Strategy Group	EQIA of the strategy completed and actions implemented. Improved support and service user and carer feedback on experience.	Plan to advertise an 18 month post for a Dementia Strategy Lead who will lead on developing the local strategy. Post holder will likely be in post in the autumn and will begin to take this work forward.

Plan: Embedding Equality and Diversity

Continuing our focus on equality and diversity

Plan

1

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

Protected characteristics



The General Duty is to:

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

The Specific Duties relating to employment in Scotland are to:

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

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

Plan: Embedding Equality and Diversity

Continuing our focus on equality and diversity

Plan

2

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

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

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

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

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

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

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

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

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

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

Focusing on equalities and human rights in our Plan

Enabling everyone to have equal access to health and social care

During the last three years, Renfrewshire HSCP has demonstrated our commitment to addressing discrimination and delivering services that are fair and equitable to all, in meeting our responsibilities as required by the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. Our commitment to ensuring equality and supporting individuals' human rights continues to be central to this Strategic Plan.

Protected characteristics



We have outlined actions throughout this Plan to help us deliver on our 2020-2024 Equality Action Plan. We will:

- Build Unpaid Carer friendly communities and increase the number of unpaid carers being identified.
- Work towards the LGBT Youth Scotland Charter of Foundations Award and become a champion of LGBT inclusion through development of an LGBTQ+ charter.
- Continue to co-fund a post to establish an integration network forum (IN-Ren), to co-ordinate and promote partnership across support, resources and services available to people from BAME communities.
- Improve the experience of people with physical disabilities and those with sensory impairments through our Independent Living Care Group.
- Continue to deliver training for staff and partners to raise awareness of Equality and Diversity and Unconscious Bias. Our IJB, SPG and Senior Management Team have already undertaken this Unconscious Bias training.
- Continue to tackle stigma in all its forms.

"The information you shared with our participants will go a long way to encourage improving mental health and wellbeing activities among ethnic minority communities but will be highly appreciated if more resources are provided to support our work."

Chinenye Anameje from Pachedu

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Clerk

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

1. Summary

- 1.1 At the meeting held on 25 March 2022, the IJB decided that future meetings be held at 10.00 am on 16 September and 25 November 2022; and 27 January, 31 March and 30 June 2023 and noted that a further report would be submitted to this meeting in relation to the arrangements for these meetings.
 - 1.2 At the meeting of the IJB Audit, Risk and Scrutiny Committee held on 18 March 2022, it was decided that future meetings of the Committee be held at 10.00 am on 9 September and 18 November 2022; and 24 March and 23 June 2023 and noted that members would be advised of the venue for future meetings.
 - 1.3 Following discussion with the Chair of the IJB, it is proposed that for the next six months, meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee be held remotely using MS teams. Therefore, the meetings of the IJB scheduled to be held on 16 September and 25 November 2022 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 9 September and 18 November 2022 would be held remotely using MS teams.
 - 1.4 A further report will be submitted to the meeting of the IJB scheduled to be held on 25 November 2022 to consider the arrangements for the agreed meetings in 2023.
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2. Recommendations

- 2.1 That for the next six months, meetings of the IJB and the IJB Audit, Risk and Scrutiny Committee be held remotely using MS teams, and that the meetings of the IJB scheduled to be held on 16 September and 25 November 2022 and the meetings of the IJB Audit, Risk and Scrutiny Committee scheduled to be held on 9 September and 18 November 2022 be held remotely using MS teams; and

- 2.2 That it be noted that a further report will be submitted to the meeting of the IJB scheduled to be held on 25 November 2022 to consider arrangements for the agreed meetings in 2023.

Implications of the Report

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

List of Background Papers – none.

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